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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.



EDITED BY
J. J. DRYSDALE, M.D.,
J. RUTHERFURD RUSSELL, M.D.,
AND
R. E. DUDGEON, M.D.

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THE
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HOMŒOPATHIC CLINICAL STUDIES,

BY DRs. WURMB AND CASPAR.

(Continued from page 392 of Vol. XI.)

Typhus.

AMONG the diseases of most frequent occurrence may be arranged those forms which have hitherto been entitled febris gastrica, biliosa, pituitosa, mucosa, subnervosa, nervosa, putrida, &c. The older physicians maintained that each of the above mentioned forms of disease was essentially different from the other, and assigned to each one its particular place in their nosological systems. Modern researches have demonstrated the error of their views, and have shewn that the causes of these diseases lie either simply in an irritable state of the intestinal mucous membrane, or in a typhous crisis: hence they may be arranged in two groups, respectively designated by the terms intestinal catarrh and typhus.

Intestinal catarrh is not only the severest attendant of typhus, but is almost always the primary affection. As the older physicians were ignorant of the primary affections which existed in typhus, they viewed the latter as rarely occurring idiopathically, but as almost always a secondary malady; hence they preferred terming the disease either a gastric or bilious fever, which terminated in typhus. Thus it very frequently occurred that in the same case the diagnosis was first: febris gastrica, then febris

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gastrica cum nisu in nervosam, and finally febris nervosa. Three diseases were thus to be treated, namely, an intestinal catarrh, an intermedium between catarrh and typhus, and finally typhus. Those physicians who in addition assumed a febris subnervosa, were so fortunate as to recognise a semi-typhus. In a similar manner it was allowed to pass into various diseases.

Typhus is an independent and exclusive pathological process, as little caused by other diseases, or passing into them, as for instance, variola is caused by measles, or passes into measles. Hence it follows that it cannot make any difference in diagnosis whether the disease is accompanied by few or by all its distinguishing marks; whether it appears as a very slight or very dangerous malady, &c. In not a few cases the diagnosis of typhus must then be rendered very difficult, but not on that account impossible; that it is indispensable is easily conceived, because no rational treatment can be adopted without a knowledge of the disease to be cured, and if we are not ourselves convinced of the value of our remedy, it is little likely that others will be so. Nevertheless there are exceptional cases, in which even the coryphæi of the physiological school, the anatomical teachers, as well as pathologists, are willing to allow that it is impossible, with any certainty, to determine whether typhus is present or not; moreover there are other instances in which an incorrect diagnosis may well be excused. Error can scarcely ever be avoided entirely, consequently we must only treat of those diseases whose symptoms admit of certainty. We do not, for one moment, intend to assume for the new school a reputation for the greatest possible certainty in the diagnosis of typhus. We have therefore determined to ascribe to typhus every disease with the following symptoms, presuming that they cannot be accounted for by any other malady: rapid sinking of the vital powers; affection of the sensorium; catarrhal irritation of the intestinal mucous membrane, and of the bronchial membrane; enlargement of the spleen. If these symptoms are present in a higher grade, and should they be associated with an eruption on the chest, with evident traces of decomposition of the blood, then is the diagnosis no longer doubtful.

Should we be accused of intermingling slight and severe forms of disease, it should be remembered that difference in grade is no real distinction ; as for example, in inflammation of the lungs, the disease is the same whether both lungs are infiltrated or a single lobe ; variola is nothing else but variola, whether there are but few or a thousand pustules. Acute catarrh of the air passages is still catarrh, whether it is accompanied with high fever, great oppression of breathing, or expectoration of blood. The disease may still be typhus whatever may be the activity of the symptoms.

We will not by any means deny that we may not unintentionally have committed some errors in diagnosis. We however are consoled with the idea that the number would have been very much increased had we adopted any other method more ontological, and are certain that they are not sufficiently important to merit any consideration in a statistical point of view.

In the course of the year we received into our hospital eighty-nine cases of typhus. This high number may be considered sufficient reason for supposing that we have considered many cases as typhus to which other physicians would, in all probability, have given different names ; it will not, however, hold good when the local causes are brought into consideration.

The suburb Leopoldstadt, in which our hospital is situated, is on an island of the Danube, and is, from its low situation, subjected to frequent floodings, especially in spring. In addition to this the larger portion of the migratory class belonging to the lower orders dwell in the suburb ; thus are found united there, at any period, those various causes which administer so powerfully to the production of epidemic diseases, especially of intermittent fever and typhus.

Among the eighty-nine cases of typhus there are twenty-five men and sixty-four women. This disproportion is accounted for by the fact, that up to 1850 we only admitted women into the hospital, hence for a long time the number of applications on the part of men were fewer, and still remain far behind the women.

Eleven cases died, four men and seven women.

The following table will shew the ages of the cases of typhus :

From 15 to 20 years of age we had 17 under treatment.

„	20	„	30	„	„	44	„
„	30	„	40	„	„	22	„
„	40	„	50	„	„	5	„
„	50	„	58	„	„	1	„

The average of the cases of typhus this year presented a mild character; the disease was rarely attended with considerable decomposition of the fluids, causing exhaustion, but the symptoms were mostly well marked. More than forty of our patients might have left the hospital at the end of the fourth, and even the third week, and followed their usual occupations.

Even in severe cases the peculiar eruption of typhus was frequently entirely wanting, and in others appeared very indistinctly. Only in eleven cases was it fully apparent.

In 1 case assuming the appearance of moderate erythema,

8	„	„	roseola,
2	„	„	considerable patches of ecchymosis,

the miliary eruption was of frequent occurrence, even in slight cases. Decided coma did not occur, on the whole, more than five times, and only twice to any extent; sugillations, or bed-sores, did not often happen, when they did they usually disappeared on returning convalescence.

In one case which terminated fatally there was a discharge of blood from the bowels; epistaxis occurred nine times, in eight cases it caused considerable relief; in one case in which it followed a decomposition of the blood, it occasioned great exhaustion; parotitis took place four times, but with happy results. The influence of the seasons on typhus was surprising, in those cases occurring in spring, especially in the early part, violent excitement of the vascular and nervous systems was the most prominent symptom, while the vegetative suffered proportionably as little; the contrary however occurred in autumn. In these cases stupor appeared, either at the outset, or at least very shortly after the accession of disease; there was also great disturbance of the reproductive powers, the latter was particularly

remarkable in the most severe and protracted cases of the latter six months of the year. In the epidemic which appeared in autumn the most profound coma was observable, as well as discharges of blood from the intestinal and nasal membranes, with hypostatic infiltrations of the parenchyma of the lungs; while in the spring more or less severe catarrh was the most prominent symptom.

Pneumonia we found in 10 cases, as follows :

2 in both lungs.

5 in the right lung.

8 in the left lung.

Pneumonia took place most frequently between the eleventh and fourteenth day, once only on the sixteenth, and in another instance on the twenty-third day; in each case the disease followed the course of simple pneumonia; eight cases terminated well and two fatally.

When in July the cholera made its appearance and gradually extended its ravages, typhus assumed a singular form, and often could only be distinguished with difficulty from cholera; violent vomiting would set in, with fainting; the skin became cold; the pulse feeble, &c., &c. When the cholera cases were brought to us and placed in the wards, eight cases of cholera in the most violent form appeared in those affected with typhus, out of this number five deaths occurred.

In the latter end of autumn intermittent fever became epidemic. Then it was often the case that it was impossible to decide until the third or fourth day, and sometimes even not until the eighth day, whether the disease was typhus or intermittent fever.

We may make the following remarks on the fatal cases.

One patient died on the second, another on the third day after admission; in the latter was typhous infiltration of the lungs.

A young woman was treated by us for a slight form of typhus, which ran its course so quickly, that on the tenth day the patient though still weak, but otherwise feeling quite well, left the hospital. On arriving at home she obtained from a surgeon an aperient, on account of constipation, after taking which the

typhoid state returned with great intensity. Twelve days after she was brought to us, the next day typhomania occurred, and the following night she died. The *post-mortem* examination shewed a portion of the intestinal ulcerations healed, another portion still covered with sloughs.

Two cases of death occurred as a sequel of pneumonia in one instance, at the expiration of two-and-a-half months. The *post-mortem* shewed induration in the lower lobe of the right side.

A young woman died from dysentery occurring during typhus. A young woman who had been suffering from typhus for two months and appeared to be convalescing, felt a pain in the abdomen, and died soon after. On examination after death an ulcer was found perforating the transverse colon. There were seven other perforating ulcers (four of these were at the lower part of the small intestines), which could not have caused death, for they were closed by adhesions to the abdominal parietes and the mesentery.

In a young woman, the *post-mortem* gave the following changes: the ulcers in the intestines were already cicatrized; the lungs were highly œdematous and scattered with a large number of miliary tubercles; much serum in the bronchi. In this case death was the consequence of tubercular disease following typhus.

In one case on making a *post-mortem* examination we found no alteration in the intestinal canal, the disease had not become localized; in two other cases the typhoid infiltration of the intestinal parietes was just at its commencement, thus the beginning of the disease was the extinction of life.

It is very easy to state the fact that in all these eleven cases death must have taken place, notwithstanding the most judicious mode of treatment. It will however be quite otherwise when we attempt to shew how much we have contributed to the restoration of the remaining seventy-seven cases which recovered, for to be able to do so with certainty we must previously be prepared to answer another question, viz: What does nature and what does art accomplish in typhus?

It seems to be the opinion of allopathists that typhus must

run a certain prescribed course; that the typhoid process can neither be repressed nor made to recede, nor even be brought to a quicker and more happy termination; that even the mortality increases with the remedies employed; that on that account every therapeutic measure should be avoided, and only inert medicines should be used. This opinion seems to be gaining ground daily; still, however, it is not yet the predominating opinion, for there are many of our rivals who still attach great value to their modes of cure.

A similar difference of opinion is to be met with among homœopathists; for while some ascribe a happy result to the remedies used, there are others who see nothing but the powers of nature, fold their arms idly on their bosom, as soon as they find they have a case of typhus before them, give themselves no trouble to enquire what can be done, whether a certain medicine can be of service; in one point all seem to agree, not to take much trouble to obtain a certain proof. Thus the proposition that typhus must necessarily pass through all its phases, is only asserted and has not been confirmed; and that art has no influence in typhus, because a better result is obtained by a purely negative course than by the employment of this or that remedy or mode of treatment, has just as equally been unconfirmed.

Too much haste has been shewn on the other side, for no attempt has been made to refer each favourable result to the proper remedy, and to ascertain its therapeutical value by the number of cures and comparison with the statistical tables already in use. Apart from which, there is so little agreement in the diagnosis of typhus; one party only considering the disease typhus when it appears with such intensity that no one with any medical knowledge could possibly err in diagnosis; another party, on the other hand, call every case of intestinal catarrh, typhus. Even if there did not exist any difference of opinion, the statistical accounts would not shew uniformity, for the epidemics of typhus have exhibited great difference of intensity, according to locality and other causes: this circumstance must exercise a very great and almost irremediable influence on the statistics.

From what has been said above it is evident that the question—What power has art in typhus? must still remain open.

In determining upon the therapeutic value of a remedy we must take into consideration the whole of its action on the diseased process, including not only the termination, but the course and duration of the disease.

In order to determine the usefulness of a medicine, it must be proved by a number of well digested cases that in consequence of its employment the course of the disease has been entirely changed; that the duration has been curtailed, and that favourable alterations have been of more frequent occurrence, than in those cases which have been left to the efforts of nature.

We think we have given sufficient evidence of our earnest effort to meet these requirements, and that at the bed side of the patient we have thought of every point, both for and against, before we allowed ourselves to express a conjecture that the remedy had acted or not. We say conjecture, because so long as the above question remains open, we could not pretend to certainty, as the small number of cases should only be considered as a contribution to its answer, rather than as a resolution of the question. In this point of view we wish the annexed opinions to be examined; whether they can be proved to be true, or whether only partially so, and requiring modification; or whether they are entirely incorrect, and consequently must be rejected, we must leave to the judgment of the profession.

In reference to the following cases it must be remarked, that they are not given as reports of cures, but simply to induce reflection, and thus perhaps to stimulate some of our principal opponents, who allow us to have sufficient powers of observation as well as integrity, but who might then be led to conviction by their own observations.

Were it really true, as it is daily taught from the professors' chairs to their credulous pupils, that typhus is a disease amenable to no remedies, it would then be foolish, to make use of no worse term, for a physician to approach the bed-side of a patient. As there is nevertheless no reasonable cause for the maintenance of such an opinion, we may venture to assert, that the possibility of rendering some assistance in typhus cannot be denied; we

have only now to determine whether the typhoid process can be brought to a more speedy and successful termination, or whether it is possible to withstand or entirely remove threatening or existing dangers better than nature alone, or better than it has hitherto been in our power to do, and thus establish a better and more scientific mode of treatment for the future.

This question, as may readily be conceived, can only be answered with certainty by numerous observations made at different times and in various localities. In the meanwhile we may venture to say so much, that at present there is every indication that the answer will be in favour of the homœopathic mode of treatment. We think that the following observations will justify our opinion.

1. Typhoid diseases which have not long existed, and which have not been rendered worse by any violent therapeutical operations, such as the usual purgations of unskilful allopathists, have never, under our treatment but with rare exceptions, attained a high degree of development, but quickly began to improve, the excitement of the vascular system being the first to diminish; the mental powers returning; the universal feeling of illness subsiding into general weakness; the sleep returning, together with the appetite; the diarrhœa becoming less frequent, then ceasing entirely.

2. In a few favourable cases, the existence of the typhoid process after eight or ten days was only indicated by slight meteorismus, and by a state of irritability principally shewn by a diminution of sleep or by vivid dreams, very rarely accompanied by nocturnal delirium. After the disappearance of these symptoms, there remained for a longer or shorter time a feeling of debility, which proved the correctness of the diagnosis, if the rapid course of the disease excited any doubt of its correctness.

It has often occurred in cases of fever, attended by great vascular excitement, considerable disturbance of the sensorial functions, involuntary diarrhœic evacuations, great meteorismus, and in which the exanthem was present, that we have seen the disease diminish soon after the commencement of the homœopathic treatment, and if not gradually, yet in a proportionably short time, disappear entirely. Sometimes the improvement

has shewn itself in an extraordinary manner: the symptoms which shortly before seemed to be in increasing violence, all at once subside to a certain point, then remain unchanged for several days, until they gradually disappeared, although the whole course might not be shorter, yet the disease has been much milder than could possibly be expected.

8. As in other acute diseases, so we have likewise observed in typhus, that after having taken the homœopathic medicine, the improvement commences earlier in those cases which are remarkable for the affection of the dynamic powers; thus the disturbances of sensation and of the sensorial functions are the first that are restored, while the more material changes require a longer time. It is even of frequent occurrence, that the former have fully disappeared, whilst the latter have scarcely changed, on that account leading the patient to be deceived as to his real condition; for example, no longer considered themselves ill, spoke of getting up, complained of hunger, the meagre diet would not please them any longer, &c. although they could not even sit up in bed, had still considerable meteorismus and diarrhœa.

In typhus when highly developed, in which material changes of considerable importance and extent exist, we never observed such a glaring contradiction in the subjective and objective condition of the patient, still it was never entirely absent after the employment of the homœopathic remedy. This fact appears to us worthy of attention, although it may be determined by future observation to be the case, yet now we are able to prove that the severe forms of typhus are amenable to science.

If we wish to impute to chance that typhus of short standing should under our treatment so very rarely attain to such a high degree of severity, should we be willing to refer to the same cause whatever share our therapeutics may have had in producing the fact, that the disease almost always ran its course in a surprising short space of time; it was almost impossible for conjecture to contribute anything, when treatment based upon such correct premises is followed by such brilliant results, such as a sudden disappearance of all symptoms which were not caused by important organic changes. That

science here was productive of highly beneficial consequences, no further proof more nearly approaching mathematical certainty can possibly be adduced. However, it would be much more difficult to bring forward proof to the contrary, because under a purely negative treatment a similar termination in health is never observed.

It can scarcely be proved that science can be of service in typhus when the decomposition has reached its highest point, and the reaction of the organism has been entirely suppressed, although analogy may justify the assumption and urge us on by the use of remedies to attempt the further maintenance of life when it seems to be nearly extinguished.

4. In reference to the convalescence of typhus, we have remarked that its duration frequently bears a strict relation to the degree of development of the disease; this is frequently however not the case, for the duration will often be longer or shorter than was anticipated. We have never seen a case in which the stage of convalescence was shortened by the use of remedies; for with the subsidence of the disease the susceptibility for the remedy ceases, the time for its employment is past, and the care of the medical attendant is limited to the regulation of a moderate, nutritive, and easily digested diet.

Relapses only occur in those cases in which the patients have left the hospital too early, and have committed errors of diet, or have taken allopathic mixtures. Our patients only complained of weakness during the period of recovery; they seemed to be spared all those numerous symptoms which seem to be associated with typhus, and which last a long time after the disappearance of the disease; viz. headache; discharge from the ear; debility of the digestive organs; irregularity of the bowels; wakefulness; aching pains; and lameness of some part of the body.

This freedom from distressing symptoms during the period of convalescence in all cases, without exception, we venture to attribute, with justice, to the rapid suppression of the typhoid process, and to the saving of the patient's powers, rather than to accident.

THERAPEUTICS.

Epidemics of typhus are distinguished by a general character, according to the seasons and localities, independent of the symptoms peculiar to each individual case; it is thus necessary to obtain a clear knowledge of the character of the prevailing epidemic, if this be neglected it is possible to combat the various symptoms, but not to adopt a rational course of treatment.

If the character of the epidemic has been ascertained, another task has to be performed, that of discovering the remedy most nearly resembling it; if this has been done, we may say with Hahnemann, that the greatest part of the work is done; for as the number of the remedies cannot be great, there cannot be much difficulty in selecting the most suitable, that is to say, the one which in its properties resembles most the case to be treated.

This law, like every other, has its exceptions; the latter are however of very rare occurrence, for by far in the greater number of instances it will not be found necessary to overstep the usually appropriate remedies, and then only when compelled by peculiar circumstances. By following this rule, it will only be found necessary in every epidemic to employ a few remedies, and thus subject all cases of typhus to one kind of treatment; we however by so doing do not expose ourselves to the reproach of generalization, for a treatment thus regulated is in accordance with science, because the symptoms should not be numbered, but should be carefully weighed; the lasting and actual symptoms should be followed, and not the accidental, which are present to-day and gone to-morrow; in one word, a strict diagnosis of the disease and a suitable remedy are indispensable.

We have before mentioned that the epidemic typhus which appeared in Vienna in 1850 was of a mild character; the affections of the vascular nervous symptoms, though violent, were seldom immoderate; that the tendency to the decomposition of the organs was not considerable. For this reason, in most cases, we used those remedies which when given in large doses

to healthy persons, acted powerfully on the blood and nervous system; to influence the nervous system, but not to weigh it down; to cause changes in the vital chemistry, but not fully to arrest its action.

We further observed, that in these epidemics two principal forms occurred; in the one case characterized by excitement; in the other by torpor, which in the majority of cases required the employment of Rhus and Phosphoric acid.

Each of the following cases considered by itself, would lead to the inquiry, when we used Rhus or Phosphoric acid. Both sketches united would form the counterpart of the present epidemic. Rhus we used more frequently, especially during the former half of the year; Phosphoric acid we prescribed less frequently, and almost entirely in those cases occurring in autumn; sometimes we were obliged to use one remedy after the other.

Indications for Rhus.—The patients are generally robust and healthy individuals. The invasion of the disease is sudden, it runs a quick course, and in a few days attains a high degree of development. Co-existent with the disturbances in the vascular system, there is a feeling of universal illness, which increases with such rapidity that the other symptoms cannot keep pace with it. The debility is however not so great as the patients feel it to be, as is evident from the quick and powerful movements of which they are capable. N.B. During convalescence the contrary is the case; the patients consider themselves stronger than they really are. The powers soon fail; the movements become slower and feeble; and they are compelled to lie quietly in bed in one position. They complain of aching in the limbs, and sometimes of violent pains in one or the other joint, like rheumatism.

These alterations of the general health do not long remain alone, for they are soon accompanied by irregularities in the vascular system, indicated by shiverings and flushes of heat, especially of the head; subsequently the heat becomes the prominent symptom, and is very great; determination of blood to the head; tearing pains in the head; the temperature is elevated; the face feels burning hot; the eyes are sparkling

and slightly injected; the cheeks, lips, and tongue are reddened; there is great thirst; pulse 110 to 120 in a minute.

At the commencement of the vascular excitement, hemorrhage often takes place, especially from the nose, and in women from the genital organs, for the most part giving relief. In women the hemorrhage is often mistaken for the menses, lasts only for a few hours, at most a day, and causing no alteration in the patient's situation.

The symptoms of the transudation of the blood are moderate, and do not appear until late; slight ecchymoses appear on the skin; the expectoration may be slightly coloured, and the stools are rarely mixed with blood.

The nervous system is always severely effected and oppressed; the senses are at first in a state of over excitement; there is great sensibility to light and noise: subsequently the reverse takes place; the patients become unconscious to all external impressions, complain of nothing, and lie in a state of prostration.

The reflective powers are often much enfeebled at the commencement of the disease; patients feel this, and endeavour to prevent its being remarked, and answer hastily and correctly; afterwards, owing to the too great activity of the imagination, this is no longer the case, and their replies may be partially correct, or incoherent; the confusion increases; the patients mumble and talk to themselves, and are disturbed at night by various creations of the imagination; sleep almost fails entirely, and if it does take place for a moment, it is accompanied by distressing dreams.

The skin clearly shews the abnormal state of the blood; it first reddens, becomes dry and hot; then red spots appear on the chest and abdomen similar to measles; if the vascular excitement has subsided, perspiration frequently breaks out, almost constantly attended with a miliary rash.

The mucous membranes manifest a sympathetic action; the tongue is more or less coated, is raw, dry, cracked, and hard; the lips and teeth are sometimes covered with a brownish crust; the taste is lost. The irritable state of the stomach and intestinal mucous membrane occasion loss of appetite, disinclination

and disgust for food, nausea, retching, and vomiting. The intestinal canal is filled with flatus, distending the abdomen; the left hypochondrium and the right iliac region are sensitive on pressure. At the commencement of the disease, the stools are scanty, entirely wanting some days, but soon become liquid, and seem from two to four times a day without tenesmus or any other symptoms, and at length are passed involuntarily. They consist of serum containing a greenish brown, and subsequently a whitish flocculent substance.

Irritation of the air-passages follows that of the mucous membranes. A sensation of dryness in the bronchi. The accelerated breathing is at first louder and sharper; expiration audible: this is followed by the mucous rattle. The originally slight, dry cough becomes gradually more severe, with a slightly adhesive expectoration, mixed with streaks of blood.

The parenchyma of the lungs is now in the lower lobes congested, and pneumonic infiltrations are very frequently formed, giving rise to those symptoms which are so often present in typhus; oppression of the chest; short, anxious respiration; shooting pains in the sides, &c.

The spleen is almost always enlarged. The urine is secreted in smaller quantity; has little chloride of sodium or urea; is rich in sulphates and phosphates, and other salts peculiar to diseases with a tendency to putrefaction; the urine is turbid, cloudy, depositing abundantly a white sediment, and by its albuminous contents shews the hyperæmic condition of the kidneys.

The remaining organs do not usually take such a decided part in the typhoid process as to elicit symptoms of any particular importance.

The state above described may last many days, and then terminate in health, or pass into a higher grade of excitement on the contrary. If the first takes place, the fever begins to subside; sleep returns; the functions of the sensorium resume their powers; the appetite returns, and the patients congratulate themselves on their condition; the diarrhœa and the tympanitis still continue for some time, then disappear, and there remains but moderate weakness, emaciation and pallidity behind.

The further development to a higher grade does not allow much delay. We will speak further of it in the indications for Arsenic. We will notice the passage of the disease into the opposite state when treating of Acidum phosphoricum.

If we compare this sketch of the disease with the pathogenetic effects of Rhus, we shall find an extraordinary similarity between the two, so much so, that it cannot easily be mistaken. Both do not simply agree in having the same symptoms or groups of symptoms, but they have also the same signification. The similarity between them is not only apparent, but actual: for as in typhus the vitality of the blood seems to be first affected, the same takes place in the action of Rhus tox.; through the changes in the blood a violent excitement of the vascular system ensues, it is the same case in the latter; as the mental faculties become oppressed, and in consequence the imagination is let loose, and the ordinary nervous sensations do not correspond with the objects by which they are affected; as the mucous membranes, such as that of the intestinal canal, never fail to shew their sympathetic affections; in short, as typhus, notwithstanding the existent excitement, is really an adynamic disease in the proper sense of the word, and from the beginning induces a decomposition of the blood and exhaustion of the vital force, so do the same effects take place in the poisonous action upon the system of the Sumach or Rhus tox.

These are the grounds which led us to the employment of Rhus in typhus. The following reports may explain and justify our views.

Michael Wagner, æt. 42, has for nine days suffered from great weakness and mental dejection; loss of appetite; vertigo; confusion of the head; sleeplessness; attacks of fever returning every afternoon, consisting of coldness, followed by heat, lasting for a long time, and abundant perspiration; during the previous night he had been very delirious.

On admission the 30th June, we found the following symptoms: The temperature of the body was increased; the face reddened; the tongue dry, red; breathing quickened, sharp; pulse 88; the abdomen slightly tympanitic; the spleen en-

larged, reaching to the anterior border of the ribs; no stool for three days; the urine scanty, turbid; skin moist; several small red spots were to be seen on the chest, which disappeared under the pressure of the finger.

The patient complained of vertigo; roaring in the ears; confusion and heat of the head; pressive pain in the region of the forehead; dryness of the mouth and throat; pappy, bitter taste; loss of appetite; great thirst; abdomen painful to the touch; feeling of great weakness; general feeling of illness; sleeplessness on account of many and perplexing dreams, which happen at the moment of his falling asleep.

We prescribed Rhus.

The next day we found the temperature of the skin somewhat lowered, but otherwise no change.

The third day the tympanitis has nearly disappeared; on the upper lip several vesicles were to be seen; the patient felt himself very weak, but otherwise thought he was doing well. From this period he continued rapidly to improve; his bad dreams left him, and his sleep became sounder and more lasting; the heat of skin sometimes a little elevated; the tympanitis disappeared. In fourteen days, with the exception of moderate weakness, the patient was dismissed perfectly well.

Joseph Timmer, æt. 28, suffered some years since from intermittent fever, and afterwards from small-pox. Three days ago he was seized with shivering, followed by heat; he feels himself very ill; a pressive pain in the occiput; weariness and aching in all the limbs; want of sleep.

On admission the 5th May we found the temperature, especially of the head, was elevated; the skin bedewed with perspiration; face very red; the tunica albuginea of a yellowish colour; the lips dry; the tongue dry and coated; the voice rough and hoarse. On the chest were some small red spots, disappearing under the pressure of the finger, and some small pustules; respiration quicker and sharper; an occasional dry cough; heart was healthy; pulse 108; abdomen tympanitic; the spleen reaching nearly to the anterior border of the ribs; stools liquid.

The patient is uneasy ; he reflects with difficulty ; answers very slowly but correctly. He complains of a feeling of great prostration and debility ; sleeplessness and dreamy doziness ; aching of the whole body ; loss of appetite : oppression of the chest and a slight burning behind the sternum ; inclination to cough ; the abdomen is sensitive to the touch.

He was ordered *Rhus*.

In three days time of all these symptoms there were only the following present : feeling of weakness ; tympanitis ; diarrhœa returning three or four times daily ; some heat in the night ; perspiration and slight delirium.

In the following three days the same condition.

On the 7th day there was scarcely any tympanitis perceptible ; diarrhœa once or twice daily ; still feels weak.

10th.—Feeling of weakness ; all the other symptoms had disappeared. The remedy was discontinued.

26th.—Perfect recovery.

Caroline Woosak, æt. 15, has never menstruated ; with the exception of the small-pox has never been ill.

Two days since she had the following symptoms : a general feeling of illness ; great weakness ; heat alternating with shivering ; great thirst ; confusion of the head ; pains in the head ; diarrhœa.

On admission the 7th January the following symptoms were present : the skin pale and moist ; the cheeks slightly reddened ; increase of temperature ; tongue moist, slightly coated ; auscultation gave slight mucous rattle ; heart healthy ; pulse 120 ; abdomen tympanitic ; spleen enlarged, reaching to the anterior border of the ribs ; slight cough accompanied with severe expectoration ; diarrhœa, stools very liquid, depositing a yellowish brown sediment.

The patient answered quickly but correctly, and evidently with effort ; she has a peculiar expression of the countenance as if about to make an inquiry.

She complained of great weakness and universal feeling of illness ; aching of the limbs ; a drawing and tearing pain in the bones ; great heat with shivering, varying with each movement

of the coverlet; violent thirst; feeling of giddiness; pain in the head; oppression of the chest and sacral pains. The nights are generally sleepless, or passed in a dozing state, much disturbed by dreams. She was ordered Aconite.

On the 2nd day the pulse had sunk to 104.

Rhus was now prescribed.

On the 5th, thus three days after the employment of Rhus, the mental faculties were natural; the pain in the head had disappeared; the pulse 92; sleep easy, lasting for an hour without interruption; the tympanitis was inconsiderable; diarrhoea moderate.

On the 8th, only some feeling of debility, otherwise quite well. The medicine was discontinued. The feeling of weakness still continued until the 15th, when she desired to leave the hospital.

Clara Nemeo, æt. 20, robust constitution, until now had always enjoyed good health, has felt ill and weak for six weeks, has no appetite, and has kept her bed for three weeks. Fourteen days ago she had shiverings and heats; confusion of the head, and sometimes violent pains in the head. During the last twenty-four hours, the weakness and general feeling of illness have increased very much, and she has in addition, disgust for food; retching; uneasy sleep or sleeplessness; continued heat, and drawing tearing pains in the limbs. No stool for ten days.

On her admission, on the 20th January, the following symptoms were present: the skin was moist and soft; increase of temperature; face flushed; eyes injected; nose and mouth dry; the lips were covered with a thin brownish crust; the chest was normal; respiration rough; pulse 180; spleen enlarged, reaching to the anterior extremity of the ribs; constipation; urine scanty and turbid.

The patient, who was very sensitive to impressions of every kind, complained of great weakness and a feeling of general illness; she either awoke frightened by her dreams, or she had no sleep; very frequent shiverings and frequent attacks of heat especially in the morning; twitching pains in the head and

sacrum; feeling of oppression and anxiety; pressure in the stomach; want of appetite; abdomen sensitive to the touch.

Rhus was prescribed.

The ensuing night she was much more easy; the next morning an abundant perspiration broke out, which gave her great relief. Pulse 110, and the following four days 100. The perspiration recurred every morning with much benefit to the patient, so that for some days she only complained of a feeling of weakness and occasional shivering with confusion of the head, and simply of weakness on the 8th day, when the remedy was discontinued.

On the 9th she had a firm evacuation requiring some effort. In the afternoon she was suddenly seized with a violent shooting burning pain in the left side of the abdomen, which became insupportable on the slightest pressure towards the pelvic cavity.

The next day she had in addition a heavy burning pain in the region of the neck of the bladder; the urine could only be passed in drops. We prescribed Pulsatilla.

It was four days before the urinary symptoms had entirely disappeared. They returned, however, six days after, and this time would not yield either to Pulsatilla or Cochineal, but almost immediately disappeared after the employment of *Cantharides*.

During the whole time the general health was not in the least affected; the patient was recovering visibly and was discharged on the 23rd. A most egregious error of diet brought her back to the hospital eight days after, suffering from violent vomiting and considerable indisposition; Arsenic was ordered which soon caused an improvement. In eight days time she returned home.

Theresa Binder, æt. 36, of a feeble habit, mother of five children, was twenty days since seized with violent shivering succeeded by very great heat. In addition she had confusion of the head; pains in the head, and the following symptoms gradually appeared: want of sleep, the sleep was disturbed by frightful dreams; nocturnal delirium; great excitement and throwing herself about; severe attacks of fever every evening, and more

or less abundant perspiration during the night. She was treated with purgatives.

On her admission the 29th March, we found the skin hot and dry, and on the chest a number of small elevated red spots, disappearing under pressure; the face was flushed; the lips and tongue red and dry; on the latter a thin brownish coat; respiration quick, hard, loud, and occasionally rattling; frequent dry cough; the heart healthy; pulse 110; abdomen tympanitic; spleen enlarged, and reaching to the anterior termination of the ribs; stools liquid, frothy.

The patient was lying in a state of stupefaction; becomes readily conscious and answers correctly. She complains of general feeling of illness; giddiness; pressive pain in the head; roaring in the ears; deafness; cloudiness before the eyes; dryness of the mouth; want of appetite; violent thirst; burning in the chest and shooting in the side on and after coughing; the abdomen is painful on pressure in the right iliac region and under the false ribs on the left side. The uneasiness at night still prevails. Rhus was prescribed.

The following night the patient was very restless—she was very delirious, and the next morning lay unconscious. The second night she was just as much improved, and the following day she was quite herself again, and answered quickly and correctly; the pulse 100; the skin much less hot and moist.

On the 4th day she felt quite well; complained of great weakness; had some shooting pain in the chest, and was hungry.

On the 9th, the shooting pains in the chest which had almost entirely ceased, returned with great violence; the cough was frequent, and in the expectoration there were traces of blood which must have come from the throat or nose, as percussion and auscultation gave no signs of infiltration of the parenchyma of the lungs; increase of temperature; the pulse 96. Bryonia removed the pain and fever; the feeling of weakness still continued, but did not last long as she left the hospital quite well sixteen days after the commencement of the treatment.

Rosalia Baninger, æt. 28, of a moderately robust constitution,

had inflammation of the lungs two years since, and acute rheumatism last year.

The present sickness has lasted ten days. It began with a feeling of illness; giddiness; pains in the head; nausea and retching. The fever seemed to be of an intermittent character—the following symptoms appearing every other day: first great coldness, then flushes of heat; violent constant heat with little thirst; finally, moderate perspiration.

On admission the 1st June, we found the skin and the mucous membrane of the mouth pale; increase of temperature; slight rattling when breathing; cough rare but dry; pulse 68; abdomen tympanitic; spleen enlarged.

The patient had a melancholic aspect; answered slowly, and complained of a feeling of general illness; weakness and aching of all the limbs; confusion of the head; pain in the head; inclination to cough on taking a deep inspiration; oppression of breathing; pappy, disagreeable taste in the mouth; feeling of fulness in the stomach and abdomen; sleeplessness, or sleep disturbed by dreams; frequent shivering and flushes of heat.

We at first thought it to be a case of intermittent fever, and therefore in accordance with the symptoms, prescribed Pulsatilla. During the next few days it proved to be a continued fever, only increasing unusually in severity every evening. The moderate yet characteristic loose stools, and the disturbance of the sensorium soon removed all doubt as to the true nature of the disease. She was delirious while in a somnolent state; on awaking it took some time for her to be conscious of her condition; she was uneasy and anxious; pulse 80; increase of temperature. Rhus was prescribed.

The next night all the symptoms were worse; nevertheless the second night was easy, the sleep was refreshing, and on the following day she only complained of weakness, and one or two loose stools; the pulse had again sunk to 64.

On the 9th day, four days after the employment of Rhus, she felt herself quite well with the exception of feeling weak. The remedy was discontinued.

She soon regained her strength and left the hospital in eighteen days.

N.B.—The lowness of the pulse in this case was no sign of torpor, but was habitual, as indeed the convalescence proved.

Indications for Acidum Phosphoricum.

The action of Phosphoric acid upon a healthy individual agrees, in its most important points with that of Rhus. In both we observe the same affection of the vitality of the blood and of the nervous system; the same tendency to cause transudation of the blood and annihilation of the powers; the same alterations in the mucous membranes, in that of the intestinal canal in particular. The difference between them consists in this, that in Rhus there is a partial excitement and oppression, while in Phosphoric acid there is a proportionate lowering of the vital manifestations and a sinking of the vital energies as the most prominent symptoms. These usually appear at the commencement of the disease, but not universally, as they are sometimes preceded by partial symptoms of excitement; they are, however, like others which occasionally occur in the course of the disease—of short duration, of less violence; and after their disappearance the torpid character of typhus becomes so much more evident.

Such forms of disease are observed in individuals who have already passed the bloom of life, and they generally require a longer time to pass through the different formative steps to perfect a disease. For example, loss of appetite, a feeling of illness, &c., which may be termed the precursors, and give no certainty as to the existing disease, are often present for several weeks before the peculiar and important symptoms occur which are necessary to form a correct diagnosis. When however the disease is established, it is almost always observed that the feeling of universal illness and weakness quickly attain a higher degree, at the same time there is an actual want of power; hence the patient, because all movement is irksome, at the commencement of the disease assumes an easy posture. The disturbances in the vascular system do not take place so rapidly. The pulse is often quickened, but sometimes it is not; in the former case it is usually weak and small. There is rarely increase of temperature, it sometimes even sinks below the ordinary

standard; if it is increased, it is restricted to certain parts of the body, as the head, whilst other parts, especially the extremities, are even cold: thus the patients have a pallid countenance, or sometimes only have a blush of redness. Epistaxis more frequently occurs, but does not cause any relief, it may even aggravate the usual condition. Ecchymoses are very usually present, and, on the prominent parts of the patient's body on which he lies, may be seen bluish red patches which subsequently become bed-sores.

The patients usually lie in a somnolent state, which readily passes into the higher grade of stupor; the expression of countenance is stupid; there is oppression of the sensorium; the delirium is not violent, it is only an unintelligible muttering. Awakened out of the somnolent state, it is long before the patients become conscious; they look around astonished, and reply, if correctly, still slowly, and sink again into an apathetic state.

The senses become dull; that of hearing is particularly affected.

The patients are not affected by anything, and complain of nothing but weakness and confusion of the head.

The skin soon loses its turgidity, assumes a loose appearance, and hangs in folds; the cheeks sink in; the nose becomes pointed; the skin is clammy, moist, bedewed with an abundant perspiration, and covered by miliary eruption.

The affection of the mucous membrane is mostly shewn by increased secretion; the tongue is moist though pale.

A loud rattling and whistling are heard in the chest; the cough is less frequent, for there is no necessity for a discharge of mucus.

A similar state is likewise present in the mucous membrane of the stomach and intestinal canal; the stools are frequent, and are often passed involuntarily, are very liquid, have little deposit, and sometimes exhibit traces of blood.

Pneumonic infiltrations often occur, but are far less frequent than hypostasis.

Enlargement of the spleen is never wanting; diarrhoea even when it is abundant has still no influence.

The urine contains many protein combinations, albumen, but few salts.

This condition may terminate in health, or may pass into a higher degree of torpor. If the former occurs, the restoration to health is always a slow process, and relapses are frequent even when the improvement has lasted a long time.

We have thus far traced both forms of disease to the highest point of development; within their limits we do not think that we have remarked any series of grades. Hence in the slightest cases we have used Rhus or Phosphoric acid according as the disease belonged to either form, to this circumstance we are inclined to refer the favourable results we have obtained.

It was often no easy task to decide upon the remedy, for cases were of frequent occurrence in which excitement and torpor alternated, or in which there appeared to be a contradiction in the affections of the nervous and vascular systems.

From the above remarks it will be evident that in the following case we prescribed Phosphoric acid.

Sebastian Falter, æt. 36, had five or six years since an intermittent fever. His present illness has lasted about six weeks; it commenced with vertigo; a great feeling of general illness and rapid sinking of the strength, with shiverings and flushes of heat; frequent diarrhœa then followed. He then came into the hospital and was discharged in a month's time though not quite well. During the following eight days the former symptoms returned—seven days after the patient was re-admitted. He presented the following symptoms: scarcely any increase of temperature; the skin soft and pale; tongue slightly coated; percussion and auscultation yielded no symptom; pulse 96; abdomen tympanitic; the spleen enlarged, and reaching beyond the anterior termination of the ribs. The patient felt very weak; replied slowly, often incorrectly, talking cost him much effort; it was a trouble to him to move; he complains of a great feeling of general illness and debility; vertigo; confusion of the head; paralytic feeling in the limbs.

He was ordered Phosphoric acid.

The very next day the patient was more lively and the mind more active.

On the 2nd day he felt well.

On the 4th the tympanitis disappeared. On the evening of the following day there was slight shivering, which, however, had no influence on the general health, for the patient was visibly recovering, so that on the 23rd day, although rather weak, he was still quite well, and quitted the hospital.

Lorenzo Schuler, æt. 26, hitherto enjoyed good health, has suffered for eight days from confusion of the head; great weakness, and frequent attacks of shivering. For the last six days, he has had in addition diarrhœa, occurring five to six times in the twenty-four hours, and instead of sleep, has been in a dreamy slumbering state.

On his admission on the 1st of January, we found the patient to be a man of powerful frame and stout habit; his countenance was pale; temperature very little if at all increased; lips pale, dry, covered with thin brownish crusts; chest healthy; heart the same; pulse 100, feeble; abdomen tympanitic; spleen enlarged, extending beyond the ribs; stools yellow, watery.

The patient lay unconscious, in a slumbering state; it was some time before he became conscious on being roused, he then replied correctly but slowly, and not more than was necessary; he complained of nothing, and then fell into his former slumbering condition. Phosphoric acid was ordered.

There was no change in the two following days; on the third the patient was more himself, answered quicker and more correctly, and kept awake about an hour at a time. Diarrhœa had occurred twice.

On the 4th and 5th days there was epistaxis; the tympanitis had quite disappeared; stools more natural.

The remainder of the symptoms, with the exception of the debility, disappeared on the following days. The loose stools which occurred from time to time, and the occasional tympanitis shewed that the typhoid process had not entirely been arrested. These symptoms however finally subsided, and the strength gradually returned, so that the patient left the hospital on the thirty-seventh day, quite well and strong.

John Fasching, æt. 30, strong constitution, hitherto enjoyed

good health, has for eight days suffered from the following symptoms: feeling of general illness and great weakness; shiverings alternating with heats; giddiness; confusion of the head; sleeplessness at night, and sleepiness during the day; weakness.

On his admission the 8th October, we observed the following symptoms: slight increase of temperature; face slightly flushed; skin moist, with here and there small bluish-red spots, disappearing under pressure of the finger; tongue moist, clean; a moderate rattling in the chest, no other abnormal symptom; pulse 108; abdomen tympanitic; the spleen reaching nearly to the anterior ends of the ribs; the stools watery yellowish-brown.

The patient lies with his eyes closed, indifferent to all around. Is obliged to reflect long before he answers, then does so correctly but slowly; he complains of great weakness; shiverings alternating with heats; increased thirst; occasional heat of the head; confusion and pressure in the head; roaring in the ears; deafness; shooting pains in the chest on the left side. The abdomen is sensitive to the touch on the left side.

We prescribed *Acidum phosphoricum*.

On the fourth day the patient felt easier and better; a comfortable perspiration broke out. The next day the tympanitis disappeared; stools only once or twice in the day, not so watery as before, but frothy.

On the 9th day there was no objective symptom present; the patient only complaining of the feeling of weakness was gratified with his improvement. He was able on the 17th day to quit the hospital quite well.

We could bring forward a number of similar cases in proof of the utility of Phosphoric acid and *Rhus*, but consider it unnecessary, as they would not yield any further information than that we already possess, to the effect that the course of typhus is materially affected by science, and in such a manner as can never, or at least only exceptionally, be the case in a purely expectant mode of treatment. Those who contradict this statement, must either be ignorant of the natural course of typhus, or else they wish to be ignorant of it. To teach the

former, we must hand them over to such clinical professors who dispense with remedies in typhus, and allow full play to nature; to convert the latter is not our task, at least, fortunately, we are not bound to do it. It is easily to be conceived that the judgment of both must be indifferent to us, as it is not deserving of consideration.

Even if most of the cases of typhus should resemble those we have detailed, and therefore require the employment of the same remedies, still there are others which render other medicines necessary. We must, for example, in those cases of severe typhus which are distinguished by a very high degree of excitement or torpor, make use of other remedies than Rhus and Phosphoric acid, those, in fact, which act as violently on the organism and thus create similar abnormal conditions in a healthy individual. These remedies are Arsenic and Carb. vegetabilis.

It will be evident from the annexed remarks, that there will not be any difficulty in ascertaining when Arsenic and Carb. vegetabilis are indicated; for it would be only necessary to consider the signs of the diseases above described in their highest grade of development, including those symptoms which must be an inevitable consequence.

Indications for Arsenic.

The patients are very uneasy and very anxious, and mostly so weak that they can only move the hands, feet and head, but not the buttocks, therefore cannot voluntarily change their position in bed. The pulse is very quick, intermittent, mostly irregular; the temperature is very much increased; the cheeks are burning hot and red; the thirst insatiable. These symptoms of excitement are accompanied by the decomposition of the blood, as shewn by the exanthema and ecchymosis, the frequent violent hæmorrhage from various organs, and the gangrenous state of the tissues in different parts of the body subject to pressure.

The sensorial powers are no longer subject to the will, their mutual relations are interfered with and confused; the excited imagination calls forth in rapid succession the most extraordinary and vivid scenes; these are always of the most painful

kind, and seem always to be passing before the patient's view, and do not even cease when the excitement passes into loss of consciousness; for as in former instances, the slight delirium passes into muttering, so in this the state of excitement lapsing into stupefaction, the muscular contraction and expression of the countenance are not to be mistaken. The perceptive faculties are often entirely suppressed, for the patient makes no complaint; the evacuations are passed involuntarily, the urine frequently retained, and the bladder becomes so extremely distended as to be on the point of bursting, and would do so if unrelieved by mechanical means.

The lips and tongue are dry, the latter often hard, cracked, and either clean or thickly coated; the tongue is often covered with a brownish black crust, which extends to the lips and teeth; the speech is unintelligible, sometimes impossible.

Colliquative diarrhoea now sets in, the stools occur very frequently, are watery and bloody; tympanitis is sometimes present in an enormous degree.

Abundant crepitous, sonorous, and whistling râles are audible in the chest.

The powers of nutrition rapidly fail, and the patient exhibits an extremely emaciated state.

This excessive state of exhaustion and decomposition is connected with, or more correctly speaking, is the result of over-excitement, and frequently terminates in death, which either occurs at the stage of extreme excitement, or after its passage into torpor. When it terminates in health the excitement of the vascular and nervous systems is the first to subside, and then yields to the opposite condition, debility. The first sign of an amendment, is a short, easy, refreshing sleep, this soon becomes of longer duration; the being able to distinguish between the sleeping and waking states, is one of the first signs of approaching improvement. The disorders of the various organs disappear, the harmony between them is restored, and their functions, though feebly performed, are still normal. The remaining symptoms disappear gradually, tympanitis the latest, a great degree of weakness often remains behind, confining the patient for months to his bed. In some cases this state of

extreme debility extends to the mental faculties, when the patient becomes silly or idiotic, and remains so for a long time.

In the sequel death frequently follows from perforation of the intestine, or from abdominal phthisis; from exhaustion of the powers resulting from the sloughing of extensive bed sores when the typhoid process had terminated and the period of convalescence had commenced.

Indications for the use of Carbo vegetabilis.

Among the indications for the use of this remedy these stand foremost, as is the case with Arsenic, viz., the decrease and decomposition of the organic tissues. Although the marks of excitement may be entirely absent in those forms of typhus which render Carb. vegetab. necessary, yet torpor is present in more than a correspondent degree, and finally may pass into perfect paralysis; for the condition following over-excitement which renders the use of Arsenic beneficial, is at once produced by the sinking of the vital powers where the employment of Carbo vegetab. is required. Thus it is easy to avoid any confusion in the employment of these remedies.

In those cases in which Carbo vegetab. is suitable we observe the following: The circulation of the blood is very rarely quickened; the pulse is therefore usually extremely feeble, sometimes scarcely perceptible; the blood nearly always flows slowly through the vessels, giving a cyanotic colouring to the lips and extremities. The well known marks of decomposition of the blood are not long absent, giving rise to ecchymoses and bed-sores.

There is no increase of temperature; on the contrary it often sinks below the natural standard. The whole body is frequently covered with a cold, clammy perspiration.

The sensorial powers are equally void of all external indications. The patient lies in a state of prostration, on his back, his eyes closed, his mouth open; he is no longer sensible to any external impression, as might be supposed from the expression of countenance: he cannot be roused, or if so but with difficulty and momentarily; he has no wants, &c. &c.

The tongue is generally moist, of a palish blue colour; the frequent and liquid stools are passed involuntarily.

There is considerable rattle of mucus in the chest, even audible at a distance, respiration much impeded, but notwithstanding the cough is slight, often entirely wanting; the expectoration is frequently bloody; hypostases of the lungs is always present.

When the disease begins to subside, it does so gradually and scarcely perceptibly, so that the favourable turn is first recognised when it has existed several days. The circulation first rises; the pulse becomes stronger; the temperature of the skin increases and becomes more regular; consciousness returns at first momentarily, and then at longer intervals; the diarrhoea soon diminishes; the tympanitis disappears in this form of typhus more slowly than in any other. Bed-sores require a longer time for healing, and it is a still longer period before the strength is entirely restored. Death may take place at any period, even when convalescence is far advanced.

We have not in the course of the year had an opportunity of treating a case of typhus in which the employment of *Carbo vegetab.* was necessary, either at the commencement of the disease or even soon after. The condition in which it was necessary to employ this remedy with our patients occurred very rarely, and then always at a later period, hence we were obliged to make use of other remedies. It was the same case with *Arsenic*; for in almost all cases in which its employment became necessary, the indications for its use were not at first present. Those forms of disease in which the use of this remedy is necessary at the commencement of the attack appear to be exceptional; the character of the epidemic now prevailing at Vienna does not favour their occurrence.

If we only use *Arsenic* and *Carb. vegetab.* in cases similar to those above described, or at least nearly approaching them, we cannot expect any brilliant effects from their employment; that they are of service in severe forms of typhus in which the disease is fully developed, the following case may perhaps prove.

Rosalia Hess, æt. 14, of good constitution, recovered from a severe illness two years since; no information was given to us further than that she had violent headache and pain in the abdomen. The present indisposition began four days since with great heat, great feeling of general illness, and vertigo. A few hours after she had several fluid stools, with griping pains in the abdomen; the following night she felt extremely cold; for the next two days her indisposition became permanent, and increased in severity; last night she was delirious; this morning she had nausea, retching, and at last actual vomiting.

On her admission the 6th July we found the following: The temperature was much elevated, especially in the head; the skin burning hot and dry; the cheeks highly flushed; eyes brilliant; conjunctiva slightly injected; lips and tongue dry, the latter cracked; the chest well formed, Percussion showed nothing abnormal; respiration accelerated, sharp, and in places rattling; heart normal; pulse 116, strong and full; abdomen tympanic; stomach distended; the spleen enlarged to the anterior ends of the ribs; the liver extends below the lower border of the ribs a finger's breadth; the stools are not very frequent, but abundant, and consist of a thin brownish fluid, and a brownish sediment mixed with white specks.

The patient lies in a state of stupefaction, mutters continually to herself, sometimes shrieking out. When roused she looks about as if troubled, answers shortly and mostly unintelligibly; drinks hastily; complains of nothing; she only shows a little consciousness when the abdomen is subjected to firm pressure, and then sinks back again to her former state. She was ordered Arsenic.

On the third day, in consequence of the continued retention of urine causing extreme distension of the bladder, the catheter was used.

On the 4th, the evacuations became more frequent and contained streaks of blood; the delirium was less frequent; the temperature decreased; pulse 100 and feeble; the patient coughed frequently but with little expectoration; the somnolent state still continued.

On the 5th, occasional slight flushes in the cheeks, other-

wise paleness of the countenance; pulse 90; temperature slightly elevated; six watery rather bloody stools; the patient lies apathetic in a somnolent state. She was ordered Phosphoric Acid.

On the 6th day, the cough was more frequent, with a tenacious expectoration streaked with blood but containing few air bubbles. Near to the inferior angle of the left scapula the sound on percussion was tympanic; at this point the expiration was imperfect; there was slight crepitation on taking a deep inspiration; in the rest of the chest a loud crepitous rattle was audible. The rest of the symptoms remained unchanged.

On the 7th the heat was very great; insatiable thirst; the tongue is hard; pulse scarcely to be counted; sopor increased; involuntary stools; the tympanic sound on percussion has extended very much lower; respiration in the whole of the lower part of the chest is bronchial, while at the upper part to the fourth rib there is partly crepitation and partly consonating rattle. The expectoration contains much blood. We prescribed Arsenic again.

On the 10th day.—In the whole of the left lung, with the exception of a small portion at the summit, there is loud bronchial respiration; the sound on percussion is tympanic in the whole of the posterior part of the chest; the skin is burning hot; lips, teeth and tongue covered with a black crust; pulse fluttering; abdomen very tympanic; stools passed involuntarily; violent delirium; alternating with stupefaction.

On the 12th day.—The delirium was less violent; expectoration containing much blood; otherwise no change. Arnica was prescribed.

On the 14th.—Crepitation in the lower lobes of the right lung; the sound on percussion tympanic even there; heat moderate; pulse 120; delirium less frequent and less violent; expectorations less frequent.

During the following days the symptoms became much better; on the 18th her state was again much worse. The pulse sank to 100 now rose to 120; the head was burning; countenance bluish red; the delirium became violent.

more frequent; the sound on percussion was rather fuller, and crepitation was everywhere audible.

On the 24th all the physical signs had disappeared, with the exception of a point between the third and fifth ribs, where there was some crepitation, and where on taking a deep inspiration a mucous rattle was perceptible. The temperature was comfortable; lips and tongue moist; pulse 100; delirium had again ceased; the sopor was only present occasionally in a moderate degree; the patient was very ill-humoured.

On the 25th the scene suddenly changed; the patient who had already been brought very low fell back again; the eyes were encircled with blue rings; nose and lips were of a dirty blueish colour; the temperature was lowered; pulse imperceptible; stomach very tympanitic. The patient lay quite unconscious; the body was stiffly bent backwards, and the head was sometimes for a minute put into a threatening attitude; respiration quick and short; great mucous rattle in the chest.

Carb. vegetab. was prescribed.

In the afternoon the temperature had again risen; the pulse became perceptible; the inclination backwards of the nates and the erection of the head had disappeared.

On the 26th the cyanotic colouring was no longer to be remarked; the appearance of the patient was improved; the sopor was changed into slight somnolency; temperature comfortable; pulse 92.

On the 28th there only remained great debility and a considerable falling away, and moderate tympanitic distension of the belly, with occasional somnolency. The pulse was feeble but perceptible; the number of pulsations 90. The patient was livelier, and was pleased with her condition; to-day she had a firm evacuation after a constipation of ten days.

The improvement now progressed rapidly; every night she had an easy and refreshing sleep; appetite returned, and the functions of nutrition were in great activity. In the vascular system appeared the following unusual symptom: while on every hand there was an increase of the powers, yet the weakness of the circulation not only remained but even increased, so that the pulse on the thirty-sixth day was only 46. We

prescribed Digitalis and the pulse soon rose to 84. The medicine was then left off for three days, when the pulse again lowered to 67; Digitalis was again prescribed, and on the following day the pulse was 88, and remained at the normal standard.

ON THE HOMŒOPATHIC TREATMENT OF RHEUMATIC ARTHRITIS.

BY DR. A HENRIQUES.

(A Clinical Lecture delivered at the Hahnemann Hospital.)

CONFORMABLY to the course of clinical study I have adopted, and which I announced to you a fortnight ago, when I had the pleasure of addressing you, it will be the object of my lecture to-night, gentlemen, to discuss the homœopathic treatment of rheumatic arthritis. Although this disease does not often terminate fatally, it is nevertheless worthy of our consideration; because it is a very common and most painful affection, and it frequently resists every means we can devise to combat it. It originates spontaneously from a great variety of constitutional, topographical, atmospherical, or other meteorological causes, the precise conditions of which, it is not possible to estimate in the actual state of medical science. It is an established fact, however, that some persons are more subject to this affection than others, that it is more common in certain localities, and that particular hydrometric and electro-magnetic states of the atmosphere are more favourable to its development. But whence, how, and why is it so? Science is mute on these most important points. But if, unhappily we are ignorant of the etiology of rheumatism, we are, on the other hand, sufficiently conversant with its pathological anatomy, which is, in my conception, far more useful and important to homœopathy, because it enables us to apply our remedies with greater certainty and precision. It is constantly asserted by certain critics, as well as partisans, that homœopathy has nothing in common with the anatomico-pathological school. This opinion I believe to be

quite erroneous, and as it is, I am certain, very prejudicial to the scientific development of homœopathic therapeutics, I feel it my duty to offer, as introductory to the cases whose history and treatment I am about to relate, a few brief remarks respecting the relations and advantages of pathological anatomy to homœopathy.

Hahnemann states, in the 18th proposition of the *Organon*, as follows: "From this indubitable truth, that, besides the collective symptoms, nothing can be discovered in any way, in diseases, wherewith they could express their need of aid—it undeniably follows, that the *sum of all* the symptoms in each individual case of disease, must be the *sole indication*, the sole guide to direct us in the choice of a remedy."

It is evident, gentlemen, that the expression, "sum of all the symptoms," which occurs in the foregoing paragraph, must include pathological anatomy; for, by the term symptoms, must be understood every abnormal effect or change that occurs in the living organism, and which are appreciable either by the physician or the patient. Now all the signs which diseases are capable of producing, may be divided into three classes, viz.—the physical, organic, and vital symptoms: the first relate to the external configuration, the second to the intimate structure, and the third to the essential properties of the component organs of the economy.

Thus physical symptoms comprise all changes relative to dimensions, situation, size, form, and direction, and are such as result from wounds, fractures, dislocations, hernias, and all other mechanical obstacles to the healthy play of the functions of the economy.

Organic symptoms are all manifest changes of the organic elements which compose a diseased organ, and relate to alterations of colour, volume, texture, consistence, and proportion between the solids and fluids of the organised tissues.

And lastly, vital symptoms consist of all abnormal expressions of the properties which distinguish inorganic from living matter, and the functions which characterise life. Hence, then, if it be true as I have stated, that the domain of semiology comprehends three real, distinct, and essential classes of phenomena,

how is it possible to exclude one or other of them without injurious consequences to the proper investigation of diseases? Without them, how can we obtain a complete picture of disease? And we may now well ask, upon what grounds is it assumed that the illustrious founder of homœopathy meant the exclusion of pathological anatomy, when he distinctly states, "that the sum of all the symptoms, in each individual case of disease, *must be* the sole indication, the sole guide to direct us in the choice of a remedy."?

One of the distinguishing characteristics between the old and new practice of medicine is, that the former attaches more importance to the organic signs, whilst the latter considers the vital symptoms as the principal indications in the treatment of diseases. But it is evident, from what I have previously stated, that neither school can consistently adopt one exclusive class of symptoms as its guide in practice. Any given disease may present one class of phenomena; but every medical system whatever must necessarily embrace the three classes previously enumerated. It results, therefore, from the preceding remarks, that pathological anatomy is a necessary component to the natural history of diseases, since its object is the knowledge of the visible alterations that the abnormal state produces in the organs of the body. In order, however, that it should be practically useful, it is indispensable to observe the vital symptoms or alterations of the functions which coincide with each kind of organic changes, for vital phenomena are only the results or the interpreters of the varying morbid conditions of the organic tissues and their properties.

In fact, Bichat has demonstrated by analysis of our organs and their elements :

1. That the materials of which the organism is composed may be divided into certain elementary tissues.
2. That each has peculiar vital properties.
3. That however combined or united in the construction of organs, all preserve everywhere the peculiar vital properties appertaining to each, and with which they are essentially endowed.
4. That they differ from one another in structure, form, mode of existence, and reactionary power.

In one word, gentlemen, according to my humble conception, the whole science of physiology and that of medicine, may be said to be based upon the doctrine of tissues and their vital properties, such as the immortal Bichat has so beautifully expounded in his admirable works on anatomy.

Studied in this manner, pathological anatomy is destined to become, in the scientific development of the homœopathic school, the basis of nosology, the surest guide of diagnosis, an indispensable means of prognosis, the ground-work of a therapeutic classification, and in a great many cases, it will furnish the safest data to enlighten us in the choice of a remedy.

Having now concluded the few but important preliminary remarks I had to make, I shall proceed with the cases I have selected for this night's lecture.

CASE I.

Rebecca Meek, 22 years of age, weaver, unmarried, of a spare habit, bilious temperament, dark complexion, black hair and eyes, was admitted on the 14th Feb. into A ward, for acute arthritis. She states that for the last eleven years she has had several attacks of rheumatic fever; was seized six days ago with fever, shiverings and pains all over the body, and for which as yet she has had no medical advice.

On examination, the symptoms present were, acute drawing pains in all the joints, aggravated by movement, and by the slightest touch, particularly in the articulations of the left hand, which were red, hot and swollen; considerable febrile excitement with shiverings; skin hot and dry; pulse hard and quick; nausea; thirst, and great restlessness; urine scanty and reddish.

Bryonia $\frac{1}{3}$, $\frac{1}{4}$ th, every 4 hours. Quarter-diet.

15th.—Pains less; much better altogether; catamenia came on last night. Continue medicine and diet.

16th.—General pains much diminished; left hand is still very much swollen, there is not, however, so much heat and redness, and it is moist; tongue slightly coated yellowish; bowels have acted, and she has slept well. Give Saccharum lactis, and discontinue medicine. Continue quarter-diet.

17th.—Is improving, all the pains considerably abated; complains of pains in the fingers only of the left hand, which are still swollen. Saccharum lactis. Quarter-diet.

21st.—From the 17th to this day she continued improving; the swelling of the left hand has entirely subsided; complained only of slight jerking pains in the right hip-joint; dryness in the mouth, and want of appetite.

Nux vom. $\frac{5}{12}$, $\frac{1}{4}$ th night and morning. Continue quarter-diet.

24th.—Is better in every respect, except that *the right hand* has become swollen and tender; the left continues well.

Sulph. $\frac{5}{12}$, $\frac{1}{4}$ th, night and morning. Quarter-diet.

27th.—Metastasis has again taken place; the pain and swelling have left the right hand and returned to the left; no pains elsewhere; her countenance is pale; feels weak; appetite is good, and sleeps tolerably well; bowels regular.

China, $\frac{1}{2}$, $\frac{1}{8}$ th, 4 hours.

March 2nd.—Improving. Continue China and diet.

6th.—All traces of the disease having disappeared, she was discharged cured. To be made an out-patient in order to combat the rheumatic diathesis.

REMARKS.—There is nothing, gentlemen, in the history of the case before us that is either novel or remarkable. It is simply an ordinary attack of acute rheumatic arthritis; no difficulty, therefore, could arise with respect to its diagnosis. As long as this affection remains in the articulations, its prognosis is favourable; for, although it may be prolonged, yet its cure by resolution in most instances is certain. Such, however, is not the case when the affection shews a disposition to wander about from organ to organ, as in the present instance. You will remember that the disease first attacked the entire articular system, it then fixed itself in the left hand and wrist, went to the right hip-joint, shifted to the right hand, returned again to the left, and finally disappeared in eighteen days. This displacement of the disease from one part of the economy to another is called *metastasis*; it is one of the most singular and inexplicable phenomena of disease; it is very common in rheumatic arthritis, and when it does occur, it behoves us to be extremely

cautious in our prognosis: for you may suddenly lose a patient by the instantaneous transmission of the disease from the knee-joint to the internal organs. Endocarditis and pericarditis are not unfrequently sequences of arthritis.

With respect to the treatment of this case, which many of you must have watched during its progress, I was directed in my selection of remedies by the following circumstances:

1. The general febrile condition.
2. The local inflammatory state of the joints.
3. The migratory disposition of the disease.
- And 4. The long-standing rheumatic dyscrasia.

Bryonia was first employed, which appeared to me most appropriate to the two most urgent indications, viz.—the general febrile condition, and the redness, heat and swelling of the left hand. This remedy, gentlemen, appears to possess, in an eminent degree, a direct action on the sero-fibrous tissues wherever situated—hence its valuable effects in meningitis, peritonitis, pleuritis, pleurodynia, and arthritis: for the organs affected in all these diseases are very similar in structure and functions to the tissues which cover the extremities of bones.

If you consult your *Materia Medica*, you will also find that the symptoms, both general and local, corresponded perfectly to the pathogenesis of Bryonia—hence it was homœopathic; and this produced the good effects we so soon observed after its administration. In three days, under the use of this remedy, all febrile and local inflammatory action subsided.

There remained on the 21st, some slight jerking pains in the right hip-joint, for which I ordered *Nux vomica*. I was induced to prescribe this remedy, not only because it corresponded to the gastric symptoms which were present, but because it was suitable to the bilious temperament, sickly and yellowish aspect, and sedentary habits of the patient. You are aware, gentlemen, that the want of proper exercise in the open air and long confinement in a sitting posture predispose individuals thus situated to visceral congestion, particularly in the hepatic system. *Nux vomica* will be found a valuable remedy in all affections resulting from these causes. This patient was a weaver, consequently much confined, and she had all the appearance of hepatic congestion, I therefore prescribed *Nux vomica*.

On the 24th Sulphur was given in order to change the constitution, and destroy the rheumatic condition of her economy.

On the 27th the Sulphur was discontinued, and China was ordered, which she continued taking till she was discharged on the 6th March. I know no remedy more useful than China to combat the rheumatic diathesis. Its specificity is peculiarly adapted to cases such as the one under consideration; where the disease has been of long standing, the constitution is impaired, there is great general debility, yellow colour of the skin, and swelling of the joints, with painful sensibility to the touch, *increased at night*. Whilst upon the subject of China, gentlemen, I could not allow to pass unnoticed the fact, that, the pesocic allopathic use of this remedy, was considered even long ago by authors of the *soi disant* legitimate school, to be a cause of rheumatism; and thus they pay a tribute of homage to the truth of the homœopathic principle and law.

Grimaud says, that the Quinine given to cure gastric fevers often produces rheumatism.

Torti, in his treatise on pernicious fevers, states that rheumatism is often a consequence of Quinquina, given to cure intermittent fevers.

Stoll has seen very obstinate rheumatic affections caused by Quinquina, given as febrifuge.

Sydenham made the same observation, and designated the pathogenesis of Quinquina, Scorbutic rheumatism.

Pajot, Laforêt, Sime and Tourtelle also bear witness to this very significant fact. It is worthy of remark also, that it has been extolled by a great many of the old school, as a valuable remedy against rheumatic affections. Hence, gentlemen, according to the very testimony of our opponents, the action of China furnishes both the proof and counter-proof of the homœopathic doctrine and practice.

CASE II.

Sarah Franklin, 31 years of age, married, has had three children. Her menses are regular, spare habit of body, dark complexion, nervous temperament, was admitted into the hospital in January. She states that she sells vegetables about

the streets, and is consequently exposed to all sorts of weather; occasionally she takes gin and water, but habitually drinks porter; that she has been labouring under articular rheumatism for seven years. About five months ago that she had an attack in the right knee and elbow-joint, which has continued to increase till she now finds herself unable to move about; has had no fever. Her actual condition presents the following phenomena:

There is extreme sensibility of all the joints; but the right knee is very *much swollen*, it is red, hot, hard, and is intensely painful; the pains are of an acute drawing character, and are aggravated by movement; perfect inability to bend this articulation; all the fingers of the right hand are also swollen.

Ordered Arnica lotion to the knee-joint, and $\frac{5}{12}$, $\frac{1}{6}$ th, every 4 hours. Quarter-diet.

24th.—Inflammation of the joint has disappeared; swelling and pain have diminished; stiffness of the joint on motion; hand is better.

Discontinue lotion. Continue medicine and diet.

26th.—Feeling of stiffness and contraction in the popliteal space much diminished; better in every other respect.

Rhus $\frac{5}{12}$, $\frac{1}{6}$ th 4 hours.

27th.—Better. Continue the medicine and diet.

29th.—Discharged cured. To be made an out-patient in order to remove the disposition to these attacks.

REMARKS.—This patient, gentlemen, in six days, was cured of the arthritic affection with which she had been suffering incessantly for five months. Such a prompt and happy result was obtained by Arnica and Rhus.

The principal seat of this affection was on the right knee-joint, which was very much swollen, red, hot, and intensely painful. It was on account of these phenomena that I was lead to employ Arnica: you will remark that it was used externally also in the form of lotion—the remedy being indicated homœopathically. I see no objection to its external use under the circumstances mentioned in this case, on the contrary, I believe it accelerates very much the cure; it likewise gives great relief to the local

symptoms. When the remedy is *truly* homœopathic to the given case, there is no fear of metastasis from such outward applications; for whether you introduce a medicine into the economy by the tongue, the stomach, the skin, or the anus, it will always produce its specific effects, both in the normal and abnormal conditions. Therefore, when you have a case to treat of general rheumatism with acute local inflammation of the joints, you will do well, and will often hasten the cure to administer the homœopathic remedy internally and locally, provided, however, there be no contraindication in any given case.

Rhus, when indicated by the totality of the symptoms, is often found useful in arthritic affections, particularly after the use of Arnica. It exercises a specific action on the ligamentous tissues, as a reference to its pathogenesis fully testifies. There was in this case tumefaction of the right knee-joint, with considerable stiffness and contraction in the popliteal space, after the inflammatory action had subsided; I therefore considered this remedy indicated. It is very analogous in the seat and mode of its action to Bryonia, but this latter remedy is more adapted to cases where there is active local inflammation, and symptoms of general vascular disturbance: as these indications did not exist, Rhus was preferable.

Although relieved of all the pressing symptoms for which she entered the hospital, and she was able to move about with perfect ease, this patient could not be said to have been cured of her arthritic affection; to be radically cured, she would require several months attendance; she was therefore recommended to become an out-patient. Appropriate hygienic instructions were given her, so as to avoid the injurious action of cold and damp, to which the nature of her occupation exposed her. She was directed to wear gutta percha soles to her shoes, and flannel next her skin—without these hygienic preventions, I consider that Sarah Franklin would never be cured.

CASE III.

Sarah Sims, 18 years old, needlewoman, healthy appearance, fine skin, light hair, blue eyes, and nervous temperament. States that she was admitted into Middlesex Hospital four years ago

for St. Vitus's dance, and whilst under treatment there, she got, for the first time, a severe attack of rheumatism in all the joints, but more particularly in those of the hands and feet, which she attributes to the use of cold shower-baths, that were daily administered to her in the hospital. She got rid of the St. Vitus's dance, but ever since she has been suffering more or less with pain and swelling in the wrist; hands, knees and feet alternately.

Admitted by me into the Hahnemann Hospital on Dec. 29, Sarah Sims presented the following phenomena:

Pain in the back and loins when seated; jerking, tearing and drawing pains in the joints of the shoulders, particularly the right one, also in the wrists and fingers; red, stinging, erysipelatous blush of the wrists and fingers, which were very much tumefied, excessively tender to the touch, and unable to bear the slightest motion; there were erratic cramp-like pains, more or less intense, and diffused throughout all the joints of the inferior extremities; tongue loaded with a yellowish coating; loss of appetite; constant agitation by day; sleeplessness at night; skin rather dry, without, however, any febrile action; pulse normal.

Ordered Ant. tart. $\frac{5}{12}$, $\frac{1}{8}$ th, 2 hours. Quarter diet.

31st.—Better; wrist-joints less painful and swollen, but complains much of pain in the right shoulder-joint.

Sulphur $\frac{1}{3}$, $\frac{1}{4}$ th, every 4 hours. Quarter-diet.

Jan. 1st.—Improving; pain in the shoulder has disappeared.

Continue medicine and diet.

4th.—With the exception of a few occasional erratic pains between the shoulders, the patient is quite well.

Sulphur $\frac{3}{12}$, $\frac{1}{4}$ th, one night and morning.

6th.—Quite cured of the acute attack for which she entered. To be made an out-patient for the purpose of undergoing a prophylactic treatment.

REMARKS.—This case of arthritis was complicated with a gastro-hepatic affection, as the loaded state of the tongue, the loss of appetite, and the dryness of skin indicated; I therefore administered Tartar emetic, whose therapeutic action in certain

gastric derangements, and in articular rheumatism, is amply attested by a host of authors belonging both to the old and new schools—its efficiency was remarkable, prompt, and decisive, for the patient continued to improve under its influence without any relapse, and in ten days was discharged quite cured.

It was subsequently thought advisable to administer Sulphur, in order to restore the functions of the skin, whose morbid sensibility to atmospherical influences appeared to be the essential pathological condition of this affection. In this opinion I am borne out by the fact, that the disposition of this patient to arthritis originated from the use of cold shower baths. It is universally admitted, that one of the most frequent causes of rheumatic arthritis, is the sudden and prolonged immersion of a part or the whole of the body in cold water; more particularly where a delicate constitution of the skin renders it more susceptible, or where the skin is heated, or it is in a state of increased transpiration. We can have no difficulty in conceiving how cold water, thus applied, alters the functions of the skin, and produces rheumatism, as in the case of this patient. This case furnishes you also with an admirable example of the allopathic mode of cure; that is, the curing of the natural by a remedial disease. The chorea was certainly cured by the shower-baths, but it produced rheumatic arthritis, thus substituting one disease for another. This is what is usually called rational and legitimate medicine, if this be so, I will leave everyone to judge for himself. Homœopathy may and does often fail to cure, for there will ever be incurable diseases in the world; but this much is certain, that no homœopathist will ever have to writhe under the stings of a reproachful conscience for having created disease by his remedies.

CASE IV.

Ellen Shaw, 25 years of age, servant of all-work, robust-looking, florid complexion, light hair and eyes, and of a sanguineous temperament, was admitted on Thursday, Jan. 8th, into E ward. She states that she was seized suddenly on Saturday last with acute and deep-seated pain in the right knee-joint, and on the following day it was so swollen and painful, that she was

unable to put the leg to the ground. She bought some soap liniment with which she rubbed the joint twice, since which it has become worse—unable to move about. She was recommended to come into the hospital.

On examination the right knee-joint was found very much swollen, red, hot, and shining; at the external and internal surfaces were observed two black-looking spots, as large as half-a-crown each, resembling ecchymosis; great sensibility to the touch, with a feeling of contraction and drawing pains, in the popliteal space especially; the patella was very much elevated, as if floating in liquid, and when pressed gave a *distinct crepitating* feel like fracture; she declares that she has never had any blow or fall, nor can she account for it, but on enquiry says, that she has been kneeling a great deal lately on the stones. Has never had rheumatism; skin was hot and dry, pulse rather accelerated and full; foul tongue; loss of appetite, and has not slept an hour since two o'clock on Saturday morning. As soon as she entered the hospital the catamenia came on—it was the proper period.

Antim. tart. $\frac{1}{3}$, $\frac{1}{12}$ th, one every 4 hours. Quarter-diet.

9th.—Much better; swelling and tension less; slept well; ecchymosis and crepitation the same.

Arnica lotion. Arnica $\frac{5}{12}$, $\frac{1}{6}$ th, every 4 hours. Same diet.

10th.—Much improved; ecchymosis not so dark; crepitation is still perceptible. Continue lotion, medicine and diet.

11th.—Improving. Continue medicine and diet.

12th.—Much better. Continue medicine and diet.

16th.—Quite well; no pain, swelling, nor crepitation; is able to walk with perfect ease. Discharged cured.

REMARKS.—This case differs from the preceding in the primary seat of the affection. In the former cases it was the fibrous tissue that was chiefly affected, in the present it was the synovial membrane. The signs by which we arrived at this conclusion were,

1st.—The deep seated character of the pain.

The pains of arthritis affecting the fibrous tissue, are superficial, and of a sharp, jerking, tearing or drawing character. In

this case the patient described the pain she experienced as coming from the interior of the articulation, it was in fact deep-seated. this character alone is often sufficient to distinguish fibrous from synovial arthritis.

2. The crepitation.

3. The cedematous feel of the swollen joint. And

4. The undulating state of the patella,

M. Recamier has indicated a fifth sign which was also present in this case, but has been omitted in the records of its history; it is, that if you stretch the limb downwards, there is little or no increase of pain; but if you push it upwards so as to rub the extremities of the articulations, the pain is very much increased.

I do not believe that this patient was affected with pure rheumatic arthritis. It appeared to have been originally severe phlegmonous erysipelas, arising from the mechanical pressure of kneeling, which subsequently extended itself into the knee-joint; for there was no rheumatic diathesis, and the affection was confined entirely to the one joint; this, together with the high degree of inflammatory action, and deep phlegmonous character of the redness, and ecchymosis—so uncommon in rheumatic affections; all tended to confirm my opinion. Had she been of a scrofulous diathesis, I have no doubt that this affection would have terminated in white swelling.

It is difficult to account for the crepitation, it was so marked that the assistant surgeon and myself were in much doubt when she entered, whether there was not really fracture of the patella—it gradually disappeared as the inflammation subsided.

CASE V.

Harriett Dyke, aged 21, a strong, healthy-looking girl, of sanguineous temperament, and born of healthy parents, was admitted on 1st December. States that she has been suffering for the last five years with pain in the right hip and knee-joints after walking any distance; has had constant pricking pains in the left knee-joint for the last two months, which, she thinks have been brought on by scrubbing a great deal on her knees. She has never had any serious illness.

On examination the right leg was somewhat longer than the

left; she complained of sharp *pricking* and *shooting* pains in the left knee, and in both femoral joints, extending into the iliac and sacral regions; pains increased by motion; there was slight tumefaction around the knee-joint; but there was neither heat nor redness; the digestive and circulatory functions were normal.

Ordered Belladonna $\frac{1}{3}$, $\frac{1}{4}$ th, every 4 hours. Quarter-diet.

4th.—Has taken Belladonna till this day, with great benefit; pain and tumefaction of the knee are quite well; has still a little uneasiness in the hip-joint, with drawing pains in the vertebral column, extending from first dorsal vertebra to the coccyx. Saccharum lactis. Same diet.

5th.—Pain in the back, loins, and knee-joints quite gone; on pressing upwards and rotating the affected hip-joint, there was still some degree of abnormal sensibility. Saccharum lactis. Same diet.

6th.—Has some erratic muscular pains in all parts of the body; constipation; pain in the hip-joint is better.

Bryonia $\frac{3}{12}$, $\frac{1}{6}$ th every 4 hours, Same diet.

23rd.—From 6th to this day, except some trifling muscular pains, this patient continued well; bowels had become more regular under the use of Bryonia; had last night two watery evacuations preceded by spasmodic pains in the abdomen; tenesmus.

Tr. Sulphur $\frac{1}{3}$, $\frac{1}{6}$ th every 4 hours. Low diet.

24th.—Better. Saccharum lactis. Continue diet.

31st.—Bowels are again disordered; had three very loose watery evacuations yesterday, and two this day, accompanied with griping and pinching pains in the abdomen.

Harriett Dyke was a vegetarian. When she first entered, it was thought fit to put her on low diet, consisting of cocoa, milk, and bread; in proportion as she recovered the quantity of bread and milk was increased; but, desirous of testing the effects of animal food on her, she was ordered about the 20th, three days before the first attack of diarrhoea, the hospital half-diet, composed of beef soup and meat, of which she partook till her bowels were deranged; it was then suspended, and when she got well, it was resumed, and was again discontinued this day.

Ordered Tr. Pulsatilla $\frac{1}{2}$, $\frac{1}{4}$ th, every 4 hours. Arrow-root, and toast-water.

Jan. 1st.—Better; no diarrhœa; had an evacuation of hard feces this morning; no abdominal pains.

Continue Pulsatilla. Same diet, that is, arrowroot, with the addition of some bread.

4th.—Quite well till to-day, when she had in the morning two loose, dark looking, but painless evacuations. As there were no indications for interference, I ordered,

No medicine. Continue same diet.

6th.—Improving; no articular pains; bowels comfortable; daily normal evacuations. Return to half-diet.

16th.—From 6th till this day, Harriett Dyke continued improving without any further gastric or abdominal disturbances. Discharged this day, perfectly well.

REMARKS.—This case is interesting, gentlemen, only on account of the difficulty we experienced at first in establishing its diagnosis. The symptoms present indicated either sciatica, rheumatic arthritis, or white swelling. Considering,

1. The length of time that this patient had been affected with articular pains;

2. The erratic character of the pains;

3. Her sanguineous temperament and healthy appearance;

4. The absence of osseous tumefaction;

5. She was born of healthy parents;

6. She had no appearance of scrofula;

7. There was no constitutional disturbance;

8. That the swelling of the knee-joint was confined to the external soft parts;

We were led to conclude that this was a case of chronic rheumatic arthritis.

There are a few general points of interest connected with the rheumatic arthritis diathesis, to which I desire to call your attention before we conclude.

The first is that it is an affection *sui generis*, innate, acquired, or hereditary. It is a familiar fact, that one of the essential conditions of this disease is a special state of the economy,

which, for the want of some definite idea on the subject, and as a cloak for our ignorance, has been termed predisposition. According to some physicians of the old school, the predisposition is so powerful that it can spontaneously produce arthritic rheumatism without the aid of any occasional cause, whilst, say they, the most energetic determining causes will not produce the disease on persons who are not so predisposed. That there is a something, *sui generis*, necessary to the production of arthritis, no one with the most trifling degree of experience will deny; but what is the nature of this special cause, no one can determine, we have not the necessary data for forming an opinion—hence, gentlemen, let us be humble always when we speak of medical science or rational medicine. This fact, however, is important in a practical point of view; it teaches us not to conclude that we have cured the disease, because we happen to have relieved the sufferings of an acute attack of rheumatic arthritis. Experience teaches that, left to its natural course, one attack will sooner or later be followed by another, this by a third, and so on increasing in intensity with age, and becoming more and more frequent, till at length the deplorable aggravation of the rheumatic diathesis closes the scene of life with pleurisy, pneumonia, endocarditis or pericarditis. The old school has nothing but a palliative treatment to oppose to this affection, which it not unfrequently aggravates by complicating it with the abuse of remedial agents empirically administered. Homœopathy has no specific for this unknown cause of rheumatism, but by appropriate antipsorics judiciously selected, and by proper hygienic means, it will in very many cases, succeed in totally eradicating from the organism this formidable diathesis. Hence, gentlemen, after you have cured an acute attack of rheumatism, always explain to your patient the character of the affection, and advise him to submit to a course of antipsorics; if he does not follow your counsel (for it is often difficult to get people to submit to a treatment when they are not suffering), at any rate you will have the satisfaction of having accomplished your duty as his medical adviser.

2nd. Notwithstanding the opinion of the celebrated Chomel and others, gout is not identical with rheumatism. I believe

that they are perfectly distinct in origin, cause, nature, march, termination, and treatment. The fundamental difference between these affections consists in the fact, that gout is essentially an affection of the functions of nutrition, and consequently has its primary seat in the digestive organs—the accompanying articular affection is purely consecutive—whilst rheumatic arthritis is essentially an affection of the functions of motion; consequently it has its seat in the muscular and articular organs. The functions of nutrition are seldom deranged in rheumatism; their treatment, both remedial and hygienic, are therefore totally different.

3rd. The long continued and injudicious use of a variety of remedial agents, such as China, Copaiba, the Ergot of rye, Mercury and other metallic substances, is frequently a cause of muscular and arthritic rheumatism. It is therefore necessary to enquire particularly whether any of these agents have been used previously; and should you be convinced that any of these remedial agents are causes or complications of the disease, you must of course resort to their proper antidotes.

4th. Syphilitic and gonorrhœal affections are not unfrequent causes of the disease of which we are treating. Either by a sort of metastasis common to this affection, or in consequence of a revulsion caused by the heroic treatment of the legitimate school, the morbid action of syphilis and gonorrhœa may be transmitted to the ligamentous tissues of the articulations, and so produce acute or chronic arthritis. The history of such cases will always furnish you with sufficient data to enable you to recognise these special cases. For the cure of syphilitic and gonorrhœal arthritis, Mercury is the most appropriate remedy; but should it be contraindicated or fail to produce the desired effect, Nitric acid, Sarsaparilla, Mezereum, Clematis erecta, Thuja, Lycopodium, and Sulphur will be found beneficial.

Should the affection be, however, complicated with the abuse of mercurial preparations, previously given in allopathic doses, Belladonna, China, Guaiac, Carbo vegetabilis, Hepar sulph., Lachesis, and Phosphoric acid are the principal agents indicated in the treatment.

5th. Arthritis is occasionally one of the manifold injurious

consequences of excessive blood-letting: large, sanguineous depletions disturb the cutaneous functions.

6th. In the acute or first stage of rheumatism, from whatever cause it may arise, and wherever situated, the remedies most generally indicated are, Aconite, Arnica, Belladonna, Bryonia, Chamomilla, Dulcamara, and Mercurius; these remedies either act directly through the vascular tissues, or indirectly through the medium of the nervous system on the circulation, and thus modify the local inflammatory action of the parts affected.

But should the local inflammation persist after the general disturbance of the circulatory system has been subdued, our indications then in the choice of a remedy must be drawn from the particular tissue which happens to be the predominant seat of the disease: hence, if the affection be seated especially in the muscular system, I think you will find the most suitable remedies to be either Causticum, Colocynth, Rhus, Lycopodium, or Pulsatilla.

Causticum is useful in chronic arthritis, when there is a general rigidity, stiffness or contraction in the muscular system.

Colocynth when the coxo-femoral articulation is the principal seat of the affection.

Rhus, when there is redness and swelling of the joints, with tearing and burning pains in the muscular system.

Lycopodium, when there is painful rigidity of the muscles with a sensation of numbness in the joints.

Pulsatilla, when there is a constant metastasis from joint to joint, or from the articulations to the muscles.

When the fibrous system is principally affected, the chief remedies are, Conium, Staphisagria, Hepar sulph, Silicea, Phosphorus, and Ruta. And whenever the synovial system is the principal seat of the disease, the chief remedies are, Ant. tart., Nux vomica, and Sulphur.

7th. In my remarks on some of the preceding cases, I have alluded to a prophylactic treatment, that ought to be adopted when patients have recovered from acute rheumatism; for it is seldom that the disease does not leave a predisposition in the economy to relapses under the most trifling exciting causes. Hence, if homœopathy could do no more than remove the

acute attack, its treatment, like that of the allopathic, would be but palliative—such, however, is not the case. The prophylactic means necessary to be adopted for preventing and eradicating the rheumatic diathesis, are hygienic and remedial.

1. The hygienic rules to be observed, consist in living in a house exposed to the South, and built on a dry or gravel soil, to avoid all sudden transitions of temperature, and to change the clothes as quickly as possible when wet with rain or moist from profuse perspiration. 2. Smoking has been considered by many, particularly Colombin, in his *Hygiene Militaire*, as an excellent preservative against the injurious effects of humidity. This opinion is also entertained throughout South America—how far this is true I will not pretend to decide. I should not recommend its use as a general rule, but if a patient has been accustomed to smoke, I would not certainly prohibit him the use of Tobacco in rheumatic affections.

3. Independently of being warmly clad, patients affected with rheumatism should wear constantly by day and by night, flannel waistcoats next the skin. It appears that Hahnemann was not favourable to the use of flannel; for in his work on Chronic diseases he states as follows:—"If the patient has been for a long time accustomed to wear flannel next to the skin, you must not abruptly discontinue its use; but in proportion as he improves in health, and the season becomes warmer, he must change the flannel for cotton, which he will continue to wear until he can accustom himself to linen."

With due respect to Hahnemann, I regret that I am compelled to dissent from this opinion. I consider the use of flannel the most important article of dress for every person, in whatsoever climate, and to some constitutions absolutely necessary. It regulates the temperature of the body, it prevents sudden evaporation of the cutaneous secretion in warm climates or when over-heated, it promotes and preserves the functions of the skin in cold climates, it protects the most important regions of the body from getting wet,—in fact, it forms a healthy and clean artificial skin, which diminishes much our susceptibility to disease. I believe that the decrease of mortality, and improvement in the health of the people of England, are attri-

butable in a great measure to the more extended use of this highly important article of clothing, which, from its reduction in price, enables a greater number of the poor to procure this comfort and necessity of life. Next to cheap bread the people should call out for cheap flannel.

4. Besides the use of flannel, you must always recommend your patients, particularly the poor who attend our hospitals and dispensaries, and who are so exposed to rain, to wear gutta percha soles to their shoes.

5. With respect to the dietary, nourishing food should be allowed, but all those medicinal substances, such as spices, liquors, and coffee, &c. should be strictly prohibited. It has been asserted by some old authors, that too much animal food predisposes to rheumatism; it is on this account, say they, that the English, who are essentially carnivorous, suffer more than other continental nations from rheumatic affections. Whether this opinion be correct or not I am not prepared to say, but the case of Harriett Dyke proves that even vegetarians may be affected with rheumatism.

6. Moderate walking exercise in the open air, and kinesiopathic motions, such as are practised by Professor Georgii and Dr. Roth, according to the system of Ling, will be found very useful auxiliaries in eradicating the disposition to rheumatism.

7. The remedial means which will be found useful as prophylactics, according to my experience, are, *Nux vomica*, *Calc. carb.*, and *Sulphur*.

CONCLUSION.—Although homœopathy possesses no learned doctrines to offer in explanation of the remote and proximate causes of rheumatic arthritis, nevertheless, rejecting the shadows upon which the old school has founded its numerous hypotheses, and taking its stand upon the firm ground of reality, it finds in the knowledge of the symptoms and particular tissues affected, a sure guide to alleviate the sufferings of humanity, and to shorten the duration of diseases—the truth of which I have endeavoured to demonstrate to you in the foregoing cases. Now, in conclusion, whatever abstract views we may entertain as to

its merits or demerits as a method of cure, certain it is, that homœopathy cures rheumatic affections, both acute and chronic, without leeching, bleeding, cupping, and the application of blisters, sinapisms or moxas. If, then, science and humanity have gained nothing else but the abolition of such tortures, homœopathy would still merit the gratitude of mankind in general, and be entitled to the respectful consideration of all who profess to practise the healing art.

SUGGESTIONS ON THE TREATMENT OF DISEASES
OF THE GENERATIVE ORGANS.

BY WILLIAM GILLOW, M.R.C.S.

SOME years ago little attention was paid by the profession to those innumerable morbid sympathies existing between the generative organs and the whole animal economy. The pathology of these organs being never investigated, that general state of disease, now supposed by so many to commence here, and hence to radiate until it implicates the entire periphery of vital action, was invariably misunderstood, and patients were often tortured and killed, "*secundum artem*," before their real disease was discovered. From this state of ignorance came a corresponding reaction; once upon the new scent, pathology ran away with men's reason, and carried them far beyond the limits of propriety or of utility; the organs of generation, which nature intended to preserve somewhat in obscurity, became the invariable and most prominent points of medical research. Latterly, catarrh and diarrhœa can hardly be prescribed for without questions on uterine discharges, and reproductive powers; continued toothache, neuralgic headache, sinking at the epigastrium, and spinal irritation, must be cleared up by the speculum; an unfortunate patient, who thinks that "general debility is his complaint," and who has a dark puffy ridge under his eyes, is at once supposed the unhappy victim of masturbation: so insane have men become in this, which is styled, "the new and most interesting field of research,"

that the results have been probably more pernicious than were experienced in the age of ignorance. In innumerable cases, the indiscreet and unnecessary investigation alone has laid the way to moral degradation, and, looking simply in a medical light, has excited that "expectant attention," which continues to influence the disease in spite of all subsequent treatment. Every scientific discovery, however, has to pass through the alternate phases of ridicule and of exaggeration, until at last their latent truth finds its proper level, and is ranged in the field of knowledge according to its individual merit.

To arrive at this useful medium on the question before us, to avoid the Scylla of ignorance, and the Charybdis of exaggeration, has been my aim during several years of careful observation, and if my suggestions can help in directing the enquiries of others, the desired end may hereafter be obtained, as the result of accumulated experience.

My remarks on uterine diseases must be reserved for a future occasion; at present I will confine myself to affections of the male generative organs, and especially to spermatorrhœa. The great discovery of Hahnemann helps us but little in the treatment of such cases; I do not hesitate to confess the truth, and maintain that in doing so I shew no want of faith or confidence in the system. Believing the law of "*similia similibus curantur*," to be a law of nature, it must be universally true; but there may be cases beyond the limits of the law, altogether without its sphere of action; there may be cases again, where our ignorance, or our disadvantageous position prevents us from applying the law. Now in many of the diseases before us the exciting or maintaining cause places them for a time beyond the limits of our law, as in cases of masturbation, and in the victims of allopathic local remedies; in the rest, our unfavourable position prevents us from applying our law; we have no accurate provings on the subject, therefore we can never prescribe with certainty; it is impossible to depend upon such provings; let a man take a medicine for some days, and watch for its effects upon his generative organs, the very "expectant attention" gives rise to every anomalous moral and physical symptom, which collected together form the absurd

and unmeaning groups of Jahr. It is most humiliating to read the nonsense written under this head, and yet one does not see how the difficulty can be removed. Here is our disadvantageous position. We are thrown more or less upon the resources of experimental medicine, the sheet-anchor of allopathy, but the constant enemy to pure homœopathy. No doubt the general condition of the patient, the morbid picture represented by his symptoms carefully grouped, in spite of imperfect provings, will often enable us to apply our specific rule with more or less happy results; but I am sure my readers will confess themselves sometimes puzzled; that they have exhausted the *materia medica* upon many a despairing victim, who rushes from the soft hands of homœopathy to have his disease confirmed for life by caustics, and other heroic remedies.

The two following cases tended to confirm these statements.

CASE I.

Mr. A. aged 40, has been under my notice, but not under my professional care, for twelve years. He was always of a nervous and excitable temperament, and was troubled with rather frequent nocturnal emissions, for which tonics were prescribed, but with no benefit. In the year 1835, he went through great anxieties, by which the whole system was much weakened, and the emissions much increased; the same causes were renewed about 1838, when he perceived a discharge from the urethra, which soon became a confirmed and constant blennorrhagia. He rapidly lost strength of body and mind, and has continued ever since in the same deplorable state. Three years ago he married, but only to confirm his misery; all sexual power was gone, and this discovery increased the mental distress. On the whole he had always led a moral life, and had never been addicted to masturbation.

In this case homœopathy has had the fairest trial; he came under the system about the year 1840, and has never deserted it; he has been under the ablest practitioners of Europe; he has continued three years under one adviser; he has diligently carried out every rule and direction; he has ever lived among homœopathic sympathies; he has had the *materia medica*

almost exhausted, not only in the lower dilutions and tinctures, but he has had a year of 800th and 10,000th globules, under a soi-disant pure Hahnemannian; he had the advantage of every moral and religious aid; yet a few months ago, though still a firm believer in the homœopathic law, he confessed that no medicine had ever influenced perceptibly his complaint. Lately, one of our professional brothers advised him to give up medical men entirely, to seek no longer for a cure, as his disease had become a permanent tenant in his constitution, to pay it no attention whatever; to set about other pursuits, and give up the pursuit of health. This advice has been acted upon, and a gradual improvement has been taking place since.

My view of this case runs thus: the mental depression resulting from anxiety was in the beginning attributed to seminal emissions; treatment was constantly directed to this; his thoughts were put upon this scent, and were ever making observations between cause and effects; his "expectant attention" was morbidly excited, and has continued for nearly twenty years to maintain its baneful influence over his whole being, and so to baffle the best directed treatment: whereas the last attempt to divert this "attention" has proved, though too late, the first step towards recovery. The unfavourable position of this patient, his mind being possessed by this spectre, prevented the law of specifics being applicable in his case; could this overruling power have been dispossessed earlier, remedies might have had their usual success.

CASE II.

Mr. B., aged about 45, came under my care in the spring of 1850; his friends reported him in a most wretched state of body and mind, that at times he was insane, that he had seemed to age very rapidly, and was as weak as a child. I found him seemingly in great agony; he complained of indefinite pains radiating from the lower part of the spine over the whole body; his cries at times could be distinguished at a distance, yet in conversation he often forgot his suffering. His prominent grief, however, was a gonorrhœa, which he had contracted some twenty years before, and, though he had been married a long

time, it was constantly recurring and draining him away. As far as I could ascertain, he had never had gonorrhœa, but that seminal emission had taken him into the hands of a surgeon, who soon made him a permanent patient. A constant blennorrhagia, decreasing energy of mind and body, marriage, no sexual power, confirmed spermatorrhœa. He thought and spoke of nothing but his sexual organs.

I set to work very sanguine, studied his case carefully, promised him some relief, and considered my medicines admirably selected; they produced no effect whatsoever, and at last he gave up homœopathy in disgust, and went under more heroic hands, who cauterized his seminal ducts repeatedly, put him to great torture, and did him no more good—but rather more harm—than I had done. Here again was a case of disadvantageous position; our law was inapplicable, because an over-ruling power had entire possession of the patient: could any other means have first routed this enemy, my own weapons might then have been brought to bear upon the disease.

From various experiments I am inclined to believe that hydropathy may fill up this deficit; that it may at least in many cases place us in a more favourable position, and enable us to apply more successfully the homœopathic treatment.

The following cases will illustrate my meaning.—

CASE III.

Mr. C., aged 28, been under my continual notice for above ten years, suffered when at college from frequent emissions, increased by sedentary habits and hard study. He suffered severely from pain in the loins, radiating down the legs, and general depression. The country surgeon attributed these pains to caries commencing in the spine, kept him in bed for six months, with a succession of blisters and issues on each side the spine. During this time spermatorrhœa became confirmed and paraplegia was almost the fatal consequence. His recovery was slow but gradual to a certain extent, and at the age of 22 he married. After a few months the relapse took place; the lumbar pains became constant; homœopathic remedies were tried by myself and others, but with no effect: change and

keeping his mind from the subject enabled him to rally at last, and enjoy two years of moderate health. In August 1852, there was again a rapid falling off, and paraplegia threatened; he could scarcely move the lower limbs; the pains in the loins never ceased, and caused the most distressing anguish of mind. Medicines were again useless, and hydropathy suggested itself as my only hope. My patient was packed every morning for twenty minutes, followed by a shallow bath, two sitz baths during the day, a cold fomentation to the loins at night; the baths used at 65°. The effect of this treatment for three weeks was wonderful: all the urgent symptoms were removed, and medicines then acted satisfactorily; from time to time a relapse threatens, but the same treatment always answers; he enjoys very average health; can take much exercise; can work with his brain; seldom has involuntary emissions; no blennorrhagia, or semen in the urine; and has occasionally the ordinary sexual power. But I feel sure if the "expectant attention" of this patient was excited on the subject by talking much about himself, and always trying remedies, that the whole train of morbid symptoms would return.

CASE IV.

Mr. D., aged 25, came into my establishment for hydropathic treatment last February; he had been addicted some years ago to masturbation, ever since perceived an increasing weakness of body and mind; had given up the bad habit, but excessive emissions had been the result; he had been led to notice every sensation in his sexual organs; his memory was failing; he trembled at times as if he had delirium tremens; his digestive organs much disordered; he passed urine every half-hour to every hour, at times the secretion being offensive and thick; his limbs seemed to fail on the least exertion. I forbade all exercise, gave a very spare diet, and commenced with four sitz baths a day, at 65°, cold sponging to the spine. He improved considerably in a few weeks; the occupation of the baths seemed to check the "expectant attention." He thought less of himself, and so the irritation about the sexual organs was much diminished. In about two months he could bear the

dripping sheet and douche, and enjoyed them much; he was then compelled to leave suddenly, so homœopathic remedies and medicines were carefully selected, and produced very happy results.

CASE V.

Mr. E., aged 29, came under my care last April, being compelled to give up his duties as clerk in an office, from general debility of body, and great confusion of head. He had rapidly lost flesh; was always cold, in spite of numerous extra coats; he had the sallow complexion, sunken eyes, and anxious expression so often indicating malignant disease. He had led a strictly moral life, but all his family had been subject to seminal emissions; the knowledge of this in his mind, and sedentary habits had led to his present distressing condition: sometimes he had three emissions in a night; every function of the body had lately become disordered. Homœopathic medicines were given with no evident effect; he was then put under a course of hydropathy, similar to case IV. The improvement was slow but most regular; he regained his former weight and looks, he became active in body and mind, and has resumed his duties; no traces now of semen in the urine; only an emission once in a week or ten days; he pays but little attention to his symptoms. After a few weeks of water treatment, medicines then told upon him satisfactorily, and had the merit of completing the cure.

CASE VI.

Mr. F., aged 28, came under my care last spring; he and another brother had suffered from frequent emissions after 14 years of age; no cause could be assigned; kept well and strong till 22, then spent his time in fishing, standing whole days up to his hips in water; this was followed by blennorrhagia, which continued for some years off and on; all sexual feeling left him, but whenever he conversed with a female, semen escaped, also when at stool, when hot from any cause, or after eating a full meal; on passing urine, the last few drops were loaded with this unhealthy secretion. The whole sexual organs seemed insensible and torpid; a catheter could be passed without being felt. He now lost flesh rapidly, but not physical strength; for

the last three months, however, the power of digesting had entirely gone; he often eat but one plain biscuit in twenty-four hours, and drank nothing but cold water; every attempt at food increased his distress; the surface of the body was like stone; a deadly coldness, and yet in winter nights he only dare have one blanket, as more increased the seminal drain; even thus he could only be in bed from twelve to five; he was losing in weight about a stone a month. Here I gave homœopathy a fair trial; my patient strictly obeyed every rule, but he continued to get daily worse. I was puzzled also how to employ hydropathy, because he could not react from cold water: in the pack he became colder, and after a tepid sitz of four minutes no friction could produce warmth. The following plan was tried for a month: twice daily my patient was put in a lamp bath for twenty minutes, the heat applied gradually and only pushed to slight perspiration, this was followed by the douche; he reacted well, walked home, kept warm and was able to eat; the diet was very moderate, and no stimulants allowed, yet he gained more than half-a-pound a day; at the end of the month he could walk ten miles, could eat two ordinary meals a day, regained his ordinary weight and spirits. He went away at the end of five weeks, lived a very reckless life, took to fishing, and every indiscretion, and felt not the least bad effects; an occasional emission was the only symptom of any local disorder, until finding his sexual power so completely restored, he indulged it freely and contracted gonorrhœa: he then hastened back to me in great fright; this yielded soon to homœopathy, and has proved a valuable moral lesson. On the least recurrence of cold extremities, &c., a few lamp baths set all the functions right. In my opinion, this patient was suffering from spinal congestion from his habit of standing in cold water; from a state of mal-nervation of the pelvic viscera, ensued a loss of spinal action, though secretion went on under the organic nerves. Had not this active treatment been at once applied, Mr. F. might soon have been paralysed.

The two following cases, though not similar in nature, will help to strengthen my opinion, and therefore may be allowed a place here.

CASE VII.

Mr. G., an old gentleman became a widower at 60; robust and of the bilio-sanguine temperament, had suffered all his life from piles, and now had a cluster of excrescences round the anus; was supposed also to have enlarged prostate, for which leeches, mercury and the catheter had been recommended; his mucous membranes were all irritable, and diarrhoea was his daily companion. He consulted me six years ago for these symptoms, but his greatest annoyance was excessive priapism every morning. He was an excellent patient, and my treatment had the happiest results in every detail except the last; I consulted some of my medical friends, we carefully selected our medicines, but this symptom seemed to remain. A year ago he consulted a surgeon of great name, who told him that the prostate gland was the cause, and that instruments alone could cure him: unwilling to commence this torture, he again asked my advice, and agreed to try hydropathy for a month; he became a new man; every distress left him, and now for six months he has ridden daily on horseback, and never thinks of his prostate gland. By this his susceptibility for specific treatment is increased, and his confidence in homœopathy stronger than ever.

CASE VIII.

Mr. H. aged 44, had had a stricture of the urethra for some years; it prevented him from riding or walking with comfort; he had undergone a series of bougies, then been long under homœopathy, without any decided improvement. He consulted me in April last; a limited course of hydropathy was tried; under it considerable irritation came in the glans penis; a small ulcer formed round the orifice, and extended slightly, but had a most healthy appearance; I continued water treatment until all traces of inflammation and even of irritation were removed, and then gave him a course of Nitric acid 1: the ulcer healed kindly and left the urethra free; he can now ride and walk without inconvenience; considers himself cured. He was only under Hydropathy six weeks, and then had two months of specific treatment. The ulcer had no immediate venereal origin; I

believe the treatment drew to the surface an old and deeply seated disease, which was the latent cause of the stricture.

These and other similar cases have given rise to certain opinions in my own mind, with a brief statement of which I will conclude, hoping that they may be corrected or confirmed by more extended experience. It is not necessary to enter upon the diagnosis of spermatorrhœa, suffice it say, that this name is strictly applied to cases of diurnal drain from the seminal ducts, and not to cases of nocturnal emission however frequent; yet in treatment we need make no distinction when there is the same range of morbid sympathies. —

All such cases may be divided theoretically into two classes :

1. When the local affection forms but one link in the chain of symptoms arising from some distant and perhaps very latent hereditary or acquired constitutional taint. 2. Where abuse or local injury originates and keeps up the disease, until the whole system participates in the evil consequences. In practice it is difficult to make this distinction, for such is the vicious circle between the generative organs and the cerebro-spinal system, that they act upon each other so rapidly and reciprocally, that the first offender cannot be easily traced. Lallemand says, speaking of such cases, "it is of less consequence to seek their primary than to discover their maintaining cause." I find it most important to investigate both these questions, and frequently they are ascertained by the aid of each other. In the first class, "expectant attention" is the ordinary maintaining cause, and defies all attempts at specific treatment: in the second class, the exciting and maintaining causes are mechanical, or have caused mechanical injury, and so have placed the patient outside the limits of our curative law. In each class Hydropathy can aid us much, but its application is distinctly different in the one from the other, making the origin of every case a very important point of diagnosis. I do not consider myself qualified as yet to decide upon the exact course of water treatment most suitable to each class; my own views on the subject are very definite, but the experience of many years can only confirm them. The following suggestions however, as the summing up of these remarks, I do not hesitate to lay before the Profession:

1. Affections of the male generative organs are often most important symptoms of some deep-seated and hidden disease, directing our attention especially to the cerebro-spinal system, and to such causes their origin may frequently be traced.

2. Such patients often have their "expectant attention" turned upon their sexual organs by the indiscretion of friends and medical men, and henceforward become the victims of the most distressing physical and moral reactions.

3. Such patients are very unsatisfactory under Homœopathic treatment, because the effects of our remedies are lost in those strong reactions, resulting from a power already in full possession: we cannot expect our medicines to act in a stomach containing drugs: the cause of failure is similar.

4. Hydropathy is our best weapon in unseating this enemy, by occupying much of the patient's time and thoughts, by drawing his mind from the one cause, and leading him to look for new causes and new effects, which the treatment will develop, and also by causing reactions even more powerful than those referred to.

5. In the second class of cases, a mechanical maintaining cause often places the patient entirely out of the sphere of Homœopathy, as much as a broken leg would do. Here again Hydropathy helps us in various ways; masturbation is easier broken off under its use; we can thus often carry by a coup-de-main the first and most important position in the treatment. I believe this to be the great good of cauterization; I have seen it answer the purpose, and if Hydropathy failed, I should try it, but only with this same view of producing a sudden and violent change upon the maintaining cause. When used indiscriminately and frequently, its effects are very injurious.

6. Hydropathy and Homœopathy are not to be used together as part of the same system. Each answers in its own proper time and place. Homœopathy is the universal curative, as far as the law is applicable; beyond this limit Hydropathy is very useful, and will often enable us to bring such cases within the action of Homœopathy.

MERCURY—ITS SPECIFIC RELATIONS,
ALLOPATHIC AND HOMŒOPATHIC.

(Read before the British Homœopathic Society, Nov. 3, 1853.)

BY THOMAS R. LEADAM, M.D.

AMONG the numerous medicines which have held a prominent place in the pharmacopœias of the old school of medicine, there is not one which has been so extensively employed as Mercury; and, however objectionable may have been its use to the extent prescribed by allopathic physicians, there can be no question but that much good has resulted in many cases, although a deplorable amount of mischief has been done in more. From the inefficiency of medicinal agents generally, and the known powerful action of Mercury in particular, in subduing the powers of the system, it, like its friend and accomplice, the lancet, has been the *ultima ratio* equally of the bold, the desperate, and the timid. The all-potent mineral has received the laudations of the skilful and of the ignorant,—of the learned and of the unlearned alike; to the one it was a powerful lever to bear him over great difficulties; to the other a last resource beneath which he might shelter his want of knowledge, or an universal panacea upon which his conscience might repose, blameless.

Mercury, however, is perhaps the medicine beyond all others which in its homœopathic aptitudes corresponds most extensively with its allopathic uses. In the application of *mercury* the two systems would appear to meet as it were upon neutral ground, and the test of the homœopathic law might at first thought be supposed capable of being committed to such a decision, as to a championship upon some open territory, in the sight of contending hosts. But, alas, before the combat has been long commenced, and when but a few passes have been made, it is discovered that the allopathic Mercury is surrounded and supported by invisible friends (as *opium*, *ipêcac.*, *antimony*, &c.) who aid and abet him in his attacks upon the monster disease; stimulating him at one time, and guarding

from wasting his strength at another, until by degrees they take the main part of the battle upon themselves, and thus is constituted the Philistine against which the homœopathic globe, like David, has to contend. But, to drop the metaphorical, the ground upon which the allopathic and homœopathic systems meet in the application of Mercury for the cure of disease is very limited, nevertheless, it is sufficiently extensive to show the superiority of its application in accordance with the homœopathic law, and to indicate its less erring aim when so applied, the exposition of which we shall enter into presently.

Mercury, which term includes the various preparations or oxides, is stated by the allopathic writers on the *Materia Medica*, to act, 1, upon the blood; 2, upon the dermoid, mucous, and serous surfaces; 3, upon the lymphatic and glandular systems; 4, upon the bones; 5, upon the joints; 6, upon the viscera and their secretions; 7, upon the brain and nervous system. This survey sufficiently illustrates the vast field over which the operations of Mercury are extended, and form the basis of a pathogenesis, which might be completed more or less from the confessions of allopathic writers. Nevertheless, Hahnemann did not rest satisfied with the evidence furnished by the history of Mercury in its medicinal and poisonous characteristics, but has left us the records of a perfect proving of the mineral in its simple and combined states, which must yet receive the admiration of mankind. Its disease-producing qualities are indeed extensive, but who would have thought that its disease-curing powers were co-extensive?

In describing the uses of Mercury, allopathic writers have been at much pains to guard the student against its injurious action, to pourtray its evils as well as to indicate the antidotes, and at the same time to declare that in spite of all care an accumulation of its effects *will* take place, and result in conditions that it is hardly possible to controul. This however ought not to be the case with a health-giving, life-preserving agent. How is it then that some diseases yield equally to the same remedy under allopathic and homœopathic administration? and how is it that sometimes a disease is cured by Mercury administered under the allopathic mode of prescribing, although

some of its ill-effects are obtained, and equally under the homœopathic, without these results? The explanation of this circumstance, which every one must acknowledge to be founded in fact, and of very frequent observation, will solve much of the difficulty attaching to the question.

Let us then quickly glance over the several classes of disease for which Mercury is usually said to be specific by allopathic writers, or if not specific, which is a term repudiated by some, at any rate *the* remedy for them. Syphilis; its ulcerations and eruptions. Non-syphilitic ulcers. Indurated tissues. Inflammatory processes. Cutaneous diseases. To remove obstructions and facilitate secretion and excretion. In glandular affections. In epilepsy, trismus and tetanus; hepatitis, and visceral inflammations; dropsies, croup and urethritis. In worms, scrofulous swellings, gouty and rheumatic affections. In ophthalmia and affections of the brain. Finally, as an adjuvant in all diseases by way of a purgative upon the intestinal canal. It is however stated by an eminent writer * on *Materia Medica*, that "Calomel does not act with certainty as a purgative even in large doses," and that "the exhibition of any of the mercurial preparations in certain states of the habit, is apt to excite an erythematic eruption of the skin, accompanied with much fever."

In referring to the action of Mercury in these diseases, I would not be thought to attach any emphasis to the term '*specific*,' as many writers of the old school object to it, and homœopathy does not exhibit a specific remedy for every disease, and therefore, in the sense referred to, is not a doctrine of specifics; but as a remedy bearing special relations to certain symptoms which constitute the effects of a morbid action which is leavening the organism, it is convenient to apply that conventional term.

In tracing over the list of diseases then, we find for the most part that they are more or less amenable to *mercury*, administered in accordance with the homœopathic law, and in infinitesimal doses; and not only this, but the evil effects of Mercury, the diseased conditions resulting from its abuse, are,

* A. T. Thompson, M.D.

when found to exist from other influences, independent of the action of Mercury, proved to be curable by that remedy in infinitesimal doses; such as, ptyalism; glandular enlargements; dropsies; erythema; eczema; &c. &c.

The *modus operandi* of Mercury is thus shortly described by an eminent writer on General Therapeutics :*—"In syphilis the operation of Mercury appears to consist in its exerting a new action in the system. Under its influence, a mercurial fever arises, accompanied by general excitation of the whole glandular system, but especially of the salivary glands: this artificial disease is incompatible with the specific malady, which possesses the frame, and accordingly the latter yields. In like manner, when a morbid catenation has been present for a long time, if the system can be brought under the influence of Mercury, the catenation may be broken in upon, and the artificial disease may so attract the vital energies, that the long-existing mischief may be removed."

What can be more clearly the language of the Organon of Hahnemann than this, written indeed by a strong opponent. The reasoning is nevertheless incomplete, for the specific malady is not always cured, but only suspended by the invasion of the artificial disease. Thus the specific irritations of small-pox and measles are quite different, and if the system be occupied by one, and afterwards exposed to the other so as to receive the infection, an abeyance only is obtained of the disease which is the weaker of the two, and not a cure, such as would result if the specific miasms were similar, or if the parts in the human economy occupied by the diseases were the same. Thus Hahnemann expresses it in the Organon :†—"It is the same in all diseases that are dissimilar; the stronger one suspends the weaker, except in cases where they blend together, which rarely occurs in acute diseases; but they never cure each other reciprocally." But, alas, our therapist goes further, and says, that in such cases it is only necessary to affect the mouth, and bring the whole system under the influence of Mercury.

* General Therapeutics by R. Dunglison, M.D., Philadelphia.

† Organon, § xxxiv.

Nevertheless he afterwards writes:—"It is now admitted by almost all that salivation is an evil, * * * and that the whole efficacy is dependent on the new disease which is established in the economy, detracting from, or being incompatible with, that already existing."* In the amount of palpable influence necessary to be created by the Mercury in the organism, the two systems differ, and it is at this point that they diverge, until they have arrived at antagonistic positions.

Having cleared the ground then so far as to indicate the point to which we travel together in the old and reformed systems of medicine, and shewn the mutual application of the same theoretical explanation, let us enquire how it is that these diseases which are cured by Mercury in spite of using such doses as produce additional morbid phenomena, are likewise cured by the infinitesimal dose of the same remedy; or, indeed how the diseases are cured at all when Mercury is administered in such over-doses.

It sometimes happens that a disease subsides under the influence of Mercury, without any manifestation of mercurial action. It not unfrequently happens that the medicinal symptoms, which are not disputed as pertaining to the remedy, continue to harrass the patient a longer or shorter time after the disease is removed for which the remedy was administered.

In the first instance the disease evidently retires, though silently, under the influence of the remedy, and the foregoing theory is a fair and sufficient explanation of the *modus operandi*. At any rate we are willing to accept it, as it corresponds with our own, and inasmuch as the same result ensues when the infinitesimal dose is exhibited, who shall say that the morbid irritation which that dose is capable of exciting is not sufficient to fulfil the object. We argue, that to obtain such result, however, there must be a correspondence between the symptoms of the disease and the pathogenesis of the remedy, and this correspondence, perfect and not partial, is the basis of our selection. Without this, the theory or explanation would be imperfect, because *any* drug capable of pervading the organism with its atoms, and exciting morbid irritation in the system, would be equally capable of attracting the vital ener-

* Libro Citato.

gies from the seat of disease, and breaking in upon the catenation of morbid phenomena, and thus one drug would be as good as another, and there would be no need of a relation between the disease and the remedy. But if the whole efficacy of the medicine is, as the writer remarks, dependent on the new disease which is excited by it, being incompatible with the existence of the original morbid phenomena, how much more clear is the explanation of the *modus operandi* rendered, by applying a remedy whose pathogenesis shows that its action is developed upon the identical tissues and organs; for, if the disease is to be removed by a new action or irritation set up in some part of the system, unconnected by any special function with the organ diseased, how much more likely that it would be removed by a not too violent action of a similar kind set up in the very organs or tissues themselves. In the one explanation there is a comprehensible relation; in the other an absence of correspondence altogether; *from the one flows naturally the requirements of large doses of medicines; from the other the necessity for minute doses.* I think then we may prove from the opinions of allopathic writers themselves, that *mercury* has cured diseases in consequence of its homœopathicity, and would cure them better if used infinitesimally.

But, in the second instance, the morbid effects of the remedy have been shewn to continue after the disease has disappeared. The same explanation is again at our service. The morbid, or ill effects of the remedy have taken possession of the body, and hold it long after the disease is removed—What is the consequence? Why, these medicinal effects—this medicinal disease—(as Hahnemann expressed it)—gradually dies out, if indeed it has not been too powerful. And here the difference betwixt the two systems is most beautifully illustrated. While the old school of medicine will persist in making use of drugs for the cure of diseases, without distinguishing the poisonous from the medicinal or curative properties; the reformed school of Hahnemann drops downward in the scale, until getting below the point at which the poisonous properties are recognisable, it is found that the bland medicinal qualities remain. We therefore reject the poisonous, and hold only to the medicinal

properties of a drug, which are opposed the one to the other, and although this necessitates an infinitesimal dose, it proves abundantly curative. For example, *mercury*, the remedy we are surveying, cures very few cases of disease when given according to the allopathic rules, without producing some of its poisonous effects; whereas, in homœopathic treatment, its usefulness is extended to a wide range of affections.

Colocynth, again, is known to allopathy only as a powerful cathartic—which property is one of its poisonous attributes,—but turn to the homœopathic account of it, and how cheering is the view of its virtues; when having cast off as useless its poisonous properties, its power is reduced until it arrives at the medicinal. Then we find it curative indeed. Curative, in infinitesimal doses, of some forms of diarrhœa, dysentery, cephalgia, various painful nervous affections, neuralgia, ischias, &c. &c.

Chamomilla again, that simple remedy, concerning which the whole use we have it applied to in allopathic therapeutics is that one of its class is considered as a good fomentation, and chamomile tea a good domestic stomachic. Look again to the homœopathic side, where its medicinal virtues are drawn out *in extenso*, and we find it a valuable sedative, a remedy in diarrhœa, acute pain, cough, the bronchitis of children, sleeplessness, and various cutaneous affections; and all this difference because Hahnemann taught us to reject the poisonous properties, and seek by dilution for those medicinal qualities which are resident only in the infinitesimal dose. These illustrations might be greatly enlarged, but as the same principle is carried out in the whole of the *materia medica*, they may be considered sufficient for the purpose.

There is one other point in the use of Mercury as a remedial agent, which has excited much interest and observation, but which has never yet received an explanation. It is the difficulty, if not impossibility, of affecting young children, or in other words, of poisoning young children by *mercury*. God be praised it is so difficult, or thousands of such young innocents would have suffered at the mercurial altar long ago. Our allopathic therapist writes:—"Under two years of age,

large quantities of Mercury may be given without the supervention of the ordinary effects of the medicine on the system. It is extremely difficult to salivate a child under two years of age, and yet at three, and afterwards, it is most easy. Here some singular evolutions must have occurred, some different condition of the absorbent function, which is inappreciable in the present state of our knowledge."

The fact being acknowledged I am bold to venture an explanation which homœopathy alone has enabled me to suggest. Is it possible that anything beyond the natural and ordained evolution of the system has occurred,—that the child has done more than grow in all its parts and organs, and that so the capillary vessels which at the age of two were probably incapable of admitting the globular atom of Mercury, become at the age of three sufficiently dilated to do so? In after life the salivary glands are irritated and inflamed by the presence of the mercurial atoms, and pour out in morbid affluence the salivary secretion, and the mucous follicles inflamed by their presence ulcerate in all directions; but in infancy they cannot permeate those organs, owing to the minuteness of their vessels; hence the difficulty, probably, of inflicting the evils of an erroneous method of medication upon the child.

Thus the allopathic evidence of the effects of Mercury is singularly confirmatory of the truth of the homœopathic law.

Having delineated some of the injurious effects of Mercury as used in the large and ordinary doses of the old school, I am bound to confess that I think it may be found to exhibit injurious effects in certain constitutions or states of the system, even when exhibited in the infinitesimal doses; but this only proves how potent for evil this mineral remedy is. Most of us have doubtless observed that the irritable condition of system which exists in the scrofulous habit is intensely inimical to the favourable action of Mercury, and that this equally obtains however highly the remedy is attenuated; and, moreover, that the more decidedly scrofulous the subject, the more sensibly injurious is the remedy.

Many instances have occurred to me which inclined me to think that such was the case, but two special cases attracted

my notice very forcibly, which occurred in the hospital. It is quite possible that some may differ with me in opinion as to the *propter hoc*; it is even possible I may be in the minority in my interpretation of the inferences deducible from these cases; nevertheless my observation and reasoning upon them have led me to entertain strongly the opinion that the action of Mercury had considerable influence in the transference of the morbid irritation from one part of the system to another, or in the lighting up some latent dyscrasia which had been dormant before.

The first case was that of Eliza Christie, a young woman æt. 17, who was sent into the hospital at the end of February 1852. She had been for two years the subject of scrofulous ophthalmia, of an intense and violent character, with ulceration of the cornea of one or both eyes. The photophobia was intense, yet variable. There was evening exacerbation. The menstrual function was feeble and at times absent. *Bell., nux, calcar., arsenic, kali bichr., euphrasia*, produced but temporary alleviation. But after a time a successful result was obtained by the employment of the 200th attenuation of *mercurius sol.* But the following is the case.

Scrofulous Ophthalmia and Phthisis.

Elizabeth Christie, æt. 17, admitted to the hospital February 21st, 1852. Suffered from scrofulous ophthalmia more than two years, during which time she has been alternately better and worse. Much worse the last month. Conjunctivæ much injected, with pricking pain; margins of the lids red and swollen, externally as well as within. A small ulcer exists in the centre of the left cornea. Frequent frontal headache; tongue clean; bowels torpid. Photophobia most intense at times. Took *bell.* and *nux, sulph., calc., arsenicum*, with variable benefit. The photophobia was so excessive now and then that she was often found lying on the bed in the day time with her face buried in the pillow, so that on

March 11, the report is—Eyes very painful; shooting pains, especially in the night, hindering sleep. Intense photophobia.

Arsenicum 30 was then prescribed.

13th.—The eyes seem surprisingly better this morning. The medicine was continued, and on the 15th, complains of headache, and the eyes much more painful. On the 18th, *arsenicum* 6 was prescribed; and on the 19th, the report is—Eyes much better; can bear the light. Medicine continued.

21st.—Increase of pain last night, with burning heat in the head and eyes. They are much worse again.

A change of remedy appeared often to produce a short and transient alleviation.

Rhus, kali bichrom., euphrasia, were now tried, with the same relief for two or three days at a time. *Arsenicum* 200 having been given on the 21st of April, we find the report next day, improving; and on the 24th, *wonderful improvement*, can bear to sit with her face toward the window, &c. Conjunctivæ scarcely injected. But again on the 25th—Eyes not so well; more sensitive to light and more injected.

This variability indicated a vicarious action of an intense, deep-seated and malignant character.

April 29th.—Eyes not so well; shooting pains and intolerance of light.

30th.—*Mercurius s.* 200 was now exhibited.

May 8rd.—Photophobia very intense; very little, if any, improvement. *Mercurius s.* to be continued.

On the 4th.—Rather better, but it is almost impossible to get a sight of the pupil. Feels well in herself, except frontal headache.

May 6th.—Very much better; less intolerance of light; is able to look one in the face.

8th.—Much better. *Sacch. lactis.*

10th.—Improving; can look for some time without winking; diminished redness of the tarsi. Catamenia returned after three or four months, but scantily. The eyes are not always better at the menstrual period. *S. lactis.*

13th.—Continues to improve.

14th.—Can open the eyes to their full extent; throbbing at the top of the head. *S. lact.*

15th.—Throbbing headache. 16th.—Eyes much better.

17th.—Eyes still improving, but thinks she has taken cold.

Is troubled with a slight cough ; felt feverish at night. Headache when coughing.

18th.—The cough occurs at long intervals, and is very troublesome ; stuffed feeling at the chest.

20th.—Eyes greatly improved ; cough less troublesome at night. *Mercurius* 200.

21st.—A little more discharge, and redness of the lids this morning.

She was then discharged from the hospital wards, but on June 1st appeared as an out-patient.

Eyes improved, but complaining of violent cough in paroxysms, with pain from the throat down the sternum. *No expectoration. Dyspnœa.*

Belladonna, and then *pulsat.* 100 were given.

16th.—Complains of spasmodic cough, with vomiting food from the violence of the cough.

June 30th.—The report is that since her dismissal from the wards, she has been suffering from violent spasmodic cough, for which she has been treated as an out-patient without relief ; she was again admitted into the wards this day. Complains of splitting headache, affecting the whole head. Tongue furred, and red at the edges, with elevated papillæ. Appetite bad ; bowels regular ; urine high coloured ; pulse 126, soft and compressible ; moist skin. The cough attacks her in paroxysms, which are very violent, spasmodic, with inability to expectorate for some time, and frequently ending in retching ; sputa frothy and muco-purulent. *Phosphorus* 100 was now prescribed.

On the left side of chest there is loud bronchial respiration, with loud expiratory murmur ; slight mucous râle ; dulness on percussion, right side normal.

July 2nd.—Cough more frequent than yesterday ; sputa rather less profuse ; pulse 112.

3rd.—Expectoration very profuse. *Puls.* 100.

8th.—Passed a comfortable night, with very little cough. Headache better. *Pulsatilla* 100.

7th.—Not so well ; cough bad in the night ; voice hoarser this morning ; weakness ; soreness of the chest ; cough aggravated by lying on the right side ; expectoration of same character. *Puls.* gtt ii.

9th.—A more troubled night, with frequent cough. *Puls.*

13th.—Frequent pains above the left breast. *Hepar s.* 100.

16th.—Cough very troublesome, and the pain excessive when coughing; tongue red; mouth dry; loud mucous râle in left sub-clavicular region, anteriorly and posteriorly, obscuring the respiratory murmur; puerile respiration in right lung.

17th.—Bad night, with much cough, which appeared dry.

Hyoscyamus 3, *Nocte*; *Conium* 3 *t. d.*

19th.—The cough continues in long fits; expectoration more profuse, consisting of thick opaque muco-pus; debility; distressing irritation of the larynx.

22nd.—Dyspnœa distressing; expectoration greenish and muco-purulent. *Arsenicum* and *Phosphorus* were given successively.

28th.—Feels better. Cough not nearly so frequent nor so violent. 31st.—Dyspnœa urgent.

Aug. 3rd.—Much the same. *Ol. Jecoris* and *Kali carb.* 12.

12th.—*Hyoscyamus* was given last night, and seemed to afford great tranquillity. More cough this afternoon, with increased difficulty of breathing. Perspirations. *Phosphorus* 6.

17th.—Not quite so well; passed a restless night; bowels relaxed; morning perspiration.

She then left the hospital, and died in a few weeks of phthisis. *There was no post mortem.*

It will be remarked that under the action of *mercurius* 200, the eyes became permanently relieved, and from that time we have the supervention of chest symptoms, and the total abeyance of the ophthalmia. If I have committed any error in the account of this case, I shall be too happy of correction, as its interest mainly depends upon the chain of evidence being complete, and upon a right interpretation of the sequence; but it must not be forgotten that the history of the case presented no data upon which to ground the assumption that she was the subject of phthisis when she first came into the hospital, but after the rather sudden and unexpected cure of her ophthalmia, the chest symptoms began to show themselves, and proceeded with fearful rapidity to the disorganization of the lungs. The

irritability of the system is at the highest pitch in the scrofulous habit, and its receptivity as to remedies homœopathically applied, is in the same proportion exalted, and then if it be true as some assert, that the higher dilutions are more frequently followed by aggravation than the lower, we have all the conditions existing for a penetrating and powerful action on the system. Were such the conditions and such the results in the case just narrated? I leave it for the discussion of those present. It is worthy of the closest examination.

The next case bears precisely upon the same points. It was that of a child aged 3 years, named Sylvia Moliere, who came among the out-patients for the cure of scrofulous ophthalmia. The photophobia was intense, and the corneæ were nebulous when I first saw her, with small ulcerations still existing, and a very pallid countenance.

The treatment was principally carried on by the exhibition of *bell.*, *euphrasia*, *lycopod.*, *sulph.*, *calcar.*, from the 6th of April.

On the 6th July.—At times during the treatment, when the eyes were in a considerably improved state under the action of *lycopodium*, she had complained of pain in the nape of the neck, arising, as appeared to me, from the constrained position acquired from the photophobia, and which made her complain a good deal, unless the hand of her mother were frequently pressed there. A pustular yellow scab existed upon the upper lip beneath and surrounding the ala of the right nostril. It was remarkable for its apparent depth and tenacity of the integuments, forming quite a sulcus; near to it, on the cheek, was a pale, irregular patch or scar, where at some former period a similar incrustation had existed, and been cured. The present one promised from its depth to leave a like scar. The report of the case at this time was:—"Has constant pain at the back of the neck; left eyelids covered with scabs, as well as the lip and cheek beneath the ala nasi."

Hepar, cina and *sepia*, had been given with partial benefit, after which I prescribed what I have often found a very useful remedy in scrofulous affections of various site, namely *mercur. corrosiv.* The effect was immediate; so that the report stands thus:—

July 18.—Looks up to the light, and is much better as regards the ophthalmia; the corneæ, on view, are observed to be covered with a thick film; thick crust with deep excavation around the *alæ nasi*. Prescribed *mercur. corrosiv.* ʒo.

27. *Eruption gone from the lip and nose altogether; eyelids clear of pustulation, but the head is suddenly fixed back, so that the least attempt at movement causes her to scream violently; the occiput is immovably fixed upon the shoulders; appetite is great, but the child wastes.*

Ol. Jecoris asselli t. d., calcarea ʒ2.

The incrustation speedily separated, and the part healed without leaving a trace of a scar. But the head remained fixed, with agonizing pain in the upper cervical vertebræ; the least attempt at examination produced cries and tremblings as if death must be the consequence, and the head was so rigidly fixed down, chiefly upon the left shoulder, as that it was impossible to pass the flat hand between them. The mother stated that the child had paroxysms of pain, and she could not by any means soothe her, and when the pain was great she thought she felt or heard a grating in the nape of the neck. There was also general wasting.

Cod-liver oil and calcarea carbonica were given with partial relief, and so the head continued without motion all awry for three or four months.

After this, in the following February, she was attacked with hooping cough, during which I thought we should lose her. She wasted, and after the earlier stages were passed over with the greatest anxiety, a cough remained, with copious mucopurulent expectoration, emaciation, profuse sweats, and all the external signs of phthisis, but the auscultatory indications did not confirm this, at least so far as I could ascertain in her condition, which precluded a perfect examination. In this state *bell., drosera, arsenic, lycopod.,* were administered, and at this present time she has lost her cough; the eyes are free from active disease; she is recovering her flesh; the head is not closely fixed upon the shoulder, and the hand can be readily passed around the neck to examine the condition of the cervical vertebræ, which are found to be raised up in a heap from the

displacement of one or two of them, and the consequent deviation from the perpendicular; in fact, there is lateral curvature of the whole spinal column to a great extent, and the cervical portion is the most severely distorted, and appeared to be the part first affected. Whether it commenced in absorption of intervertebral or articular cartilage, we have at present no distinct evidence, but if *caries* had existed abscess would have formed, which at present is not the case.

The *favourable* action of Mercury upon disease, when homœopathically applied, is too well known to need much exposition; nevertheless there are a few cases of interest which I have met with I should like to relate, as exhibiting its distinct homœopathicity in some peculiar forms, in which it has also been used in larger doses under allopathic treatment.

CASE 1.—The first case is one of a simple character. Master R. *æt.* 4, was brought to me December 21st, 1852. Intertrigo of the bend of the arm, which had been very severe the winter before, and lasted a long time, was treated allopathically, with zinc ointments and *alterative grey powder*.

It at first consisted of a circular crop of miliary papulæ, raised and rough, of a bright scarlet colour, highly irritable and itching, and he scratches it much at night. There are rough spots on the forehead at times; the face is pale and puffy; he is observed frequently to change colour. After a day or two the spot became moist, and a good deal of humour exuded, both arms were affected, and the face was more puffy. The tongue was rough like a strawberry, from the papillary enlargement, and covered with a white film. He is very susceptible of cold. *Merc. vivus. 12* was prescribed.

December 27.—The arms are quite well again, and resuming their natural appearance. Tongue cleaner. Repeat *Merc. viv. 12*.

Jan. 16.—Arms quite well.

Six weeks after this, he had been indulging in *currant jam*, and the arms again became bad, when the same remedy speedily restored them.

CASE 2 exhibits the favourable action of *mercurius* in diar-

rhœa biliosa. A lady aged 70, of plethoric habit, bilious diathesis, and the subject of fluent hæmorrhoids to a great extent, was attacked with diarrhœa, the evacuations being marked by the passage of quantities of bile, yellow and painfully hot. The countenance was yellowish, and there were pain and tenderness over the right hypochondrium. *Mercur. sol.* 6 was prescribed in tincture, and the next day the diarrhœa had nearly ceased, the icteroid symptoms were disappearing, and the abdominal tenderness also. The *mercurius* was repeated, and she was quite well on the third day.

CASE 4.—Miss A. A. æt. 30, had been the subject of irregular menstruation for two or three years, without any assignable cause, during which the symptoms that most troubled her were—Headache, impaired vision, impaired memory, nervous tremblings, hands shaking a good deal, so that she could not hold anything steady; complexion muddy, with a sallow, greenish hue; countenance distrait; pulse feeble; has spinal curvature increasing; bowels not inactive. The menstrual function would cease for three or four months, then occur sparingly, and again be absent. At one time the catamenia were restored by the disturbance caused by a fall.

October 26, 1852.—For the last week has been swelling considerably in the body, face and legs; in fact there is general anasarca, accompanied with great failure of sight. The last appearance of the menses nearly four months ago, and the last year they continued absent from July till Christmas. She finds walking inconvenient, and produce dyspnœa. Bowels regular; appetite as usual. The swelling appears to increase daily.

Bryonia 12 *t. d.*

Nov. 1.—Swelling stationary; has ceased to increase; her face is very œdematous; the urine is much increased in quantity.

Mercur. viv. 12 *t. d.*

Nov. 10.—Writes that the last medicine acted like magic. It dispersed the swelling rapidly, and she is now as symmetrical as before. Complains of occasional absence of sight. No catamenia.

Merc. viv. 12 *tert. Nocte.*

24th.—Writes that the catamenia returned for one day last

week. The anasarca is entirely gone. The sight is better. The mind clearer, and she feels quite well again.

In the following March I saw her, and she stated that the menses had appeared regularly from that time, and her general health was quite re-established.

CASE 5.—Mrs. B., affected with chronic diarrhœa fifteen months, had been twelve months under treatment before I saw her. The evacuations are to the extent of twelve or fifteen a-day, of a slimy and sanguineous character, or at times dark and liquid, accompanied by pain in the abdomen, which causes faintness and retching. Heavy aching pain in region of the liver, which organ can be felt much below the ribs, and is very tender on pressure, but not uneven on the surface. There is constant pain between the shoulders. The urine is thick with white, phosphatic deposit, and the countenance is pale and sallow, with emaciation; temperament nervous; pulse quick and feeble. *Nov. 16th Prescription.*—*Hepar* 12, 30.

Nov. 30.—Evacuations slimy and frothy, and of a pinky hue.

Mercurius sol. 3, 4tis horis.

Dec. 14.—Much better. *Merc.* 3.

28th.—Bowels have been greatly better; evacuations less frequent and more natural, although dark coloured and loose, they have often since last report only been open once a-day. One day last week there was diarrhœa up to 2 P.M., seven or eight evacuations of all colours, *and again to-day.* *Mercurius* 6.

Jan. 18, 1853.—Bowels open only twice this week. Evacuations normal. Is gaining flesh. Was so much better that she did not come at the usual time. *Mercur.* viv. 12.

Feb. 1.—Bowels open about three times a week. Pregnancy has taken place since last report. Discharged well.

One of the leading characteristics for the application of *mercury* in acute disease is the prevalence of *debilitating sweats*, which do not afford a sense of relief to the patient. Rummel says—"It is for the *subinflammatory*, or so-called *rheumatic catarrhal state*, if the dryness of the skin be absent, what *aconite* is in the inflammatory." It comes after *aconite*

in acute disease, where the symptoms indicate it. It likewise favours the secretion of pus; so that while *hepar* promotes the dispersion of cutaneous tumours or their solution, and facilitates the progress of matter to the surface, *mercury* homœopathically applied diminishes the amount of suppuration and the sweats usually accompanying it, and is likewise indicated by increased irritability and accelerated pulse.

The favourable action of Mercury is also seen in eruptions, dependent upon morbid irritation of the mucous membrane; as for example, in the miliary eruption of children connected with irritability of the bowels; in porriginous or eczematous eruptions on the scalp, connected with gastritis, or chronic affections of the stomach or large intestine. Also in dysentery, rheumatism and catarrh; infantile diarrhœa, all of which have been at times treated *allopathically* by means of Mercury. The state of the liver which seems to be most in relation with the effects of Mercury is *not* the torpid, inactive liver, to which it is chiefly applied allopathically, but that wherein there is hepatic fulness, either an excess of the biliary secretion, or an imperfection in its quality, both inducing a state of hepatic plethora.

The various states of inflammatory disease, as of the brain, thoracic and abdominal viscera, in which this remedy is often indicated and proves curative, clearly declare that it is not by the severer processes of salivation, or breaking up the crassamentum of the blood, or by depressing the heart's action, that it cures or relieves in allopathic hands, but entirely by its specific adaptation to the several conditions to which it is empirically applied, in fact, by its homœopathicity.

MEDICAL REFORM.

Draft of a Bill "to produce uniformity of Medical Education and Qualification, and for the Registration of those licensed to practise in Medicine," as printed in the Medical Times and Gazette, 4 Dec. 1852.

THIS, the latest measure of medical reform brought under discussion, and understood to be postponed for future delibera-

tion, may afford a fitting text for some observations on the delicate, and every way vital, subject of which it professes to dispose. Before making any comments on the particular provisions of this bill, we shall attempt a short historical sketch of the course of legislation in this department, exhibiting the actual legal position amongst us of practitioners in the various branches of the medical profession. If we cannot here promise any exhaustive argument on so large a subject as medical reform, we may at least, by our present investigations, relieve the subject of some of its embarrassments, and thus facilitate future discussion.

While, to borrow the words of the venerable Hale, physick and salves were doubtless *before* licensed physicians, we find the practice of medicine recognised among the professions at a comparatively early period. The degree of bachelor in physick seems to have been known even in Oxford soon after the Conquest; and the celebrated regulations of the College of Salerno, A.D. 1239, (by which every person was required to spend three years in the study of philosophy, and five years in the study of physick, and to obtain a licence after examination by two doctors, before he could enter into practice in that faculty), appear to have been soon after adopted, with modifications, into the universities of France and England;* and, as our readers are aware, the honours and powers thus conferred were by no means confined to their native region, but were acknowledged and respected over all Europe. So early as the year 1422 (9 Hen. V.) an attempt was made by the English universities to prohibit any person practising "the mysterie of fysik unless he hath studied it in some university, and is at least a bachelor in that science;" but the petition was referred by Parliament to the Privy Council, and appears never to have become a law. In those days the churchmen, as the only scholars of the time, are said to have had almost a monopoly of the healing art; and to such an extent was it practised by them, that we find an interference by the ecclesiastical authorities. By the canons of

* See the "Laws relating to the medical profession," by J.W. Willcock, Esq., Barrister at Law. 1830. p. 10.

various councils, and particularly by those of Tours (A.D. 1163)* the clergy were prohibited from such employments. By the eighth canon of the last-named council, it was enacted that none of the regular clergy should devote their attention to physical compositions; and that any so absenting themselves from their monastery for two months should be liable to excommunication. It seems to have been not without hesitation that employments so eminently beneficial were thus denounced; and the victims of the enactment are accordingly complimented as being "the dainty morsels of Satan," who had been seduced from their monastic duties by the kindest feelings. "From this time," we are told, "the monks confined themselves to the prescribing of medicines, to be compounded and administered by others, and wholly abstained from the manual operations of surgery: and the secular clergy, though not within the interdict of the council, may in general be supposed to have imitated their brethren of the rule." The practice of medicine thus became divided into two branches; the clergy continued to prescribe, while the manual application of remedies and the practice of surgery fell into other hands. Hence we find no fewer than seven classes of medical practitioners enumerated:—1st, the scholars; 2d, surgeons of all sorts; 3d, grocers or poticaries; 4th, the empirics; 5th, the alchymists; 6th, the sorcerers; 7th, the witches, or herbalists. For our present purpose the three last named may be dismissed with this remark: that their trace remains to this day in the power of licensing in surgery conferred on the bishops, who seem to have received it for the prevention of demoniacal practices—it being the office of his medical associates to examine the medical attainments of the candidate—that of the bishop to exorcise the fiend; and the danger of physicians prescribing for the health of the body what might prove perilous to the soul, is anxiously provided against in one of the canons before referred to.

The nomenclature which remains as indicative of the other four classes of practitioners may be held to express sufficiently the existing divisions among those publicly devoted to the art

* *Op. cit.* p. 8.

of healing. At the same time, the limits which define the several departments have only been determined after much litigation; and how far the end aimed at has yet been attained for the profession or for the public may be a matter of serious doubt.

Our readers may be inclined to protest against retaining in our medical vocabulary the empirics as one of the recognised classes of practitioners. It is out of all question that there is a large body of men living by the public profession of the use of remedial means, more or less peculiar and exclusive, who cannot with propriety be included within any of the other three classes, and for whom the old term seems as suitable as any other one at hand. The empirics are thus described. "They were the irregular practitioners, who, despising or ignorant of the medical library of the schoolmen, and neglecting the dogmas of the regular surgeons, chalked out for themselves a peculiar line of practice."*

Any who may be disposed to resent the application to them of a term so variously used, and so often misapplied, may possibly be pacified by what the writer adds with reference to some of those empirics—the experimentalists, men in advance of their age—that to them "alone is the faculty in the slightest degree indebted for any improvement." To this class then will belong those who employ some simple, limited, or peculiar means of cure, not as auxiliary but as exclusive. While their practice may often be highly beneficial, they can hardly, with propriety or convenience, be regarded as belonging to any of the three branches of the medical profession. We have now to consider the legal position, successively, of physicians, of surgeons, of apothecaries. The only obstacles to practice yet noticed have come from the ecclesiastical side; we have now to advert to those which arose from a different quarter. It is a general principle in law, that before a man undertakes the practice of a public art or calling, he shall have taken due care to qualify himself for its sufficient exercise. In all cases the contravener is liable in private reparation to any of the lieges who may suffer

* *Op. cit.* p. 19, 20.

through his incompetence: in some cases—deemed of special importance—he is exposed to penal justice. Obviously none can be more important than the practice of medicine, which is therefore fenced with the highest sanctions; and malpractice is a great misdemeanour and offence at common law.

There is yet a farther restriction to be noticed. During many centuries it was the public policy to endeavour to secure proficiency in the various crafts by means of exclusive privileges in their favour; and as the members were, in general, only initiated after a long apprenticeship, there might be some reason to hope that the utterly incompetent would be thus excluded. In any quarter the success of this policy seems to have been very limited; private (or corporate) interest proving stronger than duty. In an evil hour the practice of medicine was subjected to the same influences; and the right of conferring licences to practise, either within a limited district or throughout England, was bestowed on one or two corporate bodies. Hence have arisen the exclusive privileges of the College of Physicians, the College of Surgeons, and the Company of the Apothecaries of England. We shall now consider, severally, the legal position of the three branches of medical practice thus represented.

I. *Physicians.* The first statute to be noticed is 3 Hen. VIII. c. 11 (A.D. 1511), which, proceeding on the narrative that "Forasmuch as the science and cunning of phisic and surgery (to the perfect knowledge whereof be requisite both great learning and ripe experience) is daily, within this realm, exercised by a great number of ignorant persons," enacts, "that no person within the City of London, nor within seven miles of the same, take upon him to exercise or occupy as a physician or surgeon, except he be first examined, approved, and admitted by the Bishop of London, or by the Dean of St. Paul's, for the time being, calling to him or them four doctors of phisic, and for surgery other expert persons in that faculty,"

(2.) That no person out of the said circuit take upon him so to practise "as a physician or surgeon in any diocese within this realm; but if he be first examined and approved by the bishop of the same diocese, or he being out of the diocese, by

the Vicar General, either of them calling to them such expert persons," &c.

(8.) By this section the rights of the universities of Oxford and Cambridge are reserved.

The next statute, 14 and 15 Hen. VIII. c. 5 (A.D. 1522), recites and confirms a charter, granted four years earlier, by which the College of Physicians had been founded, with the usual corporate privileges, and with exclusive power of granting license to practise physic within seven miles of London; and directing four censors to be elected yearly for the correction of physicians and of medicines, and with power to punish contraveners by fine and imprisonment. This statute further in part repeals the power conferred on bishops, and enacts that in future no person be suffered to practise *physic* throughout England, until such time as he be examined by the president and three of the elects of the college, "except he be a graduate of Oxford or Cambridge, which hath accomplished all things for his form without any grace."

By another statute of the same reign (32 Hen. VIII. c. 40), further privileges are conferred on the members of the college; who are to elect four censors, with power to enter the houses of all apothecaries within London, examine their wares, and destroy the bad. This act also declares surgery to be comprehended in physic with reference to the privileges of the college.

The powers of the college, and especially their power of fine and imprisonment, are ratified and extended by another statute (1 Mar. Sess. 2, c. 9, A.D. 1553), and by other later charters, especially one dated 8 October, 1618 (15 Ja. I.), and another dated 26 March, 1663 (15 Cha. II.).

The last statute to be named is the 10 Geo. I. c. 20, which was declared to be in force for three years only, and need not be particularly noticed.

Physicians entitled to practise in England are thus either (1) Members or licentiates of the college, or (2) Graduates in medicine of Oxford or Cambridge. The first are again subdivided into those who may practise within the precinct of London and those who may practise in any other part of England or Wales, but *not* within the peculiar domain of the college. It

may be added, that by law physicians are entitled as well to compound as to prescribe drugs, and to perform as well as to superintend surgical operations. The privileges of the College of Physicians, urged with little moderation, have, to use Lord Mansfield's words, involved the members more than once in a "labyrinth and maze of litigation," from which they have not come out with much honour. By a bye-law, passed so early as 1687, none were admitted members except graduates of Oxford or Cambridge; and keeping in view both those who have been excluded from, and those who have been admitted into, the fellowship of the college, the net result of its proceedings was to bring into public contempt the honoured name of physician. There can be little difficulty in coming to the conclusion, that by its past conduct the college has ceased to deserve public confidence, and has incurred the forfeiture of its obnoxious privileges.

On the universities of Oxford and Cambridge practically the same verdict must be pronounced. Not having the means of securing for their graduates any adequate instruction in medicine, there can be no propriety in permitting them so seriously to controul its practice. Taking our examples from Oxford, and referring to the report issued last year, let us see how medical education is there provided for. The commissioners report as follows:—"At the present day it is well known that the greater part of these higher degrees are conferred on the performance of exercises which are merely nominal." "For the degree of Bachelor in Medicine, indeed, an examination has been substituted for the ancient disputations; but this, as we are informed, is susceptible of great improvement.

"For the Doctorate in Medicine a dissertation must be written to be approved by the Regius Professor.

"It is manifest then that the greater part of these degrees express little or nothing as to the progress made by the student in the studies connected with his faculty. Degrees in medicine are not taken by above two or three persons in every year.

"Several plans have been suggested for the purpose of raising the character of these degrees. After giving them full consideration we have come to the conclusion that, in so far at least

as regards the degrees in theology, law, and medicine, it will be difficult to make them any thing more than *titles which designate the academical standing of those who obtain them.*"

—See Report, pp. 88—85.

The commissioners refer particularly to the evidence of Dr. Acland, Lee's Reader in Anatomy, &c. Turning to his evidence we find the following sentences.

"The university has, as is well known, the power of granting degrees in medicine, and giving license to practise. On the other hand, the university has not attempted to provide a system of medical education. It would be difficult, under existing arrangements, and perhaps not desirable, to attempt to form here a medical school properly so called. The want of extensive hospital practice, as well as of other advantages attendant on early reputation in London and other large towns, will sooner or later make a school in a town of this (Oxford) size (found it who may) inferior to the schools of London, or Edinburgh, or Paris, or Dublin.

"A large number of physicians practising in England practise without licence from Oxford or Cambridge, or the College of Physicians of England, though these are the only bodies who can, according to law, license them."—*Evidence*, p. 235.

The last sentence exhibits the anomaly of our present position. The system will not work, and the existing law is openly and notoriously disregarded with impunity.

II. *Surgeons.* Our limits make it impossible to do any justice to the curious history of this branch of medicine. What the Council of Tours compelled the monks to let fall, was taken up by the barbers and smiths, hitherto their assistants, and already familiar with the use of edge tools and searing irons. To the razor and scissors were readily added the kindred knife and lancet; and from the study of the old books came "as rigorous a doctrine in surgery as the scholastics had previously established concerning physic." The first noted case of the co-operation of physicians and surgeons, we are told, was that of Richard I., wounded at the siege of Chalons, and dying in their hands horribly maltreated. Then we find the barbers practising surgery forming one of the guilds of London, and obtaining

from Edward IV. a charter, with the usual exclusive privileges.

Along side of these barbers sprang up a body of pure surgeons, of so much influence as to force themselves into the corporation in the 32nd year of Hen. VIII. Thus, incorporated under the title of "Masters or Governors of the Mystery or Commonalty of Barbers and Surgeons of London," the society was charged with "the oversight, punishment, and correction as well of freemen as of foreigners," within the circuit of London, "for offences against the good order of barbering and surgery." While the artists were thus incorporated their arts were kept separate; no member being allowed to practise both.

The next statute we have to notice (34 and 35 Hen. VIII. c. 8), is not uninteresting, and may have a lesson for the present time. After narrating the Act 3 Hen. VIII. (already referred to under the head of *Physicians*), by which the bishop's license was required for all practitioners of physic or surgery, this statute proceeds to complain that "the company and fellowship of surgeons of London, minding only their own lucre, and nothing of the profit or ease of the diseased or patient, have sued, troubled, and vexed divers honest persons, as well men as women, whom God hath endued with the knowledge of the nature, kind, and operation of certain herbs, roots, and waters, and the using and ministering of them to such as have been pained with customable diseases, as women's breasts being sore, a pin and the web in the eye, uncomes of hands, burnings, scaldings, sore mouths, the stone, strangury, saucelium and morphew, and such other like diseases," "done only for neighbourhood and God's sake, and of pity and charity," that "although the most part of the said craft of surgeons have small cunning, yet they will take great sums of money and do little therefor." It therefore enacts that "it shall be lawful to every person being the king's subject, having knowledge and experience of the nature of herbs, roots, and waters, or of the operation of the same, by speculation or practice," to apply them to any outward sore or other of the diseases already named, or similar diseases, "without suit, vexation, trouble, penalty, or loss of their goods, the foresaid statute (3 Hen. VIII.) or any other act notwithstanding."

By a subsequent statute (18 Geo. II. c. 15) the union of barbers and surgeons was dissolved; and the exclusive right of practice in surgery within the circuit of London, which had been *illegally* bestowed by a charter of 5 Ch. I. (15 August) was confirmed, imposing penalties on all contraveners, and virtually repealing the power of the Bishop of London and the Dean of St. Paul's to license surgeons within this district. This act also secured for the members of the college the right of practising surgery throughout all his Majesty's dominions. The changes introduced by subsequent charters obtained for the college, by the last of which, 7 Vict. (14 Sept.) it is termed the "Royal College of Surgeons of England," need not be particularly noticed. Those entitled to practise surgery are thus of two classes; (1) those deriving their right from the College of Surgeons, as members, fellows, or licentiates; and (2) those licensed by the bishop of the diocese, or his vicar-general. The first only can practise within the circuit of London; and although the statute requiring it (3 Hen. VIII.) is stated to be still in force, we must add that there seems to have been no instance for several centuries of any person having obtained a licence under it. There is no doubt that a surgeon may make and compound all medicines applicable to the diseases submitted to his branch of the faculty; but what these diseases are is not so easily defined. Generally they are described as outward or contagious diseases, which our readers may interpret as they can. It is not difficult to conceive a so-called disease, which should be outward and inward by turns—the surgeon's treatment driving it inward, and again the physician's, or nature, bringing it to the surface—but, indeed, any illustrations of the unreasonable-ness of all such distinctions are more than superfluous.

III. *Apothecaries.* By a charter of 13 Ja. I. (May 30) this body was first separated from the company or guild of grocers or poticaries of London, under the magniloquent title of the "Master Wardens and Society of the Art and Mystery of Pharmacopolites of the City of London," with a jurisdiction over all of their craft practising within the precinct of London. The particular provisions of this charter need not be now adverted to, as the powers and privileges of the company came to be

regulated by the well-known Apothecaries' Act (55 Geo. III. c. 194, 12 July, 1815), amended and explained by 6 Geo. IV. c. 188 (July 6, 1825).

By these statutes no one is permitted to practise as an apothecary in England or Wales (except such persons as were already in practice on 1 Aug., 1815), unless he obtain a certificate from the Company of Apothecaries, which is only to be granted on specified conditions. (1) The candidate must be twenty-one years of age; (2) he must have been for five years an apprentice to an apothecary; (3) he must produce testimonials to the satisfaction of the Court of Examiners of a sufficient medical education, and of good moral conduct; (4) he is subject to an examination by a court of examiners, to meet weekly in London. The act also provides that no person shall act as an apothecary's assistant (except those already so practising on 1 Aug., 1815) in compounding or dispensing medicines, without undergoing an examination by the Court of Examiners, or by a court of five apothecaries, to be appointed by the company as examiners for the several counties or districts in England, not being within thirty miles of London. The penalties exigible for each offence are for an apothecary £20, and for an assistant £5; to be recovered in name of the company. There are numerous cases of prosecution reported, some of them of very recent date; and the act is in full observance. From its terms (except in so far as it reserves the right of chemists and druggists) it might be supposed that the proper business of the apothecary therein contemplated was the compounding and dispensing of medicines; but it has been decided by the House of Lords, on appeal, reversing a very deliberate judgment of the Court of Queen's Bench, that they have also the right of selecting and administering medicines according to their view of the requirements of the case, where no fee is charged for advice.* On this footing, as our readers are well aware, usage has become inveterate in England; and it would rather seem that apothecaries may even prescribe medicine to be prepared and administered by another. The large encroachment thus made by the apothecaries over the

* *Rose v. College of Physicians*, A.D. 1708. *Brown's Parliamentary Cases*, Vol. V., p. 553.

higher departments of the profession have hitherto frustrated all attempts at any important medical reform.

The sketch we have now given faintly shews the eminently unsatisfactory state of the laws of the medical profession, and raises the anxious questions: What can be done to put things on a better footing? Will the passing of such a bill as that which heads this article be a gain or a loss to the profession and to the public?

The following is an abstract of the more important clauses of the bill:

1 and 2. Repeal previous acts, and determine interpretation of words, &c.

3. Medical Council of England to consist of twenty-one persons, as follows: the Regius Professor of Medicine of Oxford, the Regius Professor of Physic of Cambridge, a delegate from the senate of the University of London, the two Presidents of the Colleges of Physicians and Surgeons of England, and five members of each selected by the colleges respectively, and six medical practitioners appointed by one of her Majesty's principal secretaries of state; the term of office for the last three classes being three years. Then follow provisions for the payment of the expenses of members of council, and for the appointment of treasurer, secretary, and registrar, &c.

11. Each of the councils to appoint an examining board, of which each member shall receive such salary as the appointing council shall determine.

Appointment of council for Scotland and Ireland not yet inserted in the bill.

13. All physicians, surgeons, and apothecaries producing a diploma, certificate or licence, to be registered till 1st Feb. 1854, on payment of 5s.

14. Every person not so registered, unless he be a graduate or licentiate in medicine of Oxford or Cambridge, to present himself before the council of his country for examination, and if found properly qualified, to obtain a licence on payment of £5.

15. Candidate to be twenty-one years of age, and to produce satisfactory testimonials that he has passed four years in some

university or medical school approved of by the council (or three years, if for two years a pupil to a duly registered medical practitioner), and that he has attended such courses of dissection, such clinical and other lectures, and such hospital practice and has passed such several examinations before the examining board appointed by the council, as the council shall appoint.

16. A triennial medical congress to be held, composed of three deputed members of each council, to meet in London, and fix a uniform curriculum of study, &c.

17. Provides for the registration in future years, of the name, place of abode, and description of testimonial of every physician or surgeon who shall produce a diploma or licence in medicine of Oxford, or Cambridge, or of the Royal College of Physicians or the Royal College of Surgeons of the country in which he applies to be registered, together with the licence of the council for the same country, or who in Scotland shall produce the diploma or licence of the Faculty of Physicians and Surgeons of Glasgow, with the licence of the council for Scotland—the registrar in each case giving a certificate to be in force till 1st Feb. next ensuing.

18. Annual certificates to be issued to registered practitioners on payment of 5s.

19 and 20. All monies received to be applied to purposes of act, and accounted for.

21. Each registrar to keep a record of certificates in a specified form, as "The Medical Register for England" to be periodically published, and to be evidence in all courts of justice, &c.

Registered persons entitled to practise in the country in which their certificates are issued, and to transfer their names to register in other parts of the kingdom.

23, 24. All persons so registered may recover reasonable charges for medical aid, advice, visits and medicine, but not otherwise.

25. Persons not registered incapable of holding any public medical appointments.

26. Penalty of not more than £ 5, and not less than £ 2, exigible summarily from all unregistered practitioners.

27. On complaint of three registered practitioners to the council of any college, that one of their licentiates had been guilty of scandalous, disgraceful, or unprofessional behaviour, "or of any *irregular practice*," the said council shall, on conviction, erase the name of such person from the rolls of the college, and transmit to the registrar a report of their decision, who shall thereafter strike out the name of the offending party from the register in his custody.

28 to 31. Penalties for falsification of certificates, &c. and how to be recovered and applied.

33. Examiners may take candidates to hospitals to test their practical knowledge.

37. On conviction of any felony in England, or any crime inferring infamy in Scotland, and for certain other crimes, name of medical practitioner to be erased from register.

Such is in substance the proposed bill; and when the great difficulties in the way of medical reform are considered, we may have no reason to look with disfavour on the general scope and conception of the measure. If some public guarantee for a thorough medical education be confessedly requisite, but two ways have been proposed for its attainment: one of these being the establishment of a central authority co-extensive with the kingdom; the other (which is suggested in Dr. Acland's evidence before the Oxford commissioners), that each licensing body should enjoin the same course of study and examination, the practical application of which might be exceedingly difficult.

By the general scope and conception of the bill, we mean the establishment of a system of uniform study, examinations, and registration, applicable to all practitioners in medicine within the kingdom. When, again, we look at its details, we find this bill exposed to the gravest objections. In the first place, the proposed constitution of the medical council (for England, the only one yet announced) is fundamentally wrong, in two respects; (1) as containing no laymen, but committing the entire charge of one of the most important branches of public instruction to a purely professional board; and (2.) as giving the appointment of no fewer than twelve out of the twenty-one members to the two London colleges, so as to give these bodies a fatal preponderance.

Further, we object to the bill as giving to a board thus constituted powers so unlimited, as to what universities or medical schools shall be recognised as sufficient, or, in the words of the bill, approved.

Again, the exception in favour of graduates or licentiates of Oxford and Cambridge, neither of which universities have any adequate means of medical instruction or examination, seems founded in no principle, and cannot but be regarded as an undeserved affront to the other universities in the kingdom.

Still more to be objected to, and indeed utterly intolerable is the proposal (see sec. 27), that the councils of colleges shall have power to arrest and for ever terminate the professional career, however beneficial and exemplary, of any practitioners, whom in its wisdom it shall convict of "irregular practice;" which means, if it mean anything specific, practice not according to the received formula or rule, and would thus apply to every innovation, and so to every improvement in medicine. It does not say much for the wisdom of its authors, that the bill should contain a provision so preposterous. Do they know so little of the temper of England, which anxiously protects far inferior interests, as to suppose that a man's whole hopes of livelihood, usefulness, and advancement, will be in any case subjected to the caprice, jealousy, or dogmatism of his professional rivals?

Before this bill can receive any public countenance, it will have to be greatly amended. Still it seems to us to contain much that may, in good hands, afford valuable materials for a future act, which, in order to its success, will have to be comprehensive and very maturely considered. There is an urgent public necessity for such reform, and any well devised measure will have our cordial support. It has always been our earnest aim, to secure a higher standard of medical attainment, the importance of which, both to the profession and the public, can hardly be over-stated. The greatest obstacles to success have hitherto been antiquated corporate privileges, and, it must be added, too little public regard for the higher education, and an unwise haste to gather the fruit while yet immature. In some quarters at least the conviction is now confirmed, that no national interests are more deeply important than those here

involved; that if we are not soon to bid a long farewell to all our greatness, we must, not in one only, but in every department of education, demand higher attainments, and a more profound and thorough cultivation.

We shall probably have an early opportunity of again bringing under discussion this subject, to which the present paper may be regarded as little more than an introduction.

ON HYSTERIA IN THE MARE, WITH
ILLUSTRATIVE CASES.*

BY J. W. HAYCOCK, V.S. AND M.R.C.V.S., &c.

CASE I.

JUNE 27, 1849.—I was requested, about 12 o'clock, A.M., to attend upon a mare, the property of John Mallinson, Esq., late of Thick Hollins, Meltham, near Huddersfield.

HISTORY, &c.—The mare I am requested to see is of a bright bay colour, 6 years of age, thorough bred, and stands 15 hands $2\frac{1}{2}$ inches in height. She is of a nervous temperament, and highly excitable; her labour in a general way is not severe. She is showy in her actions, and one that perspires very readily. She is so extremely excitable that the mere act of saddling her at any time will increase her respiration, and cause her to frequently dung and urinate. She performs her labour at first with great spirit; but, after being ridden for a few miles, her appetite in consequence becomes impaired, and general depression of the system ensues. During the last six or seven days the mare has not been out of the stable. This morning the groom put her into harness, and drove her from his master's residence into this town, a distance of about five miles. She was driven slowly,† but she was very excitable on

* Not being conversant with veterinary nomenclature of disease, we have not ventured to change the title of Mr. Haycock's paper, although the name *Hysteria* suggests a very different morbid affection in the human species. [Eds.]

† Of this there can be no doubt from the following fact. The groom brought in the gig a large basket of eggs which were not packed at all, and upon arriving in the town not a single egg was found to be broken. The day was hot and oppressive.

by *William Haycock, V. S.*

the road, and perspired profusely. When near the town she manifested symptoms of abdominal pain, and faltered a little in her gait. With some difficulty she was got into a loose box, and my attendance was immediately sought.

PRESENT SYMPTOMS.

1. The mare is laid fully extended upon her right side ; the surface of the body generally is hot, and she is covered with a steaming perspiration.

2. Every now and then she struggles violently, and dashes her head wildly about.

3. Pulse 62, and respiration 63, per minute.

4. Occasionally she strains with great violence, as though she would force the bowels out ; and during the act of straining she voids large quantities of dark coffee-coloured urine.

5. The gluteal muscles of both hind quarters are in a tetanic state of hardness ; the same with the muscles of the back.

6. Sometimes she will turn her nose towards her left side, and regard it for a few moments with a look of anxiety. She attempts to rise, and she struggles principally with the fore limbs.

TREATMENT.—At the time the above case was placed under my care, I was practising for the most part upon the old system, so that the mare was treated allopathically. The abdomen was repeatedly fomented with warm water, and medicine of a sedative and antispasmodic character was freely administered. For several hours she lay quiet, comparatively speaking ; but in spite of all attempts made use of to produce permanent good, she became worse. She began to struggle more violently than at the commencement ; in which state she continued until the day following, when she died a little before eleven o'clock, A.M.

EXAMINATION THREE HOURS AFTER DEATH.

The result of the examination may be stated in a very few words. On removing the skin I found the areolar and aponeurotic tissues of the back and hind quarters to be filled and surrounded with a serous deposit ; but, with this exception, I could not detect the least trace of disease throughout the whole

organism. I examined, with the most scrupulous care, the following organs and structures; viz., the thoracic and the abdominal viscera, including the urinary and generative organs. Also the brain and the spinal cord. Also the organs of circulation, and the muscular system; and every portion of these various organs and structures was perfectly normal in all respects. The weight of the heart was exactly 6 pounds 6 ounces avoirdupois.

CASE II.

July the 31st, 1849.—I was requested, about 3 o'clock, P.M., to attend upon a mare, the property of Messrs. Reid and Hayley, livery stable keepers in this town.

HISTORY, &c.—The mare I am called to attend is nearly thorough bred, of a bright bay colour, 6 years of age, and stands 15 hands 1 inch in height. She is of a nervous temperament, and highly excitable. Since she came into the possession of the firm (which is about a month ago) she has only been used upon two or three occasions. She has been kept in a loose box, to improve her general condition and appearance, for the purpose of sale. She was used on the 12th of the present month, and again on the 21st; since which latter date she has not been used at all until to-day, when the son of one of the partners, thinking she would be better with exercise, took her out, and rode her a distance of about three miles. On the road she was very ungovernable; she pranced and jumped about a great deal; and this, together with the heat of the day, caused her to perspire considerably. On returning home, and when about two miles from the town, the rider found a strange difference in her movements. She began to perspire more profusely, and to foam a good deal between the fore and hind limbs. She became sluggish, and faltering in her gait. The rider dismounted, and led the animal to a public-house near at hand, where he had her well scraped and wiped down; after which he led her home. He had no sooner arrived at the stable, but she threw herself down, and began to roll violently, and to strain with great force; at the same time parting with large quantities of dark-coloured urine. At this stage of the malady I was requested to attend.

PRESENT SYMPTOMS.

1. I cannot count the pulse from her uneasy movements ; the respirations are 46 per minute.

2. The eyes of the animal have a peculiar bright appearance, and their mucous membranes are highly congested.

3. Patches of perspiration are present upon various parts of the body ; viz., over the breast, the head, the side, and between the hind limbs.

4. The gluteal muscles are drawn into a lumpy state, and they manifest a strange degree of hardness.

5. The mare trembles violently, particularly over the muscles of the fore limbs and shoulders.

6. She lays herself down ; and when down the abdominal muscles, muscles of the back, and hind limbs are powerfully contracted. She strains violently ; and, during the act of straining, she ejects urine of a dark coffee colour. The quantity of urine thus thrown out is really surprising.

7. After straining several times, and ejecting urine each time, at intervals of 5 or 6 minutes, she will suddenly attempt to jump upon her feet ; and, upon some occasions, after a desperate struggle, she is unable to accomplish her desire. The hind limbs are powerless, or nearly so ; and the fetlock joints double under her as she stands.

8. She occasionally turns her head towards her left side, and regards it most anxiously.

9. The respirations frequently vary to a considerable extent. Sometimes she will breathe as low as 26 per minute ; then the muscles of the chest become, as it were, suddenly tightened, and the respirations will rise to 48 or 50 in the same time, and be extremely limited in character.

TREATMENT.—The treatment adopted in this case was also allopathic. The mare had given to her large doses of spirits of Ammonia, tincture of Camphor, Belladonna, tincture of Opium, injections, and stimulating embrocations to the spine. The symptoms varied in their character considerably. At one time she would become cool, the excessive sweating would cease, and the pulse fall in the number of its beats per minute. The irri

tation going on within the urinary organs disappeared in about 6 hours after the commencement, and did not again return. The spasm of the gluteal muscles however never for a moment relaxed, and the patient soon became perfectly powerless in the hind limbs. She continued until the day but one following, when she became worse, and the owners insisted upon having her destroyed, which I was reluctantly compelled to assent to.

EXAMINATION THREE HOURS AFTER DEATH.

The aponeurotic and areolar tissues in the regions of the lumbar and the gluteal muscles were filled with effused blood and bloody serum. The outer surface of the *uterus* presented a faint pink-like tinge.

THE HEART, within its left ventricle, presented large patches of a dark purple colour. Some of these patches were round, others elongated. The purple stain passed deep into the muscular substance of the organ, but the serous membrane was not at all tender when stripped from its attachments. The weight of the heart was exactly 5 pounds 13 ounces avoirdupois.

THE BLADDER contained about half a pint of dark brown yeasty-looking urine. The mucous membrane of the organ was covered with small blood spots. The substance of the bladder was firm. I carefully examined the brain, spinal cord, digestive organs, and, in short, every structure in the body, but failed to detect the slightest change, save in those parts I have named above.

CASE III.*

October the 27th, 1851.—I was requested, about nine o'clock, A.M., to attend upon a mare, the property of Messrs. J. W. and H. Shaw, woollen manufacturers and merchants, in this town.

HISTORY, &c.—The mare in question has been the property of the above-named firm about three months, during which

* The third case of this singular disease which came under my care I have already published in my "Elements of Veterinary Homœopathy," page 286, but as the work may not be in the possession of the reader, and as I wish to furnish as complete an account of the malady as I possibly can, I republish it for the sake of such completeness.

period she has been a very healthy animal. She is about half bred, stands 15 hands 3 inches high, is rising 5 years of age, of a bright bay colour, and is used for teaming purposes. The mare has stood at rest in the stable from Saturday morning until this morning, when she was taken to her usual labour, that of loading coals from a pit, situated about one mile and a half from where she is kept. In travelling to the pit she was observed by the driver to be more lively than usual, and keener of labour; but, when near the pit, she began to stagger and move about in a very peculiar manner. The driver, however, went forwards, and loaded his cart with coal; and, when near home, in returning, he experienced great difficulty in getting her along. He arrived at the stable about a quarter to nine o'clock, and I was immediately sent for.

PRESENT STATE.

1. Pulse 70 and full.
2. Respirations 15 per minute.
3. Large patches of perspiration are present upon various parts of the skin, upon the sides of the neck, the head, the trunk, and the hind extremities; the perspiration is hot and profuse. This sweating broke out a little before she arrived at the stable.
4. If I cause the animal to turn or move from one side of the stall to the other, she does so with a peculiar kind of unsteadiness; the limbs refuse to act in obedience to the will, she staggers in her movements, and is swayed slightly from side to side.
5. A trembling motion is present amongst the muscles in the region of the femur, and this trembling is not observable in any other part of the body.
6. The gluteal muscles of both hind quarters are excessively hard, but more especially those of the left quarter. They present a degree of hardness which is really surprising; they feel as though I was pressing upon a board.
7. The muscles of the right shoulder are also much harder than they should be.
8. The mare is restless; she presents a peculiar wild look,

stares a good deal, and bites keenly at the wood work of her stall, a practice to which she is not in the least given when in health.

TREATMENT.—To have Belladonna $\frac{10}{1}$, in aquæ $\frac{3}{ij}$, then to be wiped down, if possible, until she is perfectly dry.

11 o'clock (2 hours afterwards).—The mare is better. The man could not wisp her dry, but he had covered her with a woollen rug, and she soon afterwards became so. The skin is now completely dry, the wild appearance which I spoke of is better, but the gluteal muscles still retain their rigid hardness. At twelve o'clock, the mare to have Belladonna $\frac{10}{1}$, in aquæ $\frac{3}{ij}$, and at five o'clock, P.M., to have Belladonna $\frac{5}{1}$, in aquæ $\frac{3}{ij}$. From this time she gradually improved. No other remedy but Belladonna was used; and she went to her usual labour on the morning of the 29th, perfectly restored.

CASE IV.

April the 26th, 1852.—I was requested, about twelve o'clock, A.M., to attend upon a mare, the property of Mr. J. Oxley, cab proprietor, in this town.

HISTORY, &c.—The mare I am called to is now 6 years of age. She is of a black colour, half bred, and stands about 15 hands 8 inches high. She has been the property of the present owner about six months, during which time she has never suffered from disease. She is used as a cab mare, and the animal is in excellent condition. Three or four days ago she manifested symptoms of being in *use for the horse*. This morning she was driven about a mile and a half out of the town. She was noticed to be more lively than usual at starting. She went well and freely to the place, but when near home, upon her return, she became restless, neighed a good deal, she hung in the breech of the harness, and staggered considerably in her gait. She was got home with some difficulty, and soon afterwards brought to my stables.

PRESENT STATE.

1. The mare is laid upon her right side, with the limbs fully extended.

2. Pulse 70, and somewhat hard, and respirations 25 per minute.

3. She has been straining violently, and has urinated a considerable quantity of urine, of a dark coffee colour.

4. The surface of the body presents several patches of perspiration. These patches are present upon the sides of the neck, upon the shoulders, the body, upon the haunches, and between the hind limbs.

4. I had the animal lifted upon her legs, a feat which was difficult to accomplish. She walks with great exertion; the back is arched, and she trembles; the trembling is considerable amongst the muscles in the region of the patella.

6. The gluteal muscles of both hind quarters are severely cramped. The muscles of the left limb present a very peculiar appearance. They are smaller and elevated, as though out of their place; the skin is raised as if bolstered underneath; and this smaller mass is excessively hard.

7. The eye presents a most dejected aspect, and its mucous membrane is highly injected. The animal is also very restless and irritable.

TREATMENT.—To have Belladonna $\frac{10}{i}$, in aquæ ζ ij, and this to be repeated every half hour.

3 o'clock, P.M.—The restlessness has subsided considerably, and the surface of the body is dry. Pulse 60, and respirations still increased. The hardness of the muscles is much the same, only more diffused; at first the hardness was limited to three or four inches above and below the transverse process of the ilium; now it is extended over the whole of the gluteal muscles. The mare moves better, and she has again urinated a large quantity of the coffee coloured urine.

To continue the medicine as before.

5 o'clock, P.M.—Much the same; she has just laid her down, and she lies perfectly quiet. The respirations are sometimes greatly hurried, and again become calm; these alternate fits or changes occur about every half hour.

To have Belladonna $\frac{10}{s}$, in aquæ ζ ij.

8 o'clock, P.M.—The mare remains lying; pulse 63, and the respirations of the same variable character as above described.

She again perspires, but not profusely so; the hardness of the muscles remains the same; it is the most severe upon the right quarter. Occasionally she is uneasy; and at seven o'clock she made two or three attempts to rise upon her feet, but was unable to do so. The hind limbs, from the joints of the hock to the feet, are very cold. Upon the whole the animal is very patient; the skin, where the perspiration is present, is very hot.

To have Aconite $\frac{5}{6}$, in aquæ ℥ ij ; to be repeated every hour until a change is deemed necessary.

11 o'clock, P.M.—Mare remains lying; pulse 60, and respirations still variable, but not so much so as they were. Matters, I think, are slowly improving. The Aconite has been given every hour, in the quantity specified. She is again a little uneasy; and thinking she might be better upon her feet if able to stand, I placed a number of men to lift at her fore and hind quarters; and, with hard work and a little management, she was got up. The gluteal muscles remain much as they were, but the skin generally is much cooler. I set three or four men to hand-rub her briskly. She parted with a quantity of urine, resembling barrel grounds, or not unlike a mixture consisting of porter and yeast. Specific gravity of urine, 1.39; and, on applying the usual tests, I found it to contain a large amount of albumen.

To have Belladonna $\frac{5}{1}$, in aquæ ℥ ij ; also Aconite $\frac{5}{1}$, in aquæ ℥ ij ; to be given alternately every two hours. To have also a change of clothing, and a quantity of fresh straw.

27th, 3 o'clock, A.M.—She is very greatly improved; she walks about the box; the muscles of the hind quarters are relaxing of their hardness: she is becoming lively, and she seems desirous of food. A mash was given to her, which she partook of with great relish. She has just dinged for the first time since she became ill. She has also urinated another large quantity of the brown coloured urine.*

* *Further particulars respecting the urine.*—The first specimen of urine, or that which was caught at 11 o'clock on the night of the 26th, was of the colour of cocoa, or perhaps a shade darker; its specific gravity was 1.39. I poured 4 ounces of it into a glass measure; and after allowing it to stand for 9 hours, I found it much the same as when I left it—the fluid was so thick and gummy as to prevent any precipitation from taking place. I added to it

To have Mercurius, 2 grains of the first trituration, which was mixed with a little flour, and made into a paste, and wiped upon the tongue, to be repeated every two hours.

9 o'clock, A.M.—She is most wonderfully improved; the hardness of the muscles is diminishing generally; the muscles of the right side still remain the most rigid; pulse 48, and respirations 12 per minute. She walks about the box with the greatest ease, and turns herself round with perfect freedom. She has partaken freely of a mixture of boiled oats and bran; the urine is turbid. Specific gravity 1.25. She has dunged three or four times since three o'clock.

The same medicine in half the quantity, to be given at the same intervals, in the same manner.

5 o'clock, P.M.—The improvement continues steady; the pulse, the appetite, and the respirations are all normal. Another portion of urine was caught; it still remains thick, but this appearance is fast changing.

To continue the Mercurius as last stated.

28th.—This morning the mare was removed to the stable of her owner. The gluteal muscles were all restored to their normal state. The respiration was normal, and the pulse was 44 per minute, slow, full, and round in its beat. She walked away with the greatest ease, but the appetite was not so good. She will eat mashes, but not hay. A portion of her urine was handed to me; its colour was normal, being that of a dull lemon like colour; its specific gravity was 1.20. Upon applying the usual tests for albumen, the liquor remained free from any precipitation.

4 ounces by measure of distilled water, stirred the whole well together, and after allowing it to stand for other 6 hours, I found a deposit within the measure of 12 drachms of albumen. By heating a portion of this mixed urine in a test tube, and applying Nitric acid, a still further deposit of albumen was the result.

The second specimen, or that caught at 8 o'clock, presented characters different from the first—it was not so brown in colour, it was more of a yellow cast—its specific gravity was 1.30. An excess of Nitric acid caused a slight effervescence, and immediately afterwards a precipitate of albumen, but the quantity was not near so great as with the former specimen—not so much I should say by one half.

To have *Nux Vomica* $\frac{6}{n}$, in aquæ 3 ij ; a dose to be given morning, noon, and night.

29th.—This morning the mare, to all outward appearance, is just as well as ever. She was taken to a funeral job, and performed it very well. The improvement, however, did not long remain at that time. The mare lost flesh, and lost her vivacity ; and, in spite of the most judicious treatment, continued to do so. She had upon various occasions Iodine, Arsenicum, Sulphur, China, Carbo vegetabilis, and other remedies, but only with temporary benefit. At last I ordered her a run at grass, and she was turned out for a month, at the end of which time she came up perfectly restored. The owner put her again to cab work, at which she continued for about four months. She was then purchased by my friend, Dr. Ramsbotham, of this town, and he used her for his carriage for a considerable time, when she was sold into the neighbourhood of Halifax, where I believe she now is, or was until very recently.

CASE V.

Sunday, February the 27th, 1858.—I was requested, about two o'clock, P.M., to attend upon a mare, the property of Mr. Adam Aldroyd, wholesale and retail grocer in this town.

HISTORY, &c.—The mare I am called to is of an iron grey colour, rising five years of age, well bred, and of a nervous temperament. She is irritable in disposition ; and quickly perspires upon very moderate exertion. She has been the property of Mr. Aldroyd for about eight months, during which time she has not suffered from disease. During the last ten or twelve days the weather has been frosty, and much snow has fallen ; and for more than a week the mare in question has not been out of the stable. The groom, however, thinking that a little exercise would do her good, led her out to water. She was taken out of the stable at half-past twelve o'clock, and was in the stable again at a quarter before one. She was very lively and playful while out ; she reared, kicked, and leaped about most violently ; and when near home, at the time she was returning, she suddenly began to falter in her walk, and it was with great difficulty she was got into the stable, and my attendance was soon afterwards requested.

PRESENT STATE.

1. Pulse 48 per minute, and of a strangely oppressed character.
 2. Respirations 80 per minute; short, and of a convulsive character.

3. The nostrils are dilated, and the eyes of the animal present a strange wild look.

4. Patches of perspiration exist on various parts of the body; viz., in the region of the neck, the flanks, and between the hind limbs.

5. The right hind limb is powerless, it is held in a flexed position, and it is incapable of bearing the least weight. If she attempts to use it the hind quarters nearly drop to the ground; the limb, in fact, seems as though it was broken.

6. The muscles of the affected limb are not the least rigid; but the temperature of the quarter altogether is lower than the other.

7. The mare is very fretful, and manifests great alarm at her own state.

TREATMENT, &c.—To have Belladonna $\frac{5}{10}$,* in aquæ $\frac{3}{4}$ ij, to be given immediately, and repeated every half-hour. To be covered with a light rug, and to be kept as quiet as possible.

3 o'clock P.M.—Worse; pulse much the same as before; beating in the same oppressed manner. The mare is literally bathed in perspiration, which is hot and steaming; respirations 40 per minute and of a more convulsive character.

To have Belladonna $\frac{10}{10}$ in aquæ $\frac{3}{4}$ ij to be repeated every 15 minutes.

5 o'clock P.M.—It is really amazing to perceive the change which has taken place in my patient since 3 o'clock. She has ceased to perspire and the respirations have fallen from 40 to 26 per minute; the skin is perfectly dry, and the animal has lost that wild and frightened appearance before spoken of. She is not a quarter so restless, but the right hind limb remains as powerless as ever.

To have Belladonna $\frac{5}{10}$ in aquæ $\frac{3}{4}$ ij, and this to be repeated in 2 hours.

* i. e. Five drops of the pure Tincture.

7 o'clock P.M.—Not so well. She again perspires a little; pulse 72 and full; she is more uneasy. About an hour ago the right hind limb became suddenly right, but the fore limb of the same side became powerless, and remained so for 10 or 15 minutes; then the left hind limb, after which the right became again affected as before, and it is now in much the same state as first described. She has partaken freely of bran mash, and the respiration is not much disturbed.

To have Belladonna $10/1$ in aquæ ζ ij.

11 o'clock P.M.—Since 7 o'clock the mare has been twice laid down; she was down for about an hour each time; she is now upon her feet and standing quiet; the right hind limb remains much the same. Pulse 60 and respirations 23 per minute. She is free from perspiration.

Repeat medicine, and to continue it at intervals of every 2 hours until otherwise directed.

28th, 9 o'clock A.M.—The mare has rested well since about 1 o'clock. The man in attendance informs me that she has now been free from perspiration for many hours. A dose of medicine was given to her this morning at 6 o'clock. Pulse 46 per minute, and respiration 11. She is perfectly cool and appears at ease in every respect. The inability to stand upon or use the right hind limb still remains, although I am of opinion that it is stronger than it was last night. It is still maintained in a flexed position, and now and then she endeavours to stand upon it, and failing to do so, it is amusing to witness her astonishment. When the animal is perfectly quiet I observe frequent twitchings of the muscles of the affected limb; these twitchings have only a momentary existence; the same effect is visible amongst the muscles of the shoulders and fore extremities. Sometimes the act is limited to the panniculus muscle, at other times it is seen amongst the deeper seated muscles.

To have Pulsatilla $10/1$ in aquæ ζ ij. Also Nux vom $10/3$ in aquæ ζ ij, to be given in alternation every 4 hours. The animal to be fed upon bran mashes, boiled corn, and a portion of good hay.

9 o'clock P.M.—The mare to-day has steadily progressed for

the better in spite of one or two manifestations to the contrary. Pulse 46 per minute and respirations 14. From 11 o'clock this forenoon to 3 this afternoon, she appeared to suffer from spasm of the bowels; she occasionally pawed the ground, and also lay down frequently, but when down rested quiet. She has eat very well and dunged twice; she dunged about 10 o'clock this morning for the first time since the affection set in, and she also urinated for the first time this morning since the attack. To-night she uses the affected limb a little; I have seen her stand upon it several times. The medicine which I prescribed in the morning has been regularly given at the intervals stated. To discontinue all medicine until morning.

March 1st.—My patient is steadily improving; the right hind limb is slowly gaining strength, but is far from well, and strange to say, as the limb improves the muscular twitchings become more frequent and more violent. Appetite good, pulse normal and respirations normal. To continue medicine, and to be given in alternation morning, noon and night.

3rd.—All right in every respect; the normal power is fully restored to the right hind limb; the mare is as lively as a kitten. To have a dose or two of Sulphur of the first trituration. Discharged cured.

CASE VI.

Monday, March the 21st, 1853.—I was requested about 8 o'clock A. M. to attend upon a mare, the property of Mr. John Kirk, building contractor, carpenter, &c. in this town.

HISTORY, &c.—The mare in question is rising 5 years of age; she is half-bred; stands 14 hands 2 inches high; and she has always been a very healthy animal. During the last four days she has remained altogether in the stable. This morning Mr. Kirk rode her about a mile from home; at starting she was very gay, but after being out about a quarter of an hour she suddenly began to falter in her movements; she perspired a great deal; became all but incapable of walking; and it was with the greatest difficulty that she was led home, and from thence to my place, which is situated contiguous to the premises of Mr. Kirk.

PRESENT STATE.

1. Pulse 46 per minute and suppressed.
2. Respirations 28 ditto and short.
3. The abdominal muscles are severely cramped.
4. The mare is perspiring excessively ; a quantity of foam is present between the hind limbs and under the breast.
5. The hind limbs are moved stiffly ; the gluteal muscles are cramped, or in a state of spasm. She also paddles a good deal with the hind feet.
6. The muscles of the right shoulder are also in a state of spasm, but not severely so.
7. She trembles violently ; the trembling is confined to the hind limbs and to the right shoulder.

TREATMENT.—To have Belladonna $\frac{10}{i}$ in aquæ $\frac{3}{ij}$, to be repeated every hour.

10 o'clock, A. M.—During the last hour she has stood very quiet ; she has ceased to perspire ; pulse and respiration much the same. To continue medicine.

11 o'clock.—She is worse ; she is lying down, and making desperate efforts to regain her feet ; she stands upon her fore feet and sits upon her hind quarters, and in this manner trails herself about the box ; the cramp of the gluteal muscles has increased three fold at least, they have become like a board in hardness ; the same with the adductor tibialis muscles of both limbs ; the hind quarters are also lower in temperature ; pulse 60, and respirations 83 per minute.

To have Cuprum aceticum $\frac{10}{\text{ss}}$ in aquæ $\frac{3}{ij}$, also Belladonna $\frac{5}{\text{ss}}$ in ditto ; to be given in alternation every half-hour.

1 o'clock.—Better upon the whole ; she has laid very quiet during the last hour ; the sweating has ceased, and the spasm generally of the muscles is not so violent ; she also moves her hind limbs with more freedom ; respirations 16 per minute ; pulse as before.

To continue medicine, and to be alternated every hour.

8 o'clock, P. M.—Since the last report the mare upon the whole has gone on very well ; she has attempted two or three times to rise upon her feet, but failed to do so ; the gluteal muscles are a little softer ; pulse 48 per minute, and respirations

13 ditto. Between 6 and 7 o'clock she partook of chilled water, and afterwards of some mash; she is free from sweating; and she lies very composedly; she has not yet dunged or urinated. To continue the medicine in alternate periods of every two hours.

22nd, 2 o'clock, A. M.—Still down and unable to rise; the fore limbs are weaker than they were; pulse 50 per minute and firm; and respirations 18 ditto; she lies very quiet; she has not yet dunged nor urinated.

To have Cantharides $\frac{5}{8}$, in aquæ $\frac{3}{4}$ ij, also Belladonna $\frac{5}{8}$ in ditto. To be given in alternation every two hours.

7 o'clock, A. M.—Her general appearance is that of improvement; the affected muscles are softer, but she is still unable to rise, although her efforts to do so have been numerous. About 5 o'clock this morning she parted with a very large quantity of urine; she has drank freely of water, and she also eats very well.

To have Pulsatilla $\frac{5}{8}$ in aquæ $\frac{3}{4}$ ij, also Belladonna $\frac{5}{8}$ in ditto, to be given alternately every two hours.

10 o'clock, P. M.—Much the same; still down and unable to rise; pulse 46 per minute and firm, and respirations 16 ditto; she has not parted with any urine since 5 o'clock this morning, but has dunged regularly; appetite good.

To have Cantharis $\frac{5}{8}$, in aquæ $\frac{3}{4}$ ij, and to be repeated every two hours until otherwise directed.

23rd, 9 o'clock, A. M.—Still unable to rise, but going on favourably in other respects; the mare is very desirous to rise; I determined to see what could be done, so I procured a number of men and had her lifted upon her feet, but the moment she was left to herself she dropped powerless; pulse and respiration the same as last report; she has not yet been observed to part with any urine, but right in other respects.

To have Cantharis $\frac{5}{8}$, in aquæ $\frac{3}{4}$ ij, also Rhus tox. $\frac{5}{8}$, in ditto. To be given alternately every two hours.

I also directed a large woollen cloth to be soaked in hot water, the loose water to be wrung out of it, and while hot to be applied to the course of the spine; the application of the wet

cloth to be continued for about half-an-hour, and repeated three or four times a-day.

24th.—During the whole of the day the mare has remained much the same as stated in the report of yesterday; she is still down and unable to rise; pulse normal; but the respirations have varied a little, at one time as low as 12 per minute, and at other times reaching as high as 20 and 24. The medicines last prescribed have been regularly given, and to-day she has parted with a great abundance of clear urine. The cloths dipped in hot water and applied to the course of the spine, I have ordered to be discontinued, not having found the least benefit from their use.

To discontinue the Cantharis., but to continue the Rhus tox. as last prescribed.

25th, 10 o'clock, A.M.—Much the same, with the exception of the gluteal muscles, which are firmer than they were yesterday. I again procured a number of men, who lifted her upon her feet as before, and kept her in that position for about twenty minutes, during which time friction was actively applied to the limbs, but without any apparent benefit; in fact it was the reverse if anything, as the general spasm was increased.

To have Strychnine, 2 grains of the first trituration, to be mixed with a small portion of flour into a paste, and wiped upon the tongue; the medicine to be repeated every four hours until otherwise directed.

26th, 9 o'clock, A.M.—Going on well; she arose upon her feet this morning about three o'clock, and stood some fifteen or twenty minutes, since which time she has been up four or five times; the hind limbs are weak, and the gluteal muscles are still more tense than proper, but when the mare is down, this hardness disappears; she can rise upon her feet without difficulty.

To have grain doses of the first trituration of Strychnine every five hours.

11 o'clock, P.M.—Since 9 o'clock this morning she has been upon her feet at least a dozen times; she rises with ease, but when standing she paddles with the hind feet continually; the muscles of both hind limbs present the appearance as though they were stretched or extended considerably; she is also restless—restless,

not from any acute pain, but more from a state of general uneasiness; the pulse and the respirations have varied. She had a dose of the Strychnine at nine o'clock this morning, another at two, and a third between six and seven. I have also given her in addition two or three doses of Aconite 1.

The Aconite to be repeated and the mare left for the night.

27th, 9 o'clock, A.M.—The restlessness is subsided, still she does not improve as I desire; this morning she makes frequent attempts to urinate, and the urine she parts with is loaded with mucus; I observed yesterday that she urinated more frequently than ordinary; appetite not so good; pulse when lying, 42 per minute; respirations varying from 16 to 22, and even more.

To have *Cantharis* $\frac{5}{8}$, in aquæ \bar{z} ij; also *Nux vom.* $\frac{5}{8}$, in do. To be given in alternation, morning, noon and night.

11 o'clock, P.M.—The irritation of the urinary organs has disappeared; she remains weak in the hind limbs, and is still unable to stand for any length of time.

To have *Cantharis* $\frac{5}{8}$, in aquæ \bar{z} ij, and left for the night.

28th.—To-day the pulse has remained at 38 per minute, but the respirations have varied considerably; the hind limbs appear as though they were dislocated at the hip-joints; the muscles around the joints are smaller outwards, and the limbs are almost straight from the hips to the feet; the hind feet are paddled continually when she is standing; the gluteal muscles are again firmer than ordinary.

To have Strychnine, 2 grains of the first trituration, to be given as before.

31st.—I cannot tell what to make of my patient, one day she is better, another day worse; upon the whole I cannot affirm that she is either gaining ground or losing it. When she stands upon her feet she paddles incessantly; she is greatly reduced in bulk, and she perspires considerably; the state of the dung she parts with varies considerably; at one time hard and lumpy, and at another time as soft as cow's dung; when made to walk she does it in a crouching position; the left hind limb is the weakest, and she drops the most to the left side;

the appetite is good, and the mucous membrane of the mouth is clean.

To have Causticum $\frac{5}{8}$, in aquæ $\frac{3}{4}$ ij, to be given once a day. The hind quarters to be hand-rubbed, a man to each limb; and the process to be continued for one hour at a time, and to be repeated three times a day.

May the 16th.—To-day the mare was removed from my premises and turned to grass. She is very far from well; her appetite is good, and the secretions from the bowels and kidneys are regular; the left hind quarter is wasted considerably, and when she walks she drops at every step, exactly like a person with one leg shorter than the other; the right hind limb is as firm and as strong as ever. At times she manifests great tenderness along the course of the spine. I have had recourse to many remedies, but without any apparent benefit to my patient, and to-day she is turned out to take her chance. I gave it as my opinion, that a long run at grass would restore her; and in this I proved correct. She was placed under the treatment of another practitioner, who treated it as a local affection; but in spite of all his allopathic embrocations, and blisters, and stimulants, she obstinately remained in the old state, until the owner becoming wearied of "doctoring," left her alone, and from that time she has slowly recovered until now; she is to all appearance as well as ever, she is daily at work and perfectly sound.

REMARKS.—I have now presented to the reader an account of six cases of a most singular malady. The cases here given are the whole of the kind which have ever come under my notice. I have detailed the facts of each case exactly in the order in which they occurred, and for their accuracy and truthfulness I vouch in every essential. In the treatise on Veterinary Homœopathy which I published some time ago,* I gave the first account of this affection ever presented to the veterinary surgeons of this kingdom. Since the appearance of the treatise in question, other cases of the same kind have come under my

* See my *Elements of Veterinary Homœopathy*, p. 285. London: Aylott & Co.

care, which have enabled me to more fully comprehend the general character of the disease; and I now submit to the reader every fact which I am in possession of with regard to it. To the enquiring veterinarian, I trust these facts will prove of value, inasmuch as they may enable him to diagnose a disease, the existence of which has hitherto been entirely overlooked by our best and most observant writers upon equine pathology.

I have named this disease Hysteria from the very close resemblance which it bears to the malady in women, and also from the fact of its constant occurrence in the *mare*. To prove this more fully, and, in fact, I may say beyond dispute, I will quote from Watson, Copland, and others who have written upon hysteria, and thus enable the reader to judge as to whether I am right in the conclusions I seek to establish. "I need not tell you," remarks Watson,* "that hysteria is almost, though not exclusively, confined to women. It occurs under a great variety of forms, but they may all be reduced for convenience of description to two. In the first of these the trunk and limbs of the patient are agitated with strong convulsive movements; she struggles violently, like a person contending; rises into a sitting posture, and then throws herself back again; forcibly retracts and extends her legs, while her body is twisted from side to side; and so powerful are these muscular contortions that it often is all that three or four strong persons can do to restrain a slight girl, and prevent her from injuring herself and others. The head is generally thrown backwards, and the throat projects; the face is flushed; the eyelids are closed and tremulous; the nostrils distended; the jaws often firmly shut. If the hands are left at liberty she will strike her breast repeatedly and quickly, or carry her fingers to her throat, as if to move some oppression there; or she will sometimes tear her hair, or rend her clothes, or attempt to bite those about her. With all this her breathing is deep, labouring, irregular, and the heart palpitates. After a short time this violent agitation is calmed; but the patient lies panting and trembling, and starting at the slightest noise or the gentlest touch; or sometimes she remains motionless during the

* See "Watson on the Principles and Practice of Physic," vol. i, page 683.

remissions, with a fixed eye; till all at once the convulsive movements are renewed; and this alternation of spasm and quiet will go on for a space of time that varies considerably in different cases."

In the same lecture Dr. Watson again observes, "The symptoms I have been enumerating belong to the nervous system, and indicate great derangement in the functions of animal life. In the other of the two forms to which all the various modifications of the attack may be reduced, the principal marks of disturbance are referrible to some of the viscera. The patient experiences a sense of uneasiness in some parts of the abdomen, frequently towards the left flank.

* * * * *

the abdomen becomes distended with wind; loud rumblings and sudden eructations take place, and there is much palpitation of the heart.

"After the paroxysms these patients commonly void a large quantity of limpid pale urine, looking almost like water, and this is sometimes expelled during the fit."

The account furnished by Dr. Copland, in his Medical Dictionary, article "Hysteria," of the convulsive form of the disease is so clear and so closely allied in many respects to the cases which I furnish, that I shall also quote what he says with regard to this matter.

"When hysteria," says the doctor, "assumes a truly convulsive form, the trunk of the body is writhed to and fro, and the limbs are variously agitated."

* * * * *

"Sometimes the trunk remains stiff, whilst the arms and limbs are tossed in every direction. The muscles of respiration participate in the struggle, and the breathing is effected slowly, laboriously or deeply and spasmodically, often with deep sobs and constriction in the situation of the diaphragm. During the struggle the patient sometimes bites her arms or hands, or even the bystanders. The abdominal muscles are tense or irregularly constricted; the belly, especially about the naval, is often drawn inwards, and the sphincters are firmly constricted. The action of the heart is increased with the severity of the convulsions.

In some cases, however, it is not much, if at all, accelerated ; in others, it is very irregular and unequal ; and in all, *the temperature is usually reduced, especially in the extremities, at the commencement of the attack.*"

* * * * *

" Upon recovery from these states, the patient often experiences *catchings, spasmodic contractions of the extremities, shuddering, or convulsions of short duration, accompanied by forced or irregular respiration.*"

Again, the same writer observes, " Hysteria may simulate paralytic affections."

* * * * *

" The paralytic form of hysteria *is sometimes connected with spasm*, inability to move being attributable rather to this than to loss of power. This affection may occur in a single limb or in both ; it may even closely imitate paraplegia."

* * * * *

" *Pain in the dorsal or lumbar vertebræ with tenderness upon pressure of the spinous processes* is often complained of by females of a delicate constitution ; and although it may exist independently of hysteria, yet it is frequently associated either with it or with uterine irritation."

* * * * *

" Hysteria may be manifested by pain in various parts of the abdomen, or in the abdomen generally. When it extends over the abdomen, it is sometimes accompanied with excessive tenderness, and great inflation of the bowels. It may then be mistaken for peritonitis."*

Such are the facts upon which I have my opinion with regard to the identity of my cases with the disease "hysteria" in woman. To me the similarity appears so close as to warrant my concluding that this identity is satisfactorily established. The similarity, I contend, is as close as that of any other equine affection to that of its prototype in man. To prove this more fully, however, I will compare the more prominent symptoms of each case with the quotations which I have selected. The prin-

* Copland's Medical Dictionary, article Hysteria.

cipal symptoms in case I, were, *violent convulsive or spasmodic movements of the limbs ; excessive perspiration ; hot skin ; difficulty of breathing ; the ejection of large quantities of bloody urine ; tonic spasm of the gluteal muscles, and muscles of the back ; clonic spasm of the diaphragm ; pain in the left side, with inability to rise upon the feet.* In case II, in addition to the above, we have a *constricted state of the abdominal muscles*, together with a more marked state of *clonic spasm* of the costal and diaphragmatic muscles. In case III, the disease was not of so violent a character, but still we find the general symptoms present, together with wildness of look, and a propensity to *bite the wood work of the stable*, and other articles contiguous to where the animal stood. In case IV, the eye presents a dejected look, with *coldness* of the posterior limbs at the time when the skin in other parts was hot, and perspiring in patches. In case V, we find the pulse at the onset of the attack to be suppressed; the respirations of a convulsive or spasmodic character; the nostrils dilated; the look wild and anxious, with loss of motive power in the right hind limb; together with the entire absence of spasm of any of the voluntary muscles. Also *reduction of temperature* in the affected limb; and suppression of urine; then, as convalescence becomes established, we observe the "*muscular catchings and spasmodic contractions,*" with "*irregular respiration,*" which is so clearly alluded to by Dr. Copland.. Indeed, throughout the identity of the two diseases is so remarkably close, that to me it appears a superfluous labour to insist further upon it.

One of the principal points of difference however between hysteria, as manifested in the human being and the mare, is, with regard to the state of the urinary organs. In the former, according to the authorities which I have quoted (for I make no pretence to a practical acquaintance with human disease myself,) it appears the disease usually commences with an abundant secretion of limpid urine; while, in the latter, the secretion of urine is very abundant, but is loaded with blood, seemingly venous, and which, as a matter of course, causes the secretion to be dark or coffee coloured; nevertheless, more extended observation

may lead us to the knowledge that this abundant secretion of limpid urine may be one of its attendant states; in fact, it cannot be expected that six cases of so important a disease will furnish us with all its pathognomonic phenomena.

PATHOLOGY OF HYSTERIA.

Hysteria without doubt is a nervous disease. The most careful examination of the two animals which died, failed to detect any lesion in their organism of sufficient importance to account for the result. In both of them, layers of effused serum and lymph, were present beneath the skin in immediate relation to the muscles so powerfully affected with spasm; but such effusion in itself amounts to little or nothing if regarded as a cause of death; in fact, I regard this effusion as a mere effect of the spasm upon the smaller blood vessels so intimately associated with the muscular tissue. It is difficult however to say precisely from whence came the venous blood so abundantly intermixed with the urine. I cannot say whether it came from the kidneys, or from the bladder, or from both. In Case II, it appears to have come from the mucous membrane of the bladder; as this membrane was in a state of ecchymosis, and the viscus itself in addition contained a portion of the bloody fluid. From the entire absence then of all inflammatory action in the principal organs of life, I am bound to conclude that the seat of the malady is in the centres of the great nervous masses, arising most probably from a change of state having reference merely to functional manifestation.

DIAGNOSIS OF HYSTERIA.

The true diagnosis of this disease is a matter of importance, inasmuch as the life of the patient may depend upon it. One or other of the diseases with which Hysteria may possibly be confounded will be either *Colic—Inflammation of the Bowels—Paralysis of the hind limbs*—or *Disease of the Kidneys*;—but a careful attention to the symptoms generally, together with the sex of the animal, and the treatment for a few days

prior to the attack, will prevent in all probability such a mistake from taking place. If the pulse be at all exalted, or greatly depressed—if the gluteal muscles be in a state of spasm—or if there be absence of spasm, but loss of motive power in one or both of the hind limbs—or if there be spasm with loss of motive power in combination—if the animal looks wild and anxious; and more especially if the patient be down and straining violently, and parting with the dark, bloody, or coffee coloured urine; the true nature of the malady will be easily recognized, as the above symptoms are for the most part pathognomonic of hysteria.

CAUSES OF HYSTERIA.

The causes which produce hysteria are not of a character easily defined; rest it appears predisposes mares to an attack. The subject of Case I, had rested for near a week, and the first time she was taken out the disease manifested itself. The subject of Case II, had been kept in a loose box for a month previously. The subject of Case III, was at rest three nights and two days. The subject of Case IV, had not rested more than usual, but the animal at the time she was attacked was in *use*. The subject of Case V, had rested some 10 or 12 days; and the subject of Case VI, had rested four days.

Beyond the fact however of every animal having rested for some time before the attack in each case, I am unable at the present to assign any cause which is at all adequate to the production of the disease. It is probable that mares in use are predisposed at such times to attacks of hysteria. And it is probable also that hot weather may be in some way connected with it, as it will be seen by reference to the cases themselves, that the most severe and violent of such, occurred in the months of April, June, and July; while the milder cases occurred in the months of February, March, and November.

REVIEWS.

HOMŒOPATHY—ITS TENETS AND TENDENCIES, THEORETICAL, THEOLOGICAL, AND THERAPEUTICAL, by JAMES Y. SIMPSON, M.D., F.R.S.E., &c. &c.

HOMŒOPATHY FAIRLY REPRESENTED, IN REPLY TO DR. SIMPSON'S HOMŒOPATHY MISREPRESENTED, by WILLIAM HENDERSON, M.D. &c. &c.

THE TENETS AND TENDENCIES OF DR. SIMPSON REGARDING HOMŒOPATHY, by GEORGE WYLD, M.D. &c. &c.

Jam satis. Of books whether written against homœopathy, or whether written in defence thereof, we have surely by this time more than had enough. Not so, however, thinks Dr. Simpson. Homœopathy has been making rapid strides of late, and something must be done to check its progress. And so Dr. Simpson writes a book, which tells of the declining way that it is in,* though it does not tell, in that case, why the book was written! Homœopathy is found to cure disease in spite of all the reasons why it should not. And so elaborate proof must be afforded that it kills the patient and yet does nothing for him. Homœopathy begins to be regarded as the well in which therapeutic truth lies hid, and to it resort allopathic halt and withered, as if it were possessed of the virtues of Bethesda. And so Dr. Simpson does the angel's part, and troubles the water ere the sick folk are let in. If they are still unhealed of one infirmity—a growing one alas!—seeking health therein—the misfortune may be his, but surely not the fault. For no one who has not read his book can guess how completely the effect which it produces defeats its benevolent intentions. "Its tenets," are all opposed to homœopathy. "Its tendencies" will be found all in favour of it. It is true to its allopathic character throughout. It will make so for the cause against which it is directed. So for once, *contraria contrariis*, we say. "Oh! that mine enemy would write a book!"

But now to come to the book itself. And the first thing that strikes us in it is, the strangeness of its alliterative title. We suppose the pretty play upon the words is the author's earnest of being in earnest—the title typifies the treatise to a T—"Homœopathy—its Tenets

* Abroad, at least, though all abroad in doing so!

and Tendencies — Theoretical, Theological and Therapeutical.” We read this over more than once before we were sure we had read correctly. We could scarce believe our eyes. We did not know before, that homœopathy held any theological tenets — or had any theological tendencies—of her own. What on earth, we said to ourself, has theology to do with the Hahnemannic formula? We should as soon have thought of the law of gravitation, as that of *similia similibus curantur*, possessing its own theology. We knew that the discoverer of the former was an Arian, but we did not know that Arianism was necessary to a full reception of that discovery. We were not at all aware that Newton—and therefore did not know that Hahnemann—had made a belief in his law answerable for any other belief having nothing in common with it. But in the simplicity of our hearts we were mistaken. Homœopathy, it seems, must be held responsible for any opinions its followers may hold, or any faults and follies they may perpetrate, although these may have to do with its truth about as much as Dr. Simpson’s book, of which this title page aptly forms the index. The truth is, it served the writer’s turn to make a medical question a religious one. Dr. Simpson is a *clever* man (this is paltry praise, but more we cannot give him), and fully understands the spirit of the age. It was necessary to mix up other doctrines with the discussion of the merits of a therapeutic one. He knew that of religious heresy the world is as intolerant as it is tolerant of medical. If he could only make the world believe homœopaths are heterodox in other things than physic—at fault in their religious as well as medical profession! Not so, of course, is Dr. Simpson. We hear that *he* is a most religious man. We are told that he is not only a member of the kirk, but that he is, moreover, a ruling elder of it too. But we wish we could believe him as earnest a man as the mad enthusiast, Dr. Mure, whose Roman Catholic and Homœopathic zeal, in the 1st and 3rd chapters, he so severely censures. Whatever else Dr. Mure may be, it is evident to us he is *sincere*. Can we believe so of Dr. Simpson? The whole of his book refutes the notion, as by and bye we shall more fully show; but what kind of argument would it be against allopathy (whatever it might be against the book itself), if we proved, in spite of his Presbyterian piety, that Dr. Simpson was not an honest man? Allopathy would be just where it was before. Its merits, and those of homœopathy, are (fortunately for Dr. Simpson) not to be adjudicated on the relative merits (any more than those of

Popery and Protestantism) of himself and Dr. Mure. The question is not a personal one, and with all the advantage afforded by the writer, we shall not allow him to make it one. But as Dr. Simpson affects surprise that the Editors of this Journal let pass without rebuke the wild extravagances of Dr. Mure, we will honestly tell him why they did so, and let him into a little secret of reviewing. At first they were inclined to visit Dr. Mure with unmeasured ridicule on account of these extravagances—but when they came to that oath of his they paused, so struck were they (as who could help being?) at the reality and solemnness of faith that it displayed. No wonder if they held their hand. When they found his “grave homœopathic spongio” * binding young men to undergo suffering (that their fellow creatures might be relieved therefrom through generations yet to come), “for the sake of the Redeemer they ought to imitate as far as human weakness permits,” their sense of what was “exclusive” in it—of what was “illiberal”—of what was “improper”—was fairly overcome by their sense (they are ready frankly to confess so much) of what it had in it of Christ-like in its spirit. Dr. Mure at the very worst is a fanatic.—But honest fanaticism challenges respect, whether it be in Protestant or Papist. Could we believe Dr. Simpson a fanatic, whether it were in medicine or religion, we should think of him better far than we think now. But we are all of us much more transparent than we think, and our writing to a great extent reflects our character. If we could think Dr. Simpson was sincere—if we could bring ourselves to believe he was in earnest—if his book afforded any indication that the one whose authority may pass with him for sacred, really governed his heart and life, we would point his attention to a text therein, that protests more strongly than we can do, against the waste of time he has been guilty of, even supposing homœopathy is false, and how much more, supposing it is true. It is in anything but a trifling spirit we quote the text for his consideration. It runs thus:—“Refrain from these men and let them alone, for if this counsel or work be of men, it will come to nought: but if it be of God, ye cannot overthrow it, lest haply ye be found even to fight against God.” We say, that homœopathy, like *all* truth, is of God—that Dr. Simpson cannot overthrow it, though haply he be found even to fight against God—that its counsel and work have not yet come to nought—and that

* Vide Dr. Simpson, page 5.

Dr. Simpson will find it had been better to refrain from these men and to let them alone.

We have blamed Dr. Simpson, not more than he deserves, for making a medical question a religious one; and here, before we quit the subject, we must say (for it is better to say it here), we are sorry to find, in this respect, Dr. Henderson also is not free from blame. He need not have followed a bad example, or used the *tu quoque* kind of argument. The merits of allopathy, such as they are, are not determined by the religious creed of the *British and Foreign Medical Review*. He will find in the ranks of those who bleed and blister as devout and orthodox Christians as himself—and besides these, men of all opinions—"Jews, Turks, Infidels and Heretics." He will find too, the same amongst the homœopathic party; at any rate, he will find amongst them those who do not think his doxy *must* be orthodoxy, and who stretch the right of private judgment beyond the obligation to think with Him and Co. Some even may think the name of Fichte deserving of respect from our Homœopathic Journal, as well as from the *British and Foreign Medical Review*. But be that as it may, we venture to assert, that homœopathy must stand on its own truth, and that this is altogether a thing apart from the truth of any religious creed whatever.

But now to return to Dr. Simpson. We have said that the title was an index of his book; and in the animadversions we have made on THAT, we have anticipated some we should otherwise have made on the 1st and 3rd chapters of the book itself, which, from first to last, is the poorest special pleading—from first to last, if it were not *without end*. Arguments of any kind the book contains Dr. Henderson so completely answers, that we shall not spend much time on these, but refer to him if we find it necessary. We confess, for our own part, we have no great fancy "to fight our battles o'er again." We care not for the honour of "slaying still the slain." But our object rather is to show the animus that characterizes Dr. Simpson's work. And the very first chapter, like the title page, exhibits this, though in a different point of view. It sets out assigning various reasons (which reasons, however, are any but the true ones) why "legitimate medicine" refuses her diploma to any one meditating homœopathic practice, and why "legitimate physicians" refuse to regard us illegitimates as brethren. But, in the name of common sense, what is "legitimate medicine," we would ask. Who are "legitimate physicians"? Is "legitimate medicine" a license then to kill;

and does curing bar the right to practise and make it cease to be legitimate? Are "legitimate physicians" really those in whose favour, according to Sidney Smith, the sixth commandment is suspended of the Decalogue? We ask the question in sober seriousness. Are physicians only illegitimate as soon as they forbear to break the moral law? Is an allopath then disqualified for practice on holding intercourse with those of his profession, because in Pneumonia he will not bleed or blister, now that Dietl has shown to his satisfaction such treatment is not curative, but killing? And if not, why must a homœopathist be any more disqualified, forsooth, because he has found, *par voie de fait*, not only that bleeding and blistering do harm, but further, that doses of Phosphorus do good? How much in advance of his brethren must a man be to set aside his claim to the honour of their fellowship! or what extent of knowledge must he keep to, and how far in the back ground must he be, to claim from medicine the proof of his legitimacy! In the eyes of anti-anæsthetic obstetricians we should like to know if Dr. Simpson be regarded as one of "the legitimate" in medicine, or whether his M.D.-ship be bastardized by Chloroform. And if all that Hahnemann has done for medicine only went so far as the discovery of Chloroform (or rather the discovery of its anæsthetic properties) and his claim upon her gratitude were therefore less,—we should like to know if his affiliation to her would be so much the more legitimized thereby. We want to come to an understanding on this subject—to comprehend the question of the more or less—to know how little the knowledge must be that is *not* dangerous, but confers legitimacy; and how much more threatens the bar sinister. Alas! alas! that the medical escutcheon must be blotted by all one does to blazon it! But so it is—and so it is to be. Yet we thought that ours had been a liberal profession. We thought that medicine offered a career that set no limits to the discovery of truth, and never made the pursuit of it unlawful! We thought all progress was tolerated here—that in medicine, at least, we had full leave to extend, as far as possible, the boundaries of knowledge, without fear of knocking our heads against a wall, built up by infallible authority! But no! Dr. Simpson tells us we are mistaken—that a College of Physicians is like a Christian Church, and just as jealous of its orthodoxy—that it has, like that, a fixed belief—a Confession of Faith prescribed by authority—(all others are, of course, *proscribed*)—that it boasts an Athanasian creed, anathematizing without mercy those who might think of saving life uncanoni-

cally—that it has its Therapeutic Catechism, which it keeps in stereotype for Doctors yet unborn—and that, not being very catholic in spirit, it shuts itself up within terms of strict communion, from which, of course, are excluded those who follow Hahnemann—that heresiarch in medicine! But, without comparing our Hahnemann to Luther, we ask if this be really so. Is it not in the nature of religion to be fixed. Is it not (or rather *ought* it not to be) in that of medicine to be progressive? The doctrines of any particular church are bound up in the very constitution of that church, and admit of no variation or addition. The doctrines of every medical school must necessarily suffer change with every change in the data which they rest upon. They must vary and adapt themselves to every new fact that scientific experiment makes known. To introduce new views in medicine is not to be sectarian nor schismatic. Nor can it be considered so, unless by those who think as they prescribe—that is *secundum formulam*—by rule. And if these views are held to be true, to the satisfaction of the party holding them, why are they to subject the holders of them to be banned and outlawed by their brethren? In spite of what is said of Hahnemann (whose intemperance well may find excuse in the treatment he received from his illiberal brethren) homœopathists have never wished to make a sect in medicine. If they have become such the fault has not been theirs, but that of those “legitimate physicians” who would make, forsooth, a Hierarchy of medicine, and excommunicate certain members of their body for no other reason than their fealty to truth, and refusal to follow the vain doctrines of tradition. Dr. Simpson knows this quite as well as we do, albeit, in his small and feeble efforts at facetiousness (for his wit is just upon a level with his logic) he represents us homœopaths as Mormonites in medicine. But we have not turned our backs on medicine because we do not quite believe in it according to the Gospel of the two Jameses—Dr. Simpson and Mr. Syme. We only say if medicine be regarded as a church, let it, at least, be a catholic one, and not the particular church of Dr. Simpson. Let it not make the way to its communion (as that particular church may make it) narrower than the way to truth and heaven. We think that catholicity in medicine is quite compatible with the right of private judgment, though Dr. Simpson would have this right surrendered by those who seek to be “legitimate physicians.” And this indeed brings us to that part of the chapter wherein he considers not the right of the examined, but only the duty of examiners

n medicine. Now, what is the duty of the medical examiner to the party undergoing examination? Surely it is to test his knowledge, but not to take away the discretionary use of it—to see that he has data whereon to form a judgment, but not to dictate the judgment to be formed—to prescribe what goes to the writing a prescription, but not what he is to prescribe himself—to require not so much a confession of faith as the absolute conditions to a faith worth having. This is the part of an honest examiner, though we do not suppose it would be that of Dr. Simpson. He would say with Dr. Paris, whom he quotes, “The College of Physicians regard homœopaths as neither safe nor skilful practitioners. Therefore the College cannot, &c.” But this might also be said to one who, enlightened by Dr. Dietl’s statistics, refused to bleed and blister in pneumonia; and the question is not what examiners *can*, but what they ought to do—and whether if a would-be licentiate came before them with more than ordinary knowledge and attainments, they ought not to leave him the discretionary power, on comparing different modes of practice, of choosing that he finds most curative. This matter is not a party one. At least, we do not wish to make it such. It involves not merely homœopathy, but the cause of progress altogether. We say that if the candidate examined answer all the questions put to him so as to show, where some answer comes amiss, it is not through ignorance, but the exercise of judgment—that he *weighs* where only he is called upon to *learn*—that he puts to the proof where he need but take on trust—that his studies have not been a passive reception, but careful scrutiny of all he has been taught—we say there need be little fear of such a one being left to use his own discretion as to the system of treatment he may adopt, or of his turning out a safe practitioner. If a pupil is only to receive opinions, and never question what he has been taught, the world must come to a stand still soon. However good the masters one may have, a man is made by the use of his own brains, and not by the usufruct of theirs. If a student follow hospital practice, is it not to draw his own conclusions from it? And if he has not used his brains in such a way as to enable him to do so, he may as well, for any useful purpose, have walked the streets as “walked the hospitals.” In fact, this very significant phrase must have come into use from that orthodox party—that Peripatetic School in medicine—who really do nothing but walk the hospitals—who literally walk in the steps of their instructors, but without having more than their walk for their pains.

But supposing one of another school—one of a different walk and conversation—one conversant with more than the opinions of his teachers, seeing he has questioned cases for himself, and not been contented with answers second-hand—supposing such an one to undergo examination, and prove himself fully qualified to do so on all the subjects that have yet been brought before him, but that when he is questioned on that of therapeutics he modestly submits to his medical examiners that, though acquainted with the treatment of disease as pursued by orthodox and “legitimate physicians,” he cannot, if he would, help coming to the conviction that the Hahnemannian law is true, and as such a valuable guide in practice—and that though *a priori* he might doubt the efficacy of infinitesimal quantities in medicine, he could not, if he would, on making a trial of them—and moreover if, on making a further trial of them, guided by the homoeopathic law, he should meet with more success in practice than that afforded by ordinary treatment, he should feel it a duty he owed to God and man to adopt the more successful treatment—and supposing all he says shall bear upon it the impress of modesty, conscientiousness, and truth—and yet with all this, and notwithstanding and in spite of it, he is rejected by the College of Physicians—we say that his medical right is outraged as well as his moral obligation; and that in such a case as this the College is degraded, and not the man whom it rejects. What! is it the part of his *Alma Mater* to cram him with opinions he never can digest? When he asks for bread to give him a stone—some fossil faith that has nothing life-sustaining—or, if he asks for fish, to give him a serpent—some cunning make-believe of Dr. Simpson that only revolts his moral peptics?—some venomous falsehood, when hungering for truth, that turns to poison, not to food? Is he to be allowed no other kind of aliment than doctrines which have in them nothing for him to assimilate, and therefore nothing which is life-giving to him? Is he to feed on the husks of mere tradition when he can find solid nutriment in fact? Is he to live his future life on trust—trust in the therapeutic teaching he has heard instead of that which comes before his eyes? and, doing in medicine as he should do in religion, is he “to walk by faith and not by sight?” Dr. Simpson knows, as well as we do, that it is he who examines, who compares, who tests, that is likely to prove the safe practitioner. But then Dr. Simpson also knows that his College of Physicians so stand committed that they dare not examine, nor compare, nor test. We doubt not they would be glad to do so if they might—if they

might!—for how can a learned College of Physicians (however individuals may) recognize as true what they have stigmatized as false, even if its truth should be forced upon them? We doubt not they would only be too well pleased to find a way out of their difficulties if they could—and we doubt if they will thank their Co-Professor for making their “confusion worse confounded”—their perplexity still more perplexed. Why would he leave them no leave to believe?

We have dwelt thus long on this part of the book, because we believe it is the only one which Dr. Henderson has left unanswered, and because we think it touches on a subject which is one of very great importance, independently of its homœopathic bearing.

But we pass on now to the second Chapter.

And the principal object of this Chapter is to show, by very elaborate computations, how infinitesimally small is the quantity of medicine in the efficacy of which homœopaths believe, and consequently, how infinitely absurd is their belief—their absurdity being in an inverse ratio with their dose. And further, to show them so far heretical in outraging that Confession of Faith which is used by Dr. Simpson and Co. (and which is the standard of common sense, he says), as to bar their right to orthodox communion. To be of our little faith, we are told,—or rather to be of our large faith in what is little—is as absurd as to believe that two and two make five. But we fear Dr. Simpson judges harshly, and not by the standard of common sense, but what we should rather call *uncommon*. Common sense makes some distinction between self-evident, axiomatic truths, and these which are only determined by experience. We know for certain that two and two make four, but who could *à priori* tell “what Rhubarb, Senna, or what purgative drug” would scour Dr. Simpson of his allopathic spleen? or how large a dose of these may be required “to purge him to a sound and pristine health!” such health as he no doubt enjoyed ere homœopathy first stirred his bile, or he “was troubled with thick-coming fancies, that keep him from his rest?” We venture to say, we know by intuition, that two and two do not make five, but we do not know by intuition (and this may be some consolation for him) that the seemingly infinite irritation he labours under, may not be cured by medicine infinitesimally small—nay, by something more imponderable even than the millionth, or billionth, or decillionth, of a grain. As, for instance, by the bare announcement of the fact, that homœopathy, which he had shown was nothing, had proved itself so, and had really come to nought.

Before this desirable event takes place, however, we wish to impress upon his mind that the powers of medicine are determined by experiment, and not by *a priori* reasoning, and that only a very uncommon kind of sense would recognise as equally absurd, the statement of what was intuitively false, and belief in what not merely *may* be true, but larger experience prove to be a fact. But why talk of fact to Dr. Simpson, whose mind seems unequal to its proper recognition, and on terms of easier acquaintance with its opposite. We doubt if even intellectually he be qualified to conduct a philosophical enquiry. He reminds us of a certain dramatist we read of, who "drew men as they ought to be, not as they are," and received equivocal praise for doing so; he does the like in scientific matters. Drawing "*facts as they ought to be, not as they are,*" is his mode of ascertaining if homœopathy be true. He does not think of interrogating nature, but takes for granted what she says. What allopathically *ought* to be, decides what homœopathically *can* be. A single grain of medicine does not much—Argal—a millionth part of it does nothing. It *must* be so in the nature of things, though the nature of things is here assumed; for "*contraria contrariis,*" or "*similia similibus,*" makes all the difference in the matter. It is one which, as we said before, is not to be decided by *a priori* reasoning. One would think, the way to ascertain the point,—if the millionth part of anything could cure, would be to put the matter to the proof—but no! allopathic reasoning says it *ought* not, and this is sufficient to decide the question—though men, in every part of the world, as intelligent quite as Dr. Simpson (we will not wrong them by calling them as honest), affirm, from the largest experience, it can. But this matters nothing. To represent these men as fools or knaves, or to stigmatize them as charlatans and quacks, serves his purpose better than to make experiments, that might end by landing him "*in conclusions most forbidden.*" For it is not merely an intellectual bias that turns him aside from ascertaining facts. We fear there is a moral or immoral one as well. There are other reasons than scientific ones why homœopathy *ought* not to be true, and why it therefore cannot be. What is the use of adducing reasons to a mind determined not to be convinced? The fact of hundreds and thousands of men, in every way equal to their allopathic brethren,—as honest, as enlightened, as cautious as they, as much on their guard against the *post hoc propter hoc*, and as little disposed to take things on trust—the fact of these men embracing homœopathy, after making it a

matter of experiment, is so far at least PRESUMPTION of its truth as to make it the duty of the profession to enquire. But enquiry is the very thing to be avoided. There is a fear on the part of the Dr. Simpson that, after all, it *is* true. It is but the secret dread of this, and, not the hatred of what is false, that makes these gentlemen so virulent against it. There is nothing that encounters more virulence than truth. We read of one whom it drives to fury, and to whom "its keen vibration makes a hell." He also, we are told, "believes and trembles."

What boots it to shew there are things in heaven and earth more strange than are dreamt of in our small philosophy, and that make the power of our infinitesimals quite credible? The spread of homœopathy, if false, is a greater marvel in the moral world, than the curative power of its doses in the physical; for it has made its way, not amongst the ignorant, but enlightened, and is a matter, not of speculation, but experiment. After all Dr. Simpson's elaborate computations, the question still recurs,—is so and so the fact? And if it be, it is not so strange as that hundreds of honest and observant men, who all had put the matter to the proof, and challenged others to do the same, should combine to say it was if it was not. This would be the marvel, the other is none—or, at all events, is rendered credible by others equally as great. Surely the mind as much breaks down under contemplation of the infinite as of the infinitesimal. But who doubts the wonders of the telescopic world, or refuses to believe in the calculations of Astronomy? When told that the violet wave of light is seventeen millionths of an inch in length, and vibrates seven hundred and twenty-seven millions of millions of times in a second, who, on that account, refuses to believe in the miraculous and organizing power of light.* There is nothing around us that is not wonderful. The more wonderful fact is only more so because less frequently presented to the mind. Even in our very explanations we only fall from one wonder into another. We explain the marvellous by that which is not less so, except by our being more accustomed to it.

There is nothing *per se—in itself*—more extraordinary, that the

* We copy this illustration of our argument from Dr. Holcombe's *Scientific Basis of Homœopathy*; a work we take some shame to ourselves for never having brought before the notice of our readers. If more of our homœopathic writings were like this!

millionth of a grain of medicine should act than that five, or ten, or twenty grains, should. Dr. Simpson could give no other reason why it should not, than that hitherto it was opposed to all experience that it should. And if so, it well might appear to him extraordinary. But we say it is not opposed to *all* experience (which is thus allowed to be the ground for such conclusion), though it is not within the experience of all—that it comes so often within the range of ours, that to us, at least, it has ceased to be extraordinary. And then it is less extraordinary to us because it is not on allopathic principles we assert its medicinal action, but our own. We say not that a millionth of a grain of Opium can narcotize as three or four grains can (any more than a paragraph of Dr. Simpson's book can prove as narcotic as its 300 pages); but we say it may relieve, where it has not caused, a certain comatose condition of the brain, brought on, it may be, by such heavy reading as we have thought it our duty to go through. But we find we must hasten on.

Chapter the third of the book is thus entitled:—"Notes on the peculiar theological opinions of some of Hahnemann's disciples—Itch, Curse, and Cure,—Moral and Religious symptoms produced and cured by some Homœopathic drugs." "The peculiar theological opinions" of our brethren, may be Dr. Simpson's concern, but are not ours. It is with their peculiar therapeutical opinions, that we have just now to do, and about the truth of these we rest so well assured, that we shall not retort on Dr. Simpson by denouncing the peculiar theological opinions (however we may the peculiar practice) of the Scribes and Pharisees of the allopathic school. We shall leave "legitimate medicine" to its fate. We have no wish, in this way, to hasten its end. Dr. Simpson may make the most of our forbearance. With regard to the Psoric doctrine of Hahnemann, we shall also have as little to say, and chiefly on account of some excellent remarks which are made by Dr. Henderson thereon, and which, we think, might well redeem it from the low estimation in which it is held by many even of Hahnemann's disciples. Dr. Henderson is never stronger than when he treads on medical ground, and we wish we could shew how great is the discomfiture his Co-Professor suffers at his hands, not only in as far as the Itch-curse is concerned (which may prove to him so in senses more than one), but in every matter that touches on Pathology. We can give but a passage from Dr. Henderson, but we strongly recommend our readers to ponder all he says on the Psoric doctrine. Speaking of its novelty he says,—“So far

was he (Hahnemann) from claiming the credit of being the originator of this pathological doctrine, that he adduces, in support of his own decision in its favour, nearly a hundred allopathic authorities, his predecessors, as having more or less explicitly declared their conviction of its truth, or given examples in illustration of it. It is ignorantly sneered at by Dr. Simpson, and the many who take up the cuckoo-cry of derision against everything that Hahnemann taught, as the itch-doctrine of the homœopathists; whereas it is neither an itch-doctrine in a candid and intelligent sense, nor is it a peculiarly homœopathic doctrine. 'I call it psora,' says Hahnemann, 'with the view of giving it a general designation;'^{*} and that he did not regard it as synonymous with, or limited in its meaning to the itch, everyone knows who has perused his treatise on the subject. One sentence of his, is sufficient of itself to settle this point, and to leave those, who have so industriously misrepresented his opinions, utterly without excuse. 'I am persuaded that not only are the majority of the innumerable skin diseases which have been described, and distinguished by Willan, but also almost all the pseudo-organizations, &c., &c., with few exceptions, merely the products of the multiform Psora.

"Like Milton invoking Urania, Hahnemann might say, in reference to the psoric hypothesis: 'The meaning, not the name, I call;' and the meaning he plainly and expressly announced was this—that the majority of chronic diseases that appear as palsies, asthmas, dyspepsias, consumptions, headaches, epilepsies, vertigoes, &c., &c., are due to a morbid matter (or miasm, as he termed it) existing in the body: the same as that which, when it comes to the skin, produces the almost numberless varieties of eruptions known as scaly diseases, leprosies, milk-crusts, scald-heads, ringworms, itch, pustules, and the like. Psora was an ancient term used almost indiscriminately for every diversity of chronic, and almost every kind of acute, cutaneous disease; and no term appeared more convenient as a 'general designation' for the radical malady of which all these local diseases, both internal and external, were occasional expressions or developments, than that which already for ages, had associated with it the idea of constitutional taint (dyscrasia), that might show itself in operation on the surface, or indicate its activity within by the throes of some hidden organ." Dr. Henderson then goes on to

^{*} *Maladies Chroniques*, t. i, p 11.

show how all the essentials of the Psoric doctrine have been held by Hahnemann's allopathic predecessors—are held by his allopathic successors, too, as well—and “*must* be held by every well-informed and observant physician.” In all he here says we go along with him—and here is not the only place where he knows how to turn pathological fact as well as the laugh against Dr. Simpson.

“As for the moral and religious symptoms produced and cured by homœopathic drugs,” we confess we see nothing strange therein. If mind and body act upon each other, it seems to us but natural to suppose that moral symptoms may be physically caused and also physically cured. And what it was natural to suppose, we also *know*, but as we may refer to this subject again, we will only press on Dr. Simpson to prove on himself the symptoms of gold—a small dose of which, he says, taken internally, produces “excessive scruples of conscience.” From having so often taken it *externally* without its producing any of these symptoms, (though, we doubt not, they *ought* to have been produced thereby) he may possibly think it internally inert. But notwithstanding we wish that he would try—only, in his case, not remedially. Let it be to *cause* the symptoms, not to *cure*.

The next Chapter gives, or pretends to give, an account of the state of homœopathy in Germany—one so true, we can hardly help believing! the pathogenetic effects of gold must have had something to do with its concoction. Excessive scruples of conscience, we suppose, can readily accommodate themselves to any statements. Yet, the following is one the accuracy of which we (whose moral sense is not sharpened by gold) should be very sorry to vouch for. Enough, however, that it is an *ex parte* one, and made to tell against homœopathy. Dr. Simpson tells us “he has been informed by Dr. George Fleming, of Dundee, who has just returned from a six months' sojourn at Vienna, that he attended the homœopathic hospital there under Dr. Wurmb, for upwards of a month, but that matters did not seem to go on prosperously with homœopathy, even in that school which is acknowledged to be its central and chief seat. The whole number of pupils in attendance at the hospital only amounted to five. The diseases of the patients were chiefly of a chronic and subacute type, with numerous cases of a prevailing mucous fever, which was so slight as not to require formal medical treatment.” Now we have something of our own to append to this. Will Dr. George Fleming be so good as to tell us how many days'

attendance his month's extended to? Did he pay half-a-dozen visits to the hospital? If he says more, we can bring evidence to prove (and not of five, but five times five whom on different days he would have encountered in its wards if in regular attendance "for upwards of a month") to prove he was not led by love to homœopathy to frequent its hospital quite as often as he and Dr. Simpson would make out. He would have found the cases too, if he had, as serious in the wards of Dr. Wurmb, as in those of Skoda or Oppolzer. Moreover, he would have found the pupils in attendance not pupils about to undergo examination, but physicians regularly engaged in practice—Edinburgh being not the only place where pupils homœopathically given have the fear of allopathic examiners before their eyes. Dr. Fleming might also have learned from the pupil who alone attended Fleischmann's Hospital, that the attendance of others seemed to be discouraged for reasons which have nothing to do with homœopathy. We only notice what we have, to show, with what loose assertions Dr. Simpson is contented when he wants to make out a case against us. He quotes the publication of a Dr. Fickel to prove "the nothingness of homœopathy," instead of the worse than nothingness of that veracious writer's testimony—for Dr. Fickel was House Physician in the homœopathic hospital at Leipsic, but was afterwards placed in durance vile—for swindling. His book "über die Nichtigkeit der Homöopathie," was published by way of taking his revenge on those who had discovered his own *nichtigkeit*, and proved him to be a *Taugenichts* himself. Is it not quite characteristic and consistent that Dr. Fickel should be an authority with Dr. Simpson?

After showing, in his own peculiar way, the declension of homœopathy abroad (into further disproof of which we cannot go), he tells us there is nothing presumptive of its truth in the fact that some few men of talent have swallowed Hahnemannian doses—that lay men of the very highest intellects have too often proved abettors of medical charlatantry, and very much more to the same effect. We are fully willing to concede all this, but after all, what does it amount to? We suppose there is something like objective truth somewhere, if only we had the wit to find it out. Or, will Dr. Simpson hear of none in medicine, because there is scarcely a doctrine of its schools that has not at one time been warmly advocated (and not by laymen but "legitimate physicians") only to be afterwards discarded in its turn. We know that what is true remains, and that what is false

will pass away—and the fact that homœopathy has made itself believed not merely by laymen of the highest intellect but by hundreds and thousands of well informed physicians, we think, might entitle it, on the part of its opponents, to something more than verbal refutation. Will Dr. Simpson refute it by experiment? If false how very much easier this were than writing some 300 heavy pages for which we are told, he can ill have spared the time. But till he does so, we are thankful for his book, for we own we think it more presumptive of its truth than the fact that laymen of the highest talent are in the habit of swallowing Hahnemannian doses—a fact *he* swallows with much more difficulty. If homœopathy be so contemptible—if it be arrant quackery and nonsense—why make such fuss and pother about it? “Who breaks a butterfly upon a wheel?” Dr. Simpson’s book is a pledge that homœopathy is not the thing that he would represent it, and is not even regarded so by him.

There is nothing in the fifth and sixth chapters to arrest us, though therein Dr. Simpson describes with much complacency the mode of preparing homœopathic medicines. He, of course, is potent on the subject of the potencies, and shakes his head, like a medical Burrell, at the number of shakes that each requires. But these we can only regard, if we may say so, as he, no doubt, regards the whole affair—as no “great shakes” after all.

In Chapter VII. we have a display of Dr. Simpson’s usual candour. Homœopaths, forsooth, are inconsistent with themselves, because they only ought to give one single simple medicine at a time, whereas they give such as opium, for example, which is not simple, but variously compounded. Now, if Dr. Simpson order a patient to confine himself to a single simple dish, we wonder if he means it to consist of nothing more than one alimentary—or—even worse still—one elementary substance. Must the rice-pudding have no sugar, milk, nor eggs? or must the rice itself be regarded as a compound and not a simple article of food? But enough, and more than enough, of this. We have hardly patience for such pettifogging quibbles, and like not brushing thus, thread by thread away, this web of sophistry of allopathic spinning, though we wish to show of what texture it is made.

Pass we on to Chapter VIII. In this we have again brought forward (for there is nothing like order or arrangement in the book) the most elaborate calculations to prove how incalculably small our doses are, though not more incalculably small than this objection,

since proved by hundreds and thousands of experiments, unlike our doses, to have nothing in it. Dr. Simpson quotes from Professor Nichol "that there may be stars situated so deep in space that the rays of light from them do not reach our earth until after travelling across intervening abysses during centuries whose number stuns the imagination." But because the imagination is stunned, we ask again as we asked before, does he cease to believe in the wonders of astronomy? Does he sit down with puny *d priori* reasoning to tell us that these things cannot be?—in contempt of philosophical observation and induction? No! he takes his way jauntily amongst suns and systems, and does not mind knocking his head against the stars! It never aches with the wonders of the infinite! It is only when the infinitesimal he comes to, he grows so giddy and begins to lose his senses. We wonder whether, under these circumstances, his former pupil, Dr. Wyld, can administer anything to restore him to himself.

Let us hear what he says:—"Probably the globules most commonly used by the homœopathists are the sixth attenuation, expressed thus: 1,000,000,000,000. Now, a strong man—say ten stone in weight—can be inoculated by the 100th part of a grain of vaccine matter; that is, he can be protected, in the vast majority of cases, from an attack of small pox by a dose of vaccine the 107,520,000th part of his own weight. If from this man the 100th part of a grain of matter be taken, a second man of like weight with the first may be likewise protected from small-pox; that is, this second man is protected by the 10,000th part of a grain of the original vaccine; that is, he is protected by a dose of vaccine the 10,752,000,000th part of his weight; and if we so proceed to inoculate ten men in succession, the tenth man is protected by a dose of the original vaccine the 107,520,000,000,000,000,000,000th of his own weight. But where could all the paper-makers of Great Britain find reams of paper sufficient to hold the figures we should obtain if we were so to proceed to inoculate the one thousand millions of inhabitants of this earth, and then calculate the smallness of the necessary dose!

"Thus, to use that numerical kind of argumentation to which Dr. Simpson is so prone, we obtain arguments millions of millions of times stronger in favour of infinitesimals than he by his calculations has adduced against them!

"Dr. Simpson replies to the arguments founded on vaccination, that vaccine matter acts by virtue of its reproductive power, just

as a little yeast leads to the fermentation of an entire vat. But Dr. Simpson does not know that this is the true explanation of the action of vaccine matter, or that it is not, which is far more likely, that vaccine acts by virtue of its power to alter dynamic conditions or vital actions in the body; for there is no evidence whatever to show that vaccine matter exists in the blood, or tissues, before it manifests itself in the skin. But I do not wish to quarrel with the hypothesis offered, which is as good a suggestion as we usually meet with, for no hypothesis of the action of medicinal substances has ever yet been proved. However, if we accept of Dr. Simpson's hypothesis, we have a perfect right to avail ourselves also of a like hypothesis with reference to the imparting of the power of various drugs to the sugar of milk, with which they are so intimately compounded: and my own belief is, that a process such as chemists call catalysis is the explanation of the matter, and that the sugar of milk is electrically * amended into the semblance of the drug with which it is placed so intimately in juxtaposition by the process of trituration.

“The illustration, then, of vaccine matter is a most fitting one; and the two cases are identical, with this exception—that whereas vaccine matter would seem to multiply its powers by a vital process, medicinal substances would seem, on the other hand, to multiply their powers through chemical or electrical processes.”

We fully go along with Dr. Wyld, but not if he thinks by any scratches of his pen, however charged with the proper kind of virus (for such his reasoning from analogy might prove), to pierce the coarse texture of Dr. Simpson's mind and inoculate THAT with Hahnemannian truth. Yet, we sometimes think that fearful epidemic—a belief in homœopathy, that is going so about—is one that he may have suffered from himself, not taking it, however, as folks say, *kindly*. If so, he may be *protected* and proof against it now. We therefore shall not waste our analogical reasoning upon him. We simply reiterate what we have affirmed, that, in spite of all the reasons why it should not, homœopathy cures. We can assure Dr. Simpson, if it be worth while to assure him, that only whilst writing the last paragraph or two, we have seen a young girl, of some sixteen years of age, who had taken cod liver oil above a twelvemonth, and that without the slightest benefit, for monstrous glandular swellings

* I use the word for want of a more definite expression.

of the neck, projecting far beyond the level of the face, before she came to us two months ago; and that now, after taking no other medicine than Silica 30 and upwards, the glandular swellings are completely gone; and one or two sinuses in the neck are also healed without leaving more than the faintest mark behind. The girl is so changed in general appearance from what she was two months ago, that not only friends scarcely know her for the same, but, what is more remarkable still, homœopathy is not the same thing in their eyes. Moreover we have seen within the last few hours a gentleman we prescribed for four days ago, who for fifteen years had been a sufferer from tic, and the toxicological proving on himself of Arsenicum, Strychnine, Morphia, Belladonna, and other deadly drugs besides, which (if "homœopathy be the swallowing of names like the Tartar mode of taking physic, as mentioned by our Author Hue,") had better, we think, have been taken homœopathically. He was suffering severely when we were called to see him. He has just now assured us, he has had no pain since taking the first dose of the medicine we prescribed, which was, we may add, of the 6th attenuation. We do not say that the case is cured. We only say that the pain has not returned yet, and that it was almost constant before. We could quote scores of cases similar to these; and there is not one, we will venture to add, that practises physic in our small way, who could not do the same. We know that what we regard as *cures* Dr. Simpson may think *coincidences* only, but then they are very strange coincidences; and we have the same guarantee that they are cures as allopathists have for any they perform. We can assure Dr. Simpson we are as much upon our guard against *post hoc propter hoc* reasoning as himself. We assure him that, even in this respect, we have not renounced allopathy for nothing.

But to hasten on.

Dr. Simpson next notices the Hahnemannian mode of exhibiting medicine by olfaction. But though he may turn up his nose at this we don't think it is a thing he need sneeze at. To us there is nothing more sternutatory in it than in disease that is taken by infection. If the *cause* enter in with the breath of our nostrils, pray why should not also the *cure*? However, HE shall have his joke. "It is easy," he says, "to estimate the medical value or valuelessness of such a dose (a very infinitesimal one) given either in the way of olfaction or otherwise. It may be more difficult to estimate the *pecuniary* value of such a prescription." And then he tells what he hears "of a lady

who having been subjected to this process (the administration of a homœopathic dose by olfaction) by her homœopathic doctor, passed the fee before his nose and then replaced it—in her pocket." A very pretty joke! And this reminds us of another that Canning once told with great effect to an allopathic House of Commons. We have not his art of telling a story, and shall therefore only say his related to one whose notions of the *pecuniary* value of treatment were much on a par with those of Dr. Simpson. He had gone to a dentist to have his tooth extracted—but, after the operation was performed, complained most bitterly of what he had to pay—on being charged a guinea for it! Why, the tooth was drawn without his knowing it! whereas when he had gone to a dentist before he had been dragged all round the room for half a crown! And to pay a guinea for the extraction of a tooth that was out before he knew where he was! So is it not hard that a homœopathic patient should have to pay a guinea for some globules that have neither nauseous smell nor taste, and act upon him so that he is cured without his knowing it? He has nothing to show for his fee but—getting well. Why! he might have been bled *ad deliquium* and blistered, and got it all done for half a crown! and perhaps himself into the bargain. We thought till now that patients had paid for getting well, *cito, tuto et jucunde*, and knew not that the suffering which the doctor caused was an element that must needs be taken into account to enhance the pecuniary value of his services. But we can well believe that if it were not so, they would often meet with but poor remuneration; and that Dr. Simpson rightly understands the interests of "legitimate physicians."

Dr. Simpson next objects (in Chapter X.) to the provings of our homœopathic remedies—thinks it strange that articles which daily find their way into what we either eat or drink (as common House Salt and the Carbonate of Lime) should produce the extraordinary effects they do—is only dull where he might be facetious over some of the funny symptoms they call out—thinks their doing so affords a handle for sceptics to arraign the beneficent arrangements of the Deity (though such a handle is easily found in the air that some folks breathe—in the waters others drink)—and falls into a state of perfect wonderment at the different delusions caused by different drugs—the greatest, of course, being a belief in homœopathy.

Yet, though we have not "eaten of the insane root that takes the reason prisoner," we venture to say, there are certain facts we *know*, though we cannot give the *rationale* of them—that Common House

Salt and the Carbonate of Lime *do* cause the symptoms they are said to cause, though as yet no theory accounts for them in a way that is satisfactory to us. We know that *after* trituration, Common Salt has grown into *uncommon*, but the *quo modo* we are unable to explain. So that we can only ascertain facts—we shall let mere theories shift for themselves.

Next, as to the very singular effects produced by certain homœopathic medicines—for instance, the Carbonate of Lime—and the very first that Dr. Simpson notices is, “Cough produced by playing on the Piano.” But is there anything so extraordinary in this? Not, if we refer the matter to one whose authority seems to be all but universal, and who certainly knew the strange effects of music better than Dr. Simpson does. What does our Shakespeare make old Shylock say? Why, that “some are mad if they behold a cat, and others when the bag-pipes sing i’ the nose, cannot contain their urine.” Is there anything stranger in a cough excited by playing on the piano than incontinence of urine suddenly brought on by the nasal twanging of the bag-pipe? Again—the first example of delusion that Dr. Simpson gives produced by Belladonna is that “of riding on an ox.” If he will turn to Hufeland’s Journal, vol. xvii., pp. 195, 197, he will find recorded the case of a patient who, suffering from incarcerated hernia, had administered to him by mistake an enema made of the leaves of Belladonna. He very soon began to talk nonsense—thought the room was full of wolves—and, amongst other strange fancies, imagined “he was riding on an ox.” Pass we on to Chapter XI.

It is thus entitled:—“Experience as a test of Homœopathy.—Same test claimed by all forms of Charlatanry-Fallacies.—Curative effects of Vis Medicatrix—Of Regimen and Diet—Of Medical Faith, &c.” Dr. Simpson is right to distrust experience—“Legitimate Medicine” will furnish him with reasons. He need not go to any ‘ism’ or ‘pathy’ to seek an argument against experience. He will find one quite sufficient in the fact that it tells so fearfully (God save the mark!) against “legitimate physicians” by *prescription*. If experience may not be a test of homœopathy, homœopathy, at least, has been a test of the experience of those who belong to the rational school, and whose standard in medicine is that of common sense. To homœopathy we owe the Dietl Statistics, leaving out of account altogether our own. Those statistics show if homœopathy does nothing, that, certes, allopathy does much worse.

We would rather have to answer for our sins of omission than those of commission the orthodox confess to and get such easy absolution for. We have at least the satisfaction of knowing our cases do not get well *in spite of treatment*. No wonder the argument from experience goes for nothing. The same test is claimed, Dr. Simpson tells us, by all the "isms" and "pathies" of the day. But the very existence of various forms of quackery does not speak well for legitimate medicine—does not exactly argue her being quite so perfect that it is not worth while to try to make her more so—while orthodox cures, when tested by experience, would too often seem to be upon a par with those of Morison, Holloway & Co. Yet *we* still claim experience as a test, however wise it may be in Dr. Simpson to disclaim it, in our case, as well as his own. We know, as well as he does, how fallible it is. It is not in vain that *we* have seen, if *he* has, allopathic experience corrected by itself. It has been of very much service to us. Yet our trust in experience is just as great as ever, and larger as that grows larger too. It is experience that teaches us, as well as Dr. Simpson, how often faith—the imagination of the patient—and that kindest of powers, the *vis medicatrix*—have to do with so-called homœopathic—and still more frequently allopathic—cures. But we have yet to learn why medical faith should be so much more operative with globules than with pills. Is a black draught less a thing of faith because it is indisputably one of works? We thought it had been exactly the reverse. We knew not that largeness of faith in medicine was in inverse ratio with the magnitude of the dose. So far from this has our experience been, that we have known what were miscalled cures esteemed so, for no other reason than the exhibition of the very heroic remedies they called for—while others that were really cures we have known to be never credited as such, because they had nothing to show for themselves except the patients being well. Allopathic medication has been so opposed to the "*Cito tute et jucunde*," that no wonder if patients getting well with globules should think, like Dr. Simpson, they get well of themselves. It is what they have not been accustomed to. No wonder homœopathy seems like doing nothing—that medical faith—and the *vis medicatrix*—and diet and regimen, do it all. But supposing Dr. Simpson has it his own way, and that homœopathy be really doing nothing, how is it he has not the wit to see the cut-throat argument he turns against allopathy? All our success lies in doing nothing! But the

expectant method, which is doing nothing, has been proved by the only series of experiments in which it has been compared with doing something—that is to say, with allopathic treatment—to be 17 per cent. less fatal of the two. Allopathy is something much worse than doing nothing—even than homœopathy that does it very badly, as Dr. Simpson seems to think. We wonder so correct a man as he is, does not at once “throw physic to the dogs.” He *must*, if he feared not to go to them himself. Of course, after all he says against our practice, he does what he can, no matter how, to upset the statistical evidence in favour of it. But we have not time to enter on this subject, and indeed there is the less occasion for our doing so, as Dr. Henderson disposes of it with such consummate ability, we think, that we gladly refer our readers to him. Nothing can be more triumphant to our minds than his vindication of homœopathic practice. He shows not only from Dietl’s Statistics, but from others that he brings to bear upon the subject, there is not less proof how superior it is to doing nothing—the expectant method—than there is, how frightfully worse than doing nothing is in very many cases, allopathic practice—the legitimate mode of doing something.

He shows, that even in cases of pneumonia, where allopathy kills some 15 per cent. that might have been saved by doing nothing, Homœopathic treatment does more than the expectant, if not in reducing much the average of deaths (though it does this as much as 2 per cent.) in diminishing greatly the duration of disease, and hastening forward the recovery of the patient. But we strongly recommend our readers to compare Dr. Simpson’s Chapter XII. with Dr. Henderson’s comment thereupon. They will then understand the obligation we are under to Dr. Simpson for the discussion he has provoked. However, he figures to more advantage in the Chapter we are coming to next (the XIIIth), for herein he treats of magnetoscopic doings.

The Magnetoscope furnishes full scope for all his powers, and if it fails to show currents in the body, shows, at least, “the genial current of his soul.” When this instrument first came before the world and engaged the attention of scientific minds, Drs. Quin and Madden were led to believe, in their zeal for the speedy establishment of truth, that it furnished the means of testing the action of homœopathic remedies and doses. They deceived themselves, and the instrument is—naught. Dr. Simpson does well to make the most of this, for when will he, in his eagerness for truth, incur the

chance of self-deception? When will any scientific fault on his part originate in over-generous haste to vindicate the character of men and things traduced? Drs. Quin and Madden were not alone deceived. Dr. King of Brighton, was one of those who thought Mr. Rutter's "a sublime discovery," and that "his instrument proved the polarity of a dicillionth of a grain of silex." Yet Dr. King is an allopathic Doctor, and one of high standing, too, in his profession—a man of very various acquirements—and a large-hearted, liberal-minded gentleman, to boot. But his hatred of homœopathy was not so great as his interest in science, and his openness to truth. No wonder Dr. Simpson does not seem to know him, and speaks as if he thought him one of us. For our own part, however, we beg to say that we have always regarded the human body as a better instrument than Mr. Rutter's to test the action of homœopathic medicines, and we say this in spite of the charge of credulity Dr. Simpson brings in his next (the XIVth) chapter against those who so believe.

This Chapter consists of a kind of parallel drawn between homœopathy and witchcraft—homœopathy being the worse delusion of the two. Of course, they are both *assumed* to be delusions, and the proofs of their being so are altogether wanting. We do not pretend to know what witchcraft is, but we are rather surprised so good a man as Dr. Simpson should show such entire disbelief therein, seeing that it is not warranted by Scripture. But witchcraft being assumed to be a delusion, it follows that homœopathy,—assumed, too, to be like it,—should be a delusion also. Of course, the points of comparison between them exist nowhere but in Dr. Simpson's fancy, but then it is this which he trusts to when he reasons, and which always furnishes his *quod erat demonstrandum*. For our own part, we see not wherein lies their resemblance, except that homœopathy is certainly *bewitching*, and works so often like *magic*—like a *charm*. *Au reste*—we take it, that allopathy and witchcraft more resemble each other in other points—and if, in nothing else, in the fearful suffering which a *past* belief in either may have cost—and we take it also that future generations will stand no more aghast at the frightful cruelties which the superstition of the learned may have sanctioned in the name of morals, than at those which they have sanctioned in that of medicine. Bleeding, blistering, the cautery, and the like, will be, ere long, in the history of physic, what witch-burning is in the history of mind. Amen! So, we doubt not, it

will be, and all the sooner, we as little doubt, for "the tenets and tendencies of homœopathy."

We have scarcely time or space for what remains, but Chapter XV. thus begins, and this opening paragraph we would not leave unquoted. "Medical men," says Dr. Simpson, "are often roundly blamed by the partisans of particular systems of medical charlatantry for not bestowing upon the particular system or systems, which these partisans happen to patronise, an appropriate share of study and consideration. But the task would be as endless—as useless—if the legitimate physician had to lay aside his legitimate studies in order to take time to direct his attention to every form of temporary charlatantry that chanced to spring up. As justly might it be argued, that the clergyman is blameable for not laying aside his Bible and ecclesiastical duties, and bestowing upon the innumerable forms of religious creeds and alleged revelations that at present prevail in the world, or that may from time to time be propounded, the degree of study and consideration which the favourers of each of these special delusions may deem necessary. 'Have you ever looked into homœopathy? Have you ever read Hahnemann's Organon?' said an eminent divine to an equally eminent physician. 'No,' replied the physician; 'and let me ask you, in return, if you have read the Mormon Bible?' The clergyman, of course, answered in the negative, and his medical friend said to him very properly, 'When you take the trouble to examine Joe Smith's Bible, I will take the trouble to examine Hahnemann's Organon?'"*

So then, after all, allopathy *has* a Bible—the dicta of which are "infallible—unerring"—which admits of no addition or subtraction—and which well excuses orthodox physicians for thinking the apocryphal writings of Hahnemann not worth the trouble of examination. But this being the case, what a shocking thing it is, there are so many infidels—ourselves amongst the number. And yet we cannot help our unbelief. We cannot quite think that "legitimate medicine" and revealed religion stand on the same footing. If we could, it would not be hard to understand why "legitimate physicians" should regard the Organon as clergymen regard the Mormonish Scriptures. Inasmuch, however, as "legitimate physicians" do not regard "legitimate medicine" as laying claim to divine authority, we cannot quite see the force of the retort that is put into the mouth of

* Dr. Hooker's Physician and Patient, p. 215.

one of their eminences; nor why what is confidently asserted to be truth, even though the asserters of it should be quacks, (by-the-bye, we always thought that quacks were in the habit of acting *singly* and *alone*—that quackery, by its very nature, forbade anything like *concerted* action) should not be worthy of examination. And this strikes us all the more as strange, when we find it worth writing books against it WITHOUT examination. To think that this defender of the allopathic faith (whose time, we are told, is occupied so fully) should be willing to devote so many months of writing to a subject he does not deem deserving of a few hours spent experimentally thereon! How very strange! But there is nothing stranger than the inconsistencies of those whose self-selected task it is “to make the worse appear the better reason.” Dr. Simpson is, certainly, little to be envied. We would, therefore, do him ample justice whenever he happens to have truth upon his side, and he has it when he quarrels with many illustrations, in the way of analogical evidence, that Hahnemann gives of his homœopathic law. But he has it not (as Dr. Henderson shows) when he criticises the “alleged evidence in favour of homœopathy from the study of the mode in which *nature* removes the diseases of the body by the curative agency of other similar diseases.” Hahnemann’s illustrations from small-pox and measles are proved to be correct in spite of Dr. Simpson, though we must refer for the proof to his opponent.

There is nothing in the following Chapter we can stay for, and so we pass on to the next, the XVIIth. In this we have a comparison made of the objects of allopathic and homœopathic treatment. But let Dr. Simpson speak for himself.—“In nothing are the proposed objects of legitimate physic and of homœopathy, as propounded and practised by Hahnemann himself, more different from each other than in the views which the two systems respectively take of the actual objects of medical treatment, and the means by which they are to relieve the sick. For whilst the homœopathist fully expects to cure his patients by studying and removing the *external symptoms* of the disease under which they may be suffering, the legitimate practitioner attempts to gain the same end by removing, when possible, the *internal cause*, or series of causes, which are the origin of those symptoms. The homœopathist hopes to cure his patient by ‘overpowering,’ ‘annihilating,’ or ‘removing’ the external symptoms of the disease. The rational practitioner endeavours to cure his patient by removing, when ascertained, the internal pathological state or states which produces those symptoms.”

To this we answer that our *external* symptoms are *all* the symptoms *objective* and *subjective* (and of these we take more account than our opponents, seeing we include therein both mental ones and moral) which alone point out the existence of disease. We (whether allopathists or homœopathists) know nothing of causes but by their effects—their outward signs—their symptoms. To take the instance of Pleurisy that Dr. Simpson gives. What matters whether defined nosologically or pathologically? It still manifests itself by symptoms only. "The inflammatory action in the pleura—the internal or pathological state which really and essentially constitutes the disease, (but which, we might say, is not the disease, but only the *internal* indication of it) is, after all, known but by certain signs and symptoms, which guide not only the homœopathic but also the allopathic treatment of the case. Only we think to remove that state by following what we know to be a law, and "rational practitioners" by acting on opinions that often prove to be most irrational. As to the illustration of the watch we do not think it a striking one, though meant to tell us the allopathic time of day. The human body is *not* a watch except in the hands of a rational practitioner who would take the one as the other to pieces to see the cause of its going wrong. In fact, this illustration of the watch is a very good illustration itself of the error the rational practitioner commits. He looks on the living mechanism as the dead (whereas there is no true analogy between them) *post-mortem* researches leading him to think he has discovered, in the mere anatomy of death, as Dr. Wyld says, the "pathology of life. Whenever the pathology of living mechanism is as well understood as that of dead—of the human body as that of the watch—it will be time to accept Dr. Simpson's illustration. And, meanwhile, even horological derangement makes itself known but by outward signs. The morbid condition of the watch is shown by symptoms. It is only in curing *these*, in fact, we are sure that *that* is corrected. We know "if its pulse doth temperately keep time," it has got its inward regulation. We know that if we make the hands move properly they do not merely indicate the hour, but the state of the wheels and springs within—and we know that in watches as in men—no matter whether they be fast or slow—the cure of all the symptoms is the cure of the disease.

Another instance that Dr. Simpson gives of the vast superiority of allopathic treatment is not, we think, very greatly in its favour.

We mean the instance of the tapeworm. Its expulsion with him is the cure of the complaint. "The removal of the symptoms," he says, "will certainly not remove the worm—but the removal of the worm will remove the symptoms." But will it remove that intestinal state on which the presence of the worm depends? Alack! for the pathology of the vermicidal school!

There is only one point in Chapter XVIII. we can venture to allude to—"the gain to practical medicine from homœopathy." We should have thought if homœopathy had only shown what the unassisted powers of nature can do, allopathy would owe it a large debt of gratitude. But no! we were wrong. "Legitimate medicine" can hardly think it kind, or calling for any gratitude on her part, to have it shown, in a large class of cases, that she kills some 17 per cent. of patients that might be saved if left to *unassisted* nature. And to have this shown, too, by one of her own sons! If we, who are only her step-sons, had affirmed it, of course we should have been both fools and knaves. But the testimony of one that is loyal to his mother, however much he may happen to expose her, how can she possibly resist? And how can she feel any gratitude to us who have been indirectly the cause of that exposure. It is too much to expect. In fact, she almost moves us to compassion, when we find her, in another of her sons, holding forth in a querulously anile way, on "the patronage of medical quackeries," as she calls them.

Dr. Simpson does this for her in his XIXth Chapter. But then he ought to recollect that patients are only anxious to get well, and that it were poor satisfaction to them, though "legitimate medicine" should sit upon their body, or justifiable homicide should be the "Crown's quest." However unnatural it may seem to *him*, folks are apt to prefer the most unlawful means of cure, to being killed legitimately. And then he ought to consider, too, that all his brethren do not balance things like him; who, if he happen "to have hurled—some few score mortals from the world, has made amends by bringing others into it." Seriously—for in many parts of his performance where Dr. Simpson does the solemn, we find "to be grave exceeds all power of face,"—seriously—the medical quackeries he speaks of, are no great compliment to medicine. It is only through its impotence they flourish. That they do so is the strongest attestation of that fact. We think what Hahnemann says is true. It was high time homœopathy should do what it has done, and Dr.

Simpson would have nothing to say against the patronage of the high and of the learned if they did not rather think with us than him, and join in the revolution going on in medicine.

The *rationale* of our mode of cure we do not think it worth while to discuss. Our concern is mainly with Hahnemann's facts, and not with his mode of accounting for them.

In Chapter XX. we have Dr. Simpson displaying again his facetiousness and logic. And first, for the facetiousness. He treats of globules as articles of diet, and tells us children might take them by box-fuls with no worse result than a fit of indigestion. The possibility of their producing this effect, we suppose, he gathers from their action on himself. There is no need for him to *take* them to know this. It is clear that they do not go down with him—that they stick in his throat like Macbeth's Amen—though not too large but too small for him to swallow. It is clear, the *very thought* of them goes against his stomach, and sadly sets his peptics wrong.

Now for the logic. A medicine that is homœopathic to one complaint cannot be homœopathic to another. And why not? Because they are dissimilar. But what if it causes symptoms dissimilar?—as many a medicine does—for instance, Nux—which both constipates and purges? Are not allopathists aware of this? We thought they often gave the same medicine with different indications.

We pass over one or two other points to come to the consideration of the final chapter. Here exception is taken to the applicability of the term "universal" to the homœopathic law, because universal but within its own conditions. No one disputes the law of gravitation because its operation may be sometimes overcome. A thing that might otherwise fall to the ground, will not so fall when supported by a table. Like will not cure like when something comes between them suspending the action of the one upon the other. What causes a disease will certainly not cure it, when anything chemical, or anything mechanical, is keeping the disease and the remedy apart. But a law is not the less so because there are others, by which it is traversed and opposed. Nor do we speak of one universal *medicine*, but only one universal *law* of medicine. And the instances that Dr. Simpson tries to turn against it, go only to prove its truth. A state resembling intermittent fever *is* caused, as that is cured, by Bark. Lemon-juice *has* (so Dr. Stevens says) been productive of scurvy, when taken in excess. Iodine *can* and

does give rise to enlargement of the thyroid gland. And vaccination is known to produce a disease that is not small-pox, but very like it.

The rest of the chapter is a recapitulation of what was certainly not worth repeating. But there is one remark we feel called upon to notice. "Homœopathists constantly tell us," he says, "that setting aside all preconceived opinions, we ought to give a trial to their system, and we would (begging pardon, for "would," we say *should*) be convinced by the results of experience." And then he goes on to say, that M. Andral "tried it on 130 or 140 patients, in the presence of the homœopathists themselves, adopting every requisite care and precaution, but in no instance was he successful."

To this we beg to append our negatur. No experiments could have been more unfairly made, and those who will be at the trouble of referring to our notice of them in this Journal for 1844, will see what good reason we have to say so. So far from laying aside his preconceived opinions, M. Andral acted in the spirit of them, and of gross unfairness to homœopathy. But even allowing them fairly made, why are not Dr. Tessier's or Dr. Henderson's experiments as good as those of M. Andral? Dr. Henderson has the reputation of being a first-rate pathologist as well as M. Andral, and, as far as therapeutics are concerned, he is much the abler physician of the two. His results are *positive*—and positively in favour of homœopathy. M. Andral's are but *negative* at best—and therefore but negatively tell against it. Is Dr. Simpson philosopher enough to form an idea of the relative value of positive and negative results? And then as far as any bias was concerned to influence these results! M. Andral stood deservedly high (for in spite of what we consider his unfairness, no one respects his talents more than we do) with his allopathic brethren, and he knew which way their prejudices set. It cost him nothing the verdict which he gave, but, on the contrary, it gained him honour with them. Not so, however, with Dr. Henderson. The conclusion that he came to cost him a good deal. To incur the loss of his Clinical Professorship (no trifling loss to a man like him)—to incur the loss of caste among his brethren—to stand amongst his Co-Professors all alone—all this might, perhaps, have been easy to *him*, but it could only have been easy to a man of rare truthfulness and the highest moral courage. He had every motive but that of truth to come to the conclusion that M. Andral came to. That he did not so come, says more for homœopathy than any trial of the latter says against it.

We have come to an end of Dr. Simpson's book. Chapter by chapter we have waded through it, but neither time nor space would allow of our doing more than glance at different points therein. To do more than this would require a book itself, and such a book Dr. Henderson has written. His answer to Dr. Simpson is complete—so complete, at least, in its medical bearings, as to make what else we might have had to say a work of supererogation. And yet we are not sure, independently of this, that our notice of Dr. Simpson's book is not more, and a better one far, than it deserves. For in that book, *ipse dixitism* stands for argument—contradictory statements take the place of facts—and charges inconsistent with each other and themselves do duty as the evidence required for their support. Had it only shown that its object was truth, or displayed a little less of the tricky special pleader, we should have criticised it in quite a different spirit. But a tone of the grossest insincerity pervades it. A taint of dishonesty runs throughout it all. The most pettifogging lawyer, to whom chicanery is bread, would hardly stoop to the quibbling there is in it. And to make the work of self-abasement one of choice! Alas! alas! We know not a more melancholy spectacle in nature than to see a man employing the talents God has given him, to corrupt, pervade, and degrade himself withal. To see him putting forth all his strength to subjugate his better nature to his worse—exerting all his will to cripple his power of being what he might otherwise become—for others as well as for himself. And such a spectacle Dr. Simpson's book presents! We do not say that the writer is not *clever*. "The cause we serve disdains the aid of falsehood," as Johnson said on a different occasion; "but if we leave him only his merits, what will be his praise?"

For those who may think these observations too severe, we quote two passages from Dr. Wyld, and leave them to make their own impression on the reader.

"At page 274, I am much surprised to find Dr. Simpson accusing Dr. Stewart and others of dishonesty in saying that, 'at the advice of the homœopathist, Dr. Arneth of Vienna, he had used Ipecacuanha in a case of vomiting in pregnancy with good results.' When I read the statement in Dr. Stewart's pamphlet, my memory at once confirmed the truth of the assertion that Dr. Simpson had stated in one of his lectures the above fact; and on finding that Dr. Simpson denied that he had any good result from the use of Ipecacuanha in the case alluded to, I referred to the book in which I took down in

writing at the time of the delivery all Dr. Simpson's lectures for the year in question; and I there find Dr. Stewart's statement confirmed. Doubtless, Dr. Simpson has forgotten that he made the statement, but he should certainly be more sparing of his continually reiterated charges, by implication and otherwise, against the 'discreditable medical charlatany' (p. 278) of the homœopaths, and more careful in selecting his 'specimens of the unscrupulous assertions published regarding homœopathic cures,' p. 274. Again,

"Dr. Simpson also classes homœopathy and mesmerism together as cognate instances of quackery; but as Dr. Simpson himself very recently and for many years practised mesmerism, and that to a very great extent; and moreover himself informed me of the advantages he had seen derived from its use, how is it, that in now laughing at mesmerism, he forgets that he is laughing at himself as formerly one of those 'quacks' who pretended to believe in mesmerism."

Jam satis. We end as we began. Of polemical medicine we have had enough. Homœopathy now not only runs alone, but begins to make good use of its feet. It will very soon more than defend itself. Though scarcely out of its babyhood as yet, it is seen to be already "a giant in the gristle." It is this which frightens "legitimate physicians." No wonder their famous obstetrical Professor, who had nothing to do with our "Young Physic" by way of bringing it into the world (he only attends "legitimate medicine" in her labours) should think its dismissal therefrom would bring him honour. In vain—it bears a charmed life. It is proof against the allopathic poison he has mixed. But not quite so is the unsuspecting public into whose unguarded ear he would pour "his lep'rous distilment." Happily, however, we have the counter-agent to neutralize its venomous effects. "The bane—the antidote are both before us."

SIR EDWARD BULWER LYTTON AND HOMŒOPATHY. A Letter
by CHARLES LUTHER, M.D. 1853. pp. 50.

Dr. Luther has the misfortune to be acquainted with several hyperæsthetic patients, who, not satisfied with the personal experience of the benefits of homœopathic treatment, perplex and tease him "with remarks more and more loud and frequent," on the unwarrantable liberties which Sir E. Bulwer Lytton has taken with

homœopathy in "My Novel." He does not heed these remarks, until at last "the nascent convictions of the truth of homœopathy (in another friend) having sustained a ruder shock from the illustrious author's satire than I (Dr. Luther) should have expected," causes him to peruse "My Novel;" and, having read, he rushes into print.

Dr. Johnson relates that it was said to old Bentley, upon the attacks against him, "Why, they'll write you down." "No, sir," he replied, "depend upon it, no man was ever written down but by himself."

The opposite of this reply might have dictated to Dr. Luther the proper answer to those tender neophytes in homœopathic faith.

Dr. Luther considers the whole sketch of homœopathy in "My Novel" as utter absurdity, weak, and unmeaning; "one that no man in his sound senses would condescend to make a single remark on were it not that Sir E. B. Lytton is the writer, and that he represents his sketches as taken from real life, and therefore that thousands, nay millions, who read the book may be influenced in forming their opinion of the character and value of homœopathy; and that from this point of view alone it becomes a duty, however irksome, to notice such silly farrago." (p. 11.)

We have also read "My Novel" not as a task, but as a pleasant recreation. We made the acquaintance of Dr. Morgan; gruff at first sight he seemed to be, but the goodness of his heart gained on us. We smiled at his enthusiastic recommendations of his various specifics at times most *mal à propos*; we laughed heartily at his travesties of some of our best rules. We remember how our minuteness in collecting the locality of the symptoms as an indication is caricatured in this passage.

"If ever you feel violently impelled to drown yourself, take Pulsatilla; but if you feel a preference towards blowing out your brains, accompanied with weight in the limbs, loss of appetite, dry cough and bad corns, Sulphate of Antimony. Dont forget."

We bade good bye to Dr. Morgan as an enthusiast, but whose heart was in its right place, whose moral character no one need be ashamed of. Little did we dream that there were any persons of that morbid sensibility of character, to whom worthy Dr. Morgan would at once have presented a globule of Coffea, but for the satisfiyings of whose feelings Dr. Luther writes a letter of forty octavo pages, duly authenticated by signature and address.

We have enquired among patients and friends who have read "My Novel," but in no instance do we find that they have been moved by its homœopathic allusions, except to laughter. They, with us, were of opinion that to think the citadel even attacked, far less endangered by such humourous sallies, indicated an ignorance of human nature; and that to buckle on the armour for defence were as Quixotic as any attacks which Cervantes' far-famed knight made against flocks of sheep and windmills. We therefore wish that Dr. Luther had not run a tilt at "My Novel," even though it is written by so world-famous a novelist. It cannot add to his laurels; for, in reality, there is no enemy to overthrow. He has already written one of the best concise views of homœopathy that has yet appeared, a book that has been much and deservedly read. If this book put into the hands of his patients be not sufficient to antidote the farcical poison of "My Novel," sure we are that this letter cannot supply the remedy. Perhaps the fears and doubtings of those timid persons may be allayed were they to know that at the time Dr. Luther was writing his letter, Sir E. Bulwer Lytton was actually under homœopathic treatment.

"There are only two passages in the whole of 'My Novel,' which [Dr. Luther thinks] have sufficient meaning in them to offer some tangible ground for refutation. At p. 139 of the first volume the Author calls Homœopathy *a thing against all reason.*" (p. 14.)

We shall extract this passage in order to show how utterly different this remark is when taken with the context than when quoted separately. It is not at p. 139, but at p. 319.

"The landlord was about to retire, when the parson, 'pouring out another glass of the port, said—'There must be great changes in the parish. Is Mr. Morgan the medical man still here?'

"'No indeed, Sir, he took out his ploma after you left, and became a real doctor; and a pretty practice he had too, when he took, all of a sudden, to some new fangled way of physicking—I think they call it Homy—something.'

"'Homœopathy.'

"'That 's it—something against all reason; and so he lost his practice here, and went up to Lunnen.'"

Dr. Luther very properly disdained all reply to a most profligate, and intended to be a personal attack in "The Confessions of a Homœopathist," which was published while he enjoyed a large practice in Dublin, and yet he now enters the lists and fills several pages to

show that the landlord of a village ale-house had no right to say that "Homœopathy was something against all reason" !!

Dr. Luther says that a fatal termination of Scarlatina under judicious homœopathic treatment is a great exception. "I can name homœopathic practitioners—myself among the number—who in a long and extensive practice have never lost a single case, and I know also that they have had to treat cases of all degrees of violence and complication." p. 39.

We cordially agree with Dr. Luther that the course of scarlatina is much more favourable, and the mortality much less, under homœopathic than allopathic treatment; but we have not been so fortunate as never to lose a case, and we can say the same of many colleagues who have had extensive experience; nor are such results as Dr. Luther's to be found in the various reports of scarlatina scattered through homœopathic literature. Hundreds of cases of scarlatina will recover without any treatment whatever; many severe cases are saved by homœopathic treatment, but deaths do occur in the hands of judicious practitioners. Such a remark as Dr. Luther's, however accurately it expresses his individual experience, does more harm when read by allopathic medical men than scores of such humorous squibs as "My Novel."

We do not admire the taste which dictates Dr. Luther's closing exhortation; we deprecate all such appeals to the feelings in scientific writings; to those who believe, they can be of no use; with those who are unbelievers, they excite ridicule. Were the passage to fall into Sir E. Bulwer Lytton's hands, he might represent our old friend Dr. Morgan, in serio-comics, exclaiming in Dr. Luther's words,

"What must be his feelings, when he comes to know that a poor mother, who has lost perhaps her whole family of little ones from scarlatina, points in her distress to 'My Novel,' as the book which prevented her from having recourse to homœopathy. When a poor, destitute widow with her orphans compares the results of homœopathic and allopathic treatment of cholera, and bewails the hour when she read 'My Novel,' which by the ridicule thrown upon homœopathy, deterred her from resorting to it when her husband was attacked by that dire disease. When a husband, with a large family of little children, &c. &c."

Thus differing from Dr. Luther, it is pleasant to find that there are points on which we agree. We do not think that Sir E. B. Lytton has got his store of homœopathic jokes from Guides to

Domestic Practice, that such a work as "Wood's Homœopathy Unmasked" was probably the source; but this is of little consequence. We heartily concur with Dr. Luther in deprecating the prevailing abuse of such works; both in those who consult, and in those who write them.

We agree with Dr. Luther that all the necessary information for domestic practice might be furnished in two or three sheets. But while the abuse of Domesticics is condemned, let us ask the question, Do we not as a body really foster the sale of such works? We think that we do. 1st. Homœopathic chemists are not properly supported, the consequence is that they force the sale of medicine boxes and domestic guides. Were homœopathic practitioners generally to adopt the wholesome rule of not dispensing their own medicine, but writing prescriptions, then the physician would have a greater choice of dilutions and formulæ, then the chemist would be enabled to live in his own proper calling, and not be induced to encourage the sale of such works. Then the practitioner would have the chemist in check, and also prevent him from playing the physician, when he ought to confine himself strictly to his pharmaceutical duties. 2nd. Do we not foster among the public the desire to possess very large Domestic Guides, Manuals, &c., by the frequent appeals to the public as to the claims of homœopathy: by establishing quasi medical journals where lay contributors are invited to communicate their experience: by popular associations, where some of the most difficult points in therapeutics are made simple matters of A B C: where hospital schemes are issued, in which an accurate acquaintance with the Organon of Hahnemann is the special qualification and *sine qua non* of the lay directors.

Such practices as prating with our own patients on the dose, on the purity of this homœopath and the pretending of another; sighing over the degeneracy and want of unity of opinion in those who practise, as if men's varied mental constitutions could be hewn like stone into one pattern block, and the old deceit practised of palming off uniformity for unity; all these things foster in the public the mental state which revels in the most complete domestic treatises, abridged Jahrs, &c. Until these peculiarities of our propaganda are discontinued or kept within close bounds, it appears useless to run a tilt at domestic works; the more especially as in some cases they have been really useful; and several of the writers are known to be men who have the cause of homœopathy earnestly at heart.

Much and varied good may be expected from the great increase

of homœopathic practitioners; hitherto isolated, as too many have been, they fall into the dangers that beset the popular clergyman; we lack the jury of our own equals to try our merits, and to mark the just level which enthusiastic lay admirers may wrongly assign. It is this arena which confers so great a boon on the members of the bar. Our increasing numbers will show that the great and permanent means of spreading our therapeutic reform is by thinking less of its external, and devoting all our energies to its internal development.

No physician need lack patients, the ordinary healing art will afford him abundant cases where its powers have failed. In such circumstances he will long more for an accurate knowledge of his *materia medica*, than for popular aspirations or journals to sing the pœan of homœopathy.

OBITUARY.

DR. F. HARTMANN, of Leipzig.

We regret to have to record the death of this energetic and zealous disciple of Hahnemann.

Dr. Hartmann was born at Delitsch, on the 18th May, 1796, and having selected medicine as his profession, he became, while yet a young man, a convert to homœopathy, which he had the advantage of studying under Hahnemann himself. At one time he filled the post of physician to the Leipzig Homœopathic Hospital, and he retained the office after the conversion of that short-lived institution into a dispensary.

As long as he enjoyed good health, Dr. Hartmann had a good practice in Leipzig, and he distinguished himself by the excellent practical works which from time to time proceeded from his pen. He was one of the founders of the *Allgemeine Homöopathische Zeitung*, or *General Homœopathic Journal*, a weekly organ of homœopathy addressed to the profession, which has rendered good service to the cause, and has been distinguished throughout its whole career for its liberal and unpartisan character. This journal he continued to edit conjointly with Gross (until his death) and Rummel, and since Hartmann's death the task of editing has fallen upon our esteemed friend, Dr. Rummel.

Besides editing this valuable periodical, Dr. Hartmann wrote several other books which are held in high estimation in Europe and America. His *Therapeutics of Acute and Chronic Diseases*, his *Children's Diseases*, are well known by Dr. Hempel's translation of them, and his translation of *Caspari's Dispensatory* into Latin under the name of *Pharmacopœia Homœopathica* is also familiar to the English student by its London

reprint. Besides these he wrote many papers in his own journal, and a work on homœopathic dietetics.

For eight years before his death he was almost entirely confined to his room by a wasting disease that caused his legs to swell and exude. When we visited him in 1850 and 1851, he was emaciated to a skeleton, and a martyr to the most agonising sufferings; but still he continued to labour at his literary work, by which alone could he support his family. He loved nothing better than to hear of the progress of homœopathy, and manifested the most eager interest in everything relating to its external and internal development. Disease and pain had produced an appearance of premature old age on his features—he looked at least twenty years older than he was; but his eye still sparkled with all the fire of youth when he was engaged in an animated discussion on some practical or theoretical point connected with homœopathy, and his mind was as clear and his intellect as vigorous as it had been in his best days. He seemed to forget his sufferings, and the *res angustæ domi* they occasioned, in the constant literary labours in which he was engaged.

He has left behind him a widow and four children to deplore his loss. His eldest son is settled among us at Norwich, where he enjoys the confidence of a large clientelle.

The immediate disciples of Hahnemann are fast dropping off, scarcely half-a-dozen are to be found now alive. A few weeks before his death, we received from Dr. Hartmann a long and cheerful letter, wherein he mentioned, *inter alia*, that it was proposed to hold the meeting of the Central German Society for 1855, the centenary year of Hahnemann's birth, at Dresden, and thence to make a pilgrimage to his birth-place, Meissen. How many of Hahnemann's immediate disciples will there remain to muster at his birth-place on his 100th birth-day?

DR. CURIE.

We have the painful duty of recording the death of one of the best known homœopathic practitioners of London; of one who, although no Englishman, has identified himself in a remarkable degree with the extension of homœopathy in England—Dr. Paul Francis Curie.

Dr. Curie was born in Grand Charmont, France, in the year 1799. Having fixed on medicine as a profession, he went to Paris, where he pursued his studies under the professors of the Faculty of Medicine, among whom were some whose names have since become household words in the history of medical science, such as Broussais, Dupuytren, Boyer, Beclard, Lisfranc, and others. He is said to have been a favourite pupil of the founder of the school of physiological medicine, a school which fortunately for mankind did not long survive its chief, and he always retained the greatest admiration for his instructor, and to the last continued to hold the pathological doctrines of Broussais, which, there is

no doubt, had a certain influence even on his practice as a homœopathist.

Having resolved on entering the military service, he was in 1820 appointed supernumerary surgeon to the military hospital of Val de Grace. The following year he was transferred to the military hospital of Calais as surgeon 3rd class, and, in 1823, he was appointed to the military hospital of instruction of Lille. During that year he successively filled the post of surgeon 3rd class to the hospitals of Picpus and Val de Grace in Paris. In 1824, he took his degree of M.D. at the Faculty of Paris, and received the appointment of assistant-surgeon to the 8th Regiment of Chasseurs. In 1827, he was transferred to the corps of Pompiers, Mulhausen, as assistant-surgeon; and in 1830, he was promoted to the full surgeoncy of the National Guards of Mulhausen, in which town he settled down to practice.

In 1832, he became a convert to the doctrines of Hahnemann, and went to Paris in 1833. He entered enthusiastically on the practice of homœopathy, and in conjunction with Dr. Simon, was permitted to perform some homœopathic experiments in one of the large hospitals of Paris, which, however, did not result in the conversion of the whole medical staff of the hospital.

In 1835, Mr. William Leaf, a London merchant having an extensive commercial connexion with France, being desirous of inducing some homœopathic practitioner to open a dispensary for the purpose of extending the benefits of homœopathy to the poor, was recommended by one of his French friends to apply to Dr. Curie, which he accordingly did, and easily persuaded him to exchange Paris for London.

Before, however, the beneficent intentions of Mr. Leaf with regard to the propagation of homœopathy among the poor could be fulfilled, it was necessary that his *protégé* should learn English, of which he did not know a word. This difficulty overcome,* in 1837 a dispensary was opened in Finsbury Circus, and Dr. Curie was duly installed as physician, with a Dr. Harrold as his assistant. The assistance he derived from this Dr. Harrold does not seem to have been very great. It is said, in fact, that the assistant behaved rather unhandsomely to his chief; but however that may be, certain it is that Dr. Harrold shortly afterwards allied himself to a lady with some money, and set up as an allopathic practitioner. Assuredly Dr. Curie had not much comfort or credit in this his first assistant and pupil. He fared better afterwards, as will be seen in the sequel. Dr. J. Laurie of London, and Dr. Fearon of Birmingham were his pupils at this dispensary. Dr. Curie resided in the dispensary.

* In 1836 he published his "Principles of Homœopathy," and in 1837 his "Practice of Homœopathy." We must not always judge of an author's proficiency in a language by the works that appear in his name.

In 1839, the dispensary and Dr. Curie removed to Ely Place, Holborn. Dr. Ozanne, Dr. Mayne, Dr. Partridge, Dr. Viettinghoff, and Mr. Engall used to attend at this dispensary, and receive instruction in homœopathic practice from Dr. Curie. In the following year his dispensary was attended by Dr. Black, who bears testimony to the attention which Dr. Curie bestowed both on his patients and pupils.

In 1841, Dr. Curie completed his gradual progress from East to West, and took up his abode in Brook Street, the dispensary being still continued at Ely Place, where Dr. Ozanne dwelt as resident physician.

But Dr. Curie's munificent patron was not content that his sphere of operations on behalf of the sick poor should be limited to a mere dispensary; he resolved that an hospital should be established for the purpose of displaying the triumphs of homœopathy, and the skill of his *protégé*. Accordingly, in 1842, the dispensary in Ely Place was given up, and a large house in Hanover Square was taken by Mr. Leaf, and by him furnished appropriately, and fitted up with twenty-five beds. The arrangements with respect to patients were now altered so as to render the new establishment to some extent self-supporting in the event of a deficiency of subscriptions. Patients were received into the house on the order of a governor, or on the payment of £3 15s. per month. Out-patients were either nominated by a guinea subscriber, or paid one guinea per annum. The institution was otherwise supported by Mr. Leaf, and the subscriptions of his friends. A goodly number of names of the nobility also appear in the subscription list. Dr. Ozanne continued to act for some time longer as resident physician. In 1843, an attempt was made to establish a school of homœopathy in connexion with the institution. Dr. Curie lectured on Clinical Medicine, Dr. Ozanne on Pathology and the Practice of Homœopathy, and Mr. Headland on Homœopathic Pharmacy. At the end of 1843, Dr. Sydney Hanson, who had been acting for six months as medical secretary, succeeded Dr. Ozanne as resident physician. Previous to this, Dr. Massol had for some time assisted with the out-patients, and Mr. Barry attended for a few weeks as an inquirer. After Dr. Ozanne's departure, Mr. Metcalfe of Hackney, and Mr. Parsons of Dover, became pupils at the institution, and the students and inquirers used to meet regularly twice a week for the purpose of study. Since 1840, a work entitled "Annals of the Homœopathic Dispensary," was published at irregular intervals, until 1845. It contains several of Dr. Curie's Clinical Lectures, which are so highly esteemed on the other side of the Atlantic that they form one of the text-books of the Philadelphia Homœopathic College. In 1844, Dr. Sydney Hanson, from the records of all the cases that had been treated at the hospital, which had been regularly and carefully kept, drew up an elaborate report of the cases treated from 1839 to 1844. This report was published in the Appendix to Mr. Sampson's work on Homœopathy. Dr. Chepmell succeeded Dr. Hanson as resident physician at the end of 1844.

In 1845, the English Homœopathic Association was formed. Its most active members and promoters were Mr. Sampson and Mr. Heurtley, and its chief medical supporters were Dr. Curie and Dr. Epps. Mr. Sampson wrote his excellent work on Homœopathy for the Association, and continued to take a great interest in it, until he quarrelled with Dr. Curie, in 1847. The English Homœopathic Association still exists, and every now and then gives tokens of its vitality by holding public meetings, getting up petitions to Parliament, and publishing popular works.

In 1845, the well-known case of the inquest on Mr. Cordwell occurred, which gave rise to some serious animadversions on the dietetic restrictions practised by Dr. Curie. He wrote a long letter in the "Morning Post" defending his dietetic practice generally, and that pursued in Mr. Cordwell's case more particularly. This letter appeared to a large number of homœopathic practitioners an attempt to identify homœopathy with the peculiar dietetic notions of the writer, and a counter-statement was published by them protesting against the extreme stringency of Dr. Curie's rules, and showing from Hahnemann's writings, that they did not form any part of the homœopathic system, and were contrary to the teachings of the master. Dr. Curie replied to this by a pamphlet entitled, "Case of Mr. Cordwell," wherein he claimed for his dietetic practice a large success.

In the same year (1845) there was a talk of a Medical Registration Bill being introduced into Parliament, and it was alleged that medical men holding a foreign diploma, would be excluded from registration. Dr. Curie thought it best to be prepared in the event of such a bill becoming law, and he accordingly went to Aberdeen, and obtained, by examination, the degree of M.D. at the King's College of that city.

An attempt was made about the year 1847 to remodel the Homœopathic Institution in Hanover Square, and to convert it into an hospital where other homœopathic practitioners might be admitted as medical officers. The attempt proved a failure in consequence of, we believe, the injudicious attempts of some of Dr. Curie's most zealous friends to put him in a position of supremacy over the other medical officers.

In 1850 the Hahnemann Hospital was established by the united exertions of a large number of the homœopathic practitioners of London and the provinces, Dr. Curie was duly elected one of its medical officers, along with ten others. He remained attached to it as one of its physicians and clinical lecturers until his decease, which took place on the fifth of October last. He caught the typhus fever from one of his patients in the hospital, and died after a very short illness. For several years past his health had been very indifferent, and he had frequently been laid up with attacks of rheumatism. His body was accompanied to the cemetery at Norwood by a large number of his colleagues and friends.

Such is a brief outline of Dr. Curie's career. In a few words we shall attempt to give a just estimate of his professional character.

In selecting a homœopathist to settle in London as his protégé, Mr. Leaf sought for one who would second, to the best of his abilities, his benevolent scheme of extending the advantages of homœopathy to the poorer classes, and of establishing a propaganda of homœopathy in the metropolis. Dr. Curie conscientiously performed, to the best of his ability, all that was expected from him: he worked most energetically at the dispensary, and never seemed to grudge any labour that was expended in the cause he was brought here to promote; he did all that was required of him, and suffered himself to be guided entirely by his lay patrons. To this lay influence we are constrained to attribute certain acts of Dr. Curie, which we cannot reconcile to our own notions of professional etiquette; among others his periodical exhibitions of the patients cured at the institution, to an admiring crowd of non-medical visitors. These exhibitions were regarded with pain and dislike by all who had a true feeling of professional conduct, and served to estrange from Dr. Curie many who would have been the foremost to acknowledge his merits as a successful propagandist of homœopathy. We cannot doubt that it was at the instigation of, and from a desire to please his patrons that Dr. Curie perpetrated what he knew would be considered a departure from professional etiquette in his own country, and what he could scarcely avoid knowing was equally deprecated by the profession in this. With the exception of this and a few other little unprofessional acts, evidently ascribable to the lay influence, we are glad to be able to accord the highest praise to Dr. Curie's conduct in connexion with the extension of homœopathy in this country.

Dr. Curie worked with all his might and with all his heart in his profession. Amid all the more profitable occupations of private practice, he never neglected his duties to the poor at dispensary or hospital. He was always accessible, and always willing to impart information to the enquirer. We always found him courteous in consultation. He never uttered an unkind or disparaging word respecting any of his colleagues, not even respecting those who he could not help being aware were privately and publicly saying things most unkind and disrespectful of himself. To patients, nurses, servants, he endeared himself by his kind and interested manner to such a degree, that many of them, to our knowledge, almost worship his memory.

It cannot be reckoned to him as his fault, that he was not endowed with much originality of genius; the talent he had he did not bury in the ground, but employed it to the very best advantage, and he has thoroughly identified himself with the popular extension of homœopathy in England, for though there were some very eminent practitioners in London before he came, homœopathy was not talked about beyond the bounds of their limited, although influential, circle of patients. Curie, by his indefatigable personal exertions, and by the zealous co-operation of several lay

adherents of homœopathy he impressed into his service, undoubtedly gave a great impulse to the extension of the system in this country.

He had peculiar notions on the subject of diet, and in acute and even some chronic diseases he enforced an austerity of diet which Hahnemann discountenanced, and which we think was often injudicious. The pathological views he derived from his early instructor, Broussais, were the cause of his great dread of allowing food in certain cases where there was a suspicion of gastro-enteritis; for he believed in Broussais as much as he believed in Hahnemann, and as we have seen, in dietetic matters, followed the maxims of the former in preference to those of the latter. We, who have no faith in the Broussaisian pathology, can afford to smile at the practitioner who now-a-days carries out his principles into practice; but we should make great allowances for one who lived on terms of intimacy with, and was educated by, a man of wonderful genius, as Broussais undoubtedly was, and forbear to wonder if the peculiar, and it may be erroneous notions of the instructor should be indelibly fixed on the mind of the pupil.

Though we willingly acknowledge the great services rendered to homœopathy by Dr. Curie, assisted by his non-medical supporters, Mr. Leaf, Mr. Sampson, and others, in the popular diffusion of homœopathy, we feel bound to enter a protest against the allegation we have observed in some notices of his death in the newspapers, that the great majority of English homœopathic practitioners received their first instructions in homœopathy from Dr. Curie. This is very far from being the case,

Vixere fortes ante Agamemnon,

and there were homœopaths of no mean ability practising in this country before Dr. Curie set his foot in it. The first medical man who openly practised homœopathy in England was Dr. Romani, of Naples, who was brought over here by the late Earl of Shrewsbury, in 1827; he did not stay long. Dr. Belluomini next settled in London, then Dr. Quin; Dr. Uwins, Dr. Stephen Simpson, and Dr. Dunsford in London, and Dr. Scott in Glasgow, were all established in practice before Dr. Curie came over. The following gentlemen also all adopted and practised homœopathy quite independently of any influence from Dr. Curie. We shall only refer to those who embraced homœopathy before 1845, after which time Dr. Curie ceased to receive pupils, and his influence as a teacher of homœopathy was little if at all felt; and we shall enumerate them in the order of their adoption of homœopathy as nearly as we can. Dr. Luther, Dr. Drysdale, Dr. Russell, Dr. Chapman, Mr. Phillips, Dr. Walker, Dr. Ker, Dr. Irvine, Professor Henderson, Dr. Madden, Dr. Dudgeon, Dr. Hilbers, &c. All these, and many more whose names do not occur to us at the present moment, embraced homœopathy quite irrespective of any influence from Dr. Curie, of whom, indeed, and whose teaching, many of them

had never heard a word before their conversion to the doctrines of Hahnemann. As far then as they are concerned, the zealous propagandism of Curie and his friends was absolutely unfelt. The history of homœopathy in England, when truly written, will shew that homœopathy like other truths, has made its way silently and steadily, wholly independent of patronage or opposition from without.

Dr. PESCHIER, of Geneva.

The subject of this memoir, Charles Gaspard Peschier, was born at Geneva, on Friday, the 13th March, 1782. We mention the day of the week, because it was to the circumstance of having been born on a Friday that Dr. Peschier was wont to attribute the misfortunes that seemed constantly to overtake him in life. He went to Paris to study medicine, and devoted himself to the cultivation of the medical sciences with such diligence and zeal as to command the esteem of his masters, especially of the celebrated Antoine Dubois, with whom he was a great favourite. He took his degree in 1809. Before this, in 1804, he published a memoir on croup, on the occasion of a *concours* established by government upon that subject; this memoir was very highly thought of. In 1812 he followed the course of medical instruction at Montpellier. In 1822 he published an essay on the treatment of pneumonia and pleurisy by Tartar emetic in large doses; and asserted that by so treating these diseases he had not lost a single case. This essay created a great sensation in the medical world, and spread the fame of its author far and wide—in fact, he gained a reputation from it disproportioned to his merits as the originator of the system—for there is little doubt the treatment was derived from Rasori—and disproportioned to the merits of the treatment as a successful method—for Dielz has proved that the fatality attending the administration of Tartar emetic in pneumonia is nearly equal to that of bleeding in the same disease. In 1832 his attention was called by a Russian gentleman of rank to the subject of homœopathy, and as his knowledge of the German language was perfect, he set about studying Hahnemann's works, and the same year he visited Hahnemann at Coethen. During his journey he was very well received by the eminent medical men of Germany, to whom his name was familiar by his treatise on Tartar emetic, and he got a cordial reception from Hahnemann, who was proud to claim a man of his distinction as pupil. On his return to Geneva he commenced, in 1833, the publication of a monthly journal devoted to homœopathy, entitled, *Bibliothèque Homœopathique de Genève*, which continued in existence until 1842; it was the first homœopathic periodical published in the French language, and it exercised an undoubted influence in promoting the extension of homœopathy, not only

in Switzerland, but throughout France. Among the articles in this journal from Dr. Peschier's pen, his letters on homœopathy, addressed to Professors Forget, Louis, and Gerdy, deserve especial mention. The *Bibliothèque* was not a good pecuniary speculation; in fact, its publication was only abandoned on account of financial difficulties. Dr. Peschier belonged more to the specific school of homœopathists, than to the so-called pure Hahnemannists. He was an indefatigable worker, he spoke most of the languages of Europe, and at the age of sixty he set himself to study Hebrew, in order to be able to read the bible in the original. In addition to the medical sciences, his attainments were considerable in literature, philosophy, botany, astronomy, mathematics, and theology. He was a great lover of the arts, and was very fond of the theatre, thereby greatly offending his more rigid and puritanical friends. He was a member of many scientific societies, and was elected honorary member by almost all the homœopathic societies of Europe and America. His benevolence of disposition was so great that he could not resist the claims of others on his purse, the consequence of which was, that in the last years of his life he actually was reduced to extreme poverty, and was often unable to pay for his daily meals. He died on the 31st of May last, and has left a name that will be remembered by gratitude and affection, not only by those who enjoyed his friendship, but also by all who are interested in the extension of homœopathy.

Dr. ROMANI, of Naples.

Homœopathy in Italy has experienced a great loss by the recent decease of this distinguished homœopathic physician. Francesco Romani was born at Vasto in 1785, where he made his preliminary studies in literature, mathematics, and philosophy. He studied medicine and took out his degree at Naples, and rapidly acquired so great a reputation that he gained the confidence of the queen, who appointed him her physician in ordinary. In 1821 the Austrians invaded the Neapolitan dominions: attached to the invading army was a homœopathic practitioner, Dr. Necker, who excited a good deal of attention amongst the Neapolitans by his remarkable cures, during his stay in their city. Dr. Romani was at that time suffering from a very painful disease, and, attracted by the fame of the homœopathist, he put himself under his care, and was rapidly cured by him. This determined him to study homœopathy, which he did with great earnestness and zeal: he soon became a proficient in the art and practised it with great success in Naples. The late Earl of Shrewsbury, whose Countess he had cured of a severe disease, induced him to accompany him to England in 1827. At the earl's noble seat at

Alton Towers, a regular homœopathic dispensary was formed, under the medical care of the subject of this memoir. The climate did not agree with Dr. Romani, and after a short residence in England, where he was the first open practitioner of homœopathy, he returned to his *bella Napoli*, and continued to the last to endear himself to his patients by his skill and kindness of disposition. He published several original works on homœopathy and translated Hahnemann's *Materia Medica* into Italian. His funeral was attended by an immense concourse of friends and patients, by whom he will be much missed.

DR. LICHTENFELS, ALTMÜLLER, HARTUNG, AND MÖRTH.

Death has lately been busy in the ranks of the older homœopaths. Besides the four eminent individuals mentioned above, we have to record the decease, during the past year, of Dr. F. Von Lichtenfels, of Vienna, one of the oldest and most popular of the homœopathic physicians of that town; Dr. Altmüller, of Cassel, an old and esteemed homœopathist; Dr. Hartung, formerly of Milan, well known to all homœopathic readers by his wonderful cure of the supposed malignant eye-disease of Field-Marshal Count Radetzki, Commander-in-chief of the Austrian army in Italy; Dr. N. A. Mörth, of Linköping, one of the few homœopathic practitioners in Sweden.

HOMŒOPATHIC INTELLIGENCE.

Homœopathy at Huddersfield.

A medico-ethical society was formed sometime ago at Huddersfield, on the model of the enlightened and liberal one of Manchester. One of the laws of this famous council for maintaining the purity of our profession, was that no one practising *exclusively and professedly* homœopathy was to be a member, nor was such a man to be met in consultation, or in any way to be acknowledged as a member of the profession. It is not stated in this famous code of morals what amount of concealment or of admixture of allopathy was to save a practitioner from this terrible sentence of excommunication; so that the triennial administration of a dose of castor oil will suffice to evade it. However, sensible or absurd as the means employed may be, there can be no doubt of the earnest desire on the part of the Ethists to exterminate the dangerous sect of homœopaths. This society seems to comprise most of the leading practitioners of the town of Hud-

dersfield, and consequently the medical officers of the hospital. Naturally enough the body held their meeting in a room connected with this building, and Dr. Ramsbotham, with a degree of courage amounting, in our opinion, almost to knight-errantry, has boldly accused them before the governors of perverting the purposes of a public charity to their own most uncharitable purposes. We confess that we think the case not a very strong one against the medical officers, but not the less heartily do we admire the singular boldness with which Dr. Ramsbotham has arraigned their conduct; and it is quite impossible to read the full report of the proceedings as published in the local papers, without the conviction that, single-handed, in power of speech he is more than a match for his opponents; and the most satisfactory feature of the discussion is the total absence of all new arguments against our system which its assailants display. The *cheval de bataille* of allopathy is still the experiments of Andral. Now, after the demonstration given by Dr. Irvine of the absolute nonentity of any possibility of results from Andral's experiments, it implies either a judicial blindness or suicidal obstinacy on the part of any controversialist to refer to them any longer. The fact is, that allopathy, like protection, has been repudiated by its ablest supporters; and all we now meet with in its defence consists of the old weapons which have been thrown aside by the leaders, and which the hangers-on of the camp have picked up and still employ for lack of better.

Prospect of a resuscitation of Homœopathic Literature in Vienna.

We are glad to hear that there is the prospect of a continuation of the excellent *Austrian Homœopathic Journal*, the publication of which has been so long suspended, that we had almost abandoned hopes of its reappearance. Our informant tells us that Drs. Watzke and J. O Müller are taking an active part in its revival, and that they have collected materials for a new volume. There is a talk also of the society for the proving of medicines in Vienna, which has already rendered such services to the materia medica, recommending its labours. We sincerely trust both these pieces of information are correct, and that we shall ere long be gratified with the perusal of some more of those excellent essays and provings by which the Vienna homœopaths so pre-eminently distinguished themselves during the short period of their publishing career.

Howyhnhnm Legislation in Bavaria.

The Bavarian Government has, as is well known, sanctioned the practice of homœopathy in Bavaria, and gone so far as to fix upon a tariff of prices for homœopathic medicines. Our readers will therefore be surprised to learn that, according to the *Zeitsch. für hom. Klinik*, a new edict has just been issued by the Bavarian government, forbidding the practice of *veterinary* homœopathy. From this circumstance we cannot but per-

ceive that in Bavaria horses are considered the nobler animals. Is Bavaria Swift's country of the Houyhnhnms, and are its human inhabitants Yahoos?

Homœopathy in Naples.

The *Zeitschrift für hom. Klinik* gives the following remarks on the punishment of a respectable individual, for the strange crime of attributing to King Bomba a homœopathic leaning.

A certain Torelli had for more than twenty years been editor of a Neapolitan periodical, called the *Omnibus of the Theatrical Journal*. Torelli enjoyed a certain degree of court favour, and was a great friend of the deceased police-minister of happy memory (in connexion with the state trials of Poerio and others) Del Caretto. About three months ago Torelli wrote an article on homœopathy in his *Omnibus*, in which he stated that the king was favourable to the system. For this article he was arrested. The arrest took place not on account of the favourable opinion of homœopathy expressed in the article, but because the police wished to know who it was that had informed him that the king was favourable to homœopathy, as his informant must have repeated to him some private conversation of the beneficent monarch. As Torelli would not give up his informant's name, he was packed off to the prison of St. Elmo, and shut up in a room where were several other prisoners. One of these, mistaking the unfortunate editor for the spy who had informed against him, immediately made a savage attack upon him with a razor, and inflicted three gashes in his neck, one of which was rather serious.

Curious attempt to get rid of a Homœopathist.

Dr. Nusser, who has been practising at Babenhausen since 1844, used to visit Krumbach twice a week for the purpose of seeing patients there. Some of the old-school doctors of the town, enraged at seeing their patients consult the homœopathic charlatan, schemed to get him expelled from the town. The only plan that occurred to their wise heads was to prefer before the criminal tribunal a charge of revolution and insurrection against our astonished colleague; and in consequence of this Dr. Nusser was officially prohibited from entering Krumbach. He however appealed against this absurd sentence to the government, and the case being investigated, the charge was found to be totally destitute of foundation, and the prohibition was at once removed.—*Allg. Hom. Ztg.* xlv, No. 23.

The History of Twenty Years.

The editor of the *Boston Quarterly Homœopathic Journal* writes thus:—

“When we first settled at Westfield, Chautauque county, in 1833, we knew of but two homœopathic physicians in the state of New York, Drs.

A. G. Hull and J. Gray, besides myself. From a list of homœopathic physicians of the state of New York and the principal Atlantic cities, recently published and revised, it is to be seen that there are now in the state of New York one hundred and eighty-three homœopathic practitioners, exclusive of sixty-two in the city of New York; Philadelphia, fifty-three; Boston, twenty; state of Rhode Island, twelve; Baltimore, ten; Washington, two. This fact does not indicate the downfall of homœopathy, which has been so often prophesied by our old-school friends."

MISCELLANEOUS.

[The following interesting statements respecting the Sugar of Milk, an article of primary importance to us, are quoted from a pamphlet by Mr. Turner, the excellent and enterprising homœopathic chemist in Manchester. The pamphlet, we are sorry to say, was called for to repel some iniquitous slanders cast upon him by some persons from whom we might have expected better things.]—EDS.

"I am glad to have the opportunity of explaining the matter, and enforcing a point which has been lost sight of, and which is of great importance to the success of homœopathy. The price of Sugar of Milk depends in part on the quality—but *mainly* on the *way in which it is pulverised*. Now some chemists, I am sorry to say, send their Sugar of Milk to the drug mills to be ground, and when this is the case, it can be sold to realise a good profit, at about one half what it can be if powdered by hand with the proper utensils. Now the Pharmacopœia expressly directs what utensils are suitable for the necessary processes, and the pharmacist is very strictly cautioned respecting the materials of which his mortars for pulverising, triturating, &c. are composed. Having paid considerable attention to this subject, I am satisfied that Sugar of Milk powdered between grinding stones, such as are used at drug mills (to say nothing of passing through the same mill and sieves as Jalap, Cinchona, &c.) is totally unfit for Homœopathic use. The drug mills are constructed to grind the materials between stones, with rough surfaces, revolving in contrary directions; when the surfaces of the stones are ground smooth, which occurs after about a fortnight's work, they are again "set," that is, made rough; this continual smoothing of the rough surfaces is caused by the *wearing of the stones*, and what is worn off is rubbed or triturated with the Sugar of Milk, much in the same way as the trituration of a medicine is made; the Sugar of Milk so ground is therefore in reality not pure Sugar of Milk, but a *trituration* of the substance of the stone, be it silica or lime, or both, and in proportions nearly, if not quite, equivalent to the third trituration. To this I never could be prevailed on to subject *my* Sugar of Milk, and, therefore, I cannot sell at the same price as some others."

Goullon on the High-Potencies.

Dr. Goullon, of Weimar, whose writings show him to belong more to the so-called pure Hahnemannists than to the specific school, writes as follows concerning the high-potency practice

“Isopathy, I look upon as the peora of Homœopathy, and the high-potency practice as its colliquative stage. Both remind me of the tares and the wheat; the latter on account of the mystery in which it is enveloped, which does incalculable mischief to any good thing. It is rather too much to expect us to experiment with substances we know nothing about; if this be not the surest way to undermine homœopathy, I don't know what is. I have never seen the slightest effect from a high-potency; but I would never think, on that account, of denying the cures of others. But were they really high-potencies, whose figures 200 up to 1000 [he might have said up to 60,000] were proportioned to our 30th dilution, or what were the preparations employed? Before we can talk of such cases *in science*, we must be able to specify exactly what the remedies were with which they were effected; otherwise we depart from simple pure homœopathy, and get entangled in an obscure labyrinth, which is doubtless what would be very agreeable to many.”—*Zeitsch. f. hom. Klin. II. 1.*

Pathogenetic Effects of Vaccine Lymph.

In the 24th No. of the 45th vol. of the *Allg. Hom. Zeit.*, Dr. Hencke has collected all the scattered experiments with vaccine lymph, undertaken with a view to ascertain its pathogenetic action, together with a recorded case of its accidental administration.

Richard observed that some children who sucked the broken vaccine pustule in another child, got a general eruption of cow-pox, and from which seventeen other children were successfully inoculated. (*Canstatt, Handb. d. Med. Klin.*—2 Bd. 1847)—Dr. Lenormand gave to a child ten months old, for eight successive days, a few globules of Vaccineine 12, and he noticed that there ensued restlessness, and small red pimples appeared on different parts of the skin. After this had passed off, several attempts were made to vaccinate the child, but they were unsuccessful. (*Hyg. x, p. 68.*)—Hencke says, several years ago I gave, with the parents' permission, to an infant eight months old, a drop of vaccine lymph, taken from a healthy child's arm, diluted with distilled water and well shaken. On the fourth day there appeared on the face small bright-red pimples, which on the following day turned into vesicles of a pearly appearance, with a depression in the apex, and surrounded by a red areola. On the eighth day the child was very restless, cried and wept, could not be quieted, wished always to be carried; was sleepless; had febrile heat; rapid pulse; thirst; always wanted the breast, but did not suck much; no stool for twenty-four hours; the urine stained its linen.

The pocks were tense and elastic, full, of a pearly colour, and surrounded by a red areola and swelling of the face. On the tenth day the inflammation and swelling of the face went off, the infant was quieter, the febrile heat diminished. The pocks on the forehead and nose had run together, were opaque, as though filled with a purulent fluid, and lax. From the eleventh day the pocks burst and discharged a purulent fluid, became covered with yellowish brown scabs, that afterwards became of a darker hue; they went on discharging for some time longer and at length gradually fell off about the fourteenth day. The whole presented the appearance of *crusta lactea*. The child kept quite well, and had only a few white cicatrices on its forehead and cheeks that did not improve its beauty. I tried to vaccinate it twice, at intervals of six months, but without success.—Franz Schuklitsch inoculated a child with vaccine 4. The second day it was cross and slept ill. The third and fourth days it had regular fever, with heat, thirst, tossing about, crying, dislike to its usual milk-food. Small pocks appeared at the points where the inoculation was performed. An unsuccessful attempt was made to inoculate it with vaccine lymph six weeks afterwards.—(*Allg. Hom. Ztg.* iv, No. 1.)

Case of alleged Cancer of the Stomach,
by DR. BOLLE, of Paderborn.

About seven years ago, whilst I was still an allopath, I was sent for by Mr. D—, of Blankenau, whose family physician I was. He was a robust, muscular man of 60, though he looked much younger, who had always lived in the best society, and had an ample share of the good things of this life; he had never been addicted to drink, but had an appetite rather larger than common. Living as he did on his large estate, he was very fond of the sports of the field, in the enjoyment of which, he had always lived a very active, healthy life. When I was called to see him, he had been complaining for some time of slight illness, for which I could detect no antecedent cause, unless it was that for many years he had been affected with yellow spots upon his back, which caused periodically intolerable itching, but which had entirely disappeared some years before. His state was as follows: appetite diminished; the food oppressed the stomach and caused eructations; the bowels had become costive; the tongue, which used to be so clean had become for some time furred. When I saw him these complaints had increased so much, that it was thought requisite to call in medical aid. On examination I found besides the above, tenderness of the epigastrium to pressure; a constant feeling of fulness, discomfort, and often a feeling in the stomach almost like heartburn. At the same time he had become thinner, and did not look so robust. That was all I was able to note.

In accordance with the rules of allopathic practice, I gave Muriate of ammonia, Extr. taraxici, Kali tart., Rhubarb, &c. in various composite

and simple prescriptions. The disease however became worse from week to week, and the diagnosis of an induration, and soon of a scirrhus of the stomach more and more evident and certain. I put him upon a milk diet and beef-tea, gave Carbonate of magnesia with small doses of purgatives, and made him rub Tartar emetic ointment on the scrobiculus cordis, I ordered clysters, and if notwithstanding the bowels were not moved, I gave some purgatives; this however was rare. Thus was spent half a year, the patient always getting worse. The district physician, who had previously been the family medical attendant, was called in consultation: he considered the disease to be a derangement of the abdominal nerves. Although this was contrary to my views, I offered no opposition to the choice of medicines he made, seeing that in the half-year during which I had treated him all by myself, I had had ample opportunity to become aware of the inutility of my prescriptions—moreover I had come to the end of my tether. Our patient was now dosed with asafetida, combined with various drastic medicines, such as aloes, &c.; but he now got more rapidly worse, and in the course of two or three months he was emaciated to a skeleton, could scarcely crawl about, his complexion was earthy; vomiting occurred after anything he took into his stomach, were it even a mouthful of water. Almost every time he vomited he ejected large quantities of a sour, fetid fluid, which had a vast resemblance to a mixture of water, milk and coffee grounds. The tongue was covered with a thick yellow coating, dry; thirst; no appetite; constant nausea; fulness and tenderness of the stomach; sometimes a fine shooting and throbbing in the scrobiculus cordis; the abdomen was drawn in; almost insuperable constipation, the fæces hard, in small blackish-brown knots.

My patient had been in this state for a considerable time, when at one of my visits he asked me, if I thought he should try homœopathic treatment, as he saw clearly, that if things went on as they were doing, it would soon be all up with him; his relations wished him to try homœopathy, and had arranged that he should be taken to his brother at Hildesheim, in order to be under the care of Dr. Nicol of that place. I at once approved of the plan, and was glad that a man whom I was so attached to, should not die under my treatment. I took a sad farewell of him, told him I hoped he would derive benefit, but thought to myself all the time, the next time we meet it will be in another world. The good, brave old man trotted off immediately to Hildesheim, propped up with feather beds. For about six weeks I had no tidings of him, and expected daily to have news of his death.

One morning, about ten or eleven o'clock, I was sitting in my study, when some one knocked at the door, and in walked Mr. D— in a short green shooting coat, with his double-barrelled gun slung over his shoulder, a short pipe in his mouth, and from his game bag the legs of sundry hares peeped out, whilst a brace of partridges hung outside. His joyous eyes

sparkled over his plump red cheeks, his limbs were well filled out and athletic, his whole air and bearing were youthful and full of elasticity. "Good morning, Doctor," he exclaimed, in a joyous and friendly tone, "how do you do?" I don't know what answer I gave, or whether I replied at all, for I was fairly confounded. All I know is, that I was ready to sink into the earth for very shame on account of my uselessness—I was actually overcome by shame and joy. It will readily be believed that I soon began to write to Dr. Nicol, and send him cases in order to try his remedies still further; that I went to see him; that I studied and tested homœopathy, and in short became a thorough convert to the system.

What was the remedy that effected the cure, I knew not—but the gentleman was again quite free from his ailments. He remained quite well a year and a half; then, however, he again lost his appetite; the tongue became furred; aphthæ appeared; sour eructations; nausea; fulness in the stomach; vomiting of food and constipation again made their appearance. As I was still a young homœopath, and as Dr. Nicol had formerly shewn himself such an excellent friend in need, his advice was again sought by letter. But as consultations by letter have their difficulties, and the journey was a long one, and as the remedies sent did no good, but on the contrary the disease progressed even more rapidly than the first time, I was resolved to write a much more detailed account of the morbid picture for Dr. Nicol, or else to administer myself some remedy or other before doing so. In my diary I find the following was the patient's state at that time:—Face pale and features sunken; remarkable emaciation; melancholy; constantly drowsy and half asleep; frequent sour eructations; vomiting after every meal. *In addition to the food, there is ejected a sour fetid fluid of a dirty blackish-brown colour, as if mixed with coffee grounds.* Even after a table-spoonful of water, the vomiting of this ominous substance (to the extent of six or eight ounces) took place before my eyes in about five minutes after it had been swallowed. Tongue white, thickly furred; no appetite; uneasiness and fulness in the abdomen above the navel; frequent shrill rumbling and rattling in the bowels; in the sunken-in abdomen a circumscribed hardness can be felt; very obstinate constipation; stools dry, hard, very dark; urine scanty, dark red, brown or reddish, with copious reddish, or yellowish-red sediment. On turning in bed he has a momentary pain, sometimes shooting rapidly from the small of the back through the whole legs; frequent yawning; after vomiting, some alleviation of the sick feeling above the umbilicus.

I gave a dose of *nux vom.* 200; the state remained the same on the two next days. On the third day I gave one dose of *nux vom.* 12; after three days, no better—rather worse. At the third visit I brought *phos.* 3 with me, and gave the patient one grain dry on the tongue. Before five minutes had elapsed, the patient rose up in bed, looked fixedly and meaningly at me, and said, "Doctor, that has done me good."

"Well," said I, "let us hope it may be of use to you." "No," he replied, "it has already done me good; I feel it all through my body. But," he continued, raising himself up in bed, "do you know what taste the powder has?" "As for that," I answered, "it tastes, of course, like sugar of milk." "No," he returned, "it tastes just as rat-poison smells." I must here observe, that Phosphorus-paste is actually the ordinary rat-poison in this neighbourhood. And in fact, from that hour the disease was as if annihilated—the vomiting did not once return, the sick feeling in the stomach immediately ceased, and conjoined with the comfortable feeling of decided amelioration, the bowels were relieved naturally the following day, the nausea was gone, the soup agreed and was greatly relished; in short, in a week not a trace of the disease was to be observed. Convalescence took place rapidly. The patient got the *phos.* 3 on the 1st February, and since then he has continued to feel as well as he ever did.

Is not this a case that deserves to be recorded? It is certainly wonderful, but not the less literally true, as Dr. Nicol can testify.

Let us now inquire, what medicine it was with which Dr. Nicol had previously effected a cure? I did not know it then; but my patient told me he subsequently inquired of Dr. Nicol, and was told it was *phos.* 200.

The following are my deductions from this case. 1. It was, according to all the symptoms, a true, genuine case of cancer of the stomach. 2. This cancer of the stomach was really cured. It was twice cured; for the year and a half of the best health which he enjoyed before the second attack, shews that the second was a new attack, and not a relapse. 3. The cure was effected in both cases by one and the same remedy. The first time by a high, the second by one dose of a low potency: the high potency cured quickly and well, the low potency at one blow, as it were. 4. The nerves of the sick are much more sensitive for the right remedy than those of the healthy; for a person in health cannot taste the millionth of a grain of phosphorus. 5. The feeling of comfort commenced with the beginning of the cure of this disease; for the patient felt very well, though still affected with real carcinoma, and such diseases cannot disappear in eight days without a trace.

— [We give Dr. Bolle's case and remarks entire, but at the same time we must express our dissent from his opinion, that the case was one of cancer of the stomach. There is not the slightest proof that it was anything of the kind; but with this exception, it is an interesting enough case in several points of view.—Eds.]

BOOKS RECEIVED.

The North American Homœopathic Journal.
The Homœopathic Times.
The Provincial Homœopathic Gazette.
Journal de la Société Gallicane.
The Philadelphia Journal of Homœopathy.

London; Wm. Davy & Son, Printers, Gilbert Street, Oxford Street.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

CONJECTURAL HINTS IN REFERENCE TO THE
POTENCY AND REPETITION OF MEDICINES,
MORE PARTICULARLY IN ACUTE DISEASES.

BY DR. G. M. SCOTT.

THERE are two ways in which these subjects may be investigated, viz : either, by an examination of the natural laws of disease and of the action of remedies, or by an examination of the recorded results of different methods of treatment. We prefer the first method, because we conceive it the more likely to lead to the discovery of some *principle in nature* which shall afford a *theoretical* solution of the question, and which shall be a guide essentially universal and unchangeable, however difficult it may be to discern its indications in particular instances ; whereas if we trust more to the actual results of practice hitherto attained, they will be necessarily limited, and can express only the experience of individuals which we know to be somewhat varying and conflicting.

Neither shall we aim at discovering any individual potency or dilution as universally preferable in acute diseases, being well assured that such a pursuit would be fruitless, inasmuch as it would be absolutely impossible by any amount of theoretical speculation or practical examination to arrive at so definite a conclusion. We shall simply regard the question of *potency* as identical with that which might be expressed by *medicinal action*, and therefore the question to be solved is this, whether

in acute diseases a greater or smaller amount of medicinal action is to be aimed at? This theoretical question being determined, the next question is, what shall determine the potency? or what feature in the disease shall determine the choice of a greater or smaller amount of medicinal action? and, thirdly, can we from the solution of these questions or from any other source, discover any clue to the correct repetition of the suitable medicine?

Now the train of thought which appears to us most likely to lead to a satisfactory conclusion in these matters requires us to begin with the *third*, and from it to proceed to the *first*.

All the functions of the animal economy seem to be of a recurring or intermitting or remitting character. Human life consists of a constant series of such changes—sleep and waking, fatigue and rest, hunger and satiety, the systole and diastole of the heart with a momentary intervening pause, &c. &c., so that man has been correctly compared to a pendulum oscillating between such opposite conditions. This is the physiological condition or the law of physiological or normal action, and disease, or the pathological condition, is the morbid affection of natural functions, or the performance of natural functions under morbid influence—it must therefore partake of the same character and be subject to the same original laws. Physiology takes precedence of pathology, being the standard from which the latter is a deviation, and therefore, every correct principle of dealing with a pathological condition must be founded on and in harmony with the laws of physiology; a necessary condition to all correct practice, and in exact conformity with the law which discovers the curative powers of medicines by their action on the healthy body.

The character of intermission or recurrence common to all natural functions is *found* to accompany *many*, and I believe actually accompanies *all* forms of disease, being in some cases a perfect intermission, as in ague, in others an ere remission, as in remittent fever, and in others scarcely discernible as a continued fever, but even in this case we apprehend not altogether without accessions and remissions. If then these intermissions be *complete*, we may view each paroxysm or accession nearly in the light of a new disease, and hence we may infer that the proper time for

repeating a medicine is shortly before the recurrence of the paroxysm whether it be daily, or more frequently or less frequently, almost on the principle of a prophylactic designed to take possession of the ground upon the invasion of the natural malady. This rule is of very easy application in diseases characterized by a decided intermission, but great observation and discrimination are required in order to meet the accessions in disease of a more continuous type. But if it be true that such periodical accessions exist, they may no doubt be discovered, and if discovered may be used as a guide, the medicine being repeated shortly before the expected accession in each case being regarded as a prophylactic, but more particularly in that of complete and perfect intermission, when the body may be regarded as healthy, though with a predisposition to disease.

When no intermission or remission is obvious though it may be supposed to exist, can any rule or hint be suggested? In this case it appears to me that some guidance may be derived from the physiological laws of that system in the animal economy which is principally at fault; for example, if this be the circulation, which is subject to the most frequent intermissions (as in the systole and diastole of the heart with the intervening momentary pause), we may infer that medicine should be administered at short intervals; the respiratory functions being perhaps the next in frequency, the intervals should be somewhat longer; after which may be placed the digestive functions, the excretory functions, the nervous functions as exemplified in the recurrence of sleep, and last of all menstruation, which is perhaps the instance of the longest intermission. According, then, as any of those functions are principally deranged in conjunction with any continuous disease, may we assume them as a guide, (though very imperfect and requiring much modification by the circumstance of each individual case) in respect to the repetition of medicine.

These observations suggest, I think, a general principle for the repetition of medicines in diseases generally, applicable to chronic as well as acute, but not on that account the less applicable to acute or the less relevant to the subject proposed. Does

the same law in the animal economy afford any guidance in reference to the potency, or as we have understood the question, the amount of medicinal action ?

Regard must here be paid to the reason of the great reduction in medicinal action which characterises homœopathic practice and to the principle of the animal economy addressed in the treatment.

The medicines are administered in minute quantities, because the diseased body is specially susceptible of medicinal action, particularly of homœopathic ; the principle addressed is that of reaction.

Hence in *perfect* intermission, the reaction being complete and of rather long continuance, a larger amount of medicinal action may be employed, because the body may be regarded as almost in a healthy state, and therefore less susceptible to the action of medicine, just as a larger quantity must be administered to a person in health, in order to secure the pathogenetic effects than to a person in disease in order to secure the curative effect. When merely *remission* occurs, the quantity should be less, because the approximation to health is not so close ; when the disease is continuous, and if no intermission or remission is discovered, though some such may exist, the medicinal action should be small except in the case to be described.

It is to be observed that we apply the same term *acute* to two very different or even opposite conditions ; for we so designate a disease of great activity, as inflammation or inflammatory fever, which we may regard as an instance of an over excited vitality, and also a case of great exhaustion of the vital energy threatening speedy death by its continuance, whereas in the other case death is rather to be regarded as occurring in the period of reaction or collapse *consequent* on exaggerated vital action. These cases are each called acute though in reality opposite, and we must be guided not by the *name* but by the reality of the morbid condition. In the case of exaggerated vital action, I conceive a large amount of medicinal power indicated, in order to supplant as it were the excited vital action. But in the opposite case of very depressed vital action, a small degree of medicinal action is necessary, because there is little reaction.

These are the general principles to which the subject may be reduced, and they appear to be supported by the reports of the most successful treatment. Thus cures have been reported of distinctly intermitting diseases by one large dose or a few large doses of the appropriate medicine. And in cases of increased vital action, as inflammatory fever, low potencies have generally been used and freely repeated, and in many cases the same medicine has been employed by homœopaths and allopaths, so as to lead to the conclusion either that they acted enantiopathically as a continued palliative, or else that the large doses of the ordinary practice were not too large to act homœopathically.

On the other hand, if the vital power be small, it should be addressed in the mildest forms, and considering the reacting power is small and of short continuance, and yet that it must be excited and kept active if any advantage is to be obtained, it seems to follow that the small medicinal power should be frequently repeated.

And if, as is generally supposed, the higher potencies enter most intimately into the constitution, though the lower may act in a more prompt and energetic manner, our idea is confirmed. An exaggerated vital action requires a powerful and more violent antagonist, whereas an exhausted condition, threatening death from loss of power is more truly a constitutional condition, and therefore requires a high potency and gentle but repeated operation.

The general conclusions, therefore, at which we arrive are :
1. That in the stage or form of acute diseases which is marked by exaggerated vital action, low potencies should be employed, and repeated frequently, the period of re-action being of short duration ; 2. That in the stage or form of exhausted vitality the higher potencies should be employed and frequently repeated. 3. The potency to be chosen is determined by the character of the disease stated above combined with the completeness or incompleteness of its remission. 4. That the repetition of the medicine is determined by the duration and completeness of the intermission or remission of the disease.

**RETROSPECT OF THE EARLY YEARS OF THE
"ALLGEM. HOMŒOPATHISCHE ZEITUNG," WITH
DISCURSIVE OBSERVATIONS.**

BY DR. FRANZ HARTMANN. [Lately deceased Editor].

A PERIOD of twenty-three years has elapsed between the commencement of this Journal and to-day, and it seems to me not unseasonable to cast a retrospective glance upon it, although the time is not very far distant when a quarter of a century shall have passed over our labours, which would perhaps be a more appropriate period for entering on such a retrospect of the past.

I feel myself encouraged to encounter the blame to which this endeavour might expose me, by the thought that a man should not postpone what he thinks appropriate and good to another day, since transitoriness is the fundamental feature of all earthly being; so that what is not done to-day it may be too late to do to-morrow.*

It was only after mature reflection and exact pondering of all the existing relations, that we resolved upon the publication of this periodical; and as we were deeply sensible that such an undertaking could not be the work of three individuals, at least not for a continuance, so we sought for the co-operation of a few who took similar views with ourselves, prudently hoping that their participation in the work would not fail us, when the necessity of such a publication made itself manifest, and when it became recognised as something good and useful. The too hasty attempt to solve important problems, and to answer questions either in the affirmative or negative, made us think that an organ for the homœopathic doctrine, by means of which replies could be more easily obtained, was not undesired; and we had the less dread of being looked upon as rivals of the existing scientific homœopathic periodicals, as we prominently stated in our programme in the clearest manner, that we did not wish to withdraw from them the longer and more elaborate

* These words seem almost to have been prophetic, for shortly after this paper was penned our worthy friend ceased to live.

articles, which indeed in themselves would not have been suitable for such an organ as ours.

It required no tedious inter-communication between ourselves to determine the exact object of our undertaking; this lay deeply grounded in our inmost apprehension, and arose from the numerous contradictions in the homœopathic doctrines. We wished for truth, not only in them but in universal medicine. By this alone we believed that homœopathy could be raised to a positive science, when it had cast aside all speculation and fantastic dreams, and trusted to the evidence of observation and experience. Hahnemann had struck upon this path of enquiry, following it out with rare pertinacity, and discovered the homœopathic law of healing. We held it to be our sacred duty to proceed along this road, recognised by us as the true path, with a hearty courage, and for this we established the journal, which was to serve for the advancement of homœopathy, for the elucidation of its obscurities and uncertainties, so that its practice might become more easy and certain. Our purpose was also, by means of this organ, to give homœopathy a more favourable position in regard to its external relationships, to communicate all that was new in its province as speedily as possible, so as to afford a continual survey of its actual position, and to give a fitting place for notices and correspondences of all kinds. It is not my purpose to attempt to determine in how far it has fulfilled the assurances it gave; the reader must be left to form his own judgment, and the facts fall within the province of history.

Many of our brave comrades of that day have since gone hence, but their voices on that account are not mute, for many contributed a word of learning to the development of the great whole, or by their writing awoke at least the slumbering thoughts of others, who, had it not been for them, would have long remained inactive. The storm raged at that time between the friends and foes of homœopathy, and from both sides it was not always carried on so courteously as to avoid giving rise to bitterness. It was impossible for our journal to avoid the controversy; indeed it was the most appropriate organ for such a purpose, and it had to be open to friend and foe: but it was

very unpleasant for us when we saw this paper-war carried on with the greatest animosity between friends upon points of trivial difference, often of merely individual import. How could it be otherwise at a time when there were so few established positions, so few cases to afford grounds of comparison, and so little certainty connected with the experience of homœopathic treatment? could it be otherwise at a time when the few homœopathic physicians were yet so under the pressure of the despotic absolutism of the current school of medicine, and could only gradually win the position for unfettered action in their calling, and emancipation from antiquated dogmas? The situation in which each physician found himself who directed his attention to homœopathy, prescribed for him his mode of acting; if he regarded his position from an objective point of view, he was obliged to decide, by a few patients, whether the public were yet ripe for the declaration in favour of homœopathy. In a subjective point of view he had to satisfy himself whether he himself was fully competent to the practice of the homœopathic medicine in its fullest extent; an affirmation which, if we are to speak honestly, a very small number of the homœopathists of that time could conscientiously make. There was only one Hahnemann; he could not, and dared not have acted otherwise if he wished his doctrine to succeed; and he could so act with a good conscience, for he was master of his art, and grew more perfect day by day, and as far as he was concerned he had surmounted all external obstacles.

None of his followers could by any means boast of such good fortune, hence came all kinds of altercations and animosities among friends, which were carried to a great excess; and the most extravagant of all was the work of Hahnemann himself, and gave occasion to the following question from Dr. Kretschmar, of Belzig, a man distinguished by his true scientific cultivation, and who has long since departed, "What is the meaning of allopathizing in homœopathy, and can it exist?" (*Allg. Hom. Zeit.* bd. 1, No. 22.) A more unfortunate question than this could hardly have been asked, for it threw a firebrand among the orthodox; for years the controversy raged, and became so embittered that Hahnemann sent for publication, in

this journal (bd. 2, No. 1,) an article adorned, after his usual fashion, with his favourite epithets "mongrel sect," "bastard homœopathists," and similar phrases, under the title "To my true disciples," and expressly required it to be printed without any change, so that no offensive word could be erased by us which, without affecting the clearness of what he had so often said, would have removed the injurious asperity of the whole.

Dr. Kretschmar lived in a small town, far from any friendly homœopathists; he devoted himself with zeal to the new doctrine, but it was impossible for him so soon to have acquired such proficiency in it as to be able to employ at once the most suitable homœopathic remedies for all imaginable diseases, especially at that time, when the inflammatory and congestive diseases excited doubts and scruples in many whether they were really to be overcome, in all cases, by homœopathic treatment. These diseases Kretschmar brought expressly forward in an article, because probably up to this time he had but small opportunity of observation or experience in them, and he said that until greater certainty had been obtained it might *sometimes* yet be necessary to use allopathic palliatives. By his question he undertook, unbidden, the defence of certain parties who had been unjustly abused by Hahnemann in a public newspaper, and thereby brought upon himself not only the anger of the master, but many of the orthodox thought themselves called upon to protest, with energy, against the views of Kretschmar. Rummel, Müller, Trinks, took Kretschmar's part; at least they tried to apprehend his meaning from that point of view from which he would have acknowledged it to be rightly appreciated, but observing, at the same time, that homœopathy was remarkably capable of perfection, and therefore would gradually, in the course of time, get rid of its apparent uncertainties, which were presenting far fewer exceptions to those who were thoroughly indoctrinated in the science—Müller, always sceptical, was of opinion that the circle in which a physician adopting homœopathy could move would be narrowed or enlarged only by the individual views and convictions which each might entertain, having previously established satisfactorily from the *Organon* that Hahnemann himself had formed for himself such a circle. Trinks

admitted the use of blood-letting in certain cases which he specified, while he did not acknowledge that the derivatives afforded rapid or powerful aid. Of course these were nothing but specimens of individual views and convictions, some more of which were afterwards elicited by an objection of Dr. Hartlaub, of Brunswick (vol. ii. No. 16), in a paper entitled "A few Words on the Vexed Question," that appeared in No. 22. Besides these, numerous voices were raised against the views of Kretschmar; and even a monograph, entitled "Can the proficient Homœopathist treat all cases Homœopathically," by Dr. A. Schubert, appeared in reference to this matter; which, however, was of a more polemical nature than was required, being chiefly opposed to the views of Müller and Rummel; it was the subject of an elaborate disquisition in this Journal (bd. 2.) It would lead us too far were we to enter into full details of that controversy; but we cannot omit making the observation that the period through which we have passed since that time has done much more speedily to determine the controversy in favour of homœopathy, by experience, than could have been effected upon that path of strife. Controversies of a not less provoking character were started when the Hygea began, and it was impossible for us to avoid occasionally taking part in them with our Journal, as it not unfrequently happened that men who had done us much good service were harshly attacked in it. The editorship of that Journal was conducted on the regal principle, and in its blindness it represented itself as the supreme tribunal, whose decisions in matters of science were to be alone acknowledged as worthy of credit. It was conducted in a truly tyrannical fashion, and the consequent management was little better than pure despotism. In many respects this method was attended with advantage, in many others it did incalculable mischief. I allude now to the inconsiderate and intemperate manner it introduced towards those who held different opinions from its own, and this manner it unfortunately retained even to the last.

I return to the article of Trinks (bd. 2) as it brings another topic into consideration in connection with the circumstances just mentioned; a topic which even yet waits a definite determi-

nation. It is the law of the dose. With logical pertinacity has the Author, ever since that time, held firmly to his own views on this point, and along with him many shared the belief that the curative efficiency of the medicines was to be found in the strong doses alone. The chief nourishment of this materialism was afforded by the Hygea, and even men who, in reference to this subject, had hitherto rigidly revered Hahnemann's articles of faith, were so led away by the "doctrinaire" despotism of the hygeists, that for a long time they so zealously devoted themselves to this "gros-doctrine," until by manifold experience they found themselves brought to the conviction that all diseases could not always be satisfactorily removed by large doses; yet these experiments had at least this advantage, that the highest potencies no longer enjoyed unconditional preference, but a *juste milieu* was adopted; while it became more understood that it was not by individualising diseases alone that the successful practitioner was made, but even more by selecting the dose in reference to the individual receptivity, age and sex of the patient. My views on this subject are known, as I have already clearly and distinctly expressed them in my writings. There is the less occasion for me to repeat them here, as my doing so would not bring about the termination of the matter, which, indeed, can never be hoped for. It is pardonable to attempt to find a fixed law in reference to the appropriate dose in every case of disease, but the unprejudiced mind will require only slight reflection to be convinced that in this matter mathematical certainty is unattainable. Hopes and wishes have done their utmost in this direction and have led to the most extravagant extremes, indeed, so far has it been carried, that by the advocates of the high potencies the earlier homœopathic cures performed by larger doses are met with shrugs of their shoulder, because it was impossible that those who made them could have so thorough a grasp of the "*codex medicaminum*" as they had. Indeed, our excellent Gross (now alas departed) carried it so far as to say, that since he began to operate with the Jenichen-high-potencies he had scarcely any time left for slight literary articles, and that his practice and study of the *materia medica* deprived him of all leisure. So far did the high potencies carry the phy-

sician! pity only that the thing itself had only a short existence, which, from well known causes, cannot be prolonged. The cardinal proposition of Hahnemann's, "there cannot be a dose of medicine so small as that it shall not be powerful enough to overcome the natural morbid action," which is repeated in the various editions of the *Organon* with equal emphasis, and which must therefore have appeared to its author as thoroughly established, it was that introduced this unprofitable confusion into the question of posology; hence came the emancipation of the medicinal power by trituration and shaking; the joy over so great and important a discovery—in these circumstances it was not strange that his exalted imagination perceived the existence of the atomic constitution of the drug, though in a spiritual condition, even in the minutest dose; and that there might be at least a provisional limit, that he fixed upon the decillionth as such. His discovering-genius let him here make an omission. He fixed his attention too exclusively upon the medicines and expected from the highest potencies only a cure in every case of disease, which in virtue of its own peculiar nature and capacity of development, may have reached so high a stage that this particular dose is not sufficient, because it has not had the advantage of this kind of parasitic life from the first. Without doubt, it was here the error of Hahnemann lay, which he himself felt, but he was unable to solve the riddle by the light then afforded by physiology, perhaps also it was not satisfactory to others, and hence he undertook a more careful proving of a new class of remedies, with whose publication he accompanied the *Psora* doctrine, which declared the incurability of many diseases, only that the decillionths might not be sacrificed! That we owe to these doses a debt of gratitude is undeniable, but it is also true that those practitioners who are devoted to these doses alone have many sins of omission upon their head, to say nothing of the internal judge which, if they have kept pace with the progress of science cannot altogether acquit them of adhering to a blind faith at the expense of their duty to humanity. What wonder is there that the credulous should have followed up and developed into life with characteristic enthusiasm a much greater extension of the dose, than was

maintained in Hahnemann's assumption of probability. I admit, and I have always maintained, that we are far from having attained to the knowledge of all the latent powers of nature, but I do not understand why it is so, with this new infinitesimal doctrine, which gets every year higher and higher, still less can I account for it, seeing that greater reactions in diseases are said to have been observed after the use of these *od-forces* (that is not the precise word, but it will do) than after medium and lower doses, and yet they have not been able to effect more certain cures!

In honest truth we have not yet reached the point at which we can acknowledge the sufficiency of homœopathy for all curable diseases. This is undoubtedly the cause why a bye-way was hit upon, and the obstacle to progress sought to be overcome by attenuation of the medicine. The truth was known, but the spirit of inquiry has not hitherto discovered the best method of removing the difficulties, although, since that time, there have been many phases of development of which our excellent Gross affords an evidence in his "*Herzensergiesung.*" What silent pangs and struggles must Gross have undergone, before he brought himself to express his satisfaction at the cherishing of such a delusion, which plainly declared his numerous doubts of the sufficiency of homœopathy; and this manifested the impatience with which the greatest possible performances were expected from a science yet in its infancy, while during a thousand years similar achievements had been waited for in vain to be accomplished by the old system of medicine. And now it seemed that the clearly ascertained principle which was to be equally sufficient and certain for all individual cases, without any exception whatever, was established, and required no more labour and exertion. General observation brought the fact to light, that the features of the actual diseases were held to be as definite as were the descriptions in the *materia medica*, compiled according to the homœopathic principles; alterations or enlargements in neither were deemed possible, and in the technicalities of the latter alone were supposed to lie the hitherto hidden secret. This gave rise to many rash leaps at conclusions, whereby extremes were found to meet. Many

enthusiasts, strong of faith, went through all extremes. There are so many *pia desideria* which our own age leaves as a legacy to their successors, and our own age is but a quarrelsome world. This is seen even in the field of homœopathy, in the animosities among its partisans, who have so much call to be united. But however, better an open feud than an inanimate adhesion to maxims of which it may be said that it cannot be too long before they are adopted as laws in the true sense of the word.

At the eleventh page of the second volume will be found a critical notice of the "Sketches from the portfolio of a homœopathist on his travels, by Griesselich." This species of communication was at that time a novelty in homœopathy, and owing to the genius of the writer, it was looked upon as something great, by many it was admired, and by many blamed as an offence against convenience. If the author had not shewn himself to the time of his too early death a sincere friend of homœopathy, as well as a truly upright man of truth, he would at least have subjected himself to the accusation of having been hurried by his precipitance over the limits of propriety. As it was he did undoubtedly transgress these limits by publishing, without the consent of those he spoke with, confidential observations which were very seldom ripe for communicating to the public; indeed precipitate it certainly was when we consider that the writer, as is plain from the internal evidence of his work, met the men whom he named for the first time in his life. Many passages in this work shew that its author had not in all cases reached his conclusions from personal observations, but had arrived at them by the report of others, along with their own views and opinions, and that our sceptic had not been always on his guard, but had himself fallen into the very errors which he so sharply censured in others. A practical advantage was derived from this piece of writing, by making the friends of homœopathy more cautious in their intercourse with strangers, and prevented the communication of crude views, and this benefit seems to have endured up to the present day.

In looking through this Journal, the reader will come upon an article entitled "Practical Observations," (vol. ii, p. 68,)

which is well worthy of cordial examination, as it is the work of a man of learning and genius as well as of an able practitioner, for whose love of truth I can safely answer, although even now I do not feel myself at liberty to give his name. We find the following sentence there—"I must honestly admit, that I like a scale of doses on which we can go up and down, and I do not like to be nailed to the 30th; and for this reason I have first begun with the 'Hermes trismegistus' of medicine, I mean Sulphur, and of this I made preparations ranging from the 1 to 300." Here we have already as far back as twenty-one years the indication of the high potencies, only with this difference, that we have the confident assurance of their mode of preparation, which was according to the method prescribed by Hahnemann, beginning with the second trituration and mounting to the top of the tincture scale. The further observations contained in the paper are of the highest interest, and proving societies may be instigated to make fuller experiments with the peculiar family of the ferns, which undoubtedly are endowed with much medicinal virtue, among others *Osmunda*, *Pteris*, *Asplenium*; also *Succinum*, *Uredo hordei*, are well worthy of a more minute proving. *Psoricum* is mentioned more than once in these practical observations, as having shewn itself of actual utility; it would be a pity if this important medicine did not receive all the attention it deserves owing to prejudice or incredulity.

Some practical observations on "mental diseases," in the second volume, suggest the enquiry, How does it happen that so few cases of a similar kind have been published by Homœopaths? This field of knowledge requires much elucidation before we shall win from it all it ought to yield; and although even here homœopathy may well stand comparison with allopathy, yet in my opinion it would be well worth while to strive to attain a greater security in the cure of this class of affections, which could be best done by a homœopathist whose position afforded him the opportunity, were he to establish an asylum at his own expense, and treat the afflicted inmates by the homœopathic method alone. But before so fortunate a consummation can be expected, it would be well if the cases of insanity suc-

cessfully treated by homœopathy were communicated to the profession, so that when such an institution as we have suggested was set on foot, the cases might be treated with as much certainty as those of other diseases.

Cow pox lymph, as a protection against small pox, does not require further notice; it is well established, and the exceptional cases are not enough to invalidate its prophylactic efficacy. The third trituration of cow pox crust of a healthy untainted child was found by Dr. Bätzendorf so extremely useful in a very bad case of small pox, that he called attention to the fact twenty years ago, and invited others to make a similar trial; this invitation, as far as I know, met with little response, and did not lead to farther investigation (bd. 2, s. 149). The cure of small pox by the remedies we at present possess, is by no means so satisfactory as to justify us in slighting all further improvement. Our efforts hitherto in this often dangerous disease consist only in the administration of palliatives to relieve the excessive development of individual symptoms of the different stages of the malady; we accompany the eruption, unshortened, with our curative expedients even to its utmost height, and thus we continue to its ultimate disappearance: no stage is cut short, and it is only in cases of moderate intensity of the poison can we indulge the satisfactory hope that the patient is not in danger. It would be well worth while to give a more extended trial to this remedy, and to administer it in all future epidemics of small pox, to determine whether we might not, by its power, render the disease abortive. To inoculate with cow pox lymph after the invasion of the disease is useless, for the two eruptions amalgamate without any benefit, as I have learned from manifold experience, since the cutaneous affection in both are alike, and the cow pox thus is always one stage behind the other. The relation between them must be different when the vaccine matter has not to go through this cutaneous development first, but when administered internally, it affects the focus of the disease of the natural small pox in virtue of its similarity. In as far as the law of *similia similibus* is true, so far must the affirmation be so that potentialized cow pox lymph, or crusts,

are a specific antidote against small pox which has broken out. If some cases still proceed to an unfavourable termination, yet this does not invalidate the efficiency of the remedy, for is there any disease which may not end fatally in certain circumstances!

It is now more than twenty years since the controversy about the size, the repetition and the order of succession of the doses of our medicines began, and notwithstanding all that has been written up to the present time we have not arrived at a final solution of any of the questions. The only proposition which seems to remain secure is that acute diseases are to be treated with low dilutions, and chronic with the high or highest; and even this in very many instances does not hold good; indeed, by numerous examples, the opposite is attested. It has fared otherwise with the rule laid down by Hahnemann, that one dose of a rightly selected medicine does all that can be done by that medicine, and that a second dose undoes the good effected by the first. This rule has become the exception by experience, and it has been found that the repetition of the dose is unavoidable in almost all cases; yet this too is not unconditional. It is equally presumptuous to attempt to lay down a law in regard to the order of succession of different remedies, for each must be chosen with a reference to the principle of similarity. To prescribe the order seems to me nothing more than to be obliged to give an antidote for an improperly chosen remedy, which would not be suitable in one case out of a hundred. For twenty years we have made no advance to a final settlement of any of these questions except the second, and it has not been effected even by the admirable treatise by Rummel on the subject of the dose, written in reply to a prize question proposed by the Parisian homœopathists. Heaven grant it may not be like the dispute about the emperor's beard, and yet it perhaps is better that it should, for if this were once absolutely determined, it would introduce much carelessness, by leading to a deficient individualization of cases of disease.

Disease of the ovaries have been more attended to of late by homœopathists, in consequence of the proving of the poison of the honey bee; and I think it would be well if the scattered communications of cures of diseases of this organ were collected,

and collected so that we may acquire greater certainty in their treatment. An excellent cure of this kind is communicated by Rummel (Bd. 3, No. 6), which he effected twenty-three years ago, and his happy selection of the right remedy so far back shewed great skill. The writer would wish to direct attention to colocynth in this disease.

It is strange what a multitude of cures of that time are described in so clear, simple, and instructive a style as to remain models up to this day, as in them may be seen the sharpness and truth of observation which characterizes the thoroughly practical physician. Few such cases are afforded in these latter times; they are much more learned and diffused, and the sharp clearness is often absent, which is so useful in practice. These practical experiences exhibited resources and adroitness, but not the over-refined acquaintance with pathological anatomy, physiology, and auscultation such as distinguishes the young clinical students of the present day. All these knowledges do not make a complete practitioner who has the gift of penetrating the vital powers of the disease, and of conducting nature into the path of cure. It seems to me that practice must again take up its own peculiar development, and shake itself loose from the leading strings it has been so long held in by physiology and pathological anatomy.

We owe thanks to these doctrines for the light they have thrown on natural processes and diseases; but we are not enlightened by their means as to any other kind of processes of cure than those we already know as homœopaths, nor have they given us any new means to attain those cures, if indeed they have not produced confusion by false lights. We shall never arrive by means of pathological anatomy at understanding the process of cure of disease, whether induced by natural means or the action of remedies. The *post-mortem* examination certainly shews us the devastations left in the body by disease; but it is not the knowledge of these devastations, even when followed into their minutest microscopic particulars, that is essential for the physician whose duty it is to arrest the progress of the diseased process which leads to them. Pathological anatomy shews us the seat of the disease and the kind of destruction which it

produces, but it brings small gain to therapeutics; nay, even it seems to me that this knowledge of the microscopic particulars of morbid products is useless even for diagnosis, as it must be pretty much the same to the physician what exact position with respect to each other is occupied by the cells, scales, and corpuscles, or their relative size to the hundredth of a line. We deny not to auscultation and percussion their just rights, but our worthy predecessors, such as Boerhaave, Sydenham, Hildebrand, Baglivi, Reil, Franck, Hufeland, &c., knew nothing of these clinical apparatus, and yet one cannot accuse those coryphæi of medicine of diagnosing or treating pneumonia, typhus, &c., worse than the modern heroes of medicine. Oh no! they brought to the sick bed clear eyes, sharp intellects, anthropological and psychological studies, knowledge of the patient, and acute powers of observation. If we add to such qualities an enlightened knowledge of medicines, it is undoubted that we attain a much greater gain for practice than all these highly prized doctrines can give us; therefore the present generation of homœopathic physicians will enrich medical practice much less by communicating their therapeutic experience than has been done by the aphoristic practical observations of those who lived twenty years ago or more. Regard it from what side we may it remains a fact that the last decade in homœopathy presents the appearance of having rather retrograded than advanced: and so it will go on for a time until at the end we spontaneously recognise our error, and return to the point from whence Hahnemann started. May this time not be far distant, that we may not have to forget too much of what has been long impeding the development of the homœopathic method.

HOMŒOPATHIC CLINICAL STUDIES,

BY DRs. WURMB AND CASPAR.

*(Continued from page 85.)**Typhus—Indications for Veratrum.*

THERE are types in which the vegetative sphere is principally attacked and the process of organic life is so much enfeebled that mechanical and chemical relations arise injurious to life. The course of the disease becomes retarded; the pulse slow, feeble and soft; the power necessary to the propulsion of the blood through the capillary vessels fails; the course of the blood is arrested at different points and cyanosis results. The serous portion of the blood tending to decomposition mechanically permeates the weakened coats of the vessels, and governed by peculiar circumstances appears either on the skin in the form of a cold sweat, or is discharged from the mucous membrane of the intestinal canal in form of an abundant diarrhoea or in vomiting of a watery fluid. The subsequent appearances of organic decay are soon observed; the temperature falls; the natural turgescence is lost, so that the skin becomes soft and wrinkled; the eyes lose their brilliancy, and sink in their sockets; the nose becomes pointed; the lips hang loosely. Notwithstanding this violent disturbance of the system yet the mind seems proportionately to be very little affected; the thinking powers are mostly subject to the will or brought into action by external circumstances. Delirium is not present or at least in a moderate degree; in a word, the abnormal deviations of organic life correspond so little with those of the vegetative sphere that a remarkable disagreement subsists in the severity of their respective symptoms. This want of uniformity is very apparent when a sinking of the vegetative forces takes place at the commencement of the disease.

In similar types of disease there cannot exist a momentary doubt as to the choice of the remedy, for the indications for veratrum are as clear as possible. We had frequently to treat such cases in the months of August and September. It is probable that their frequent occurrence may in some measure have

been owing to epidemic cholera which prevailed in Vienna, in the Leopoldstadt, and which did not spare our hospital. At this period there often occurred during the course of Typhus a profuse watery diarrhœa and vomiting of a watery fluid; the temperature became lowered; the pulse much less frequent, &c., in short a state which was not easy to distinguish from cholera. Many cases of Typhus were attacked with cholera in its fully developed form. We believe then that we have not erred in assuming that the prevailing epidemic may have given a peculiar character to the disease, and thus that Veratrum became the most useful remedy.

At this period we prescribed veratrum in all cases of Typhus accompanied with an abundant purging and vomiting of a fluid resembling rice-water; when the course of the disease became less active, and the temperature sank; the turgescence diminished. We never had cause to regret the treatment, for the symptoms almost always subsided soon after the use of the remedy, and when there was a complication of cholera either the symptoms of Typhus returned in their original form or convalescence began immediately to take place.

In all these cases we have been led to the use of Veratrum more from the general symptoms than from solitary indications when even the most important of the latter were not absent. We have thus had opportunities of treating Typhus with veratrum long previous to the cholera epidemic as well as long after its disappearance, and we wish to lay great stress upon the fact that from no other remedy were such rapid and visible results obtained.

Theresa Becher, æt. 20, strongly made, regular, had always hitherto been well, was attacked six days since with violent, shooting pains in the head; to these were soon associated great weakness and dejection, violent thirst, frequent shiverings followed by protracted accessions of heat. This state soon grew worse and then slight delirium supervened.

On her admission the 16th March we found the temperature rather elevated; skin covered with moisture; cheeks red and hot; eyes glistening; tongue slightly coated, red at the edges; cough frequent; pulse 100, strong; abdomen slightly tympa-

nitic; the spleen enlarged and extending beyond the ribs; bowels costive.

The patient answered correctly; the brain was not much affected; she complained of great weakness; great heat especially in the head, alternating with slight shiverings, especially on moving; giddiness; roaring in the ears; great thirst; disagreeable pappy taste in the mouth; some sacral pain; and a feeling of emptiness in the stomach; the abdomen was sensitive to pressure on the left side below the ribs.

Aconite was prescribed.

During the night she had a violent attack of shivering, and on the following morning the pulse had lowered to 84, and she lay in an apathetic condition.

On the 3rd day there was still great debility; increase of apathy; countenance pallid; the skin covered with moisture; the thirst and heat in the head were gone.

Pulsatilla was ordered.

On the 4th day, the same state; during the night muttering delirium; on the 5th in the morning, a feeling of great debility; the cheeks very red; the skin, especially the face, covered with drops of perspiration; lips dry; cracked; pulse 64, feeble; the patient lay regardless of all passing around her, was notwithstanding quite conscious.

Her state now became rapidly worse, and on the 6th we found the following; the patient returned no answer, was sometimes delirious; the face was coloured a bluish red; the skin covered with a cold sweat, pulse sunk to 48, very feeble, sometimes intermittent.

In the evening Veratrum was ordered.

The following evening we found a surprising change had taken place; the sensorium was unaffected; the temperature comfortably warm; pulse 72, stronger; and the patient congratulated herself on her condition. This rapid improvement however remained permanent, her strength began to return, so that the patient on the 6th day from the change in her condition, and the 12th from the commencement of the treatment, although rather weak, was dismissed perfectly cured.

Josepha Wimmer, æt. 23, strongly built, has been ill eight

days, presented the following symptoms on admission the 9th January; the temperature was much elevated; skin moist; eyes glistening; tongue red and moist; accelerated breathing, nothing abnormal was yielded by percussion, auscultation showed that respiration was louder than usual and expiration especially so posteriorly; pulse 120; abdomen very tympanitic; the spleen enlarged, to be felt below the border of the ribs anteriorly; very frequent, brothlike stools. The patient complains of great weakness, giddiness, as if her senses were leaving her, and frequent shivering; great thirst, oppression of the chest, and aching of the whole body, notwithstanding a constant inclination for sleep she could not obtain any, though falling occasionally into a dreamy state which sometimes passed into slight delirium, or she awoke up screaming. She was ordered Rhus.

In the course of the following four days her state was so far changed that her pulse had fallen four beats; the temperature was diminished, though occasionally elevated; and she lay in a constant slumber; the sensorium was more affected; perspiration was more abundant; petechiæ appeared on the chest and abdomen, while the stools became more watery and frequent.

Phosphoric acid was prescribed without any result, for during the following day the turgescence had gone on decreasing; the perspiration increased, was cold and clammy; the temperature of the body sank lower and lower; the cheeks and lips assumed a bluish red colour; and the patient lay in an apathetic state; the pulse was only 64; the urine was small in quantity of a brownish red colour; the watery diarrhœa still continued. On the morning of the 9th day Veratrum was ordered. If the following rapid restoration which took place is to be ascribed to the use of the medicine we must acknowledge that in the course of the whole year, in no other case, and with no other remedy was so surprising an action obtained. The disease seemed almost annihilated with one blow. On the same day at an evening visit we found the apathetic state had entirely vanished; the countenance was good; temperature comfortably warm; the pulse risen to 76. In the course of the night the perspiration was moderate and agreeably warm.

On the 10th day the patient felt herself very well, and could

occasionally sit up in bed; the appetite had returned; the pulse 80 and tolerably strong; only two loose evacuations.

On the 12th she attempted to leave her bed, but was soon compelled by weakness to lie down again; there was no longer a trace of any other symptoms.

On the 16th her strength was so far restored that she was enabled to pass several hours out of bed.

On the 21st day of her stay in the Hospital, and 12th after the commencement of convalescence, she was discharged perfectly cured.

Indications for Cocculus.

In the same way that *Veratrum* corresponds to the more prominent abnormal affections of the vegetative sphere, so is *Cocculus* required in similar abnormal manifestations of animal life.

The patient is first observed to complain of weariness, and a general feeling of indisposition after every slight effort; he has a want of power of thought; loss of memory; want of appetite, and an insuperable inclination to sleep. He soon feels himself so weak that he is compelled to keep his bed, and falls into an apathetic state, which finally passes into actual somnolency. When roused he complains of vertigo; of a feeling as if the head were pressed by a heavy load; a weakness and paralytic feeling in the limbs, and particularly in the eyelids, which can scarcely be opened from excessive drowsiness. Sometimes instead of the paralytic feeling there is a sensation of quivering and twitching. He answers correctly, but slowly, and soon falls back into his somnolent state; his expression of countenance is without any sign of mental impressions. This condition does not constantly remain unchanged, for there are moments of slight excitement when the patient arouses from his slumbering condition, looks sharply around, moves himself quickly, and by his hasty replies attempts at the same time to conceal his helplessness; sometimes there is slight and uneasy delirium.

The rest of the organism participates but little in this torpid state of the nervous system. The pulse is somewhat weaker,

sinks but rarely below the usual number of beats, but more frequently rises much higher; the temperature is normal, or varies but slightly; the skin is pale, soft; the tongue slightly coated, or even clean; bowels usually costive, in exceptional cases diarrhœa is sometimes present. The mucous membrane of the air-passages is almost never affected.

The exanthematous eruption, bed sores, or hæmorrhage are never present; there is always enlargement of the spleen.

Joseph Nowak, æt. 16, powerfully made and well fed, states that, when a child he had recovered from several diseases, of which however he could not give any further information.

His present illness began four days ago with dull aching pains in the head; a feeling of weakness and dejection. These were soon followed by frequent shivering and heats in the whole as well as in different portions of the body; thirst moderate; appetite variable; had almost constantly after eating a shivering and sensation of discomfort. Has had diarrhœa for two days. He passed the last night partly waking and partly in an unrefreshing, uneasy dosing state, disturbed by dreams which he could not remember.

On his admission the 7th March we found the following symptoms: the temperature was only increased about the head; the skin pale and moist; cheeks slightly red; tongue coated; lungs and heart normal; pulse 96; the spleen enlarged for two finger-breadths below the ribs; stools thin and brothy.

The patient lay with his eyes closed regardless of what was passing around him; he answered correctly, but took a long time in reflecting; he often failed to use the right expression for his thoughts, and could scarcely recollect anything; he mumbled so that it was a great trouble for him to pronounce his words. He complained of a feeling of great weakness; aching of all his limbs, especially of a feeling of weight in his feet, and as if his eyelids were paralysed. A slight quivering and twitching were noticed in his eyelids, the facial muscles, and limbs. He complained moreover of his head being confused; of giddiness when sitting up; roaring in the ears; heat in the head and shivering of the whole body; rapid alternations

of heat and cold; of a pappy nauseous taste in his mouth; frequent eructations; nausea, rumbling in the abdomen, and occasionally a feeling of contraction in the neighbourhood of the umbilicus.

Cocculus was prescribed.

During the four following days there were some moments in which the patient seemed to be not quite so apathetic; occasionally there were even times of excitement, otherwise there was no change.

On the 4th day the diarrhœa had ceased, the appetite had returned, food was well borne, and the apathetic condition appeared at rare intervals.

On the 6th day the latter was entirely gone, and the patient was pleased with his recovery. From this time a rapid improvement took place, so that at the end of ten days there remained no trace of the disease.

On the 18th the patient was discharged perfectly cured.

All cases in which we prescribed *Cocculus* were similar to the above. In all the instances we did not observe any remarkable cessation of the symptoms after the employment of the remedy, but at the same time there was no increase or further development of the morbid process. The latter, for a longer or shorter time, remained stationary, then gradually diminished until it finally ceased, usually between the 14th and 15th day.

Besides these remedies, *Rhus*, Phosphoric Acid, *Arsenicum*, *Carbo vegetab.*, *Veratrum*, and *Cocculus*, which we have chiefly employed in combating typhus, there are others which we have used for the removal of some troublesome or dangerous symptoms.

The accession of typhus was often attended with great vascular excitement, and with symptoms which usually characterised inflammatory action. This state often misled us, and induced us to make an improper use of *Aconite*. During the first period of our clinical experience, when we had employed *Aconite*, it was long before we could resolve upon discontinuing its use; we were however compelled in each instance to make choice of another remedy, for *Aconite* never acted favorably. We then had recourse to one of the former remedies, especially *Rhus*,

and we found that the latter almost always, in a short time, allayed the vascular excitement, when the apparently more suitable Aconite had no effect.

Thus instructed, however violent the symptoms might be, and however necessary it might seem to be to employ Aconite, we would not allow ourselves to be so easily deceived, but at once proceeded to use the remedy which corresponded with the totality of the disease, as soon as we had the least suspicion of typhus. We are however far from being free from error, for there are enough cases, which come under our treatment, in which the same mistake is committed, viz. the use of Aconite. We may nevertheless venture to assume as an apology, that this is an error which cannot always be avoided, because a rational and not a simple symptomatic mode of treatment is the only way of escaping, for at the beginning of typhus there is often great uncertainty in the diagnosis, and then the symptomatic treatment is alone advisable.

It must not be supposed that we consider the use of Aconite in typhus as a therapeutic error, because in one or two cases its use was unattended with good effects, but because we are of opinion that Aconite, the remedy in inflammatory diseases, cannot be the suitable in such an adynamic process as typhus. However great may be the similarity between the symptoms of the disease and the pathogenetic effects of the medicine in any particular case, still the choice of Aconite in typhus is not appropriate, because the causes of these appearances are so very different. The symptomatic resemblance is only partial—it does not exist in the entire morbid process; it is not real but apparent; not durable but only fugitive; not necessary but accidental, &c.—in short, it merits no consideration in deciding upon the mode of treatment.

Aconite is not a medicine corresponding with the symptoms of typhus, for it has only a general action on the composition of the blood and the vascular system, and those organs which are principally affected in typhus are least subject to its influence.

The symptoms in typhus must not be the sole guide in the choice of a remedy, but must be attended by a rational and correct idea of the disease. We consider it necessary to speak further on this subject, for there are many homœopaths who

adhere to the employment of Aconite at the commencement of typhus.

What has just been said of Aconite may likewise be more or less applied to Belladonna; the latter has in the same way been considered by not a few homœopathists as the most beneficial remedy in typhus, although at the utmost it can only be a symptomatic medicine, when in consequence of its great specific relation to the vascular system of the head it is sometimes enabled to remove an immoderate excitement. In one case we derived benefit from the use of Belladonna, it having moderated a violent determination of blood to the head attended with high delirium, but it is readily conceived that it would not exert any further beneficial effect upon the disease, as in healthy individuals it causes a very different change in the blood.

An erroneous idea which we had formed of the disease combined with the casual presence of many of the symptoms peculiar to Pulsatilla, sometimes misled us in the employment of this remedy in typhus. We venture to assert that no practitioner is free from similar errors, for typhus often commences with an intestinal catarrh which cannot always be distinguished from that in which Pulsatilla is so invaluable a remedy.

We will now proceed to observe

1st. That in a symptomatic mode of treatment those remedies must be chosen which act immediately on the organ affected and attack the disease at its source. Such a remedy although it may not in every respect possess a similarity to the entire disease, may be useful from some especial relation to the organ affected and thus be one step to a favourable change, still it is evident that it will not admit of implicit dependence on its action, therefore those remedies must be sought out which not only accord with any one morbid symptom but with the entire diseased process; for the greater the resemblance so much the more sure will be the results obtained.

2. A symptomatic mode of treatment should be alone pursued when a morbid action attains a disproportionate degree of violence and appears at an irregular period; when it greatly increases the sufferings of the patient, or increases the disease; when against the latter there exists no homœopathic remedy, or at least when it cannot be found; or when the suitable

remedy exists but it is unable to remove the individual symptom so quickly as appears desirable. A symptom requires no especial remedy, however violent and troublesome it may be when it is not more prominent than the rest, otherwise it would interfere with the treatment of the entire disease. Neither would the treatment of a symptom be justifiable even when originating in a considerable material change, unless required by very pressing circumstances, for if continued for any length of time, the entire morbid process would in the meanwhile be neglected. Still more difficult is it in such cases to excuse a short treatment of symptoms, for at the most a fugitive and worthless appearance of alleviation is produced, which cannot have any influence on the organic alteration but may actually be prejudicial to, or arrest the action of the remedy corresponding to the whole of the morbid process.

However simple these rules may be, and although they are the consequences of the law of similarity, still they are very frequently neglected; there are many practitioners who have a medicine in readiness for each symptom, and who habitually treat their patients symptomatically. It is from this want of consistency that homœopathic practitioners have been so bitterly reproached by their rivals.

Sopor is the symptom in typhus which most frequently requires especial treatment, because very often it is not proportioned to the other symptoms, and frequently continues when they are subsiding or have nearly disappeared. In such cases we have obtained very good results from Opium and Hyoscyamus. The following are the indications for the use of either remedy.

The primary action of opium is to stimulate the vascular system, it then exhilarates the mind, and finally the senses become dull and stupefaction ensues. The sensorium is no longer affected by the external world; the imagination uninfluenced by external impressions calls into existence the most wonderful creations, which however observe a regular order of succession: it often happens that under the influence of opium many ideas are followed out to their utmost development, because the reflective powers deviate only so far from the normal state as to be no longer excited by the external world.

In its subsequent action the opposite condition takes place, viz., a depression of the vascular system; absence of ideas; dulness of the imagination and over-irritability of the general sensibility.

If the soporose state of typhus resembles the sketch we have just drawn of the primary action of opium; if this remedy is really homœopathic, then in most cases we shall find the following symptoms. The patient although lying in a state of stupefaction will however make efforts at consistent actions; the delirium is moderate and, as evinced by the pleasant expression of the countenance, not disagreeable, and the train of thought is continued for a variable length of time after waking; the pulse is accelerated; the temperature increased; there is thirst; and signs of a continued but moderate determination of blood to the head are never absent.

We are likewise of opinion that the somnolency which is so frequently present in typhus may sometimes be subject to treatment, and that almost in all cases Opium is required. This somnolent state is only distinguished from natural sleep by being more persistent and by being attended with slight delirium. The patient lies quietly with a pleasing expressing of countenance; replies correctly when roused; makes no complaint, on the contrary is often satisfied with his condition, because his dreams are of an agreeable sort; he continues awake but a short time, then falls into the somnolent state again.

Hyoscyamus seems in some measure to be the opposite to Opium. Its primary action appears to be to lower nervous and vascular excitement; in consequence of its peculiar action on the sensorium by which individual ideas are arrested and thus certain parts of a train of thought are actually wanting, partial and obscure views are the result which must necessarily lead to an incorrect judgment. In the same ratio that this obstructive influence increases does a greater confusion in the mental operations become developed, and so much the more rapidly does a loss of consciousness take place.

Hyoscyamus should be used in those cases in which universal torpor exists; the patient's countenance is fixed and inexpressive. Delirium is either entirely absent, or when present it consists of an assemblage of confused ideas, and the perceptive

powers are so depressed in the lucid intervals that the patient, although susceptible of impressions, is unable to reply to them.

Hæmorrhage often takes place in typhus. When it occurs at the commencement of the disease it is entirely innocuous and may even be useful, as for example in Epistaxis. When it occurs later in the disease it then becomes much more important, as it may be caused by a contamination of the blood or by structural lesion, or both may co-exist. If the latter is the case Arsenicum or Carbo veg. should be ordered. Should the existence of imbibition, of sugillations or hypostasis be remarked and the hæmorrhage be ascribed to them, then Arnica should be preferred to most remedies.

Decubitus is also attributable to the same cause and therefore requires the use of the same remedies, Arsenicum, Carbo veg. and Arnica.

The last named medicine we have frequently used externally as soon as a bluish red spot appeared. If the skin notwithstanding had broken and the slough had separated leaving behind a sore place, we then gave the preference to Calendula.

The diagnosis of perforation is quite uncertain. We formed a correct diagnosis in one case as proved by a *post-mortem*; in another, in which on account of the great peritoneal pain we were led to form a similar opinion, there was not the least tendency to perforation. Two cases of typhus in which we anticipated perforation were discharged cured.

In women at the commencement of convalescence there sometimes occurred a burning pain on passing urine and strangury; these troublesome symptoms often lasted a long time. They were sometimes soon removed by Pulsatilla; in one case the latter remedy was of no use and we were obliged to give Cantharides which quickly removed the disorder.

Parotitis occurred in two cases. We gave Mercur. solub. because there was no active inflammation but only a progressive infiltration with moderate local irritation. Both terminated well.

Pneumonic infiltration is usually reckoned among the most dangerous complications of typhus, because it adds to the dis-

ordered state of the blood which is already affected in so high a degree. We however do not entertain so great a fear of it, not because in almost every instance it has yielded to our treatment, but because in our opinion typhus, as a rule, runs a much milder course the more it is localized. For this reason, on the appearance of pneumonia we have not immediately had recourse to a new remedy unless obliged to do so by the force of circumstances. Thus we have not varied our mode of treatment in those forms of typhus in which *Rhus* and *Arsenicum* were the homœopathic remedies, because the latter have so great an influence upon the lungs. Should however but little confidence be placed in these remedies for the removal of pneumonia, owing to the high degree of violence of the latter forcing the typhoid symptoms into the back ground, then in most instances the preference will be given to *Phosphorus*, owing to its decided and remarkable action upon the structure of the lungs as well as to its power of producing a state which in many points accords with the typhoid state.

In those forms which correspond with *Phosphoric acid* and *Carb. veg.* the continued use of these remedies on the accession of pneumonia is only required when there is hypostatic infiltration or a high degree of torpor. In these cases however *Phosphorus* is not indicated. We would however draw attention to *Arnica* for torpor of the capillary system ; and its natural consequence, obstructions and infiltrations of the parenchyma followed by decomposition of the blood, are its most important symptoms. It would be also deserving of trial whether *Tartar emeticus* would not sometimes be beneficial in these cases.

Should diarrhœa continue after the typhoid symptoms have entirely or almost disappeared ; or occur at a later period during convalescence, and obstinately resist all the means employed, while the patient visibly falls away, there will be but little prospect of error in presuming the existence of intestinal ulceration and in giving an unfavourable prognosis. *Arsenicum* is the remedy from which we should hope to obtain most success. We can however only refer to one solitary case in which a cure was effected.

A disproportionate sinking of the vital powers notwithstand-

ing the disappearance of the typhoid state requires the employment of Carbo, China, &c. Carbo is preferable when the debility is universal, while China is indicated when the debility is attended with a certain amount of irritability. The patient often has a good appetite but cannot retain anything in his stomach; a feeling of discomfort follows the use of the lightest food, to this is sometimes added vomiting. The patient is mostly impatient and excitable, and often complains of slight feverishness in the evening.

When the typhoid process has terminated and convalescence has begun the strength must be restored by a suitable dietetic course. During this period no benefit should be expected from the use of medicines. The patient has no longer any need of them, but of a nutritious diet; the latter when too strict only delays recovery.

A moderate stimulation with wine or beer may now be borne and is especially indicated when torpor has existed. The existence even of slight diarrhœa does not render necessary the disuse of flesh and wine, but on the contrary the latter may facilitate its removal, for the looseness of the bowels is in such cases owing to a state of weakness of the intestinal canal.

CONTRIBUTIONS TO A PROVING OF NAJA TRIPUDIANS.

BY J. RUTHERFURD RUSSELL, M.D

THE difficulties in the way of ascertaining by experiments the physiological action of a snake-poison like the one under consideration, are peculiar. In the first place, it is difficult to obtain the substance in sufficient quantities to institute such a variety of trials as is desirable. Not only is the original collection of the poison attended with considerable expense and even danger, but after it is got in India, there is a risk of its undergoing some degree of decomposition before it is prepared for use in this country. It is this consideration that has prevented me from attempting to ascertain by positive experiments on a

large scale whether the poisonous effects of the substance can be produced with as much certainty by administering it by the mouth as by injection into the blood vessels. For, as I have before observed, we have no right to expect that a small quantity so given will produce death or manifest symptoms in one of the lower animals, since it is absolutely certain that in order to do so, even where poured into a wound, it requires to be very considerable in amount; in short, it is a much weaker poison than most of those we are in the habit of using—such as Arsenic, Mercury, Hydrocyanic Acid, or even Nux Vomica. In the absence of this positive proof of its efficacy when taken by the mouth, we are obliged to fall back upon the results of minute doses, and of its therapeutical action. Now, it must be confessed that neither of these courses is at all satisfactory, and it certainly is rather disheartening to observe the small number of indubitable symptoms produced in those who have hitherto taken doses of $\frac{1}{100}$ to $\frac{1}{1000}$ th and upwards of a grain. Not only do the negative results suggest serious doubts as to the activity of this particular substance, but it is impossible not to feel that it is but far too probable that the symptoms recorded in our works on *Materia Medica*, find their place there, in very many instances, on far too insufficient grounds. Indeed, we are free to admit that one of our reasons for publishing this crude matter, which is only a small addition of raw material to a future proving of the medicine, is to exhibit the sort of evidence out of which many of our provings have been compiled, not with the view of leading to an indolent distrust and rejection of what is thus shewn to be unsatisfactory, but in the hopes that it may rouse us to the necessity of undertaking a careful revision of our stock in trade, and put us on our mettle for the future to verify by personal experiment, and to enlarge the traditional bequests that have come ready made to our hands. And while I take this opportunity of expressing my acknowledgements to those who have kindly assisted in this initiatory process of experiment, I must beg of all who have the opportunity to prosecute the subject, both by making experiments on themselves, and by recording carefully the action of the substance in disease that we may, by and bye, have a sufficient

mass of facts out of which to compile such a proving as will be fit to take its place in a permanent and well sifted *Materia Medica*.

As the evidence of the physiologic action of *Naja*, which will be detailed in the sequel, may be deemed insufficient by some to reconcile them to trusting to it in disease, it may be as well to state that from a pretty considerable experience of its administration I have myself no doubt whatever of its therapeutic value. The following two cases, the one occurring in my own practice, the other in that of Mr. Gillow, to whom I am indebted for its history, may be found interesting to those who hesitate about the virtue of the poison as a medicine.

Miss ———, æt. 26. Fair, florid, nervous sanguine temperament. On Thursday, 15th September, caught cold, felt pain in throat and frequent tendency to short cough, took *con.* and *bellad.* with slight relief. The symptoms became much worse on the following Sunday, when I saw her for the first time. I found heat of skin, pulse quick, and rather full, face flushed, tongue white, moist and large, right tonsil swollen, complained of sharp pain in it, as if produced by needles, and short, hard cough; worse at night; also pain up the right side of the neck. *Mercur. sol.* and *acon.* were prescribed. Slight improvement in the two following days, but a very considerable aggravation on Tuesday and Wednesday. She coughed almost incessantly the whole of Wednesday night. On Thursday there was considerable heat of skin, and the fauces were red; there was also some tenderness to touch at the larynx, with inclination to cough when pressure was made there. I gave half a grain of the 1st decimal trituration of *Naja*, in eight spoonfuls of water, one to be taken for a dose. On the following day, the patient, who is a person of intelligence and education, reported that she felt relief after the first spoonful of the medicine, the cough almost entirely subsided that night, the redness of the fauces and swelling of the tonsils were gone, and in every respect she felt perfectly well. She was not aware what medicine she had been taking, She had formerly had one or two similar attacks under allopathic treatment, and they had lasted several weeks, and left her much debilitated at the end. Some

weeks after this, she had, under my care, a similar attack, which was immediately arrested by the Naja. As this is not the place for therapeutic observations, I shall refrain from giving details of other cases in my own practice, but I may mention generally that in several very well marked affections, both organic and functional, of the heart, and in spinal irritation, I have seen the most signal benefit from this medicine. The following is the case communicated by Mr. Gillow:—

Mr. A., aged 27, dark bilious temperament, complained for a long time of chronic headaches; awakes with one every morning; dull heavy constriction across forehead; eyes sunk and dark; incapacity of much exertion of mind or body; headache sometimes wears off, at other times continues all day; he has also constant relaxed sore throat, dryness of fauces, hoarseness, very susceptible of cold; had frequent emissions. I gave him one grain of Naja 2, every night for a week; two or three mornings had no headache; has been almost free ever since, now six weeks; throat almost well; says no remedy ever did him so much good.

Before letting the different observers speak for themselves, I may mention the plan I adopted to obtain simultaneous and independent observations. Through our excellent and trustworthy chemist, Mr. Turner, of Manchester, I sent a supply of Naja put up in packets, marked October, November, and December; each packet contained 12 powders, and the request was that a powder should be taken morning and evening during the first six days of the month, the name of which was on the packet. The following letter from Mr. Turner explains what the contents of these powders were. It was in answer to my request that he should do so.

“Manchester, Jan. 27th, 1854.

“DEAR SIR,—In reply to your enquiry, I have to state that the powders marked ‘October,’ ‘November,’ and ‘December,’ contained respectively one drop each of the Tincture of Naja. The October powders were made with the 1st attenuation, the November with the 3rd, and the December with the 6th attenuation.

“The poison from which the attenuations were made, was received from you. It was not quite so clear and liquid as some I had received from you on previous occasions. *Portions* of it had the appearance of being coagulate and opaque. This I found to be almost insoluble in dilute spirit. . . . Of the *clear liquid portion*, I took 10 drops, which I mixed and shook with 90 drops of dilute spirit. (This I marked ‘A,’ being the first decimal attenuation.) Of this I took 10 drops, and mixed and shook with 90 more drops of alcohol which furnished the first attenuation. From this I made the higher attenuations in the usual way in the proportions of 1 to 100.

“The *extra powders* which were sent out in November, with the direction ‘To be taken if the October powders should have produced little or no effect,’ were prepared in *the same way*, but from a supply of poison received from you on the 1st of November, 1853. This supply, which was contained in a glass tube, carefully sealed, was quite clear and liquid, and each powder contained one drop of the first attenuation prepared from this supply.—I am, dear Sir, yours very truly,

“HENRY TURNER.

“J. R. RUSSELL, Esq., M.D.”

No. I.

George E. Stewart, æt. 24, 1853.—Temperament. Composed, bilious and sanguine.

Oct. 1, 8.30, P.M.—Took first powder.

9.30.—Shortly after taking the powder (not more than a quarter of an hour) felt an irritation in the larynx and top of trachea, which gradually increased in intensity and still continues. The feeling is like that experienced on inspiring irritating vapour, with a sensation of warmth and rawness, like what I have felt after running fast for a good distance, and it causes a short tickling hoarse cough; hoarseness of speech. Slight breakfast.

10.30—Still the feeling of warmth, &c.; feeling for some time past on a small spot about the centre of left palate, like that caused when Aconite is chewed; head feels heavy, with vertigo, or rather dull confused mental state; frequent yawning.

12.30—Still dull confused feeling, and irritation in larynx, &c., but less severe; occasional yawning still, very unusual with me; eructations, tasting like barley water, since shortly after taking powder.

6, P.M.—Felt well from 1 to 3 or 4, P.M., when irritation in larynx and headache came back, and continues; also crampy pains in palm of left hand and numbness; and shifting rheumatic-like (aching pains), felt especially in shoulder joints; eructations; numbness in hands, as if "*sleeping*."

12.—Have felt well for some time, except dull headache. Took the second powder about an hour ago.

Most unusual and marked symptoms.

Irritation, warmth and rawness in larynx and upper part of trachea, with short, hoarse cough; hoarseness of speech; eructation, tasting like barley water, for an hour.

Weather: cold, a sharp chilling north-west wind, fair and sunshiny.

2nd.—After being in bed last night, or rather this morning, and before falling asleep, was a good deal annoyed with flatulent colic; was troubled with flatulence yesterday, also to-day, but not so much; urine of a deeper yellow straw colour since yesterday afternoon. After going to bed last night, and this morning for some time after rising (an hour), felt a stinging, aching, somewhat burning pain along right side of penis, as if immediately under the skin; mouth dry this morning on waking; tongue clean.

Took a powder this morning, and felt shortly after the same kind of sensation as yesterday in larynx, but not so intensely, and it did not continue so long, not above an hour; cough and hoarseness to-day also, neither so intense nor so enduring as yesterday; instead of headache felt rather dull heaviness; tightness across upper part of chest.

2, P.M.—At present well, but occasional rheumatic like pains in thighs and arms, and like those yesterday, best marked in shoulder joints; no eructations of water to-day; severe drawing, shooting pain in left elbow joint; and occasionally throughout the day stitchy, evanescent pains from before back-

wards in both hypochondria; anguishing pain in left hypochondrium and left lumbar region, for an hour or two after taking dinner, and flatulence; aching pain round loins occasionally.

Took evening powder. No perceptible effect.

Weather: cold, sharp, clear sunshine, wind none.

3rd.—Took a powder this morning at 8 o'clock. After going to bed last night was very much annoyed for a long time (an hour or more) with aching pain in loins, constant, and with anguishing pain in abdomen, with flatulence; slept well. Scarcely any, if any at all—perhaps it was fancy that made me think there was any—of the sensation in larynx; a little hoarseness for an hour in the morning; tongue very dry in the morning; no thirst. Shortly after taking the powder colicky pains in abdomen (slight); occasional colicky pains throughout the day; once or twice considerable uneasiness in the upper part of chest, lasting only for a short time; considerable flatulence, not so bad as before; otherwise well up to this date, 6, P.M.

11, P.M.—Took evening powder at 9. Some time after pain in right lumbar region, similar to what I have often felt after running a distance shortly after a meal, somewhat like that caused by pressing on the testicle, with occasional shootings; a similar feeling spread over the whole abdomen, and to right groin, easier by bending forward; dull, stitchey, deep-seated pain in right side of face for a few minutes; occasional dull shooting (*stounding* Scotticé) in upper part of chest, in ankle joints, and lower third of thighs—not in the knee joint; vertigo, lasting only a short time, and by and bye STOUNDING pain in right side of head.

South-west wind in the morning; rather chilly in the afternoon, west wind; and at night cold and foggy.

4th.—Went to bed last night with severe, dull, stitchey pain in forehead, preventing sleep; and severe aching, contractive pain in loins and abdomen. Headache gone this morning, and I felt all right. Took the powder a little before 9, A.M. Almost immediately, irritating, raw, rough pain in windpipe, which increased rapidly and was very annoying, and gave rise to frequent severe, hard cough, which made me quite giddy, and caused a noise in my head and pain in my chest; slight hoarse-

ness; severe dull aching frontal headaches, with dull shootings (*stoundings*, I can't get a satisfactory term to describe them), not increased by the cough. The raw feeling in larynx, &c., much increased by the cough; dull pain in right hypochondrium and right lumbar region.

9, P.M.—The above feelings continued pretty severe for an hour and a half, and gradually decreased until about 1, P.M., when I felt well, but with a dullness in the head; occasionally dull pains in abdomen throughout the day.

Took evening powder at 7.30, P.M. Similar irritation in larynx as before, but cough very slight and seldom; slight hoarseness; dull aching contractive pains in chest; chilly creeping over left foot and leg; slight headache (frontal), which is, however, on the increase; occasional crampy pains in thighs and shoulders and nape of neck, and dull pains in abdomen; numb pain in hands, and sometimes a feeling like as if ether had been dropped and allowed to evaporate.

10 P.M.—Heaviness and dull pain in the eyes, with suffusion for an hour; severe headache, aching and frontal.

Weather: heavy rain until noon; stormy N.N.W. wind in the afternoon, but clear sunshine; cold and foggy at night.

Midnight.—Pain in the eyeballs, requiring them to be rubbed frequently, and tired feeling on looking at a book, although I have read less than usual to-night; hot sore feeling of the lips; creeping itching in various parts of the body from time to time, requiring them to be scratched; aching in loins, continuous for an hour and going on now.

5th.—Took a powder at 8, A.M. Slight feeling of irritation in windpipe, lasting only a short time. Had a very severe shooting frontal headache, worse on moving the head, from 4 to past 6, P.M., probably, however, owing to a glass of wine before dinner, and hasty eating of the latter at an earlier hour than usual.

Took evening powder at 10, P.M.

12.15, A.M. of 6th.—For some time past have been troubled with flatulence, and mild colicky pains in abdomen, and slight rheumatic pains in shoulders.

Weather on 5th much warmer than any day since commence-

ment of proving. South east wind, foggy night, and looking very like rain, and *raw chilliness*.

6th.—Took morning powder at 9, A.M. Scarcely any effect. Slight irritation of larynx and trachea; occasionally throughout the day "*stounding*" pains (transient) in chest and abdomen.

Evening powder, (the last) 7.30, P.M.—Raw feeling and irritation as formerly, pretty strongly marked, with occasional slight cough and hoarseness; frontal headache, dull, shooting; much flatulence and colicky pains in abdomen; dull aching pains in nape of neck; very violent shooting pain in right side, momentary, but very severe; dull aching pains in ankle joints, lower part of thighs, wrist joints, and shoulder joints.

Weather to-day cloudy, with occasional rain—sometimes sunshine, and a stormy E.S.E. wind.

7th.—Felt irritation in larynx and trachea this morning on waking, which continued for an hour or more; much flatulence during the course of the day; aching in loins; for half an hour was very hoarse while reading aloud. I thought I was sure of "a cold," having been out in the country, walking fast, and getting wet with rain, but the rapidity with which the hoarseness left, without any apparent cause, leads me to refer it to the medicine.

Weather foggy with occasional rain, and a strong S.E. wind.

Nov. 1st, 7, A.M.—Took first powder. Very soon after feeling of irritation in larynx as on former occasions, but much less severe, lasting two or three hours; slight confused feeling in head.

Evening powder.—Gripping pain once or twice in lower part of abdomen, with desire for stool during the continuance of the pain.

Weather: dull, rainy day and coldish, but numbers of people complaining of an oppressed feeling (as from heat) from the weather. Wind S.E. until noon, and S.W. by S. afterwards, sometimes very high, and at other times calm. No sunshine.

2nd.—Morning powder. Feeling of irritation very slight, and lasting only a very short time; occasional aching pains in forehead throughout the day.

Weather: dull, with occasional slight showers until noon. Wind S.E. until noon and S.W. by S. after. Clear bracing air, and sunshine after 2, P.M.

Evening powder. About ten minutes after taking it felt a dull, aching, colic-like pain along left side of abdomen, which lasted for more than an hour, and was relieved after several flatulent eructations; roughness in the throat from reading aloud only a short time, and vertigo, with confused feeling in head. In the course of the three hours immediately following my taking the powder, occasional shifting rheumatic like (drawing, aching) pains in arms, shoulders and legs, worst on left side.

3rd, 8, A.M.—Took morning powder. Scarcely perceptible irritation in larynx. Took evening powder between 8 and 9, P.M., and had to go out afterwards. The night was foggy, and immediately on going out the irritation of larynx became severe and accompanied with cough.

Weather: cold and dry, with little or no wind.

4th.—Took morning powder at 9, A.M. Irritation in larynx slight. Evening powder not taken because of my feeling out of sorts and taking Camphor in consequence.

Weather: dull and cloudy, with occasional sunshine. Wind S.W. by W.

5th, 11.30, A.M.—Took morning powder. Irritation of larynx and great sensitiveness of mucous membrane of larynx, evinced by a short frequent cough on removing from a warm to a colder room, and especially on going out into the open air.

Evening powder.—Swelling in abdomen, with feeling of tightness and flatulence.

Weather as above.

6th.—Morning powder, no effect.

Evening powder, immediately before going to bed, no effect.

7th.—Took last powder at 9, A.M.—Slight feeling of irritation in larynx, and slight cough.

No. II.

Dr. Craig's first proving.

Aug. 12th, 7, A.M.—Took one grain of the second trituration * of *Naja tripudians*. 11.—One grain.

13th, 7, A.M.—One grain $\frac{2}{3}$. 11.—One grain.

14th, 7, A.M.—One grain $\frac{2}{3}$. 11.—Ditto ditto. Head dull ; absence of mind.

15th, 7, A.M.—One grain $\frac{2}{3}$.

10.—Uneasiness about the heart while walking.

12, noon.—Dull pain to the right of the sternum, immediately behind the third rib, passing under the sternum ; the spot is tender to the touch ; chest tight across the upper part. Took one grain $\frac{2}{3}$.

2, P.M.—After a moderate walk heat and uneasiness in the left chest, with aching pain, felt particularly about two inches below the middle of the left clavicle.

6.—Dull heavy pain over the lower half of the right chest, with stabbing on taking a deep inspiration ; chest not affected by movement, but intensely aggravated by inspiring deeply. The attempt to take a deep breath causes a sudden short puffing cough. A real cough is impossible, from the stabbing in the lower part of the right chest. In bed ; cannot lie for a minute on the left side, but pain and breathing much relieved by lying on the affected side. Took one dose of Bryon. $\frac{2}{3}$.

16th, 8, A.M.—Chest much easier ; but cannot expand the lungs without considerable stabbing pains ; dullness on percussion, distinct as high as the right nipple.

12.—Chest comparatively easy. Took one grain $\frac{2}{3}$.

17th, 8, A.M.—Right chest quite easy ; some aching in the left chest in front.

12, noon.—The aching sticking in the left chest much worse. It is not so much confined to the base of the lung as on the right side, but extends all over, and seems to be more external.

4, P.M.—Cannot ride, and can scarce walk, with pain in the chest ; have to press the left side with the hand, and bend to

* This was from the same lot as the experiments detailed in Vol. XI of this Journal.—J. R. R.

ward that side; on attempting to walk fast it is as if there was a broken rib tearing the lung; on attempting to breathe deeply there are horrid lancinations in all directions through the chest, and a short puffing cough; short puffing cough every minute.

8, P.M.—Chills and partial heats, and general feeling of being unwell.

11.—Considerable fever with partial chills; sticking, aching pain all through the left lung on attempting to breathe deeply; side not affected by motion; respiration 34 per minute, and pulse 98 (natural 16 and 60); cannot lie on the right side; comparatively easy on the affected side.

18th, 8, A.M.—Have slept well and altogether better; still considerable pain in the left chest, and cough.

19th, 8, A.M.—Chest much better, can take a breath and cough without much inconvenience.

20th.—Quite well.

Second proving.

Oct. 3rd, 7, A.M.—One powder as directed.

4th, 8, A.M.—One powder.

5th, 8, A.M.—One powder. 9, P.M.—After a considerable fast, feeling of uneasiness about the left chest, and dull pricking in the left pharynx.

6th.—One powder. No symptom whatever.

7th, 7, A.M.—One powder. 10.—Distinct dull shooting in various localities in the left chest; slight pricking in the left side of the pharynx. 11.—Another powder. 8, P.M.—Chest better, but soreness in the left side of the throat much worse.

8th, 8, A.M.—One powder. Left side of the throat is red, with considerable pain on swallowing. 8, P.M.—Throat very painful. Took one dose of Bellad.

9th, 8, A.M.—Left tonsil inflamed and painful.

Third proving.

Nov. 7th.—At 8, A.M. took one powder (forwarded by Mr. Turner in November). At 2, P.M. whilst writing had a sudden attack of fluttering at the heart, with rising in the throat.

8th, 8, A.M.—One powder, dry.

- 9th, 8, A.M.—one powder, dry. 10, P.M.—One ditto ditto.
10th, 8, A.M.—One, dry. 8, P.M.—One, ditto.
11th, 8, A.M.—One, dry.
12th, 8, A.M.—One, dry. Extreme coldness of the feet.
13th, 8, A.M.—One, dry. Great coldness of the extremities, particularly the hands.
14th, 8, A.M.—One, dry. 6, P.M.—Aching at the vertex, with coldness of the feet.
15th, 8, A.M.—One powder. In the evening uneasy aching about the chest, particularly the left side.
16th, 8, A.M.—One powder. Towards evening, heat and uneasy aching about the heart.
17th, 8, A.M.—One powder. Quite free from any symptom during the day, but the uneasiness about the chest always returns in the evening.
18th.—Awoke with some soreness of the left side of the throat. 8, A.M.—One, dry. 8, P.M.—After riding some distance had considerable pain at the heart, extending through to the left scapula; pain in the chest is not affected by deep inspiration. The above pain lasted for some hours, and was very marked.

No. III.

W. R., æt. 27.—Temperament, sanguine bilious. Thin make, but firm, hard, and muscular strength is considerable for weight. Symptoms observed, more or less, for some time previous to commencing the proving, but very slightly present at that time. All those which have not been felt since or have been modified are noted accordingly.

SKIN.—Dry and itching, especially on undressing; chilblains, and occasional pimples about the chin and back of neck. Mouth generally moist, but lips dry; little thirst. Feet and hands generally warm.

Note.—Have suffered much from cold feet and hands lately since began the proving.

Moral Symptoms.—Frequent fits of vexed mood, with disposition to find fault.

Note.—*Much* lessened.

HEAD.—Frequent dull, heavy sensation in forehead; sensation of the skull of forehead being too small and tight; feels thin and starved, worse in morning on waking, and after and during a walk in the air; sensitiveness of hairy scalp.

Note.—All these head symptoms *much* lessened since commencing proving, excepting the periods when the powders appeared to produce head symptoms of their own, sensitiveness of scalp alone remaining. Dec. 31.

NOSE.—Dry and occasionally sore at wings of nostrils.

Note.—Rather worse ever since, and is still so. (Dec. 31.) Frequent cold in head; dry.

Note.—Better since the proving.

EYES.—Yellowish tinge and often bloodshot (*much clearer*).

STOMACH.—Easily deranged by cold and raw fruits; uneasiness and sensation of fulness at pit of stomach; empty flatulence. Bowels inclined to be constipated.

Note.—Much less so now.

LARYNX AND TRACHEA.—Voice often hoarse and rough; frequent hawking to remove a tough mucus, which is always swallowed when detached; sensation of somewhat at top of throat requiring to be swallowed.

CHEST.—Weak; running soon causes shortness of breath and slight palpitation of heart; frequent oppressive sense of fulness under sternum, as though there was a tough mucus there which could not be detached.

Note.—Above much improved since the proving.

BACK.—Weak; a dull aching and numbed sensation in lower back, when stooping especially.

Note.—Rather improved.

UPPER EXTREMITIES.—Sense of heaviness in hands and fore-arm; swelling of the veins of hands when hanging down; easy perspiration.

Oct. 11.—Wet weather, not particularly depressing. Taken first powder at 10.30, A.M.; 11, A.M., painful drawing pain in lower part of Tendo Achillis, worse by motion, increased to a lameness in a few hours, and passed off in evening. *Right side* drawing, lacerating for a few minutes at a time in various

parts of limbs, worse by motion, then passing off altogether; evening, very qualmish and dull; headache.

Note.—Usually more inclined to exertion, mental or physical, in the evening.

8.30, P.M., walked in open air; all dulness passed off, and was succeeded by an unusual state of excitement and energy, mental and physical, lasting the night, with a lively waking state, giving the sensation in morning of having been awake all night. Query, reaction. As feeling so dull in the evening I did not repeat the powder that night. Unusual excitement of genital instinct and power.

Note.—Dec. 30. This increase of genital power has continued, more or less, through the time.

Oct. 12.—Cloudy and mild. 7.30, A.M., took powder No. 2. No effects.

Note.—The state of excitement of yesterday night continued till evening, slowly subsiding.

Oct. 13.—Cloudy and mild. 10.30, A.M., took powder No. 4. No effect. Met with accident; was compelled to desist thereby.

9.30, P.M., took powder No. 3. No effect. A fair night, as usual.

Oct. 20.—Fine and fresh air. Recommenced the proving. 8, P.M., took powder No. 5. No effect.

Oct. 21.—Fine, fresh air. 8, A.M., took powder No. 6. No effect. 8, P.M., took powder No. 7.

Oct. 22.—Fair. 7.30, A.M., took powder No. 8. Pains in stumps of decayed teeth towards evening; sensation of having caught cold in face and limbs, but without any chilliness or languor. 8, P.M., took powder No. 9. At night pains in face increased, gums became painful and swelled, and awoke next morning with aching in all parts of limbs, teeth loose and gums becoming more swelled and painful. Two hours after rising, all pains in limbs ceased, and a warm glow all over the body succeeded; gums became hotter.

Oct. 23.—Fine. 8.30, A.M., took powder No. 10. No return of sensation of having taken cold in limbs, but teeth on right side get very loose; gums hot, swelled, and painful to touch; cupreous, metallic taste in mouth; breath hot, and of unpleasant

odour. 7, P.M., took powder No. 11. Above detailed symptoms continue and increase in intensity.

Note.—Have not had any affection of gums and teeth like above for twelve months prior.

24th.—Fine. 7.30, A.M., took powder No. 12. Swelling of gums extending to other side of face, the heat and foul taste extending to the throat and slowly down to the stomach; hot foul risings of air from stomach; great heat of palm of hands and body generally warm; rumblings and slight cutting pains in bowels in the afternoon; heat in anal region, with itching and smarting at the anus.

25th.—Fair. Yesterday's symptoms gradually disappearing, with some loss of appetite, nausea, and general malaise; the pains in teeth not much influenced by heat and cold. A walk in open air ameliorates all the symptoms.

26th.—Fair. All the symptoms are disappearing; mouth still sensitive and gums swollen; long and vivid dreaming at night; little recollection of subjects.

27th.—Fair, but cloudy and mild. Gnawing aching in sound teeth of left side; rumbling and aching in bowels after dining; hands hot and much perspiration in the palms.

28th.—Wet and warm. Drawing aching in teeth of left side; worse when stomach is empty; great heat then in the stomach and hot and foul eructations.

29th.—Fine. Former complaints disappeared; *no* new ones, except excessive sensitiveness to draught of air about the head and face.

Nov. 2nd.—Fine. Commenced November powders 7.30, A.M., morning and evening. No effect.

3rd.—Fine. Powder morning and evening. Sudden prostration of strength at night. 8.30, P.M., incapable of either mental or physical exertion for an hour, then passed off, and became as usual.

4th.—Fine. Powder morning and evening. Awoke with the bruised sensation in limbs before felt (see Oct. 22nd). All passed off in course of an hour after rising. Towards noon a dry hacking cough commenced, caused by a constant troublesome tickling at top of throat, followed by hoarseness; hoarseness

increased towards night, with a scraping sensation in throat; more effort required to swallow than usual. A vivid dreamy night; subject—affairs of the day vividly recalled, with additions and new plans for the morrow.

5th.—Fine and cold. Powder morning and evening. Awoke better from hoarseness and cough, but slightly troubled in the course of the day; cough less dry and tickling. Towards night, scraping in the throat, and an accumulation of tenacious secretion at top of throat, inducing frequent inclination to swallow.

6th.—Very wet, cold. Powder, morning and evening; no effects, except some hoarseness left.

7th.—Fine and cold. Powder, morning and evening; mid-day, considerable congestion to the head; excessive fullness towards evening over the forehead and root of the nose.

8th.—Fine. Powder morning and evening; increase of congestion to the head, &c., of yesterday, with fluid discharge from the nose; feet very cold and easily chilled (usually very warm); frequent inclination to move the legs; stamp, &c., to keep up circulation; lips dry; parched, inclined to crack; very slight emotion, pleasing or otherwise, brings a strong inclination to tears; cough has ceased; only now a slight formation of mucus, easily detached by hawking, and then always swallowed.

9th.—Fine and cold. No powders; symptoms similar to yesterday; feet very cold; lips dry and cracked; eyes seem constantly to require cleaning with the lids; frequent prickling, sight confused on looking at small print, &c.; have to rub the eyes and look closely at it.

10th.—Fine and cold. Taken the first of the additional powders for November; lips dry, painful, excoriated; appetite failing; teeth and jaw-bone of left side begin a gnawing aching; feet and legs cold, hands hot; tickling and teasing constriction at top of larynx increasing, and mucus becoming more tenacious; repeated powder 7.30 P.M.

11th.—Cold and fine. Repeated powder same as yesterday; no further effect; powder repeated at night again.

12th.—Fine, very cold. Powder morning and evening; no effect further.

13th.—Cold. Omitted powders; awoke soon after midnight with gnawing aching in left upper jaw, sometimes shooting to the eye and temple; continued till $\frac{1}{2}$ hour after rising; did not occur throughout day, or only threatened a few times.

14th.—Fine and cold. Powders morning and evening; no effect.

15th.—Fine and cold. Powder only in afternoon; considerable depression of mental and physical powers; anxious to do very many things, but not inclined to move about them; feel inclined to huddle up near the fire, and brood over one's business; feet very cold all day, unusually so.

16th.—Fine and cold. Powder only P.M.; same symptoms as yesterday repeated; all is as usual the next morning.

17th.—Cold and fair. Powder repeated P.M. 6 o'clock; symptoms similar to yesterday; inclined to be displeased with everything; feel starved, cold, and miserable; glad to huddle into bed; offended with the least draught of air.

18th.—Fine and cold. Finished powders in afternoon; no effect; was out briskly walking in the evening.

19th.—Cold. No effect.

20th.—Raw and cold. No effect.

21st.—Cold. No effect.

22nd.—Very cold. Wing of nostril becoming sore, hot, and tender.

23rd.—Very cold and foggy. Nose worse swelled and painful; secretion suffused.

24th.—Nose relieved by an eruption on its edge.

25th.—Cold and wet. No effects.

26th.—Cold and wet. No effects.

27th.—Cold, but fine. No effects.

28th.—Cold and wet. No effects.

29th.—Wet. No effect.

Dec. 2nd.—Fine. Mr. R. commenced December set this morning; has a slight cold upon him, consisting of following symptoms:—fluid discharge from nose; feels chilly and uncomfortable; slight cough from tickling in throat; rather

hoarse; no marked effect from powders taken morning and evening.

3rd.—Fine, but cold. Powder morning and evening; Mr. R. no effect; cold and hoarseness quite as bad; chest rather worse.

4th.—Fine and cold. Powder in evening; cold appears to affect the chest more than usual; secretion in upper part of throat more abundant than general; very hoarse.

5th.—Cold and dull. Powder morning and evening; no effect, same as yesterday; about midnight had a severe fit of coughing; all disappeared in the morning.

6th.—Cold, fine.—Powder morning and evening; symptoms slowly disappearing; no effect perceptible.

7th.—Cold and foggy. Powder at night; no effect.

8th.—Cold and fine. Omitted powders; former symptoms of cold disappearing.

9th.—Cold and fine. No powders; none of former symptoms now present, but icy coldness of left arm and back of hand; cannot keep it warm.

10th.—Cold, fine. No powders; the coldness affects all the left side, despite all the care to keep it protected; it is rather peculiar, for though the skin feels icy cold to the touch there is no numbness or stiffness in the joints affected.

11th.—Fine and very cold. A powder at morning; towards night the coldness shifted to the right side, retained the same character, was so bad at night as to hinder sleep for some time.

Note, Dec. 30th.—This peculiar coldness is seldom felt now.

12th.—Very bleak and cold air. Powder at night; symptoms similar to yesterday, though mitigated; accumulation of tough mucus at top of throat.

No. IV.

Mr. Gillow's proving.

William Gillow, Sept. 30th, 1853.—I was 27 years old last May. My temperament might best be called the "Bilio-sanguine." I am now in my usual health; having just returned from a tour of five weeks, perhaps rather above my average state; some of the following mental symptoms may partly arise from the accumulation of work in store for me. I am constantly troubled with some abnormal or morbid symptoms. The principal ones at present are as follows: "Pityriasis of the scalp, small scales constantly being thrown off from a slightly red surface, and most rapidly reproduced; attended with extreme itching, and sometimes soreness of scalp; the pruritus fearfully increased in hot rooms, and after exertion; a mealy disquamation from other parts of the skin; an old hæmorrhoidal affection, attended with great soreness of anus, frequent excoriation round the orifice, slight exudation, extreme pruritus, but never hæmorrhage. Frequent attacks of severe flatulence, but the regular action of the bowels never interfered with. In all other respects, mind and body seem very healthy; diet tolerably regular, and will continue unchanged during the provings.

Breakfast; cold water, tea, bread and butter, and cold meat. Luncheon; bread and butter, and cold water. Dinner; plain meat, potatoes, apple-tart, or light pudding; very little cheese; about three glasses of sherry or marsala (never any other stimulant). At night, cold water and a cigar. Go to bed generally at 11, rise about 7. Exercise moderate, but daily, and in all weathers much the same.

Climate of the place bracing, and not so damp as most localities in autumn.

Oct. 1st. 8, A.M.—Morning damp and warm; air heavy, and barometer going down; much rain during the night, though some prospect of fine day. Took 1st powder as directed.—No abnormal symptoms in any way.

MEM.—Day cleared up, strong wind, dry and rather cold.

10½, P.M.—Took 2nd powder. Could perceive no effect.

2nd.—Morning dry, cold, air clear and rather frosty; passed a wakeful night, very uncommon with me, and know no reason for it; dreams vivid, waking up very frequently, with very *dry mouth*; did not feel ill, but the mind would work constantly and actively. The body not restless.

6½, A.M.—Got up, but did not feel fatigued as after an ordinary bad night.

8.—Took powder. No unnatural sensation.

10½, P.M.—Took powder. Found on going to bed peculiar headache; dull constricted feel across forehead with heaviness of eyes; slight nausea, *dry mouth*, and very cold feet, though I had been sitting in a warm room.

3rd.—8, A.M.—Morning very fine, dry air, rather frosty. Took powder.

9½.—Found again the same slight headache, with dryness of mouth and cold feet. No pain, or inability to think or study, but slight dull and constricted sensation about forehead, from one temple to the other.

7½, P.M.—Had a very sudden and relaxed motion. Slight dullness again across forehead, with *dry mouth*.

10½.—Took second powder as usual.

4th. 7, A.M.—Very wet morning. Atmosphere damp and warm. Took powder, &c. as usual. No abnormal symptoms all day.

10½, P.M.—Powder as usual.

5th.—Very wet; more wind, and not so warm. Powders as usual. No abnormal symptoms except slight heaviness over eyes, and more than usual dryness of mouth.

11, P.M.—On going to bed after taking the second powder, felt peculiar morbid condition of body and mind; constant violent sexual desire, but with little physical power. Thus the night was passed most miserably; frequently waking, with vivid imaginations, and much painful state of mind. Involuntary seminal emissions, followed by great prostration and distress. I never felt these symptoms in the same way before.

6th.—Morning dull and damp. Finished first packet of powders. Felt peculiarly prostrate and miserable in body and mind; dullness about head; heavy aching over eyes; dry

mouth. This continued more or less all day. In the evening felt better, but passed a restless night.

7th.—Up soon after 6. Morning fine and dry. Felt better, and had no peculiar sensations until evening, when again experienced oppression across eyes, heaviness, nausea, with very parched mouth; frequent inclination to expectorate rather adhesive saliva, yet constant desire to drink.

8th.—Morning foggy, but promises a fine day. Passed a very uncomfortable night, slept much, but conscious of a headache.

8½, A.M.—Got up late with a most oppressive headache, *great dryness of mouth*, frequent expectoration, as if from throat.

12.—Felt very languid all morning; some cough.

5, P.M.—Feel a decided cold commencing, so no doubt to this may be attributed some of the above symptoms; took Nux Vomica for this. . . .

9th.—Made note of no more symptoms, being very unwell for the rest of the month, and compelled to take other remedies.

Nov. 14th.—Fine November morning; a little fog early with slight frost; fine clear day. Commenced the new powders sent by Turner a few days previously. Am in my usual health. Found no symptoms during the day.

15th.—Fine morning; some fog, cold. Clear bright day. Mouth very dry, and headache across eyes; peculiar oppression in forepart of head; constricted feel; went off after breakfast.

16th.—Fog early; fine clear day, very cold. Mouth again very dry, and constricted sensation across eyes—going off after breakfast.

17th.—Morning very fine; clear warm day. Continue the medicine each day. Peculiar distress about the generative organs, attended with great depression of mind; sexual desire morbidly strong, yet no physical power.

18th.—Hard frost, clear bright day. Took only one dose of the medicine in the middle of the day. Two hours afterwards, dry mouth and throat, disagreeable taste, as if breath was offensive. Constricted feel across forehead, with slight anterior

headache. Never accustomed to this in the afternoon. No disagreeable moral feelings to-day.

19th.—Clear bright day; warm sun. One dose mid-day. Felt no peculiar sensations until after taking the medicine, when in about an hour I perceived a slight heaviness over eyes, with constricted feel and dryness in throat.

19th.—Very wet, cold, and miserable day. Scanty action of bowels. I never fail having a free motion after breakfast; for some days found it rather less, and decidedly so this morning. Took one dose mid-day, but found no peculiar effects.

21st.—Very dense fog, with slight frost; sun never able to disperse the mist all day. Bowels decidedly less effectually moved; evacuations rather hard; passed with distress, and feeling as if more fæces remained. One dose mid-day.

22nd.—A dense fog with frost. Evacuation still more confined; passed after much straining, and giving very unsatisfactory relief. Slight headache across forehead and tight feeling, with dryness of throat. Finished all the powders.

Could perceive no other effects. Remained until the end of the month in my usual health; bowels became quite usual, and nothing happened which I could attribute in any way to the remedies.

Dec. 8th.—Fine clear day, not very cold. Took half a grain of *Naja 2* about midday; was feeling extremely well, and found no sensible effects during the day.

9th.—Took no medicine; watched for symptoms, but found no difference in sensations or moral state.

10th.—Very cold, raw east wind. Took half a grain of *trit. 3* mid-day. No effects.

11th.—Frost and ice. No effects.

12th.—Very cold. Repeated the same dose. No moral symptoms.

13th.—No effects.

14th.—Milder, yet clear dry day. Took two grains of *Naja 2* an hour and half after breakfast. No effects.

15th.—Very cold east wind. No effects.

16th.—No symptoms.

17th.—Could find no symptoms, either moral or physical, from doses of *Naja 2*.

21st.—Severe cold, frost, and strong east wind. Commenced with Naja 1, two doses a-day, about half a grain. Perceived no effects.

22nd.—Weather the same. No symptoms. Much occupied with severe acute cases; up all night; feel quite well, with the exception of the results of slight fatigue.

23rd.—~~Weather~~ wet and cold. Continue the same medicine, but yet perceive no abnormal symptoms.

24th.—Perceived some little dryness about fauces and weight over eyes.

25th.—Could make no observations; caught a severe cold with fever, which continued until the end of the month.

31st.—I feel no doubt that the symptoms, both moral and physical, in October and November, were partly the result of the medicine; but during the colder weather of December, I could not procure a single decided symptom of from Naja 1 or 2. I certainly did not take the doses so regularly from much extra occupation.

No. V.

Alfred C. Pope, M.D., Coll. Med. H., Penns., æt. 23.—Bilious-sanguine temperament, dark brown hair, hazel iris.

In commencing a record of the abnormal symptoms occurring in my health while taking, as directed, the powders containing some of the poison of the Naja Tripudians snake, I must state that, during the whole of this summer, I have suffered more or less from hepatic and duodenal derangement, feeling great lassitude, frequent headache, roughness of the mouth and tongue, which is coated, particularly at the posterior part, with a thick dirty-looking white fur; pulse generally ranging from 65 to 70, and of good strength; appetite and sleep always good. Bowels have been, until within the last ten days quite regular; they have been, during these few days past, costive and irregular; whenever I feel more dyspeptic than usual, I have a slight cough on rising in the morning. Diet is simple; rarely take any stimulating drinks beyond tea, and the only other dietary indiscretion, I feel it right to confess to, is, a cigar every evening at nine.

Oct. 1st.—Showery, wind N. and N.W., cold. This morning, an hour and half before breakfast, took a powder in $\frac{3}{4}$ ss. of water. No effect. Powder h.ss.

2nd.—Cold and stormy. A powder as usual. Awoke this morning with a slight aching in both temples, and heaviness in the eyes; this lasted for some two or three hours and went off. Very drowsy, unusually so after tea; slept for an hour; did not make any difference to my night's rest; have felt a slight temporal aching several times this evening. Took a powder on going to bed.

3rd.—Fine clear day; frost last night, wind N.W. A powder an hour before breakfast. Felt a similar pain in the head on waking this morning. This pain in the head has continued in a very slight degree all day. This evening, after dinner, I felt a rumbling and aching in the abdomen, as though diarrhoea were going to come on, and frequently, when sitting perfectly still, a heavy pulsation appeared almost to lift up the bowels. Did not feel drowsy this evening. Soreness and irritation of the left ala nasi. Powder ex aq. h.ss.

4th.—Very cold and showery, strong N.W. wind, stormy. On getting into bed last night, felt a tightness in the larynx, and a sensation as though it were stuffed; this was followed; but without much relief, by cough; after half an hour I got to sleep and slept well. Took a powder an hour before breakfast; felt a similar tightness in the larynx to that mentioned above, and also coughed a good deal; slight aching in the temples and across the forehead. No other effect to-day. \mathcal{R} Pulv. h.ss. Slight cough and tightness in the throat after getting into bed.

5th.—Very wet, the atmosphere damp and heavy. A powder an hour before breakfast. Immediately after taking the powder began to cough, and felt a tightness in the larynx, with a difficulty of swallowing; headache, occupying the frontal region, immediately came on; it was a kind of heavy oppressive aching; the eyes felt heavy. Half an hour after breakfast felt twice, for a minute or two each time, a slight shooting pain in the precordial region; never felt this pain before. It has never returned since. (Dec. 23, 1853.)

6th.—Felt quite well all day; being away from home last

night, and this morning omitted to take the powder. Took a powder on getting into bed, and immediately began to cough and feel a slight—very slight—tightness in the throat.

7th.—Took the powder an hour before breakfast. Felt a slight headache; aching pain in the temples and extending across the forehead. Gripping pain in the bowels immediately after dinner; relieved by a large bilious stool. Powder in the evening, dry on the tongue. This was immediately succeeded by cough and sense of tightness and fulness in the larynx. Powders exhausted.

Nov. 6th.—Took a powder this evening. I have had a slight catarrh during the week, but feel quite well at present.

7th.—A powder on rising. No effect. A powder in the evening.

8th.—A restless dreamy night. Took a powder an hour before breakfast. Feel a very severe aching pain across the forehead, but more particularly over each temple, and an excessive weight over the upper eyelids. There is a feeling of tightness across the vertex. This pain is very severe, but felt a little relieved on going out. Considerable depression of spirits, and a feeling of inability to exertion of any kind, and a conviction that all is going wrong; head very painful and spirits very much depressed. The head continued painful in the same manner and same localities as early in the morning, but more modified in degree as the day advanced. In the evening I felt a very sour taste in the mouth, with nausea and roughness of the tongue and palate. The eyes are certainly the most painful; the pain is very much aggravated by motion or exertion of any kind. The scalp feels sore to the touch.

9th.—Fine clear frosty morning. Took a powder on waking, an hour and half before breakfast. Woke with the headache somewhat modified. After writing my diary of yesterday, my headache was very much relieved by smoking a small pipeful of very mild tobacco. I was also seized with a sudden urging to stool, followed by a comparatively small bilious evacuation. To-day the pain in the head has been less than it was yesterday; it continued in the same localities and tolerably severe until two o'clock, when I took half a wine-glass of pale brandy, which

entirely dissipated it. I felt quite well all this evening. Have felt an acid rawness in the palate all day. On taking a powder the headache immediately returned, though very slightly.

10th.—Fine clear frosty morning, very cold. Took a powder an hour before breakfast. Headache, similar in every respect to that mentioned on the 8th, came on this morning on taking the powder, and remained for two or three hours, when it passed off. Acid rawness of the palate has increased rather to-day, and has remained. I omitted taking the powder this evening.

11th.—Very cold, frosty morning. Took a powder half an hour before breakfast. Very slight headache, chiefly over the right eyelid and in the right temple; considerable rawness of the palate. Feel more fit for work to-day than I have done at all. Very bilious small stool this morning, preceded by sudden urging. I should have stated earlier that the urine has been densely loaded with lithates and mucus ever since commencing the November packets. Took a powder on going to bed.

12th.—Cold frosty morning. Powder this morning about an hour before breakfast; slight headache, frontal, pain aching for an hour or two this morning, but got quite well towards night; took a powder on going to bed.

13th.—Feel quite well to-day.

Dec. 4th.—Damp foggy day. I feel very well to-day; took a powder in a little water on going to bed.

5th.—Damp foggy day. Took a powder about half an hour before breakfast; no effect; a powder on going to bed.

6th.—Cold, though clear day; rained a good deal during the night. Took a powder about half an hour before breakfast; about 12 o'clock this forenoon a dull aching commenced over the right temple, and gradually extended to the forehead; in an hour or so began to feel restless and fidgetty, though I could assign no reason for it (had entirely forgotten having taken the powder); felt as though there was a necessity for my remaining at home, but could not comply with it; felt extremely restless; the headache gradually wore away during the afternoon, and I feel tolerably well this evening; shall take a powder on going to bed, almost immediately.

7th.—Morning clear; as the day advanced the atmosphere became more or less foggy, and suddenly about 4 o'clock in the afternoon a dense fog settled over the whole town. Took a powder half an hour before breakfast; some time in the forenoon I perceived a considerable stuffing of the nostrils to come on, gradually at first, but more rapidly soon afterwards; at the same time I felt a heaviness of the eyelids, with difficulty in keeping them open; on examination I found that the edges of the tarsal cartilages had a very livid appearance; the stuffing of the nostrils increased very much in the afternoon and evening, and was greatly aggravated by my going out in the evening and walking some distance through the very dense fog; on returning home a free discharge of thin watery mucus came on, and has continued since; it has afforded considerable relief, being more able to breathe through the nose; I have had a very slight headache more or less all day, chiefly frontal and vertical; I have felt ever since the forenoon as though a sharp attack of influenza were coming on; powder at bed-time.

8th.—Morning somewhat foggy; about 11 o'clock a thick misty rain came, lasting about three hours, after which the atmosphere, though very damp, became clear. Took a powder about three quarters of an hour before breakfast; the stuffing of the nostrils, though present, was so in a much less degree than yesterday, all the morning; scarcely any headache all day; this evening, being in a very crowded hall at a public lecture, a slight frontal headache came on, with nausea and sour taste in the mouth; nostrils also more clogged up this evening; slight cough too, with wheezing; these symptoms, however, are more attributable, I imagine, to the heated atmosphere of the lecture-hall than to the Cobra poison. Powder on going to bed.

9th.—Morning clear and somewhat frosty; damp during the middle of the day, and a hard frost during the latter part of the afternoon and evening. Took a powder half an hour before breakfast; sour, raw kind of taste in the mouth; tongue coated white; slight frontal headache; great depression of spirits this morning; everything for two or three hours appeared to go wrong with me, and to be without remedy; being called

out of town in the afternoon somewhat suddenly these feelings went off in a great measure, though did not entirely subside; took a powder this evening on going to bed.

10th.—Very foggy day. Powder about an hour before breakfast; considerable lowness of spirits; great inaptitude for exertion, with sense of aching over the whole head; this continued more or less all day; powders exhausted.

11th.—I feel to-day very low spirited; cannot do anything; got better towards evening.

12th.—To-day feel quite as well as usual, and much more fit for work.

Remarks.—On reviewing the abnormal symptoms which have succeeded my taking the several packets of powders, containing some portion of the *Naja Tripudians* poison, I find that the most persistent, and best marked, have been severe headache, usually accompanied by intense depression of spirits. The headache was very severe, at times almost unendurable, and the melancholy equally distressing. The headache was most marked, and usually began in the right temporal region (also occupying the left, though in a less degree), and involved the eye of the same side. The pain was a deep-seated severe aching, occasionally shooting; it gradually extended to a sense of dull aching over the forehead and vertex; but always remaining most severe in each temple. The least motion aggravated it intensely. It was relieved by going into the open air, though but slightly; smoking procured more marked relief, and alcoholic liquors immediately dissipated it. This pain in the head was present whenever the powders were taken, though most severe on the 8th and 9th of November.

It was, as before remarked, generally attended by great depression of spirits. This melancholy was of a peculiar kind. I felt that everything that was done, was done in a wrong way, and could not be rectified. If I felt that I had some duty to perform, I had at the same time a strong impulse not to do it, and was extremely restless in consequence. I seemed to have an increased perception of what *I ought* to do, but at the same time an unaccountable inclination not to do it, to which I was

irresistibly compelled to yield. "I couldn't help it—didn't know why—but couldn't do it."

These moral symptoms were not present at all during October; they were very distressing while taking the November packet, and though present, were much less severe in December.

One night only was my rest at all disturbed, and that was the night before the very severe headache of November 8th came on; at all other times I slept well, though on waking the first sensation I had was aching across the forehead.

I have no hesitation in attributing both headache and melancholy to the drug taken, inasmuch as I am in no way subject to either, and least of all to headache. I had once—some six or seven years ago—a similar headache, when residing in Torquay, arising then, I believe, from the depressing and relaxing character of the climate. The symptoms next in order of constancy were those affecting the mouth, stomach, and intestinal tube. I had occasionally furred, rough tongue, with a peculiar sense of rawness in the palate. At other times I had bilious diarrhoea, always preceded by sudden urging, griping pains in the abdomen. The desire to evacuate the bowels, particularly during November, was always *sudden*, whether followed by a relaxed stool or not. I had also, though less frequently, a tight feeling in the larynx, with a desire to cough. It generally came on immediately after or within a comparatively short time of taking the powders, and soon left.

Soon after commencing the December packet a sharp catarrh came on, resembling very closely an attack of influenza. It might have been owing to atmospheric causes; but if so, these were certainly unobserved. I could not discover any unusual exposure sufficient to account for it. It was also relieved in the same way as the headache, by smoking.

During November, and also, though I omitted to record it at the time during October, the urine was loaded thickly with lithates and mucus. The microscope proved this. Was it not connected with the disordered state of the digestive system? The only other remark I have to make is, that the symptoms ceased immediately with leaving off the medicine, excepting one day after the last powder.

No. VI.

John Landell, æt. 26, of nervous lymphatic temperament.

Oct. 2nd.—Weather cold and wet. Have been subject to rheumatism of the shoulders, and have coryza. First powder taken at 10.10 P.M.; rheumatism all night in bed, which has not troubled me for six weeks, feeling in middle of back as if bruised; coryza worse, with dull headache over eyes; worse over right; numb feeling of right lid.

3rd.—Powder taken at 9 A.M., ditto 11 P.M. Rheumatism of shoulders again all night; frontal headache; bitter taste in mouth; tongue coated white.

4th.—Powder taken at 9.20 A.M. Headache continued nearly all day; powder taken at 11.15 P.M.; headache slight, and rheumatism; weakness of loins.

5th.—Weather still damp. Powder taken at 9.20 A.M.; during the evening have felt sick, almost to vomiting; irritable, restless, frontal headache, throbbing of temples, and disagreeable fulness of head when lying; frequent yawning; powder taken at 10.25 P.M.; feeling of weariness, with dull frontal headache.

6th.—Powder taken at 9.25 A.M., ditto 10.30 P.M.

7th.—This morning tearing pains of abdomen, which lasted two hours; still headache; powder taken at 9.15 A.M.; feeling of weariness; evening, headache same; frequent yawning; powder taken at 10.30 P.M. Frontal headache all day, with yawning and lassitude; have not slept well during night; chilblains have appeared on both feet within the last three days; very painful; cannot suffer boots on; have not had them before for three or four years.

8th.—Powder taken at 9.30 A.M.; weather still the same.

Nov. 1st.—Powder taken at 11 P.M. Rheumatism of shoulders at night in bed, pain extending to fingers of right hand; tearing pains of abdomen; dull headache.

2nd.—Powder taken at 9.10 A.M., ditto 11.40 P.M.

3rd.—Powder taken at 9.25 A.M., ditto 11.40 P.M.; slight headache.

4th.—Powder taken at 9.20 A.M.; 15 minutes after taking powder felt severe cutting pain of abdomen lasting a minute; powder taken at 11.55 P.M.; slight rheumatism of shoulders;

eat a few walnuts, which caused sickness and pain of stomach ; they never hurt me before.

5th.—Powder taken at 9.15 A.M., ditto 12.10.

6th.—Powder taken at 10 A.M., ditto 12.15 ; slight rheumatism pains in bed ; very severe pains of abdomen, occasionally lasting two minutes ; forgetfulness.

7th.—Powder taken at 9.40 A.M., ditto 11 P.M. ; dull headache ; worse over right eye.

11th.—Powder taken at 12.20 A.M. ; headache ; sharp pains of abdomen.

12th.—Since breakfast sharp shooting pains from one temple to the other ; nausea, with pain of stomach and feeling of prostration ; a beating in stomach ; all these symptoms relieved in open air. Powder taken at 11.50 P.M. ; during night dreams of murders, suicides, fires, &c.

13th.—Powder taken at 9.30 A.M., ditto 11.25 P.M.

14th.—Powder taken at 9.25 AM., ditto 12.30.

15th.—Powder taken at 9.35 A.M. ; chilblains of feet, which were better, are worse, and headache, heaviness of eyelids ; very forgetful ; feeling of prostration ; powder taken at 12.

16th.—Powder taken at 9.20 A.M. ; headache, nausea after breakfast and dinner ; prostration ; powder taken at 12-30 ; dreams during night.

17th.—Powder taken at 9 A.M. ; sore of under lip opposite left canine tooth ; gum much swollen and inflamed ; ulcer of lip disappeared in about twelve days after finishing the medicine.

Dec. 1st.—Weather dull and wet. Powder taken at 11.30 P.M.

2nd. Cold fine morning. Powder taken at 9.15 A.M., ditto 11.15 P.M.

3rd.—Powder taken at 9.20 A.M. ; very severe coryza, and feeling of prostration, and restless ; powder taken at 11.50 P.M.

4th.—Powder taken at 10.20 A.M. ; bruised pain of left condyle ; severe when moving jaw ; great desire for wine ; powder taken at 11.45 P.M.

5th.—Powder taken at 10.30 A.M. ; weather wet ; powder taken at 12.30.

6th.—Powder taken at 10.10 A.M. ; ditto 12.25.

7th.—Powder taken at 9.25 A.M.; coryza, and feeling of weariness.

20th.—Soreness of condyle of jaw not so severe; chilblains getting better.

No. VII.

Dr. Drysdale's proving.

Nov. 11th, 1853.*—The weather for the last week or ten days has been unusually fine.

12th.—Began the original *Naja* powders to-day at bedtime.

13th.—Powder night and morning. Raw and foggy. No symptoms.

14th.—Took powders. Dense fog—hung on all the forenoon. No symptom.

15th.—Powders. Foggy, cold, rainy. No symptoms.

16th.—Powder. Damp and cold.

17th.—Powders. Clear and cold. I think I have felt an itching on various parts of the trunk, after going to bed, then two or three nights. Perhaps that may be owing to the *naja*. To-day a slight vague pain about the muscles of the calf of one leg.

24th.—Continued to observe and take the medicines in order during the previous days, but as yet cannot report any symptoms.

Dec. 3rd.—Began the powder in the usual way. I took the packet that Mr. Turner had sent instead of the November powders. Raw and foggy. No symptoms.

4th.—No symptoms.

5th.—No symptoms.

6th.—Raw and foggy, like all days since the 3rd. To-day, while driving in the gig, I felt a sudden pang of pain through the left side of the head. It appeared to begin about the back of the head. It only lasted a minute or two, and was not followed by anything, nor had it any definite character.

10th.—Went on the preceding days as usual with the powders till finished. But without any symptoms.

* Dr. Drysdale took the October set of powders with a negative result.

16th.—For two or three days during the past week I felt a slight painful sensation about the groins, as if the muscles had been over-fatigued or stretched. I could not make this out into a definite symptom of any part. Perhaps merely a stretch of the muscles in walking or stepping into the gig.

26th.—No further symptoms made their appearance. On looking back I feel great doubt as to the action of the medicine, as the symptoms were all such as the change to foggy weather might have produced.

No. VIII.

Dr. Russell's proving.

Oct. 1st, 1853.—A warm, moist morning. At half-past 5, A.M., took a powder dry on the tongue, washing it down with a gulp of water. A few minutes afterwards felt uneasiness about the umbilical region, and in a short time slight pain in the anterior part of right thigh, which soon passed off. After a few minutes, had slight pain in left frontal protuberance. Slight nausea, and empty eructations during the forenoon, and occasional twisting pain in umbilical region.

2nd.—A wet day. Took last night a powder dry on the tongue, and the same to-day at 7 A.M. No notable symptoms.

3rd.—A clear cold morning. Took at bedtime a powder dry on the tongue, and one this morning at half-past 5. In about half an hour had a slight fulness and pain in upper part of forehead, and in about two hours a slight shooting pain in left tonsil.

3, P.M.—Felt slight headache, dulness of spirits, tormina in lower bowels, with desire to evacuate them.

4th.—A wet morning. Took a powder dry last night, another at 6 A.M. this morning. Slept sound. No symptoms up to this time, 9.30.

8 P.M.—After slight pain in bowels, a rather loose stool with much flatus.

5th.—A wet warm morning. Took, at bedtime, a powder, and another this morning at 6 A.M. Slept as usual. Had slight pain and fulness of upper part of forehead in the course

of the morning, and a peculiar stringent sensation in the pharynx; also a nervous sensation about the heart.

6 P.M.—Several times in the course of the day felt a clogging up of the larynx and trachea, with thick mucus, which was hawked up with difficulty. Frequent sharp griping pain at umbilical region.

7th.—No symptoms yesterday. A warm damp morning. Took last night a powder, and one this morning at 6 A.M. Soon after had rather severe and steady pain in left frontal region, and slight nausea.

Nov. 12th.—Last night took $\frac{1}{100}$ th of a grain of *Naja*. Soon after taking it felt slight pinching sensation in stomach, like incipient gastrodynia, and slight pain in forehead.

At 5 A.M., a fine frosty morning, took the same dose. Soon after taking it, felt a peculiar oppression about the heart, and slight pain in one tonsil; also darting pains running across the forehead.

13th.—A raw morning. Took at bedtime $\frac{1}{100}$ th of a grain dry on the tongue. Soon after felt a slight spasmodic pain in stomach, and a sense of scraping in throat. This morning on waking felt pains between shoulders. Took at 7 $\frac{1}{100}$ th of a grain. Soon after felt nausea and disagreeable sensation in mouth; also a feeling of rawness in throat, with slight pinching of stomach.

14th.—A cold clear day. Took $\frac{1}{100}$ th of a grain last night at bedtime. The pain between shoulders continued all yesterday. Decided nausea after taking the dose last night, and this morning after taking the same dose at a quarter past 5 o'clock, felt again nausea and slight headache, confined to the lower part of the brow. The pain between shoulders continues to get worse; it is aggravated by moving the arms. For the last two mornings noticed the urine thickly loaded with a red sediment, which gathered like a cloud at bottom of vessel, and seemed to be mixed with mucus.

17th.—Till yesterday the pain continued between the shoulders; it was worse in moving in the shoulder blades, and felt like rheumatism of the muscles of the scapula.

18th.—Last night took $\frac{1}{100}$ th of a grain at bedtime. Soon after felt a griping sensation in stomach.

At half past 5, a cold clear morning, took $\frac{1}{100}$ th of a grain. In the course of the afternoon felt a dull pain in the region of the spine between the shoulders. Much the same in kind and degree as on the 14th.

Dec. 7th.—At 5 A.M., took $\frac{1}{100}$ th of a grain dry on the tongue. A damp morning. Soon after felt nausea and pain in brow, audible beating of the heart, and sense of depression. In the course of the day, when busily occupied, my attention was arrested by a heavy dragging sensation in spine between the shoulders; it lasted about half an hour, and was very uneasy. During the whole day felt nausea and depression of vital energies to an unusual degree.

8th.—At 5 A.M., took $\frac{1}{100}$ th of a grain. A clear morning. While warm in bed had several fits of coughing, with a peculiar sensation about fauces and larynx. Slight nausea.

21st.—I have taken a powder every morning. A slight frontal headache was a constant symptom. On two mornings cough, attended with a taste of blood in the mouth. A large painful pimple on the brow. A great deal of scurf on the head. Pain between the shoulders, as if in the spine, involving afterwards the scapulæ.

No. IX.

Mrs. R., æt. 27 (wife of W. R.) Sang. Lymph., liable to congestion of head; profuse menstruation, with much leucorrhœa between the periods; was suckling an infant 4-5 months old while taking the medicine. Disposition mild and gentle.

Nov. 22nd.—Very cold.

Note.—Mrs. R. commenced in the evening, taking a set of *November* powders, *i. e.*, the 3rd dilution.

23rd.—Very cold and foggy. Nausea and faintness coming on suddenly soon after breakfast, removed by acid fruit; second powder taken soon after. In afternoon, frequent cutting in umbilical region and in small of back, followed by a rather profuse and sudden leucorrhœa; feels very cold and uncomfortable; sinking sensation in stomach.

24th.—Cold and wet. Heat in head, and a sensation as if the brain of the forehead was loose; scalp painfully sensitive; eyes weak.

Note.—Above are similar to symptoms suffered previous to commencing powders, but apparently rather suddenly aggravated.

Towards evening complains of feeling generally very unwell, as though about to have a fever; leucorrhœa has not returned since last night. Took powder at night only.

25th.—Cold and wet. Powder morning and evening. Frequent cutting pains, shifting about, not lasting long any where; nose feels sore, hot, and discharges thin secretion; lips dry, black pores and cracks; complains of a sensation of wasting away; looks thin and haggard in face, dark round eyes; occasional pains at top of both mammæ; secretion of milk *very much* decreased; appetite, as usual, good; uncomfortable sense of emptiness at abdominal region, relieved by folding the arms over it and pressing.

26th.—Cold and wet. Powder at night only. Symptoms continue as yesterday. Towards evening the milk returned freely; infant's bowels relaxed, slimy, white, or green. The cutting pains described most frequent in the abdomen extending to lower region of back; bowels are more relaxed than usual.

Note.—Habitually inclined to costiveness.

27th.—Cold, but fine. Powder at night only. Frequent rather severe cutting pains, shooting from below upward in lower abdomen internally; feels uncomfortable and feverish, lips dry, mouth tender and hot; frequent faintish sick turns pass over her. In afternoon leucorrhœa returned for a few hours, thin, whitish; appetite good still; thirsty; milk scanty; bowels relaxed.

28th.—Cold and wet. Powder in morning only. Very feverish and prostrate; appears to frequently lose all power of using limbs; unable often to make the least effort for some minutes from sheer sense of exhaustion; bowels relaxed, infant's the same; milk scanty; head hot and full of blood; cheeks red; especially on cheekbones, patchy; very thirsty; hair falls off very much, especially from the crown.

Note.—Hair has fallen off lately, previous to taking powders.

29th.—Wet. Omitted powders. Symptoms similar to yesterday; rather better towards evening.

30th.—Cold and wet. Previous symptoms appear coupled with a severe cold or influenza; the same being now very prevalent; have desisted the proving on that account. Severe cold in head, fluent coryza in nose and eyes, violent bursting headache, pains in the limbs, form the prominent symptoms.

Dec. 1st.—Fine, mild. Very bad of same symptoms as yesterday.

Note.—Dec. 30th.—Mrs. R. has not enjoyed very good health since taking the medicine, but the leucorrhœa she formerly suffered from has entirely disappeared.

No. X.

M. C.* (female), æt. 38.—Temperament, nervous and bilious.

Oct. 1st.—The powder taken a little before nine o'clock in the morning, and breakfast in about a quarter of an hour after: coffee, &c. Before breakfast felt "sickish" from a "feeling in the throat" opposite the top of sternum. Continued sick, and felt a disagreeable sensation about stomach, and headache above the eyes till past mid-day, and belching up of water in the throat, and flatulence. In the afternoon began to feel pain in the throat again, "like as if she had the cold;" also severe throbbing frontal headache; acute pain in the small of the back, lasting for two or three hours in the evening; hot skin and pain in a small encysted tumour over the upper part of left acromion process, like the pain in a finger which has been suppurating and is healing.

2nd.—Third powder taken in the morning. Feeling in windpipe at the neck (between larynx and top of sternum) as if it had been skinned; burning heat in the face at different times during the day, without any apparent cause (unusual), with flushing; very slight headache all day, which was pretty severe and throbbing for a short time about 3, P.M.; frontal headache; clammy mouth in the morning, and "horrible taste."

3rd.—Morning, powder. No effect. 9, P.M., very bad headache, and stomachache all over (abdomen), but probably owing to a jargonel pear eaten in the former part of evening; not usually

* Reported by Dr. Stewart.

so affected by so little fruit. Sixth powder taken an hour before going to bed. Severe gnawing pain in lower part of back, which kept me awake for some time; worse after going to bed.

4th.—Took powder this morning at 8.30, A.M. Tea to breakfast, formerly coffee; “very soon *very bad* headache, especially acute over the left eye, just like a scald, for at least an hour;” rawness in the throat for several hours; frequent yawning; hot pain at the back of the eyeballs; pain shooting through from the left shoulder blade (inner and upper angle) to the front of the chest. Evening, powder. The above symptoms, every one, and in addition, burning heat in the face, especially on the left side, with slight flushing. Thoughts of giving over taking powders, on account of the violence of the headaches caused by them.

5th.—Awoke this morning with very bad headache, and great noise in the ears, as if a mill were going in the head; slight pain in loins. Took the powder 8.30, A.M. 9.30, A.M., headache almost, and noise in ears quite gone; a slight feeling of rawness in the throat. Evening, powder. Little effect; rawness in throat; slight headache; aching in loins not severe.

6th.—Morning, powder. Very bad headache, and disagreeable feeling in stomach. Evening, powder. No effect.

Nov. 1st.—Morning, powder. Slight throbbing headache above the eyes. Evening, powder. Headache as before, but not so severe.

2nd.—Morning, powder. No effect whatever. Evening, ditto.

3rd.—Morning, powder. No effect. Evening, powder. Sick feeling, which, however, she attributes to having taken the powder dry on the tongue instead of in solution, which she did because she was suddenly called away when she was about to take the powder.

4th.—Morning, powder. No effect. Evening, powder. A little sickish like last night; colicky pains in abdomen.

5th.—Morning, powder. No effect. Evening, ditto.

6th.—Morning, powder. Slight headache. Evening, powder. No effect.

7th.—Many dreams during last night, not disagreeable.

12th.—Second series of November powders. Evening, powder first. Headache above the eyes; irritation in windpipe, and heavy feeling at top of chest; feeling of indigestion; sensation as of a lump in stomach and upper part of œsophagus. Weather cold and dry.

13th.—Morning, powder. Slight headache above the eyes. Evening, powder. No effect. Weather cold, frosty, clear, and calm, with fog at night.

14th.—Fourth powder taken in the morning. No effect. Evening, ditto. Weather very variable: heavy showers in the morning, sunshine after twelve, and fog at night; cold.

15th.—Slept ill in the first part of last night, and had a pretty severe headache. Morning, powder. No effect. Evening, powder. Has had sore throat all day; worse since taking last powder. Is subject to an attack of tonsillitis every winter.

Dec. 12th.—Took first December powder in the morning. Disagreeable feeling in the throat, a good way down, like indigestion, for about two hours. Evening, powder. Slight headache, and tickling in windpipe. Weather dull, foggy, not frosty; little wind.

13th.—Morning, powder. No effect. Evening, powder. Disagreeable feeling, as of a loaded stomach. Weather as yesterday.

14th.—Morning, powder. No effect. Evening, ditto. Weather dull; cold east wind.

15th.—Morning, powder. No effect. Evening, ditto. Weather rainy, and cold east wind.

16th and 17th.—Powders produced no effect.

SOME DEDUCTIONS FROM THE PRINCIPLE INVOLVED IN VACCINATION.

A Paper read before the Hahnemann Medical Society, Feb. 7, 1854.

BY JAMES JOHN GARTH WILKINSON, M.D.

THE time is perhaps returning when animal substances will play as considerable a part in the homœopathic pharmacopeia, as in the materia medica of two or three centuries ago; and when the prejudices of ignorance, and the prejudices of science, will

both give way to the reign of experiment with regard to the relations of the human frame and its diseases to animal poisons. For surely the more developed a *materia medica* becomes, the more it will search through the kingdoms of nature, and the more it will be in possession of the medicinal products of the higher kingdom. Or if this be a doubtful proposition, we may at any rate assert, that in proportion as our science advances towards perfection, it will enter upon a larger field of facts, and in this way also embrace animal co-extensively with vegetable and mineral powers. Already in this respect homœopathy shows her capacity of experience to be superior to that enjoyed by her aged predecessor; as witness the animal remedies which we daily use, such as *Lachesis*, *Sepia*, *Crotalus*, *Cobra*, *Psoricum*, *Cimex*, *Apis*, and many others. Now this department of animal poisons—the ways and means of universalizing the use of them—is the subject upon which I propose to consult you this evening. I place the subject on this humble footing, because what I have to say consists of facts brought out by others, with only deductions of my own, which it is for you to confirm, or the reverse.

The employment of animal poisons for remedial purposes may be divided into two methods; 1, The administration of them by the mouth; and 2, Their inoculation by an orifice made in the surface of the body somewhere. Reckoned by results, these methods appear to be different, not only in the rapidity of their effects in certain cases, but also in the symptoms themselves. In the case of swallowing animal poisons, it would seem that the avenues and passages of the body either refuse to admit them into the circulation, or so mitigate them that the effects are prolonged into a harmless play of chronic symptoms. Whereas, if the poison be put into the blood—if it be thrust past the sentinel-work of the skin and absorbents—it tends to propagate its unmitigated like, and to produce virulent diseases according to its original nature. Such I believe to be the state of opinion with regard to inoculation, and administration by the mouth; and although there are alleged exceptions to these statements, yet perhaps it will be conceded that they express a general difference and truth.

Now the fact of vaccination has for some time past arrested my attention; and on the one hand I have contemplated the vast results that accrue from that practice, which the statisticians tell us, has virtually added two years to the life of every man, woman, and child in the civilized world; and on the other hand I have been surprised to find vaccination standing alone as a remedial power, and suggesting nothing beyond its bare self. Methinks that which keeps our women's faces clean and handsome, and has therefore much to do with the beauty and vigour of the human breed, cannot be a selfish fact: it must belong to a large and liberal family of remedial truths, each perhaps not less important than itself. If it does stand alone, it stands alone in so standing, and is the single atom of science for which such isolation can be claimed.

But these reasons make me think, that in vaccination we have the cropping out of some great and beneficent law—of some law which is perhaps constantly in operation, neutralizing disease, and maintaining the equilibrium of health; for I look upon it that nature does a vast deal of doctoring quite over our heads by a kind of universal homeopathy, according to which she tempers climates and seasons for the race of man. And without giving that law any other present formula, than our favourite *similia similibus curantur*, I will deduce from vaccination that it is our duty to see what other animal diseases run parallel with human diseases; and how, as in the case of vaccination, an extinction of the latter can be brought about by the just application of the former.

Circumstances have contributed to turn my thoughts to the neglected field of *comparative disease*; a branch as worthy of cultivation as comparative anatomy and physiology, and one which promises great results to medical practice. Foremost among these circumstances is the fact, that homeopathy urges the study of all the correspondences that exist in the rest of nature to the conditions of health and disease in the human frame; consequently, the study of the diseases of animals as analogous to those of man. This direction of my mind was prepared by early opportunities of observing equine diseases at the Royal Veterinary College, the late Professor of which,

Mr. Sewell, an honoured relative of mine, was a staunch homœopathist in his own person, and in his last illness was attended by myself in conjunction with the late Dr. Curie. Had he been a younger man, I should not have despaired of seeing homœopathy triumphant in the College; for the Professor did not think allopathy good enough for himself, and he was too honest a man not to find out in time that it is not even fit treatment for dogs and horses.

Pardon this digression, for the reason that the little narrative it contains has to do with the growth of the idea of this evening. Whilst upon the track of equine diseases, I soon came face to face with those appalling maladies, glanders and farcy, both of them capable of propagation by inoculation, and both of them bearing strange analogy to many of the diseases of our own kind. Perhaps the best plan will be to give you a short sketch of these two diseases.

When they arise spontaneously, both of them are supposed to be constitutional maladies; and in those subjects which are susceptible of them, they may be the sequels of almost any cause that depresses the vital powers. Glanders commences, after slight constitutional disturbance, by small white raised specks on the lining membrane of the nostrils, and especially upon the septum narium; in a day or two these degenerate into ulcers, which from the first are chancreous, with raised margins: these ulcers spread rapidly, and involve the whole nasal cavity, the spongy bones and the ethmoid bone, and the frontal and maxillary sinuses. An offensive discharge of very viscid matter takes place generally from one nostril, and increases with the spread of the disease: from the first few days of the invasion the sub-maxillary gland on the side affected forms a hard swelling affixed to the bone; a glanderous bubo sympathetic with the chancre. The disease progresses to the destruction of the entire mechanism of the nose, osseous and membranous; and as the horse breathes through the nose only, death (unless anticipated by the merciful pole-axe) takes place in a varying time—sometimes in two or three weeks from the invasion or inoculation—by suffocation. Where the malady has lasted

long, and run its course, the lungs are generally found studded with tubercles, which the best authorities regard as an almost invariable accompaniment of glanders.

Glanders is highly contagious from one horse to another, and especially from the horse to the ass; the latter seldom has the disease except through inoculation; though *then* the ass manifests it with uncommon virulence. The inoculated disease is not more mild, but more virulent than the idiopathic; a respect in which it differs from the small-pox. It would seem that glanders is much less common than it used to be, owing, the veterinarians think, to the modern superior ventilation of stables, and the general sanitary management of horses. I suppose also that diseases tend to extinguish themselves by killing off the most susceptible families, which may be looked upon as a *materies morbi*; besides which probably nature works towards adjustments and continual acclimations.

Farcy, on the other hand, commences with swelling of the limbs, generally one or both of the hind legs, and on examination large swollen cords may be detected following the track of the great veins. These cords are as thick as a man's wrist, tender to the touch, and the whole limb is hot, painful, and distended—*farcitus*—stuffed or farcied. By degrees the farcy invades the foreparts of the body also, and wherever it goes, by attentive feeling, one can discern turgid cords, which are the swollen lymphatic vessels. After awhile these expand here and there, with their contents, into globose swellings—farcy buds—which burst, and form filthy ragged ulcers, discharging unhealthy pus. As the swelling increases, the horse stands with as little motion as possible, from the great suffering which moving occasions. By-and-bye the disease advances towards the head, and increases in constitutional symptoms in proportion, attended always with the same tumefaction, swelled lymphatics, and oftentimes indurated glands. And now for the most part glanders is superadded, and runs its own destructive course.

Either of these diseases is susceptible of a chronic form, and may lie dormant for years, the horse being capable of doing

moderate work in the meantime. But such horses are never secure from acute and destructive eruption of the smothered malady.

Great light has been thrown by a French veterinarian, Leblanc, upon the pathology of these morbid states, which according to the best opinions are but one disease showing itself in different parts—in farcy affecting the dermoid tissues, in glanders the aërial membrane in its entire extent. Leblanc states that farcy is a malignant disease of the lymphatic vessels; that the minute glanderous dots in the nose are the same thing there; and that the tubercles in the lungs are still the same thing; only varied according to the different lymphantization, if I may coin a word, of the parts.

With respect to treatment and cures I may state that both glanders and farcy are regarded as intractable maladies; farcy, however, being the least incurable of the two. As in the case of consumption, cancer, fungus hæmatodes, there are alleged instances of cure, and still the maladies are regarded as incurable, with lucky exceptions.

You can inform yourselves of the further nature and symptoms of both these diseases, in veterinary works; among which I especially commend to your notice Percival's *Hippopathology*, as being sound, full, practical, and scholarlike: but what I desire to insist upon is the possible homœopathic wealth which we may extract from the pockets of these two dæmons, glanders and farcy; and first a word with regard to medicinal provings.

Looking at glanders and farcy as inoculated poisons, I maintain that we have, in their very existence, and in their symptoms as diseases, an elaborate detail of proving such as no drug can excel. True, it is a proving on the horse; but then the law of *similia* equates the phenomena with human symptoms, and the facts of vaccination bring them to the door of human medicine. And here I may notice, that there have been many instances of glanders communicated to the human subject, of which full details have been preserved. In these cases the symptoms were much as in the horse and ass: in glandered patients there was gangrenous erysipelas of the external integuments of the nose, discharge of pus and viscid mucus down one or both

nostrils, abscesses in various parts of the body in the course of the absorbents, suppuration in the lungs, in one kidney, and in each knee-joint (in one patient a large quantity of pus in the bursa of the knee-joint); hectic fever, and death. Asses inoculated from the matter of these patients perished of glanders and farcy. After death, besides extensive abscesses, tubercles were found in many parts of the body.

The case therefore stands thus: if vaccination—a similar but not identical disease to small-pox—prevents small-pox, what diseases, similar if not identical, will glanders and farcy avail to prevent, or to combat? For reason compels me to deduce (until fact shall upset the deduction) that animal diseases in general are prophylactic against some human diseases, though the way of application may not be obvious at present.

I admit with regard to provings, that the Hahnemannian mode would, with these poisons, probably elicit subtler and more numerous symptoms than are exhibited by the diseases; the tendency to rapid destruction being absent, a vast play of fine, chronic and oblique phenomena, suggestive of particular cures, would present themselves; but in the meantime let us keep to vaccination as our text, and we shall see that the attainment of good results is compatible with our having no better proving of a *materies morbi* than nature's own, as exhibited in specific diseases. For instance, glanders and farcy produce plain symptoms in many regions of the horse's body: why should they not be used as curative of similars in the human body; and when this field of application is worked out, then they can be *proved* in the Hahnemannian way also. In the first case, however, an important rule of art and scientific policy is maintained by taking nature's own proving of these poisons—viz., the rule *fiat experimentum in corpore vili*—the *corpus vile* being the frame of the horse as distinguished from that of man, and the frames of those horses which already have the disease. Obedience to this rule is a point upon which we must act as far as possible; no prover wishes to endanger life by imparting to himself ineradicable poisons. In accepting natural animal diseases as good for so much proving, we act upon an economical scientific law.

In the perusal of works on glanders and farcy, I have been struck with the field of symptoms which these poisons—or this poison—covers; symptoms which suggest integral parts of syphilis, consumption, scrofula, cancer, lupus exedens, lymphatic swellings and inflammations everywhere, enlarged joints, hip disease, ozæna, obstinate catarrh, dropsy, many skin diseases, caries of the nasal bones from various causes, malignant pustule, elephantiasis, phlegmasia dolens, chronic bronchitis, &c. &c.; a list comprising several maladies that want a cure. While speculating on this subject, I have thought of the use of the poisons both prophylactically and remedially.

In speaking of the maladies, glanders and farcy, as furnishing a list of pathogenetic symptoms, I am stating facts that are worthy of all acceptance; but when I come to the parallel human symptoms to be cured, I may be quite mistaken, and must at any rate wait upon experience. On one point, however, I am not mistaken, that if the homœopathic law be universal, there is a department of human disease to be met by these animal diseases, or else vaccination and homœopathy are not general truths. If then I do not state rightly the maladies which are the *similia* in the case, you will correct me so far; but without rejecting, with my error, the general and useful fact that these poisons must occupy an important remedial field.

It is not necessary that the similarity between animal and human diseases should be complete, for the former to be preventive or curative of the latter: the vaccine disease is not identical with small-pox, but similar with a difference; by imparting the vaccine disease, we seem to consume such a portion of the pabulum that small-pox would use, that the full development of the varioloid poison is obviated. To use a gross illustration, I would say that if a fire be laid containing at the bottom paper, next above it bundle firewood, next some common coal, and next anthracite—the attempt being to light the anthracite, and to inflame the whole—then, whether you take away the paper, or the wood, or the common coal, the effect of the lighting will not follow: you will have a slight inflammation, but not a complete development of the flame. And so it is perhaps that the vaccine disease smoulders away the paper, or

the wood, with which the varioloid fire would have burnt, and makes the further kindling impossible. In a word, a disease, to put out another, need not be precisely similar to the one extinguished; but nature will allow a considerable latitude of analogy in her ways and means of prophylactics.

What then is to be done? Are we to give our patients glanders and farcy to prevent or cure the existing maladies which afflict them. If the allopaths had to administer to the question, they must either drop experimentation, or else add these terrific diseases to the other terrific medicinal diseases with which they have visited the human race. We, on the other hand, may still keep our high prerogative of doing no harm while handling even the most virulent nosodes. Our modes of dilution render operations safe even here. I would therefore propose, in the first place, your trial of these morbid products in consumption, caries of the nasal bones, chronic abscesses, and other maladies, which will easily suggest themselves; and I would try them in globules and tinctures, like the rest of our remedies. They are already prepared by Mr. Headland, from specimens furnished to me by Professor Spooner, of the Veterinary College, and which can be fully relied on. I would not go otherwise than cautiously below the sixth dilution; perhaps the higher potencies would be better still. As yet I have not had much experience with these materials; they stand as provings which are destitute of clinical confirmations, a condition in which they are on a level with a goodly portion of our *Materia Medica*. I am however making several trials which are so far satisfactory, and the results of which I hope to lay before you on some future occasion.

Shall this be all? Shall the inoculation part of our thesis be given up? Is vaccination no better as a prophylactic, than the administration of vaccine lymph would be, by the mouth, in the ordinary way of giving medicine? If this be so—if the freshly diluted lymph will cause, as I see stated, the eruption of vaccinia, and will act as a complete prophylactic, then vaccination itself may be reconsidered, and perhaps reformed. Upon this subject, however, we have not, I think, enough facts to enable us to decide. But in case further inoculations are thought expedient, and with other substances than the vaccine

virus, the Hahnemannian mode of dilution will ensure safety to our patients, and with what result remains to be seen. From the 18th to the 30th dilution of glanders and farcy would be harmless enough, and might be availably prophylactic.

It is scarcely necessary to dwell upon the inviting aspect of the subject which I have brought before you this evening. If we can eradicate the phthisical diathesis with glanders, as the varioloid has been already so much curtailed by vaccine lymph, we shall confer a boon at no cost on numberless doomed families. Without venturing to hope too much, I yet do hope in this direction. I hope both for the prophylaxis of consumption, for its cure in its incipient stage, and for its mitigation even in cases where its destructive march cannot be arrested. To extinguish the most formidable disease in its tendencies, does not probably require great changes in the animal economy; some little link of susceptibility removed, and the disease will straightway be impossible. At any rate let us refuse to believe in the incurable, and seeing how much has been done by the German Hahnemann with his glorious one idea, and by the English Jenner with his good one fact, let our motto still be, HOPE AND TRY.

Allow me to recapitulate what I regard as the points in these remarks.

I. Vaccination, as prophylactic against small-pox, suggests that animal diseases producing a virus, may be prophylactic against corresponding human diseases.

II. The range of the domestic animals in the first instance furnishes a circle of morbid correspondences, and consequent prophylaxes.

III. *Glanders* and *farcy* end in tubercles and vomicae, and are likely prophylaxes against *phthisis*, and likely remedies for its stages.

IV. By the method of dilution these poisons may be safely given, and inoculated; whereas previously to Hahnemann's discovery of dilutions, only a single virus, the vaccine, could be used.

V. In using these viruses our procedure is according to exact (though not yet applied) science; the disease-poisons

are proved to our hands; their pathogenesis is known, and their symptoms may be tabulated like those of drug diseases.

VI. The Hospital for Consumption, the Hospital for Cancer, and other Institutions for the Incurable (that is to say, for cases in which Orthodoxy professes Impotence), ought to be Foci of New Practice. Royal patronage and great endowments would be ill bestowed on the organization of despair.

VII. *Glanderine* and *farcine* can be procured at Headland's from the 1st to the 30th dynamization.

In the discussion that ensued in the HAHNEMANN MEDICAL SOCIETY upon the reading of the foregoing paper, a case was mentioned by Dr. Sydney Hanson, in which three men who had been engaged in cutting up a glandered horse, were attacked by glanders. The occurrence took place in Leicestershire while Dr. S. Hanson was residing in the neighbourhood. Two of the men died of glanders; the third recovered. The third man was a patient of Dr. H.'s, and so had a subject, that his chance of recovery was considered the poorest. He was affected with chronic bronchitis, and Dr. H. diagnosed crops of tubercles in the lungs. However, he not only had the glanders more favourably than the others, but on recovering from it his pulmonary complaints appeared also to be removed, so that he was living two or three years afterwards; a prolongation of life which Dr. H. did not anticipate; and for aught the Doctor knows he may be living still. Dr. H. kept no record of this case, and cannot be responsible beyond the above statement from memory, which he laid before the Society for just what it is worth.

A FEW REMARKS ON ANIMAL POISONS AS REMEDIES.

BY DR. DRYSDALE.

THE perusal of the foregoing interesting paper, by Dr. G. Wilkinson, induces me to write also a few remarks, containing some of the results of my reflections and experience on the same subject. The subject itself is one of surpassing interest, and has

engaged my attention for many years, having been led to it by a train of ideas precisely similar to those of Dr. Wilkinson, with whose hopes I sincerely sympathise, though I fear the fulfilment of them is much further off than he seems to imagine, yet still I have an equal, if not greater, confidence in their ultimate attainment.

I believe there are few homœopathsists whose imagination has not been dazzled with the splendid prospect of the results to be obtained by wielding curative weapons of such stupendous power and exquisite similitude to, and therefore fitness for, the cure of some of the most common, fatal, and incurable diseases, as would be afforded by the use of the animal morbid poisons as homœopathic remedies in the ordinary way.

Nevertheless, it must be confessed that hitherto these hopes have been doomed to complete disappointment, and one and all of those who were capable of investigating the matter properly have been compelled expressly or tacitly to admit that something remains yet to be discovered before we can bring them within the range of ordinary homœopathic remedies. But not only that, it has happened, as is frequently the case, that certain unreflecting men have brought the whole subject into discredit by the erection of a quite premature and unsubstantial system, to which the name of *isopathy* was given, and in which the homœopathic law, and the patient investigation of individual cases inculcated by Hahnemann, were almost quite neglected and forgotten.

As far as my own experience has gone, I may state that I have tried the matter of glanders (*Hippozænine*) in the 12th and 6th dilutions, and as low as the third trituration, prepared by Lux, the inventor of *isopathy*. I have tried these in *ozæna narium*, and in *phthisis* and secondary *syphilis*, and some other cases, but without any satisfactory result. I have also tried in *phthisis* the matter of the contagious *pleuro-pneumonia* (called by Lux, *Buhydropine*), a much more homœopathic *simile* to *phthisis* than glanders, in which I believe, according to the best authorities, the formation of tubercles can hardly be considered the direct and specific effect of the glanders, but may supervene on the weak state of the system caused by that disease, but

also without result. I have tried also Anthracine, (the matter of the malignant pustule), 6th and 3rd trit., in boils, but without marked effect. I have tried also Varioline (small-pox matter) in chronic inflammation of eyelids left by small-pox, but also without result. In short, all the trials I have made with simply diluted morbid poisons have been failures as regards their isopathic action.

Nevertheless, though I believe such has been in the main the result of the trials by all others, yet it cannot be said that these preparations are inert or worthless; for we have numerous testimonies to the working of Psoricum in several diseases, though not in scabies. I have given it several times in skin disease with excessive production of lice, and apparently with good result, though I do not consider the fact as yet quite established from my own cases. Hartmann has also lately recalled attention to Psoricum in cancer. Nay, there are even not wanting credible examples of beneficial effects from the diluted matter doing good in the disease itself, thus apparently curing isopathically, such as the Anthracine in malignant pustule, and the fresh small-pox matter or the vaccine matter given internally in small-pox. Are these not sufficient, then, to settle the question? it may be asked. I am afraid not; because if the action was really isopathic in those cases, they should be much more numerous; indeed, so much so as to put beyond all question the fact long before now. For there can be no medium in the matter: they must either be far above all other possible remedies and the cases *not* cured must be the rare exceptions, or else they are not isopathic at all, and either some fallacy must lurk in the observations themselves or their action must be explained on some other principle. These considerations have long ago led me to think about the source of difficulty and of fallacy that beset this subject, and the following are the chief results of reflection:—

In the first place, it must be recollected that a grain or drop of any of those viruses or acrid secretions is by no means necessarily an inert substance, but may, or indeed must, have a pathogenetic action of its own, whether it has any isopathic action or not. We may use the word isopathic action here to

express its action in producing the disease it belongs to, or some minor degree of development of that. It therefore by no means follows that when we obtain a pathogenetic or curative action from a dilution of a morbid poison, that it may not be simply a homœopathic cure, and nothing more, performed by a homœopathic medicine whose pathogenetic action is not known : therefore a random cure. To prove, therefore, the isopathic action, requires not merely a rare exceptional cure here and there, but a certain and obvious and speedy action in the great majority of cases.

But when we come to consider the operation of the morbid poisons themselves, we find that the present imperfect knowledge of their action presents great and apparently, at present, insurmountable difficulties to our using them in that simple way, or as we may term it, attaining to our end by that royal road, viz., simply prescribing diluted morbid poisons according to their isopathic indications.

The first barrier that presents itself to the use of one class of poisons is, that apparently they are not of a stable and fixed nature in their character. In this class we may comprehend the septic poisons and those diseased secretions that sometimes excite dangerous symptoms, according, chiefly, to the state of the patient or the manner of their application, such as dissection wounds or puerperal fever, but have not a fixed or self-reproducing character ; so that even if we could use them therapeutically, the same might never be applicable again. This cuts off one class of morbid poisons. Then next, there is the difficulty presented by the apparently different action of some morbid poisons when introduced by the stomach and when into the skin or elsewhere by a wound or inoculation. Despite all that has been done in physiology, this point is far from being cleared up, and we are compelled to admit that in those diseases where swallowing the morbid poison does not give the disease quite as effectually as by inoculation, we have as yet no certain or reliable proof that the swallowing the poison gives rise to symptoms which have any relation whatever to the disease. This is a most important point : for, till it is cleared up, it entirely vitiates all the symptoms obtained by inoculation as indications

for the curative action of the poison swallowed in homœopathic dilution. We have thus already two great barriers to our isopathic therapeutics which may both apply to certain morbid poisons, viz. : the action by inoculation may be the sole way in which it is a morbid poison at all, such as hydrophobia, puerperal fever, glanders, vaccine, dissection wounds, &c. &c., diseases which we do not yet know are capable of being produced in any other way than by inoculation. Some of these are doubly incapacitated for our purpose, viz., both from being only inoculable and from being unstable in character. With others, however, this difficulty we are now considering is the only one. As a type of this we may take the serpent poison. This is fixed in character and not self-reproducible, and therefore not liable to other complications to be considered presently. Till, therefore, the question of the difference of action by inoculation and swallowing is fully explained, I feel constrained to hold that we cannot use the symptoms produced by the bite of the serpent as indications at all for the internal exhibition of Lachesis and other serpent poisons. The state of our knowledge with regard to the homœopathic use of the poison stands thus:—

First,—We know that serpent poison, taken internally in small doses, produces certain symptoms.

Second,—We know that the bite of the same serpent produces certain other and truly very different symptoms.

Third,—We know that serpent poison, given internally in disease, cures certain symptoms.

I conclude that those last, viz., the symptoms cured, will, by the homœopathic law, be similar to those in the first paragraph, viz., the symptoms produced by internal exhibition of the poison. But I hold that at present we have no right to expect that the cured symptoms in the third paragraph should accord at all with the bite symptoms in the second paragraph. We know that with medicine from the mineral and vegetable kingdom that remarkable discrepancy in the internal and inoculated symptoms does not exist, and, therefore, till that problem is solved, I hardly think we can avail ourselves of the symptoms of bites of serpents and stings of bees as homœopathic indications for the inward exhibition of the poison. But it would be safer to

leave those symptoms in the same category as those violent expulsive efforts caused by the overdose of drugs in proving, which are justly considered by Hahnemann as little characteristic of the drug and little adapted for homœopathic use, and confine ourselves to the indications afforded by the internal exhibition of those substances.

In another class of morbid poisons, their gaseous nature, or even the impossibility of detecting their place of seat and origin, is a complete barrier to using them as homœopathic dilutions; among these we may class typhus, measles, scarlatina, &c.

When we now come to those viruses that are capable of being collected and preserved, such as small-pox, syphilis, glanders, &c., we must feel them to be the stronghold of isopathy, and from these are to be expected the results, if any, that are to flow from the theory.

After the repeated failures to obtain results from the diluted virus administered internally, the reflection was forced on my mind—and with great wonder that it had not presented itself sooner—that the thing sought was like the squaring of the circle, or the perpetual motion, viz., an impossible problem. For, indeed, how can it be that a self-reproducing disease is susceptible of division into aliquot parts at all? If we introduce the smallest particle of the exciting cause, and that has afterwards the power of multiplying itself indefinitely wholly beyond our control, to what purpose was the dilution? Clearly of no use whatever. Dilution must either be so great as to deprive the virus of the power of reproduction, or else we give the complete disease. The only question that remains is this: Have we any proof that, unless the disease is given to the degree of self-reproduction—one of its essential phenomena—it is given at all? I am not aware of the existence of any such proof, and till then our diluted viruses have no claim to a pathogenetic or curative action that has any relation whatever, in character or degree, to the full disease.

We know by experience that with mineral and vegetable medicines the full character, merely modified in degree, of each medicine is preserved, and in some points more usefully exhibited therapeutically in extreme dilution. But with self repro-

ducing viruses the case is widely different, and with them the action is either all or nothing, as far as we yet know. With nearly all of them there is also the other difficulty above alluded to, viz., the ignorance we are in as to the effects of the mode of introduction into the system, i. e. whether they will act at all when taken by the mouth, though some of them doubtless will; which circumstance, indeed, renders such experiments not altogether free from danger, for we have examples of dangerous and even fatal results produced by eating the (cooked) flesh of animals that have died of malignant pustule;* and the poison is so virulent that a few drops of the blood falling on the hands of persons employed have been fatal. Till therefore it can be shown that there is any way of preserving the specific influence of these poisons in the diluted state, while at the same time they are deprived of their dangerous character, I apprehend we have little to hope from further experiments in the way recommended by Dr. Wilkinson; at least looking on these dilutions as isopathic medicines. But as in making experiments, while looking for one thing we often find another almost if not equally valuable, it is not improbable some valuable results may be attained by using these dilutions as homœopathic medicines, though not quite satisfactory, being altogether from *usus in morbis*.

Do I then altogether despair that the brilliant prospect entertained by Dr. Wilkinson will ever be realized? Far from it; though at present every avenue to the fulfilment of that hope seems barred up, yet I feel every hope on the general grounds so well expressed by Dr. W., that patient and persevering experiments, chiefly on the lower animals, and with those poisons that are mutually transferable to man and animals, will in the end clear up all the obscurity that hangs over the subject now, and put into our hands the means of extinguishing or rendering harmless some of the most formidable diseases to which the human race is subject.

* Einige Fälle von Anthrax-Vergiftung, von Dr. Conrad Schab. At p. 58, are given several cases of gangrenous pustules produced by eating the flesh of a cow which had that disease. Three of these cases were fatal.

ON HOMŒOPATHIC OBSTETRICS, PARTICULARLY
WITH REFERENCE TO METRORRHAGIA.

BY DR. L. S. HAHNEMANN.

(Read before the Hahnemann Medical Society, March 6th, 1854.)

REFRAINING from preliminary remarks, deprecating criticism, and expressing inability to do justice to the subject I am about to handle—remarks which, however, in the present instance, would really have some significance—I proceed at once to enter on the subject of this evening's discussion, viz., Homœopathic Obstetrics, particularly with regard to Metrorrhagia.

The fact that homœopathic midwifery is, as far as I know, comparatively a new field, while on the one hand it may act discouragingly as affording me fewer authorities to consult, yet on the other hand it presents much that is encouraging and interesting; for nothing can be more important or laudable than to extend our great law, already so extensively applied to the various stages of life, also to its very commencement, and the very circumstance that the obstetric art was never practised by Hahnemann himself, only renders it the more incumbent upon us to direct our attention to it. The small numbers of professed accoucheurs among our body is probably the cause why the subject has not been more discussed, although it cannot be deemed a sufficient excuse. On this account midwifery must be interesting to all homœopathists; and in bringing this subject under your consideration, my object is to elicit the observations and suggestions of those members whose experience in the obstetric art gives authority and value to their opinions. Although it is not an uncommon belief among the public that homœopathy cannot be brought to bear upon midwifery—a belief in which they are the more confirmed from the great scarcity of homœopathic accoucheurs—yet, from the very large field midwifery comprises, and from the fact that homœopathy represents here, as in surgery, the conservative principle, it will be seen that no other treatment could be better adapted to this branch of medical practice than that which we have the honor to advocate.

Notwithstanding the certain success homœopathy would achieve in midwifery, our literature is almost destitute of any work on this subject. The only attempt in this way has been made by our French colleague, Dr. Croserio, whose "*Manuel Homéopathique d'Obstétrique*" has been translated into English by Dr. Hempel. Valuable, however, as Dr. Croserio's contribution must be, if only from the fact of its being the first and only book on homœopathic obstetrics, it cannot be denied that it is still very imperfect, and much remains to be done in this field by the zealous disciples of Hahnemann.

Having said thus much on the subject in general, I now direct your attention, gentlemen, to the particular department of which I intend to speak this evening, viz., metrorrhagia, a topic worthy of being made a prominent point for consideration, and that not only by accoucheurs, but the medical profession in general, seeing that the disease may occur under circumstances totally unconnected with childbearing. Nothing can be more alarming or require more prompt and decided action than the above-mentioned disease. No wonder if, under these circumstances, homœopathy, with its infinitesimal doses, has been considered, both by the laity and profession, inadequate to grapple with such an emergency. Before inquiring, however, into the merits of homœopathy as to its efficacy in metrorrhagia, let us, gentlemen, shortly investigate the different causes which may give rise to so serious a derangement.

The liability of females to metrorrhagia commences with menstruation, which may assume so abnormal a character, both in delicate and robust constitutions, as to require the undivided attention of the medical man to reduce it to its natural limit. But a much more frequent occasion for its occurrence is the condition of pregnancy when either miscarriage or placenta prævia gives rise to flooding, and demands immediate aid from the physician and accoucheur. During confinement and after childbirth, metrorrhagia is not seldom observed in reduced and weak patients, who are suffering from protracted labour or have been subject to periodical discharge of blood during pregnancy.

But metrorrhagia may also be produced by the habitual use

of emmenagogues, either taken without medical advice or more frequently administered by the old family doctor.

External injuries and internal chronic diseases of the uterus, of which cancer is the most formidable, also frequently give rise to metrorrhagia, and it may likewise be induced either primarily by active inflammation of the generative organ itself, as in metritis, or by the general depression of the whole system, as in scarlet fever and typhus.

The symptoms which generally indicate the presence of metrorrhagia, even when there is no visible discharge, are—a feeling of weight and tension in the region of the uterus, a sensation of coldness over the body, giddiness and faintness, and such objective symptoms as pallor of face and diminished action of the pulse; in a word, such symptoms as accompany hæmorrhages in general.

Coming to the question of the efficacy of homœopathy in such an emergency, we find in our *Materia Medica* no less than thirty remedies, all adapted, more or less under the appropriate conditions, to meet the case. But this very abundance forms one of the chief difficulties of the homœopathic practitioner—there is really an *embarras de richesses*—for it is almost impossible to have such an intimate acquaintance with the nice distinctions of so many different remedies. The best treatise on the homœopathic treatment of metrorrhagia is an elaborate paper, by Dr. Atomyr, which appeared in vol. iii. of the *Austrian Quarterly Journal of Homœopathy*; minor articles, and details of cases successfully treated, have appeared in the homœopathic literature of Germany, France, America, and this country.

I will not encroach upon your time by enumerating all these thirty remedies, with their peculiarities, suffice it to mention those which have found most favor among our professional writers.

The late Dr. Hartmann recommends, in his book on acute diseases, against the premonitory symptoms of metrorrhagia, Bell., Hep., Plat., Sulph., Merc., Nux, Bry., Chin., Ipec., and Crocus; and against the actual attack more especially, Croc., Cham., Chin., Ipec., Hyosc., Stram., Bry., Ign., and Sabina.

Dr. Atomyr gives the preference, in actual metrorrhagia, to

Ambra, Cham., Calc., Croc., Sabin., Bell., Plat., Hyosc., Ipec., Puls. and Secale.

Dr. Weber would use chiefly Crocus, Sab., Cham., Bell., Puls., Sulph., Nux, Calc., and Phosph. ; and Chin. against the sequelæ of metrorrhagia.

Dr. Croserio, in his Manual, mentions only Puls., Sec., Bell., Nux. Ipec., Sabina, Croc., Cham., Hyosc., Ferr., and China.

It would appear, then, that the medicines which seem to have been most efficacious are—Croc., Cham., Sabin., China, Ipec., Hyosc., Bell., Puls., Nux, and Secale, and therefore it may be interesting to examine the symptomatology of these medicines.

Beginning with *crocus*, we have, in its pathogenetic effects, the following indication for guiding us in our selection :—“ Blood dark, blackish, clotty, discharging either with or without pain, of an offensive smell, or sometimes without any particular odour.”

Similar symptoms we find in the symptomatology of *chamomilla*, a remedy which, however, differs from *crocus* by the accompanying prevalence of coldness of the extremities and the flooding occurring at irregular intervals.

A special indication for the use of *crocus* has been considered by Dr. Helbig—the presence of great excitement, palpitation of the heart, liveliness, alternating with somnolence, liability to fainting, and excessive timidity. Dr. Stapf, in his *Beiträge* to the *Materia Medica*, says, that Crocus distinguishes itself by the dark color of the discharge and its thick consistence, and puts this remedy in opposition to *sabina*, which our veteran (on account of the following symptoms—“ blood bright red, thin, liquid ”) considers to have an influence on the arterial system, Crocus being supposed to act on the venous.

Another remarkable symptom of Sabina is, that its metrorrhagia is always accompanied with very severe bearing-down, extending from the lower part of the back round the abdomen and down the thighs.

From the cases on record, this important medicine has been found very efficacious where the metrorrhagia is chiefly produced by the great irritability of the organism, and appears in such patients as have menstruated very early in life and very freely, and have always had more or less a tendency to miscarriage.

As to *china*, we find in our *Materia Medica*, in Symp. 225, the following symptom, which has particular reference to metrorrhagia:—"Increase of the menses, when present, to flooding; the blood issues in dark clots." Notwithstanding there is only one symptom referring especially to the subject, yet, from the totality of its symptoms, *China* is a most powerful remedial agent in metrorrhagia, and will almost always be found indispensable against the sequelæ.

Ipecacuanha is recorded, in Symp. 51 of its symptomatology in *Hahnemann's Materia Medica*, to have produced metrorrhagia: "menses return again after a fortnight;" and in practical obstetrics this remedy is known as being especially serviceable in flooding after the placenta has been removed.

Metrorrhagia, accompanied with cramps of the whole body, interrupted by jerks and starts of the entire frame, or of single parts, succeeded by general stiffness of the joints, requires *hyoscyamus*, which will be found still more beneficial in patients who have been subject to cramps during pregnancy; the blood in such cases is bright red, and issues more and more freely at every jerk, while the action of the pulse diminishes.

Perhaps no medicine has been more frequently and more successfully employed in cases of metrorrhagia than *belladonna*, which always succeeds in arresting the flooding when there is great irritability of the circulatory system: red blood and cutting bearing-down pain; too early and too copious menstruation will also be reduced to its natural limit by *Belladonna*.

In the selection of *pulsatilla*, a disposition to cry, as well as the appearance of the complaint towards evening or at night, should be considered our chief indications. Our *Materia Medica* further shows, that *Pulsatilla* metrorrhagia does not last long at a time, but soon disappears, and recurs again with increased severity, the blood being always coagulated, and coming away in considerable quantity.

Nux is generally used when the catamenia return too often and are too copious.

The indications for the selection of *secale corn.* in metrorrhagia are a reduced and weak constitution, with great torpor of the whole system; patients, who live in great penury, are affected

with a tingling sensation in the feet. Dr. Rummel recommends its use in fetid and offensive metrorrhagia, where there is a sallow complexion with general weakness and feverish pulse.

But there are cases where I should consider *arnica*, *lachesis*, *platina*, and the *magnet* more appropriate.

Many females are seized with flooding about the time of their change of life, and there the most useful remedy would be *lachesis*, a medicine which also shows its efficacy even when *puls.* or *bell.* have been tried without success.

Platina causes a very painful metrorrhagia, with extreme irritability of the generative organ.

Of the *magnet* it is chiefly the *South Pole* which is of most use, according to Hahnemann.

With reference to this latter remedy, I cannot now refrain from repelling the attack made recently upon it by Dr. Sharp, in his last tract on *The Remedies of Homœopathy*, where he tries to shake our confidence in our master's experimental sagacity, by bringing forward two letters, one from Dr. Scoresby and the other from Professor Faraday, wherein these gentlemen state that they never experienced any effect from being constantly occupied and surrounded with the most powerful magnets. And it is on this authority that Dr. Sharp supports his opinion, that the magnet has no medicinal power whatever, and that Hahnemann, therefore, was mistaken. But would Dr. Sharp go to stonemasons to learn the pathogenetic effects of *Calcarea*, although these workmen may likely inform him that they never experienced any medicinal effect from this most important medicine? And as such workmen are not to be expected to observe any but the most gross and mechanical effect of the material they work upon, just as little likely are experimenters in natural philosophy to be conscious of the nice and delicate influences upon the human frame, which can only be observed by especially directing the attention to them. Hahnemann may be deficient in theoretical speculation, in his experimental observation he is surpassed by *none*.

Returning to metrorrhagia, I am convinced that, in the most urgent cases, the administration of only internal remedies will be found insufficient, if not accompanied by the external and local

application, either of tight bandages around the abdomen, and cold water compresses and ice on the lower parts, or injection of water or water and vinegar, or of *Calendula*.

Mesmerism I believe to be likewise, in some cases, indispensable; and Hahnemann had no objection to recommend this agent as an excellent auxiliary in the homœopathic treatment of metrorrhagia, as may be seen in an original letter in my possession. The patient was a relative of Mme. H., and was staying at the time of the attack in Paris. My mother happened to call upon her, when the lady was seized with flooding. Knowing already her father's opinion on such cases, my mother mesmerised the patient immediately, and then sent off to apprise my grandfather of the attack, and Hahnemann at once replied as follows:—

“Dear Daughter,—Should the flooding come on again, give her at once a similar, somewhat powerful pass. You may do this also, if the flooding is not abated, an hour after the receipt of this letter.

“YOUR FATHER.

“Give her also the enclosed powder (*China*) after an hour of the mesmerising, in half a teaspoonful of cold water,” etc.

The result was completely successful. Having such an example set by our revered master in using auxiliaries, I hope I shall not lose caste by the treatment, which I thought proper to adopt not long ago in a similar case, metrorrhagia having taken place once before the confinement and then after childbirth again.

Mrs. C. having engaged me to attend her in her confinement, which she expected to take place in about two months, was suddenly seized, a fortnight afterwards, with violent cutting bearing-down pain in the lower part of back and abdomen; there was, besides, great irritability of the circulatory system, and afterwards a discharge of bright red blood, which gradually increased so much, that professional advice was thought requisite. Having, on my arrival, carefully examined the patient, I satisfied myself that the confinement would not take place if the hæmorrhage could be stopped, and this I succeeded in doing by

the administration of Belladonna. At the expected period the lady was confined, and all promised to go on well, when immediately after childbirth flooding, to a most alarming extent, took place, which brought my patient into imminent danger, as she was of a rather delicate constitution, and already reduced by the flooding six weeks previous. I therefore set immediately to work to remove the after-birth, which I accomplished, however, not without great difficulty, as contraction of the fundus of the uterus had taken place. This overcome, I laid my homœopathic remedies for a short time aside, and first bandaged the abdomen, then made injections of cold water and vinegar, applied cold water compresses on the lower parts, and ordered the almost exhausted patient some gruel with a little brandy in it, and some wine, and after some time I had the satisfaction to see the discharge of blood reduced to its natural quantity, and the patient revived and out of danger. Arnica and China finished the cure, and the lady is at present enjoying her usual health.

I mention this case, *not* as presenting any peculiar features, nor exhibiting any originality of treatment, but as an instance where I could not but consider the use of auxiliaries and stimulants as perfectly justifiable, if not, indeed, imperatively called for. I confess, I do not consider my adoption of the homœopathic law, though in my case I might be supposed especially jealous of its so-thought integrity, as debarring me from having recourse to certain rational means, the use of which some of our body have lately stigmatised as worthy only of reproach and blame in the homœopathic treatment. At the same time, I am the last man in the world to advocate the lax practice of those who, in their ignorance of the pathogenetic effects of medicines, or from their little faith in the virtue of the small dose, fly, even where there is no pressing urgency, for assistance or refuge to the massive drugs and the torturing and debilitating operations of the old practice.

ON CARDIAC DISEASE ORIGINATING IN RHEUMATISM OF THE HEART, UNPRECEDDED AND UNACCOMPANIED BY RHEUMATIC FEVER.

By DR. ACWORTH.

SUCH is the title of a paper I contributed to the British Journal of Homœopathy some eighteen months ago, or more. My object in that paper was to show, that whereas rheumatic carditis was looked for as a complication of rheumatic fever, and as secondary to the affection of the joints; not only might it be the primary disease, and the affection of the joints the secondary one, but that very often it existed *alone*, and without the joints being touched at all. Writers, I am well aware, have shown that in certain cases of rheumatic fever the affection of the heart precedes that of the joints, but I do not recollect any cases mentioned to show that rheumatic inflammation of the heart may exist altogether independently of any affection of the joints whatever. There is, in the XLIVth number of this Journal, a paper on Rheumatism, by Dr. Black, in which he gives an interesting case that illustrates former observations of mine, and referring to these in a foot-note, he says, "this recalls to his memory the remark of Dr. Acworth, that cardiac disease may exist as a primary disease, in which the joints are affected secondarily, or that it occurs as a rheumatic affection without the joints being touched at all. Similar cases have been given," &c.; and then he quotes the authors by whom they have been given. As far, however, as I have looked into these cases, they would seem to have been those in which the affection of the joints was only later, in the order of time, than that of the heart. But my principal object was to show that rheumatic carditis often comes on without the joints being ever touched. But where rheumatism runs in families, and assumes the form of acute disease, it will very often throw its whole force upon the heart without invading any of the joints; and (this is a point most worthy of attention) it will often do this so insidiously and with so few symptoms that seem to call for notice, as to be

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entirely overlooked. The connexion between rheumatism of the joints and of the heart is too well known to need my pointing out; but what I think is not so well known is, that rheumatism of the heart is often to be looked for in other cases than those of rheumatic fever—that it frequently exists without being suspected—and that is very apt to be overlooked, not merely because the joints are unattacked, but because it does so happen that not unfrequently the symptoms it gives rise to are by no means commensurate with the mischief it produces. The heart may be the seat of severe acute disease, and yet the symptoms shall be not so noticeable as to draw the physician's attention to it. Of this the following case affords a striking illustration. I give it for the sake of showing the importance of examining the heart in all acute cases, that seem at all of a suspicious kind, occurring in children of rheumatic parents.

Miss E. W., about 12 years of age, a slim, slightly-made delicate child, was placed under my care some twelve months ago, on account of severe frontal headache seated principally over the root of the nose and also the left eyebrow, and occurring regularly every morning. Before I saw her she had been attended by two practitioners of the allopathic school, who both regarded the pain as dependent on a faulty state of the digestive functions: and for this opinion there was quite sufficient ground. The tongue was furred; the appetite defective; the bowels were constipated; the secretions clayey and void of bile; and the spirits, which were naturally buoyant and elastic, were very much depressed; their medication, however, did no good, and I was called in to see the little patient. The homœopathic means employed were so far successful as to send the headache away for awhile, and greatly improve the general health. It returned, however, and was again relieved when the mother had to visit friends, and another homœopathic physician was called in. Under his care the patient got so well that on her return home there was no further need of me. One evening, however, some time later, I received a summons desiring me to call, as the child had caught a slight cold. Not so much from urgency in any of the symptoms as because she was a delicate and only child, I happened, after a question or two, to put my ear to her

chest; but what was my surprise and consternation, in placing it near the region of the heart, to detect a frightful bellows-sound. I was quite aghast; so little had I, and so little, I believe, had the three other medical men suspected anything like disease of the heart. There was not a single symptom to lead one to suspect it, unless a slight soreness or sense of weight, extending from the base of the heart across the sternum (which she had felt, at times, for two or three years, but never so much as to speak of it, till questioned), may be considered such. She would take the most active exercise, in walking, running, dancing, &c., without the slightest uneasiness therefrom: and yet upon the most cursory examination of the heart, no one could fail to detect hypertrophy, along with serious valvular disease. Albeit my detection was purely accidental.

The history of the case was simply this, as far I was able to make it out. Some three years ago, on returning home, after taking violent exercise while out, the child was sent very lightly clad on a cold winter night, to an evening party. She was very soon afterwards seized with rigors, and was forced to leave the party and be taken home to bed. To this she was confined for about a week with fever of quite a peculiar kind. She could not lie in any one position without feeling general soreness and pain. The pressure of her body created such distress as to make her constantly seek a change of posture, though no change of posture seemed to bring relief. The pain was all on the surface of the body, and not in any of the joints. The only symptom that pointed to the heart was her hurried, jerking, interrupted breathing; but this was occasional, not constant. She would entreat her aunt (a very intelligent person who nursed her in her illness, and furnished me with these particulars) not to come near her, it made her feel so hot and oppressed. What medical men are made to say by patients is not very much to be trusted to; but, according to my informant, the case was pronounced one of superficial rheumatism—of rheumatism on the nerves. That it was one of rheumatism I have but little doubt, but it is strange, if it was thought it had to do therewith, this had not directed attention to the heart. The symptoms, I suppose, were not marked enough to do so,

and this must be the excuse for the omission. That the mischief was done at this time to the heart (though the child was scarcely ill above a week) there seems every reason for believing. The case, after I had discovered the bruit, was seen by Drs. Williams and Bright, and the opinion of both, I believe, agreed with mine, that the disease was of rheumatic origin, and dated from the acute attack three years ago. I must not omit to mention that the child's paternal grandfather died of rheumatic gout. Now if my view of the case be a correct one, here was decided rheumatism of the heart giving rise to most extensive mischief—such mischief as made it a matter of surprise both to Dr. Williams and Dr. Bright that it caused so little inconvenience to the patient, and yet attended with no such symptoms, either in the acute or chronic stage, as created a suspicion even of the disease.

Such a case may sometimes teach us more than one that displays the physician's acumen or skill in diagnosis, and for this reason may not be without its use in illustration of the subject of this paper. It is no longer, I am sorry to say, under my care, for though I was the first to detect the disease, and homœopathy was confessedly seen to do good where allopathy had only been seen to do harm, yet it was not to be trusted in so severe a case as this, for it is not by any means always true that *seeing is believing*.

ON THE SUFFICIENCY OF HOMŒOPATHY AND THE INSUFFICIENCY OF HOMŒOPATHISTS.*

BY DR. F. HARTMANN.

I MAINTAIN that homœopathy, or the method of treating which has for its maxim likes cure likes (*similia similibus*), is *sufficient* in the domain of practical therapeutics, and I do not think there is any occasion for us to be so very accommodating

* We have pleasure in laying before our readers this paper of our late friend Dr. Hartmann, one of the last articles he wrote in the *Allgemeine homöopathische Zeitung*, which he edited so ably for so many years.

and complaisant towards the old school as the younger reformers of late have been, under the idea that thereby they would impart to homœopathy a scientific aspect. They never think that by so doing the new system would be exposed to danger before it was strong enough to stand alone. It is especially the new physiological, pathologico-anatomical school, with its physical diagnosis, medical chemistry and microscopy with which they cannot fraternize quickly enough, and by so doing they imagine that they will procure for homœopathy the solid worth which it is believed has hitherto been awaiting to it. I am far from denying that all these sciences and all the various allopathic methods have a certain value, but this value is only very relative for him who is thoroughly acquainted with homœopathy, and who knows how to practise it with circumspection—that is to say, well. For such an one an acquaintance with all those auxiliary sciences and modes of treatment is certainly desirable and instructive, but to him as a practical homœopathist it may decidedly be dispensed with.

For homœopathy is a *system*; it is a *scientific mode of treatment*; it is a perfectly rational therapeutic method. It alone has a supreme principle (*similia similibus*), which has shewn itself to be a law of nature founded in nature, and attested by a thousandfold experience. Acting on this principle the physician can attack all *curable* diseases, and can satisfactorily account to himself for the cures he effects.

But the two first most important postulates, or the axioms that attach themselves to the principle as its foundation-pillars are,

- a. A correct and comprehensive *diagnosis of the disease*, attained by any and every mode we can avail ourselves of; and
- b. A similar *diagnosis of the remedy*.

Both of these being given, the reason of the cure of every curable disease is at the same time given. The rules for the practical application of the remedy in order to remove the disease, are then easily developed. These have been beautifully and logically marked out for us by the great Hahnemann.

A principle, two such important essential axioms deduced therefrom, and the practical curative application—what is still awaiting to the sufficiency of homœopathy for the cure of all curable diseases?

I say advisedly *curable* diseases ; for that there are incurable diseases, which on account of organic mechanical defects, on account of unavoidable and uncontrollable external physical or moral or other influences, defy the curative application of any art, is a fact too long ago established to require me to dwell upon it. Notwithstanding this, it is often expected of homœopathy that it should perform impossibilities, and great blame is attached to it that it cannot cure every disease ! Indeed whenever the patient of a homœopathist dies, a cry of indignation is raised, and even some of the young homœopathists are inclined to doubt the sufficiency of this new system, although they consider it quite natural and pardonable if ten patients similarly affected, and under similar external circumstances, die under allopathic treatment, because when that occurs everybody thinks that all has been done for the patient that could be done.

In what, strictly speaking, belongs to the domain of operative surgery, homœopathy will naturally not interfere, as it will not pretend to establish its sufficiency in such cases.

The *diagnosis of the disease* must not be more superficial or circumscribed in the practice of homœopathy than it is directed to be in allopathy, by its chief coryphœi with their more refined views and investigations ; it must not be a vague symptom-hunting, nor a mere skimming of the surface. When Hahnemann says that we cannot penetrate into the internal essential nature of diseases, into the secret processes of the deranged living organism, he is certainly often right ; still it is often in our power, by means of the deductions of our reason, by a process of ratiocination founded on physiology, pathology, pathological anatomy, &c., to get a more profound view into the internal abnormalities and the deranging processes of the organs and their functions. It is therefore not only the sum of the external phenomena, essential and accidental—in other words the observed symptoms—but the changes that take place in the hidden interior which are discernible by the deductions of cultivated intelligence, in other words, the inferred symptoms are indispensably requisite in order to establish the diagnosis required by the reformed system of medicine.

Hence it was most certainly from a mere premature, unhallowed zeal, that it was formerly said, and is now still occasionally said by way of reproach against homœopathy, that it can dispense entirely with the auxiliary medical sciences. Homœopathy has no pretensions to supply the place of all medical science, but it has certainly a greater claim to the title of rational therapeutics than the old system; it claims to be considered an art that does not merely accompany diseases in their course and development to their uncertain end, but that cures—and that is the chief thing, the Alpha and Omega of all physic. Although, in the short period of its existence, or I should rather say of its growth, it may not have succeeded in giving us the greatest possible perfection in curing diseases that are positively curable, we must not on that account accuse it of insufficiency, for hitherto the correctness of its axiom has been so palpably exhibited to us, and the active efforts that are continually being made to provide a pure physiological *materia medica*, give hopeful promises of an even more extended sufficiency. The homœopathic physician who lends his aid to this work may confidently hope that the circle of curable disease will become ever larger and larger for him, for even now there are many facts to prove to him that this scientific mode of treatment has no need to be daunted even by some apparently incurable maladies. Nor is homœopathy daunted by such cases; but it is otherwise with its practitioners, especially the younger ones to whom the teachers of modern physiology, pathological anatomy, &c., have pourtrayed the maladies incident to the human frame, and have represented their whole course and progress in such a plausible and convincing manner, that they cannot forbear holding, *a priori*, that not only the homœopathic but every other mode of treatment is insufficient against the natural morbid processes, and they are ready enough to declare that the reformed system of medicine must first be brought into harmony with these auxiliary sciences before the wished for results can be expected from it which have been already so vauntingly ascribed to it.

The *diagnosis of the remedies* must be the same as the diagnosis of the diseases; this true homœopathy imperatively

demands. What effects a medicine can produce, how great and how extensive its sphere of action is on the whole living organism and on each of its separate parts, what are the true manifestations of the powers that dwell in it—all this must be accurately ascertained by provings on the healthy, according to the circumstantial rules laid down by Hahnemann and many of his scholars, which it is not my intention to discuss in this place. Unhappily we here tread a rather thorny path! There is, to be sure, no lack of recorded results of provings of very many, perhaps of too many drugs; but the legions of recorded symptoms which have been considerably increased by the reprovings of many of the remedies, and which will, I fear, be brought to an enormous amount by some recently proposed, and even already published new provings, may tend rather to embarrass than to facilitate the diagnosis of the medicine, to render the diagnosis obscurer instead of clearer! What Hahnemann has furnished us with in his *materia medica pura*, will hardly be surpassed by recent provings, whatever may be said about the “unscientific character of the Hahnemannic schema;” and, as already said, it is much to be feared that the number of trees may become so great, that we shall not be able to discern anything in the wood, which is obscure enough already!

Hence it may be advisable, nay even absolutely necessary, that instead of starting afresh on a symptom-hunting expedition; we should rather strive to sift the stock of symptoms we already possess, to separate what appertains essentially to the power of the medicine from what is unessential and accidental to it; in short, to distinguish the characteristic symptoms of each medicinal substance from everything foreign to its peculiar powers, dependent on external atmospheric influences, food, situations, constitution, &c. Thus we shall be enabled to establish every medicine as a proper individuality, and learn where and on what parts of the animal organism it acts, and how it acts. This proposition almost appears as though I were an advocate for the organic medicine of Rademacher, but a careful consideration of what I have said will serve to banish this suspicion. What I have said shews plainly enough that I would advise the sifting of the medicinal powers when the

sphere of action of the remedy is already sufficiently known by medical men who practise according to Hahnemann's principle. Difficult though this problem may be, it is not insoluble, and if all those who are devoted to the *pure* materia medica would diligently labour to elucidate the characteristics of every medicinal substance, they would render a greater service to the reformed system of medicine, than by the search for and discovery of new symptoms. Multiplication would not be so much needed for this task as subtraction and reduction to the real curative power of the medicine under consideration, experienced by each. Rückert, Jahr, Bönninghausen, Trinks, Clotar Müller and Possart, have acquired a reputation and merited our thanks for what they have already done in this way, but I think we might go much further in the same direction. I myself have in the case of several medicines expunged many dozens of symptoms common to many other medicines, without in the least affecting their specific powers; and doubtless many, who like myself have the interests of homœopathy at heart, have done the like. But still there has been too little done generally in this direction in the many homœopathic publications that have appeared. The elder Hartlanb, Moritz Müller and I have, no doubt, made a commencement of indicating the characteristics of some remedies, *e. g.* Nux vomica, Pulsatilla, Ignatia, Chamomilla, Belladonna, Aconite, Bryonia, Mercurius, &c., but unhappily this good beginning has not been followed up. As the two former have long since departed this life, I can only mention my own reasons for leaving off this work. The only reasons I had for so doing were the difficulties of comprehensive and acute observation, and the difficulty of giving proper expression to what I had observed, experienced, or often only felt within myself, or apprehended by practical tact, so as to represent it to others in such a way as that they should not misapprehend me. Perhaps it was not good that too great simplicity, and consequently too facile a study of homœopathy should be introduced. At all events the indolent among us who prey on the labours of others, and at most only criticize these labours, and never find the characteristics of medicine sharply enough defined (seeing that some-

thing is still left whereon they must exercise their reflection and judgment), would thereby find the matter too easy for them, though I am of opinion that we shall long be able to say, *Pons non ruet!*

If these two conditions are properly fulfilled, if the diagnosis of the disease and that of the remedy are correctly made, then the principle of homœopathy comes into practical existence, and all that remains to do is to develop the elementary powers of the remedy by the appropriate technical operations, and to regulate the dose in such a manner that the mode of action of the remedy should not be disproportioned to that of the disease. In this way the disease under treatment will be certainly removed, and the sufficiency of homœopathy vindicated.

I have by accident lighted on two passages from Paracelsus, which I once copied into my memorandum book, on account of their significance, and which appear to me highly appropriate to what I have just said. I forgot to note the works in which these passages occur. His words are—"If the medicine is to act, it must not remain what it was, for all things are by their nature capable of being brought to their highest degree by means of their developing power. Therefore the medicine must also be elevated, and it has its developing power (*archæus*) as the elements have. And as the elements do not stand still without producing that of which they are the seed, neither must the medicine stand still; and just as little does the developing power of the human being stand still. If the medicine has the necessary power to withstand the disease, the physician should have as little anxiety about its acting, as we should fear that water will not freeze into ice under a certain degree of cold," &c.

"Who would not like to have such an excellent medicine, which should act on the body as the sun acts on the earth? As the sun shines upon the whole earth, with its corn-fields, meadows, and hills, and on all they contain known and unknown, as it enlivens and rejoices all creatures, so also should the medicine permeate the whole body. But as there is not a different sun for every different plant, so also must the medicine take not a particular but a universal direction; for a particular direction

is like the light of the moon which brings night to the body. As the mole wanders about without eyes, so the particular doctors wander; they are like the night-owls which know nothing about the sun; for we cannot divide the power of the medicine, nor can we ascertain what belongs to this part or to that, but what is wholesome to one is death to another, and vice versa. The medicine administered should be serviceable to all the members of the body, for each seeks to get rid of its ailment, and attracts what is conducive to that end. If you administer a particular medicine, you give but to one part and leave the other empty, and yet you know not which part most requires the medicine. Therefore let it be your object to dispense health to all parts as the sun bestows his light," &c. *

Of late efforts have been made to undermine the blessed sufficiency of the reformed system of medicine, in a way which, because it bears the appearance of being scientific, has found much favour, and the harm that will accrue to it from this doubtfully scientific patronage will only be discovered when it is too late. When Hahnemann promulgated his new system he rejected all the usual pathological names, for he soon found in proving the medicines, that no single medicine in the phenomena it occasioned reproduced such a perfect likeness of a disease as the pathologists of his day described it, but only an approximation and more or less faint resemblance. Hence his conclusion was certainly correct; as the medicinal powers acting upon different individuals do not always excite the same phenomena, so other natural influences (noxa) do not always produce such identical diseases as to warrant us in designating them always by the same name. The proving of many medicines shewed him the

* With all deference to our late friend we cannot see what he finds in these two passages of Paracelsus to bear out his remarks upon homœopathy. It is evident he imagines the first quotation to bear some analogy to Hahnemann's dynamization theory, which we do not find in it. The second quotation is to our mind the very antipodes of homœopathy, and seems to discourage all attempts at a search after specific remedies for specific diseases, and to foster the absurd notion which Paracelsus was sometimes accused of entertaining, that there were such things as universal remedies. Rademacher (Erfahrungsheilkunde) gives a very ingenious and plausible explanation of what Paracelsus understood by universal remedies.—Eds.

correctness of his conclusions in this way, that he often found very similar, though not absolutely identical, phenomena produced by very different medicines, which under appropriate accessory conditions must shew themselves to be equally suitable in similar nosological phenomena—which are all included under one collective name in the therapeutic manuals. The interrogation of nature, the revelation of the powers of drugs, taught him the right way to go, and I am fully persuaded that if Hahnemann, “that rare double-head of genius and learning,” as Jean Paul calls him, had only now appeared and conceived the idea of improving the healing art, in spite of the great certainty offered to us by physiology and pathology in perfect harmony, he would not, could not set about his work otherwise than he actually did; for all his investigations had but one aim, the discovery of a sure mode of relieving human suffering. But I am also certain of this, that in his proving of medicines he would have attended to many circumstances that throw much light on the value of the symptoms that occur, but he would never have drawn any conclusions from these, for had he done so he would have been infallibly led back into that uncertain chaos, whence he had emancipated himself, not without most energetic efforts.

This cautious plan which Hahnemann adhered to in his exposition of new morbid pictures obtained by the proving of medicines on the healthy, caused him to act with equal conscientiousness in the employment of these curative instruments, proved according to natural principles, in the diseases of human beings. In doing so it is certain that for his own satisfaction he would never omit to figure to himself the possible internal morbid process of the disease, and to designate it by some general pathological name in consonance with the views of the dominant school. This he must have done, else had he not, in the case of certain medicines, whose symptoms bear a great resemblance to some diseases of almost fixed character, indicated these diseases by name.

So far all homœopaths are pretty well agreed; for they must confess that it was scarcely possible to pursue a better method in order to discover a new and better system of treat-

ment. But beyond this, to many the scientific nimbus abruptly leaves the doctrine. The physiological and pathologico-anatomical novelties since made known ought, according to them, not only to demonstrate their utility in the sphere to which they properly belong, but they should be carried still further into a domain with which, according to all human conceptions, they have nothing in common. In other sciences the endeavour is always to separate from what essentially belongs to them all that is foreign to them, but in homœopathy, on the contrary, the amalgamation of these is favoured and even promoted! Led astray by the appellation *physiological provings of medicines*, it is sought to explain them in the same way as the physiological acts of the human body are explained, and these are in their turn classified with the pathological and pathological-anatomical experiments; in doing so, extensive use is made of the manifold explanations of the hidden processes of the deranged living organism, the absolute truth of which is open to much doubt. In short these are all and ever must be Utopian dreams, and there cannot be a doubt that by the introduction of hypothetical surmises, speculative sophisms, and illogical deductions into the scarcely formed *pure materia medica*, the way will be most rapidly prepared for a return to the *generalizing materia medica* that has not been long abandoned, and this will be done by the mistaken zeal of the very partisans of homœopathy! It would almost appear as if it would be considered a great boon to the youthful homœopathic system if it should be taken in tow by the much more juvenile physiological school! My opinion is that he who wishes this has not rightly understood our system of medicine. But *errare est humanum*, and I should rejoice much to find myself mistaken on this point; but I suspect that what I have stated is no mere phantom of the imagination, and that non-medical dilettanti may be able to shew more successful cures by means of homœopathy than homœopathic doctors!

Having expressed my firm belief in the sufficiency of homœopathy in curable diseases, of which I have given the theoretical demonstration, it might be thought desirable that I should now give practical proofs of it. This is, however, not now exactly

necessary, for in the homœopathic works that have been published during the last thirty and more years, thousands of cases of cure have already been detailed, which afford all the proof required. Still any fresh proof I can offer will not be exactly superfluous, for in this respect it is impossible to do too much, even were it only to repeat and freshen up the remembrance of what each of us has experienced in his own practice. I select, on the present occasion, a few cases from a former epoch of my professional life, in order to shew how at that early period, when homœopathy was still in a very imperfect state, it could lay claim to a certain sufficiency of which no other system of medicine could previously boast.

A strong robust boy, aged 15, with red hair and rosy cheeks, in the spring of the year, without known cause, was seized with an attack of rigor, which lasted an hour, and was followed by general heat; he at the same time complained of headache, shooting in the ears, the face was very red, there was bad taste in the mouth, and great thirst; he had violent shooting all over the left side of the chest, extending to the scrobiculus and affecting the breathing very much. There was a violent fatiguing cough, and blood-tinged frothy mucus was expectorated; the pulse was quick and hard, the skin dry, hot. *Aconite* 24, three drops in two ounces of distilled water was given by tablespoonfuls every two hours; after the second dose the patient threw up twice bile, mixed with watery mucus; before going to sleep he took the last dose of *aconite*. The following night was spent in great restlessness, with pain and heat; next morning I gave a dose of *pulsatilla* 12 (insufficiency of the homœopathist); the whole state became perceptibly aggravated after this, and after the lapse of a few hours I found it necessary to resort to *aconite*, which I now gave in the 12th dilution, mixed as before with water, a dose every two hours. In the evening the patient felt relieved, though he still had a full pulse, but the following night the patient was very hot and restless, and on the third day he appeared in the same condition as he was on the first day; he was now also almost quite deaf, and had great difficulty in passing his motions on account of the increase of the pain in the chest thereby occasioned. These

pains increased towards evening, and it was with the greatest difficulty that the patient could fetch his breath; still I would not be led astray, but continued to give *aconite*. About midnight there occurred on three occasions, at short intervals, slight bleeding from the nose, which was followed by quiet sleep till morning. On the fourth day the fever was slighter, the cough less, the expectoration still tinged with blood; there were still stitches in the side when he coughed, but not when he drew his breath, and in the afternoon there were two more attacks of epistaxis. The following night there was occasional refreshing sleep, but much mucus was expectorated, and there was occasional epistaxis, and twice a little diarrhœa. On the fifth day the pain in the chest was still more relieved, though the pulse was still full; the expectoration had become thicker, and was no longer bloody; the breathing was freer; there was repeated, but moderate epistaxis. Then the patient went on improving, and on the tenth day he was able to leave his bed without having taken any other medicine than *aconite*.

It may no doubt be said (for it is easy to say anything) that the repeated epistaxis broke the severity of the disease, and the patient might have recovered without *aconite*, and by the curative power of nature alone; the more so as the 24th and 12th dilutions of *aconite* were as nothing for such a severe disease. One circumstance, however, seems to me to invalidate the idea of a natural cure, and that is, that a single dose of *pulsatilla* 12 immediately aggravated the state, and the feeling of relief immediately recurred after the administration of *aconite*. Besides, there is certainly no physician who would have left the patient alone, trusting to a cure by nature. Diseases which are shortened by the medicines we administer have a claim to be held as cures effected by art, for those that are left to nature demand a greater expenditure of the strength, and a much larger time before the integrity of the organism can be properly restored.*

* We certainly cannot agree with the author in considering this case as a happy illustration of the sufficiency of homœopathy. The disease was evidently a pleuro-pneumonia, of what extent we are unable to judge, as neither the physical signs are given, nor is the description of the observed symptoms

Many years ago, at an advanced period of summer, during the prevalence of a so called bilious-inflammatory constitution, I got under my care an unmarried female, 33 years old, of phlegmatic temperament, who complained of the following symptoms:—For some days past weariness, confusion of the head, loss of appetite. I found her in bed; she had had and still was subject to repeated attacks of rigor and heat, with general headache; she lay in a stupified state, in a kind of dreamy drowsiness, with dull eyes; the taste was disagreeable and bitter; the tongue dry at its tip and borders; nausea, and several times spontaneous vomiting; pulse rapid, hard. I prescribed *aconite* 6, one drop in a teaspoonful of water, a dose every two hours. While using it she had twice bilious vomiting, and similar fecal evacuations. After she had taken six doses of *Aconite*, the second day she got *pulsatilla* 6 one drop. During the day the drowsy state formerly observed was still present, but the next night she had a more refreshing sleep, the skin was covered with warm perspiration, and on the third day the patient felt more cheerful, the stupefaction was gone, the pulse free from fever, the stomach all right. Thus a so-called bilious fever, which had already commenced, was by the power of homœopathy relieved by small doses of two suitable remedies in three days, whereas such a malady usually requires three weeks for its cure.*

very particular. That the medicine given did not have much influence on the disease we conjecture from the circumstance that its duration was not particularly brief, nor did the fulness of the pulse seem to be affected even as late as the fifth day. In the absence of more undoubted signs of the action of the aconite on the inflammation, we are unable to assign to the doses administered any influence in the course of the disease, for, as Dietl has shewn, such cases frequently recover equally well without any medical treatment. We have seen much more striking effects from lower dilutions of aconite in cases of pneumonia, more especially on the pulse and attendant pain. The author's remarks invite criticism on his illustrative cases, otherwise we should have been content to leave the case to the judgment of our readers.—Ems.

* This case, like the last, having been adduced by Dr. Hartmann as an unequivocal example of the power of homœopathy, demands from us a few remarks. It is of course very difficult to give a decided opinion relative to medical facts related in this loose and general way; but as far as we can judge there is no evidence that this attack would have ultimately turned into

We do not always succeed in ouing *cito et jucunde* in homœopathic practice so readily as in the two cases I have just related. In the case of chronic diseases, it is not possible that we could do so from their very nature. But even diseases of more rapid course, and chronic affections that were perhaps previously curable, do not seem to be always willing to yield to homœopathy, and the reason of this is generally to be found in the *insufficiency of the homœopathic practitioner!* This insufficiency is sometimes *objective*; the characteristics of the medicine are not sufficiently apprehended; the remedy is not yet completely proved, or the provings have not yet been made on a proper plan, with sufficient care and conscientious accuracy, or the appropriate remedy has yet to be found: or it is *subjective*; the practitioner has not acquired a proper knowledge of the specific sphere of action of the medicine; instead of giving an appropriate medicine intimately allied to the disease, he gave an inappropriate one, having but a partial relation to the disease, not resembling it in its whole extent; a mistake the more easily made on account of the great resemblance many medicines bear to one another in their symptoms, which symptoms prove to be unimportant in the medicine selected as regards the disease under treatment. It was this circumstance that led me to express the above wish, viz., that the symptoms of medicines should be rather diminished than increased! Or the practitioner may not have hit upon the right dose, on account of not having accurately appreciated the sensitiveness of the patient for external noxious influences. Or he may have repeated the proper remedy at too short intervals, whereby it became its own antidote (isopathy?). Or the appropriate remedy may have been rendered powerless by too much dilution, for even on this point there must be some finite limits for special cases. Or the medicine was powerless in consequence of being anything so frightful as a bilious fever. The Aconite, but especially the Pulsatilla, might have contributed to shorten the duration of the symptoms, but we have repeatedly seen precisely the same array of symptoms yield much more quickly than this did, to a few doses of Nux Vomica, Ipecacuanha, Mercurius, or Arsenicum, and yet we never dreamt of having cut short a bilious fever, but only relieved a bilious attack, sooner probably by a few hours or days than would have been effected by rest and starvation.—Eds.

incorrectly or carelessly prepared or ill kept, or by having been gathered at the wrong season, or obtained from an inappropriate locality. But on the other hand, the practitioner often neglects to make a careful accurate comparison of the symptoms of the medicine with those of the disease; he will not take the trouble to refer diligently to the materia medica, and evades the comparison of the morbid picture with the symptoms of several pretty analogous remedies. This is a fault that medical men who have been long in practice are apt to commit, and hence it cannot precisely be made a subject of reproach, for they imagine that they are pretty sure of the correctness of their selection. Routine practice of this sort is liable to be adopted by the best practitioners when they have been in active practice for some years, and the demands on their services accumulate to an almost unlimited extent. Hence it is that they frequently fail to make cures, or are long about doing so, in cases where they would have been rapidly successful in former years, when they were more in the habit of consulting diligently and carefully the original text of the records of the provings. May not this be the real cause of that question of Attoymr's: why, after many years practice of homœopathy, he was less successful in his treatment than he had been at the commencement of his practice? I believe the same question will often be asked by older practitioners. The answer to it lies partly in what I have said, but partly also in this, that we now eagerly run after new remedies, employ them in practice, and in so doing neglect and even forget the older and often much more powerful medicines.

Shall I give more examples of the *insufficiency* of homœopathic practitioners? I have no intention to do so, and I imagine every one will be able from his own experience to call to mind an ample number of them, and it would be invidious for me to act the fault-finder. I shall however adduce a few instances from my own early practice which are not without interest, for now, after the experience of many years, I can with pleasure say that the sufficiency of homœopathy in many similar cases that have occurred to me has outweighed my own previous insufficiency.

Many years ago I was called hurriedly to see an infant of 9 months old, which had been suddenly attacked by convulsions. The child had previous to this been healthy, plump and lively. The convulsions showed themselves chiefly in the facial muscles, which were in constant twitching motion; the eyes were fixed; now the right, now the left arm was convulsively moved; the hand and fingers trembled; convulsive jerks went through the chest and the abdomen by turns. I gave *chamomilla* $00\frac{1}{2}$, and repeated the dose in half-an-hour. After the lapse of an hour the convulsions declined, and about noon the infant could again take the breast, and appeared well and cheerful. I gave the nurse as a preservative, three globules of *ignatia* 12. About 4 o'clock however the convulsions returned with increased violence. *Chamomilla* was repeated without effect; *Opium* $00\frac{1}{2}$ two doses at half-an-hours interval, was not more useful. An allopathic doctor was called in. A soap bath, clysters, leeches behind the ears were employed, but all in vain, in five hours the child was a corpse!

The *post-mortem* examination shewed the right lung hepatized and infiltrated with blood; there was some serous effusion at the base of the skull, otherwise there was nothing abnormal. Probably *aconite* in rapidly repeated doses would have done some good, although from first to last there was no indication of an affection of the chest. This case was a good lesson to me for future times, and as I found my surmises verified, I have on various occasions directed the attention of my colleagues to the fact that *Aconite* always deserves attention in children's diseases, when the children are plump and well fed, and is a useful precursor of other appropriate remedies. The pathologico-anatomical appearances observed in the *post mortem* examination of children of late years serve to corroborate the remark that I made many years previously.

Some time afterwards a similar case occurred to me. The infant was 11 months old, not so stout, it was completely cured in the course of 24 hours by *ipecacuanha* and *chamomilla*, given alternately, and followed by a couple of doses of *ignatia*. No doubt in the first case *opium* was not the medicine indi-

cated, but I am very far from considering the two globules of the 6th dilution as the *causa occasionalis mortis*.

A young man who a year previously had a syphilitic ulcer cured by Mercury and Nitrate of Silver, got, without any fresh exciting cause, a considerable swelling of the right testicle, which gave him much anxiety and pain; *spongia* in the dose of one drop of the 9th dilution did not produce the slightest amelioration in eight days. But it was otherwise with *clematis erecta*, which I gave at first to the extent of one drop of the 9th dilution daily, and as the swelling perceptibly diminished I gave this dose only every other day. In fourteen days all traces of the disease had disappeared.

A stout phlegmatic man, frequently subject to attacks of rheumatic gout, had for two days been affected with swelling of the knee, with violent gnawing pains. I gave him *tinct. guaiac.*, one drop in an ounce of water in repeated doses, without giving him the slightest relief. After one drop of *rhus* 80, on the contrary, the gonagra and its accompaniments speedily disappeared.

A girl, 4 years old, the child of a weak, pale mother, had suffered for a fortnight from bellyache and frequent diarrhœa, which was somewhat bettered by *chamomilla* and *pulsatilla*. After the amelioration of the diarrhœa the child complained of pains in every part of the body, was very restless, and especially complained of headache; the pupils were at the same time dilated, and the lips dry. I gave a powder with a drop of *belladonna* 80, a third to be taken every morning. This did no good; the pain in the head and belly and the restlessness remained as bad as before. *Arsenicum* ⁰⁰⁰/₃₀ was equally inefficacious, and the next day there occurred in addition convulsions with piercing cries. *Ignatia* 9, 3 drops in three ounces of distilled water, a table-spoonful every three hours, allayed the convulsions but without stopping the cries and complaints uttered day and night on account of the pains in the head,

belly, and right upper arm. The child would no longer take any food, the dilatation of the pupils continued, and squinting set in, vomiting also ensued, and hydrocephalus fully developed was evident. Eight doses of *helleborus niger* 12, given every two hours, caused no alteration; there was constant turning about in bed, continual crying and whining on account of the headache and bellyache. *Aconite* 12, a dose every three hours, made the patient somewhat quieter, and she even slept during the night about five hours, but all the above symptoms continued unaltered, and vomiting took place several times. The secretion of urine was not deranged, but there had been no stool for five days. I again prescribed *helleborus*, and had a soap clyster administered, whereupon the cries, the tossing about, and stamping and kicking with the feet became much more violent, the face being sometimes very red, but generally very pale. A dose of *belladonna* 6 made her next day quieter, she was more conscious, and took a few mouthfuls of warm milk and sugar; the *belladonna* was consequently repeated in the evening in the same potency.

The following day she was still quieter, that is to say, she slept a little, whined occasionally, the right eye was shut and the lids adherent; she looked as pale as a corpse, passed her water and fæces in bed. It was evident that exudation had taken place upon the brain, and in the cerebral ventricles. *Arnica* 6, which was now given, produced no change; the stupor and unconsciousness persisted; with trembling hands the patient worked away at her nose, pulled at her lips, passed her hand across the forehead as if she would wipe away something; she swallowed however when anything was put in her mouth; the stools and urine gradually ceased to be passed. I administered an intermediate dose of sulphur by olfaction. She seemed to experience some effect from this, but it was only transient. It was remarkable that after the administration of a lavement of linseed tea, the general convulsive movements of the whole body again occurred, which lasted all night, and only ceased with the death which took place the following morning.

Post-mortem examination. After removing the skull-cap, there appeared along the dura mater a quantity of tubercles, the

size of millet seeds, which extended as far as the sella turcica ; the corpus callosum was softened into a pulpy mass ; all the depressions and fissures beneath the pia mater were filled up by coagulated lymph ; in each of the cerebral ventricles there was a good half-ounce of clear water, of which there was also a considerable quantity at the commencement of the spinal chord. The whole amount of the fluid might have been about three ounces. The lungs were completely beset with tubercles, the walls of the heart were abnormally thick and hard, like boiled liver (hypertrophied). In the spleen, liver and mesentery, there was every where a large number of tubercles, so that it might be said that the child was affected with *tuberculosis universalis*. The small size of the uterus was remarkable, it was not bigger than a lentil, and was by its ligaments conglomerated by adhesion to the bladder, which latter was filled with urine.

I shall not decide whether, in this case, the insufficiency of the homœopathist was on a par with the insufficiency of homœopathy, and of every other system of medicine. It certainly does appear to me, that with tuberculosis affecting all the organs of the body, with the hypertrophied state of the heart, and in addition the encephalitis and hydrocephalus, every method of treatment must have failed ; and it was impossible to achieve a successful result. Since that time many similar cases have occurred to me, and having several times succeeded in curing them, I am convinced that they must not be always put in the category of incurable diseases ; they have at least convinced me of the sufficiency of homœopathy before all other methods of treatment, and have assured me that with homœopathy, all diseases, whose cure is within the bounds of practicability, may be cured, and that more quickly and agreeably than is possible by any other treatment. *

* Encephalitis in children, unconnected with tubercles in the brain, is a very fatal disease, even under homœopathic treatment. It is doubtful whether it has ever been cured when it depends on tubercles. The presence of tubercles in any given case of encephalitis, may be surmised, but cannot be authenticated except by *post-mortem* examination. Therefore, we cannot say that encephalitis depending on tubercles has ever been cured by homœopathy or any other method. It has happened to us to cure a case of encephalitis in a family, several members of which had previously died of encephalitis where

REVIEWS.

A Treatise on the Diseases of Females. Disorders of Menstruation. By JOHN C. PETERS, M.D., New York.

THIS work, which is the first part of a treatise on "Diseases of Females," by Dr. Peters, we have perused with much pleasure, and have derived from it some information. Although it betrays the hastiness of composition, explained to us in the preface, by occasional and unnecessary repetitions, yet it fulfils, in a great measure, the object which the author seems to have had in view, viz., to acquaint us with all at present known relative to the functions of menstruation, and the diseases consequent upon its derangement and irregularity.

The first portion of the work is occupied in detailing what is known about the function of menstruation, and the period in female life at which it usually occurs, with some very judicious observations as to the course of treatment that practitioners ought to adopt, in case of need, for the proper establishment of a secretion so essential to the health and well-being of the female. The second portion is devoted to the various derangements of menstruation, their causes and treatment. And the last, to the "Last Menstruation," or "Change of Life."

We may say that we concur generally with the author in his views, as expressed in this work, although we differ with him on one or two very material points. For instance, we conceive him to be in error when he attributes the beneficial and curative action of a remedy to antipathy, and not to homœopathy, merely because it has been found, and is considered, homœopathic to a disease *apparently* different.

Were it consistent with the space allowed us for the notice of tubercles were found in the brain after death; but we would not thence infer that the case we cured was of that character. We confess to having lost other cases of encephalitis, where no tubercles could be found after death. When we see the array of symptoms described in the above case, unconsciousness, pulling at the lips and nose, convulsions, dilated pupils, squinting, involuntary discharge of feces and urine, we are inclined to form the worst possible augury of the result. Belladonna, Helleborus, Hyoscyamus, Stramonium, and the other vaunted remedies for this state, seem to be generally powerless to check or modify the disease.—[Eds.]

this work, we would enter more particularly into the reasons of our difference with the author on this head. As it is, we may remark, that the same disturbing cause may occasion, *apparently*, very different effects on the molecular changes and vital activities of the human organism in different individuals. And hence the same medicine, given curatively, may remedy diseases, *to every seeming*, widely different. When, however, those effects and these diseases are closely scanned and thoroughly investigated, they will be found the same in fact, however much or variously modified by constitution, habits of life, climate, &c. Thus, for example, when the author instances the use of *Secale* in suppressed menstruation, he considers it to act remedially in virtue of its homœopathicity, but when administered as a remedy, and this successfully, in profuse menstruation, he holds it to be antipathic in its action. How is this? Is it not well known that suppression of the menses in one person and their profuse flow in another, may arise from one and the same cause, the *apparent* difference in effect being only the consequence of a constitutional modification. In such a case, we have little doubt but that a close investigation into the symptoms of each would lead us to the same "index sign" in both, guiding us alike to the selection of the same remedy and pointing out to us, in an unmistakable manner, its perfect homœopathicity.

Nor can we at all understand why the matter of dose should, by inference, be allowed in proof of a remedy being antipathic and not homœopathic. Our author, on this point, affords us a striking example of reasoning in a circle. For herein is the ground of his belief: He administers a supposed antipathic remedy for the cure of a certain disease in somewhat larger if not material doses, and this with ultimate success, and he thenceforth and therefrom concludes that the remedy must have been antipathic and not homœopathic, especially if, in the process of cure, no aggravation or exaltation of the symptoms of the disease occurred. The cure in this case, he conceives, proves two things: first, the remedy being antipathic, the necessity for its administration in large doses; and second, the medicine being given in large doses, and this with a curative result, the fact of its being clearly and indisputably antipathic. For

ourselves, we would rather seek for an explanation of the curative effects of large doses in the homœopathic law itself, than attribute them to another supposed law of cure, which neither experimentation upon the healthy, nor experience amongst the sick, has yet proved to have any existence in fact. The absence of all aggravation or exaggeration of the symptoms of a disease, when a remedy homœopathic to it is given in large doses, may meet with a satisfactory solution in individual peculiarity or a difference in personal susceptibility.

Notwithstanding we have shown cause of difference with the author in the points noticed, we yet consider the work before us as one of the best, if not the very best, on the subject of which it treats. As a compilation, we cannot too highly commend it. The opinions of the various writers of the highest authority are fairly given, and this without any attempt whatever to force upon us his own judgment of their views. Allopathy and homœopathy are alike dealt with. The style is easy and flowing, and yet clear and pointed withal, which, in a work of this kind, is of no little consequence. Did space permit, we should have liked to have favored our readers with a few extracts; but, as from what we have said, the majority of them will, doubtless, deem it their duty to purchase the work, we regret this our inability the less.

We look forward with pleasure to the appearance of the next part of this publication.

Die Homöopathie, oder die Reform der Heilkunde, eine Darstellung der Grundsätze und Lehren der Homöopathie, mit ausführlicher Angabe ihres Verfahrens zur Heilung der Krankheiten. Von DR. KLOTHAR MUELLER. Leipzig, 1854.

Homœopathy, or the Reform of Medicine, an exposition of the principles and doctrines of Homœopathy, with a complete account of its treatment of diseases. By DR. KLOTHAR MUELLER. Leipzig, 1854. Pp. 181.

WE fear that few of our readers would be able to divine the exact character of this little work from an inspection of the above lengthy

title. In fact, the title conveys no idea of the contents of the book. We expected to find a systematic treatise on homœopathy, analogous to the recent works of Arnold and Hirschel, and our disappointment was great to find that this was only another "Domestic Homœopathy." The "exposition of the principles and doctrines of homœopathy," is as short as it well could be, occupying only the first twenty-five pages, and intended for the perusal of non-professionals only. The remainder of the book consists of brief directions for the treatment of the more common diseases, addressed entirely to non-medical readers. We are bound to admit that Dr. Müller's work well fulfils the purpose for which it was designed, namely, to assist the non-medical homœopath in his family practice. Its descriptions of disease are brief and correct, the indications for the employment of the remedies clear and true, and there is appended to several of the diseases, where a considerable number of medicines are applicable, a sort of repertory, to enable the practitioner to discriminate accurately the particular indication for the employment of each—a useful and novel feature in a work of this kind. Altogether, as a domestic guide, Dr. Müller's book is calculated to be of service; but notwithstanding its merits as such, we can scarcely bring ourselves to pardon the author for the disappointment we have suffered, owing to the illusive character of the title he has chosen to give his book. No man is better able than himself to write an excellent and scientific treatise on the homœopathic system; and when we were led from the title to expect such a work, it is rather too bad to find that we have only got another "domestic." Before dismissing the book, we must enter our protest against the enormous strength of the arnica-lotion Dr. Müller prescribes for contusions—"From one to three parts of arnica-tincture to four parts of river-water," is a strength of lotion which we will venture to say would soon produce in many patients the troublesome arnica-rash. All the good arnica can render may be obtained, with but slight risk of causing the eruption, by the employment of a lotion made with from 20 to 30 drops of the tincture to a teacup full of water.

On the whole, we agree with Trinks in having nothing to object to in this work except the title, while at the same time we may transcribe some interesting practical notes contributed in the review of the work by Trinks. The latter observes that the common indication for Baryta in affections of old age, given in homœopathic books, is quite unfounded, as likewise that of Ammon. Phosph. in gout. He reminds

us of the utility of Bryonia in epistaxis from vascular erethism, and more particularly calls attention to the admirable effects of Zinc, both metallic and oxide, in the convulsions of infants during dentition. If given in frequently-repeated doses of one grain of the 1st or 2nd (decimal) trituration, it cures the great majority of such cases. "This metal acts here in a manner truly specific, and excels all other remedies in the speed and certainty of its operation."

Die Körperseiten und Verwandtschaften. Homöopathische Studien,
von DR. C. VON BOENNINGHAUSEN. Münster, 1853.

The sides of the body and concordances. Homœopathic Studies, by
DR. C. VON BOENNINGHAUSEN. Münster, 1853.

THE homœopathic profession owes much to the generous aid of its non-medical friends. In this country, we are all willing to acknowledge our obligations to the Rev. Mr. Everest and Mr. Sampson for their useful popular writings on homœopathy, which did much to diffuse a knowledge of our system amongst the people of England. To a still greater degree does the profession, both here and in Germany, feel grateful to the author of the above little work for the immense trouble he has taken in the compilation of works intended to assist us in our search for the appropriate remedies in disease. As long ago as the year 1832, Dr. Bönninghausen published the first edition of his *Repertory of the Antipsoric Medicines*, the plan of which was copied by Jahr (himself a non-medical homœopath*) in his well-known manual, the first edition of which he constructed with the help of Hahnemann himself. Although filling a public situation which occupied most of his time, Dr. Bönninghausen yet found leisure to construct this laborious repertory, and to complete it by the addition of another volume, containing the non-antipsoric homœopathic medicines, and to write a little popular work addressed entirely to the non-medical public, containing a brief exposition of the principles of the homœopathic system. Although the *Repertory* of Bönninghausen has some defects of construction and plan that rather interfere with its usefulness as a guide to the selection of the appropriate remedy, yet there can be no doubt it was a valuable acquisition at the date of its publication; and the homœopaths of the period "would not refuse to acknowledge their obligations to the industry

* Jahr has since then been created a Doctor of Medicine by the short-lived Homœopathic College of Allentown, in America.

and good intentions of a non-medical man," as the author himself expresses it.* Indeed we scarcely think that Bönninghausen's Repertory deserved the fate it met with in being so completely superseded by Jahr's Manual, though undoubtedly the separation of the medicines into antipsorics and non-antipsorics was fatal to the popularity, as it was an obstacle to the usefulness, of the former work. Dr. Bönninghausen has since that time published several other works, all having the design to assist the practitioner in his search for the medicinal analogues to the diseases observed in practice. One general aim pervades all these works, and that is, by an arrangement of the symptoms recorded in the *Materia Medica*, and corroborated by the records of cases, to enable the practitioner to seize at once on the medicine corresponding to the case he has to treat. For such a task, the author's previous education and employments eminently fitted him. His statistical and botanical studies and works rendered it a comparatively easy matter for him to arrange the symptoms of the materia medica in the tabular or lexicon form, nor was it of absolute necessity that he should have had a medical education for the execution of this task. Accordingly, we find that these works were chiefly composed and published when he was filling an official situation under government, and before he had commenced to occupy himself with the actual treatment of disease.

One who had furnished so many guides to homœopathic practice, could scarcely resist the temptation to practise on his own account; and accordingly, soon after the publication of his manuals, Dr. Bönninghausen commenced treating patients, as many amateurs have done both before and since; and his practice seems to have been pretty extensive, so much so that in 1843 he considered it expedient to make a formal application to the Prussian government, backed by various testimonials of his success, for leave to practise homœopathy in Münster. This was granted to him in a royal decree, dated 11th July, 1843, which runs as follows:—"In consideration of the favourable testimonials sent in by you, his Majesty will grant that, when patients, from personal confidence in you, apply to you for homœopathic advice and medicine, your want of a legal qualification shall be no obstacle to your practice among them."† Behold, then, our hero royally licensed to practise on all who might choose to seek his advice, without let or hindrance from police, or municipal authorities,

* Pref. to the Second Part of the Repertory, p. 13.

† Vide N. Arch. i. 2. 49.

or medical faculties. Since this event, Dr. Bönninghausen has not been idle, but has at various periods contributed articles to the different homœopathic journals, especially the *Archiv* and *Allg. Hom. Zeitung*. In addition to these minor performances, he has published his *Therapeutic Manual*, which we noticed in a former volume (vi); also the first number of a domestic book, which we have not seen, and the small work whose title heads this article. All Dr. Bönninghausen's works give evidence of immense industry; but they are all pervaded by a defect that greatly mars their practical usefulness. If the sole object of the practitioner were to ascertain the exact expressions in which the symptoms of the materia medica are recorded, Bönninghausen's works are the best he could apply to. But as his aim is to discover, in the pathogenetic effects of medicines, morbid states and pictures analogous to those of the cases he has to treat, he will look in vain through the pages of Bönninghausen's works for such information. Those manuals will inform him if any of the provers made use of such and such a word to express a symptom, and they will inform him accurately as to the time of day and the conditions under which certain undefined symptoms occurred, and the accessory circumstances attending other undefined symptoms. Supposing, however, as is most likely to happen, our patient should not employ exactly the same word to express his pain or sensation as the prover, we shall fail to discover from these repertories whether or no the materia medica contains a symptom corresponding to that presented by the patient. The perfect morbid analogue may exist in the proving of some medicine, but we shall fail to discover this if we trust to these repertories. In fact, the repertories of Bönninghausen, and of all those who have imitated his vicious plan—and this includes Weber, Rückert, Jahr, and even Clotar Müller—are *verbal* registers of the materia medica, and not indices to the *morbid states* produced by the medicines. This circumstance it is which causes us to be so frequently disappointed when we consult these works in reference to cases of disease; unless patient and prover should by some lucky coincidence happen to use the same term to express their sensation, we shall search in vain through these manuals for the medicinal parallel to the case before us. This vice in the construction of a repertory was unavoidable by one who, as yet practically unacquainted with disease, undertook to register and classify the pathogenetic effects of medicines recorded in the *Materia Medica*, as Bön-

ninghausen did. The spirit of the pathogenetic provings is sacrificed in his manuals to a useless verbal correspondence; and the practitioner is provoked to find that he possesses a tolerably accurate index to the symptoms contained in the *materia medica*, which, however, will not avail him at the sick-bed, for his patient perversely refuses to use the proper words to define his sensations and pains.

All Dr. Bönninghausen's works bear the signs of being the production of one who has studied disease in the *materia medica*—who has, so to say, regarded all morbid phenomena from the stand-point of pathogenetic provings. The present work is eminently of this character. The first part of it professes to show the sides of the body which each medicine more particularly affects in its action on the several organs. The different organs are taken in the well-known order of the Hahnemannic schema—head, scalp, eyes, ears, nose, face, teeth, &c.; and under each of these heads are two lists of medicines, one containing those medicines which are said to have a greater affinity or attraction for the left side, the other those that most affect the right side of the various parts or organs, or the left and right organ when it is double. In each list almost all the medicines that act upon the several organs at all are included; but a peculiar type distinguishes those that have a greater from those that have a less sympathy with each side. Thus, when the affinity exists, but is not great, the ordinary Roman type is used, as *Acon.*, *Alum.*, *Amm.*, *Ang.*, &c. When it is greater, the same type is used, printed widely, as *Agar.*, *Anac.*, *Ant.*, &c. When it is still greater, ordinary italics are employed, as *Acon.*, *Asaf.*, *Bell.*, *Brom.*, &c.; and the same character widely printed is employed to express the greatest degree of affinity for the one side or other, as *Acon.*, *Agar.*, *Alum.*, *Bell.*, &c. Dr. Bönninghausen says that the records of the provings in the *materia medica* throw very little light on the relative amount of affinity of the medicines for different sides of the body; and this we shall presently see is the case. The chief data he has used for ascertaining this point, are his own and others' experience in the treatment of disease; and, as it would appear, he has chiefly relied on his own experience, as he says that his work could only have been accomplished by means of a journal of cases so carefully kept as his has been. Thus, then, the determination of the degree of attraction possessed for different sides of the body by the medicines is mainly influenced by the individual experience of Dr.

Bönninghausen in the treatment of disease. To shew how little information on this subject is to be got out of the materia medica, and how much Dr. Bönninghausen's conclusions differ from the records in the materia medica bearing on this point, we have taken the trouble to compare upwards of forty of the medicines contained in one of Dr. Bönninghausen's sections with the pathogenetic records of the medicines themselves; and in the following list have indicated by figures the number of symptoms having reference to one or the other side in the provings:—

EXTERNAL HEAD.

LEFT.	RIGHT.
A con. (1) Agar. (1) Alum (2)	Agar. (2) Alum (3) Ambr.
A m m. (0) Anac. (2) Ang. (1)	(1) Amm. (0) A-mur. (1)
Ant-crud. (2) Ant-tart. (0)	Anac. (0) Ang. (1) Aur. (1)
Arg. (1) Ars. (2) Asar. (1) Aur.	Bell. (0) Bor. (0) Brom. (1)
(3) Bar. (1) Bell. (1) Bor.	Bry. (3) Calc. (3) Canth.
(0) Calc. (2) Caps. (0) C-an.	(0) Caps. (0) C-an. (0) C-veg.
(1) C-veg. (1) Caus. (0)	(3) Caus. (1) Chel. (0) Chin.
Cham. (1) Chel. (1) Chin. (4)	(2) Clem. (0) Coloc. (0) Con.
Clem. (1) Cocc. (2) Coloc.	(0) Creos. (1) Dros. (2) Graph.
(1) Dig. (3) Dulc. (0) Euph.	(0) Guai. (0) Hep. (1) Iod.
(0) Graph. (0) Hep. (0) Iod.	(1) Kali. (2) Laur. (4) Led. (0)
(0) Kali. (2) Laur. (2) Lyc.	Lyc. (4) M-mur. (0) Mang.
(2) Magn. (3) M-mur. (0)	(2) Men. (1) Merc. (0) Mezer.
Mang (0) Men. (1) Merc. (1)	(0) Mur-ac. (1) &c. &c.
Millef. (0) Mur-a c. (3) &c. &c.	

From the above it will be seen at a glance how little Dr. Bönninghausen's arrangement corresponds with the facts of the materia medica; nay, it will be observed that he is frequently directly at variance with the records of the provings. Thus, *Anac.*, *Aur.*, *Bell.*, and *Chel.*, are stated to have a preponderating attraction for the right side; whereas the provings shew them to present a majority of symptoms pertaining to the left side: and *Carb-veg.*, *Caus.*, *Hep.*, and *Lyc.*, are said to affect by preference the left side; whereas the materia medica proves them to have a greater attraction for the right side. Again: whereas Bönninghausen affirms that *Canth.*, *Con.*, and *Mezer.*, have the very highest degree of attraction to the right side, in the pathogenesis of these medicines not a single symptom belonging to this section is recorded as occurring on that side. Another striking discrepancy with the materia medica occurs in this short list:

Brom. and *Guai.* are both alleged to have a considerable attraction for the right side, and none at all for the left; whereas, in the *materia medica*, we find three symptoms of *Brom.* on the left side, and only one on the right; and two symptoms of *Guai.* on the left, and none at all on the right! Several other discrepancies with the records of the provings strike us among these few medicines, but those we have pointed out are the most glaring. It is evident, then, that Dr. Bönninghausen has in many instances preferred the data of his own practice to the pathogenetic records of the *materia medica*: but as he nowhere tells us what these data were, we have only his *ipse dixit* to depend on, *valeat quantum*. In the face of the discrepancies with the *materia medica* we have here pointed out among a few medicines of one of the sections taken at random from Dr. Bönninghausen's work, is this work, we would ask, one we could rely on as indicating the predilections of the medicines for the one or other side of the body? We have no hesitation in saying it is not, and in asserting that many, if not most of the medicines, have been arbitrarily, or at least on insufficient grounds, placed in the one or other list, and there indicated as having a greater or less attraction for the one or other side of the body. But even were the lists given in perfect accord with the *materia medica*, of what earthly use, we would ask, is the information they contain? The author tells us that his work will be "of very considerable use in many cases where a want of other determining symptoms renders a selection of the medicine doubtful and uncertain." But this we very much doubt, even though the work were absolutely correct in reference to the provings. For we shall take any concrete case of disease whatsoever, be it of the scalp, the eyes, the abdomen, or the chest, and we shall ask any practical man to tell us what use the information contained in the book would be of to him in his selection of a remedy? The information, be it remembered, only consists of such vague generalities as these:—In the eyes, *aconite* has a somewhat greater attraction for the left than the right, so has *agaricus*, whereas *alumina* is somewhat more strongly attracted to the right than to the left. In the ears, on the other hand, *aconite*, *agaricus*, and *alumina*, are a shade more disposed towards the right than the left; whereas the reverse is the case with *ambra* and *ammonia*. Would such information, even supposing it were correct (which is doubtful), prove of the slightest advantage to the practitioner at the bedside of his patient? It would be to bid de-

fiance to the principles of Hahnemann to allow our selection of a remedy to be influenced by such vague generalizations. The practitioner in his investigation of a case seeks to ascertain the organs and structures affected, and carefully notes the exact character of the morbid changes, and the peculiarities of the pains and sensations present, and to compare these with the pathogenetic records of the materia medica. Should he find a medicine corresponding to his case in these particulars, he would not delay his administration of it until he had consulted Dr. Bönninghausen's work, in order to ascertain whether it was the right or the left side for which this medicine showed a preponderating attraction. Thus, supposing he had a heart affection to treat, would he hesitate in his administration of a medicine corresponding in its symptoms to the disease, for example, *lachesis*, because Dr. Bönninghausen tells him that this medicine has the lowest degree of attraction for the left side of the chest, whereas its affinity for the right side is in the highest degree of his arbitrary scale? Or would he refuse to give the otherwise indicated *sulphur* in some disease of the liver because he is informed in this little work that the attraction of this medicine for the left hypochondrium is two degrees greater than for the right?

Whilst we are forced to pronounce Dr. Bönninghausen's studies relative to the sides of the body as useless, and his labour lost, we would not have it be supposed that we consider that no guide to treatment or no pathological significance attaches to the occurrence of particular symptoms on one side of the body or the other. On the contrary, we are quite aware that the side of the body on which it occurs will often give its whole pathological meaning to a particular symptom. Thus the occurrence of a weary dragging pain in the right shoulder, in connexion with other symptoms, is often fraught with a totally different pathological signification from a similar pain in the left shoulder; a certain feeling in the left arm may indicate something different from what is signified by a similar pain in the right. Still more is this the case with regard to those portions of the body that contain unsymmetrical organs. But nothing of this sort is revealed in this work—nothing is to be found here but the most useless generalizations—useless most especially to the homœopathist who would follow Hahnemann's advice to individualize diseases as much as possible. The design of such a work could not possibly have entered the head of any one who had not commenced and completed his study of diseases in the fragmentary symptoms

and *disjecta membra* that make up the schemas of Hahnemann's materia medica. Dr. Bönninghausen's work bears the same relation to the ideal repertory that those laborious calculations we sometimes meet with respecting the number of letters or the number of *thes* and *ands* contained in the Bible do to such a work as *Cruden's Concordance*; nor, as far as we can see, is the utility of Dr. Bönninghausen's tables in the present work one whit greater to the medical practitioner than such specimens of laborious trifling are to the biblical student.

The second part of the work before us treats of the concordances or relationships (*Verwandschaften*) of medicines among themselves. There is no doubt great utility in knowing what medicines in our materia medica bear the greatest resemblance to some others; and every writer on our materia medica has endeavoured, with more or less success, to point out such resemblances. Dr. Bönninghausen has already attempted such concordances in his *Therapeutic Manual*, and we are surprised to observe how very different the concordances there given are from those in the present work. A comparison of the "concordances in general" of the former work with those in this work, will convince every one of this. We shall give a specimen of the concordances in each of these works, and we shall take the very first medicine on the list, *aconite*, leaving out from the paragraph taken from the *Manual* the medicines which have only the lowest degree of resemblance to Aconite, as has been done in the work under review. In the *Manual*, the "concordances in general" of Aconite will then read thus:—"Ars., Bell., Bry., Calc., Cham., Chin., Hep., Ignat., Kali., Lyc., Merc., Natrum., Nux-vom., Phos., Puls., Rhus., Sep., Sil., Sulph., Verat."—(Vide Laurie's Translation, p. 325.)

In the work under review the concordances of Aconite run as follows:—"Arn., Ars., Bell., Bry., Canth., Cham., Coff. Croc., Dulc., Graph., Lyc., Merc., Mill., Nux-vom., Op., Phos., Ph-ac., Puls., Rhus., Ruta., Sep., Sulph., Valer., Verat."—(p. 15.)

Which of these is the more correct list of allied medicines we shall not attempt to decide; suffice it to say both differ considerably from the list given by Trinks in his *Materia Medica*. The medicines allied in action to *aconite* are there stated to be—Arnic., Bell., Bry., Dig., Hyos., Ignat., Ipec., Merc., Nux-vom., Op., Phos., Puls., Rhus, Sep., Spig., Stram., Sulph., Verat."—(*Handbuch*, ii, p. 1322.)

But we find, on examining Bönninghausen's concordances, a very

curious feature, and one that tends, in our estimation, to throw great suspicion on their accuracy, and either exhibits great carelessness on the part of the author, or betrays the existence of some occult principle for determining the relationships of the medicines among one another which is a mystery to us. Thus, in the above list, *aconite* is said to resemble *arsenic* in the third degree; whereas, on turning to the latter medicine, we find that it only resembles *aconite* in the second degree. Again, *aconite* resembles *lycopodium* in the third degree, but *lycopodium* only resembles *aconite* in the second. *Aconite* resembles *mercurius* in the fourth, or highest degree, but *mercurius* only resembles *aconite* in the second. And so on in five or six more instances in this short list of twenty-four medicines. It is as though the author had said, Aconite resembles Arsenic, Lycopodium, Mercurius, &c., more than these latter resemble Aconite. This may be all very correct for aught we know, but to our mind it bears a very great resemblance to the remark of the intelligent Nigger, which we used to regard as highly ludicrous: "Cæsar and Pompey very like one anoder, specially Pompey." Until these inconsistencies and anomalies shall be cleared up, we believe the homœopathic practitioner will not regard Dr. Bönninghausen's table of concordances with much confidence; we certainly cannot recommend it to him as of much use in practice.

The careful examination we have made of this last work of Dr. Bönninghausen's has enlightened us a little as to the mode in which the author constructs his books. We are forced to confess that this examination has grievously disappointed us, and has entirely weakened our confidence in the accuracy hitherto usually attributed to him in his laborious compilations. *Si sic omnes!* If all the guides that have issued from Dr. Bönninghausen's pen are to be judged by the character of the specimen before us, we must pronounce them to be extremely unsafe and untrustworthy, abounding in inaccuracies, and filled with arbitrary, and often unfounded, assumptions relative to the supposed relations of our medicines to certain morbid states, wherein the author is frequently not only not borne out by, but directly at variance with, the records of the *materia medica*. What we require, but what we have not yet got in any language, is a ready guide to the morbid states produced by our medicines, with the conditions of their occurrence and their accompanying symptoms, which, on the one hand, shall be free from all unfounded assumptions, and,

on the other, shall be something better than a mere register of the words of the various provers.

Anales de la Medicina Homeopatica, periodico oficial de la Sociedad Hahnemanniana Matritense. Tomo iii, Entrega 1. Madrid. 1854.

Annals of Homœopathic Medicine. Official periodical of the Hahnemann Society of Madrid. Vol. iii, Part 1. Madrid. 1854.

It is not often we are favoured with the sight of a Spanish homœopathic journal. The progress of homœopathy in Spain is known to us chiefly by reports at second or third hand; and we have certainly always regarded the accounts we have from time to time received,—of the wholesale conversions to homœopathy among professors of universities, medical faculties, and hospital staffs, said to have taken place in Spain,—with some misgivings as to their foundation in fact. On the principle of the old saw, however, *omne ignotum pro magnifico*, we have undoubtedly believed that the progress of homœopathy in Spain has been such as would put to shame its slower advance in this country, did we but know its real extent; and we have not read without awe of the appointment of a homœopathic physician to be the medical attendant of her most Catholic Majesty, and the decoration of this fortunate homœopath with the order of Charles the Third by her aforesaid Majesty, and with that of the Legion of Honour by our august ally, the Emperor of the French. It was, therefore, not without some curiosity that we set ourselves to peruse the present number of the *Anales*, which has been kindly forwarded to us by the Editor. We wished to learn something reliable concerning homœopathy in Spain, to ascertain if the homœopaths of that favoured country at all resembled those of our more northern climate, or if the balmy influence of a more southern sky might not have produced a more united, peaceable, confraternity of homœopaths than is to be found in higher latitudes. But it would seem the reverse is the case. There are evidences from the number of the *Anales* before us of an internecine feud among Castilian Homœopaths as virulent as, and less reserved than, any that prevail among the homœopaths of France, Germany, or England.

The number before us commences a new volume of the *Anales*,

and contains a preface in which allusion is made to certain recent dissensions in the Hahnemann Society of Madrid, which have led to the retirement of some of its members. These dissensions, however, we are glad to learn, will not impair the usefulness of the society, which we are told enjoys an European reputation, and has rendered important services to science and to humanity.

The first paper in the journal is rather a dull affair on gout, by the Licenciado Don Thomas Pellicer. As there is nothing in it about the homœopathic treatment of the disease, we presume the paper is not finished, for Don Thomas promised, in his introductory observations, to relate his clinical experience of the treatment of podagra. The next paper is a collection of disparaging remarks on homœopathy from the allopathic journals, and does not interest us. The third paper contains some extracts from newspapers respecting the cholera in Galicia. One of these, from the newspaper *La Nacion*, recommends the allopaths to use homœopathic medicines for the treatment of cholera, and particularly indicates camphor, cuprum, and carbo vegetabilis. This is followed by a review. And here we again find symptoms of homœopathic strife. It appears that shortly before this number was published a rival journal made its appearance, entitled *La Decada Homeopatica*, published by a rival society (probably composed of the dissensionists alluded to in the preface), calling itself the *Academia Homeopatica Espanola*. The first number of the *Decada* contained a statement to the effect that there did not exist in Spain a corporation satisfactorily representing homœopathy—that the majority of the homœopaths were isolated, and reduced to study for themselves, and that they were only kept *au courant* with the progress of science by means of foreign periodicals. It went on to say that all ardently desired the establishment of a society worthy of the doctrine and responding to the wants felt by all, and of such a character we are to infer the Academia is.

This statement gives great umbrage to our friend of the *Anales*, who replies that the *Sociedad Hahnemanniana Matritense* worthily represents homœopathy to the satisfaction of all true homœopaths; that whilst it exists, the majority of homœopaths need not be isolated and left to their own particular studies, nor forced to keep themselves *au courant* with the progress of science by reading foreign periodicals, for the said *Sociedad* holds literary meetings every month, when important doctrinal points are discussed, clinical observations reported, and the pathogenetic effects of new medicines recorded;

and it publishes a monthly official journal—to wit, the *Anales*—where the progress of science is noted, useful essays are published, and the interests of homœopathy defended. The indignant writer concludes by advising his colleague of the *Decada* to occupy himself more with *science* and less with *personalities*, and not to initiate his career with *scandalous inaccuracies* (*inexactitudes escandalosas*). Spaniards, we presume, still “quarrel in print, by the book;” but we would be at a loss to state what “degree of the lie” this accusation is. It is certainly not the “retort courteous,” neither is it the “quip modest;” it is beyond the “reproof valiant,” and may perhaps be reckoned the “countercheck quarrelsome:” but it is not far off the ulterior degrees of the lie enumerated by Touchstone, and may lead to a deadly combat in print unless qualified by an “if.” But a little further on our peppery friend of the *Anales* rather makes matters worse by sneering at the *Academia Homeopatica Espanola*, and promising in future numbers to present its readers with some exquisite proofs of the good faith and admirable perspicacity of the *Decada*, the organ of the *Academia*. Of course we have no notion what all this quarrelling is about; but if we could have anything to say in the matter, we would suggest that there are many points of our homœopathic doctrines and practice that might occupy the time and attention of our Spanish contemporaries more profitably than abusing one another. The remainder of this number is occupied with the obituaries of two Spanish homœopaths, Dr. José Gil and Dr. Luis Commelin. The former practised in Galicia, and fell a victim to typhus caught from a patient on the 22nd of last September; the latter practised and died at Porto-Rico.

The Flora Homœopathica, or Illustrations and Descriptions of the Medicinal Plants used as Homœopathic Remedies. By EDWARD HAMILTON, M.D., F.L.S., F.Z.S., &c. In two volumes. London. H. Bailliere. 1853.

This important addition to our homœopathic literature is now completed. In a former number of this Journal we spoke of the first volume, and the second, which is now before us, fully equals if it does not surpass the first in the excellence of the illustrations of our chief homœopathic plants. Too high praise can scarcely be awarded to Dr. Hamilton for the care he has bestowed on the artistic part of this

work. Many of the drawings seem to have been made by himself, and the rest, over the execution of which he has presided, are made with equal fidelity and beauty. Where all are excellent it seems almost invidious to select any of the illustrations for special commendation; but it appears to us that some of the last surpass in artistic beauty and truthfulness the designs of the earlier portions of the work. We would especially draw attention to the representations of Scilla, Spigelia, Staphisagria, Stramonium, Veratrum, and Verbascum, which will bear comparison with anything we have ever seen in the way of botanical illustrations. In our notice of the first volume we took occasion to remark on the inaccuracy of some of Dr. Hamilton's translations from Hahnemann, and the present volume is not altogether free from the same defects. Thus the translation of Hahnemann's observations on *stramonium*, at p. 195-6, contains several important errors. The third word in that translation, "premature," may be a misprint for "primitive" or "primary," but the second clause of the paragraph is quite a misrepresentation of Hahnemann's words. Dr. Hamilton's translation runs thus—"Actual pain is manifested only during the subsequent effect of the reaction of the organization, which opposes to the influence of the thorn-apple a morbid state of excitement proportionate to the dose." The literal translation of Hahnemann's words is as follows—"Distinctly felt sensations, amounting to actual pain, occur only in the secondary action, by means of the subsequent reaction of the organism, which not only develops the natural sensations as the opposite of the sensation-destroying influence of the thorn-apple, but will even (as happens after large doses) produce morbidly increased sensation (pain)." Now although we would by no means insist on the necessity of translating literally, but are quite of opinion that a free translation or paraphrase of the author's words is sufficient, we cannot allow such freedom to be taken with the text as is here exhibited, without protesting against such a liberty. In the next page Dr. Hamilton renders Hahnemann's words, "Wasserscheu vom Bisse wüthiger Thiere" (hydrophobia from the bite of rabid animals), by the word "mania," whereby the whole sense of the passage is destroyed, or at least perverted. In other respects the remarks accompanying the plates are to be commended as conveying some curious and interesting information regarding our homœopathic medicines.

Key to the Materia Medica; or, Comparative Pharmacodynamic.

By DR. AD. LIPPE. Philadelphia. Duffield, 1854.

THE above is the title of a work proposed to be brought out in parts at short intervals. The first part is now before us, containing Acon., Sulph., Arsen., Phos., Bell., Calc. c., Pulsat., Tilia Europæa, Sepia, Agar., and Rhus. The object of the work is, as stated in the preface, "to give only the characteristic and most prominent symptoms of each remedy, and to compare them with all other medicines already proved." It is further stated, "By characteristic symptoms, I understand such symptoms as have been repeatedly produced upon the healthy and cured in the sick by each respective drug; and such symptoms especially as assist to distinguish it from all, or most, other drugs, endeavouring, by stating the drugs analogous to a given symptom, to compare the one with all other drugs, as regards their similarities and differences."

To our mind nothing could be more desirable than such a work, which would be truly a key to our vast and intricate materia medica; for without in any way attempting to supersede the thorough study of the complete proving of each medicine, it would enable us to bring to a small compass the number of suitable medicines or even to single out the one medicine to be specially studied for the case in hand. Therefore, the conception of this work and the attempt to carry it out are deserving of unqualified praise. To give a correct idea of the appearance of this work, we give here a page verbatim from Aconite, which occupies six similar pages:—

*Symptoms.**Corresponding Remedies.*

URINARY ORGANS.

<i>Enuresis</i>	Bell. Cai. Canth. Dig. Hyos. Merc. Puls. Stram. Verat.
<i>Scanty, bright red, hot urine with- out sediment.</i>	Bellad. Bry. Merc. Puls. Silic. Staph. Tart em.

FEMALE SEXUAL ORGANS.

<i>Catamenia, too profuse</i>	Bell. Calc. Ferr. Ipec. Nux-vom. Rat. Sabin. Sec-c. Stram.
„ too protracted	Cupr. Lyc. Natr-m. Nux-v. Plat. Sec-c. Sil.

<i>Symptoms.</i>	<i>Corresponding Remedies.</i>
<i>After pains, too painful, and too protracted</i>	Arn. Bell. Cham. Puls. Rhus. Sabin.
<i>Milk fever (with delirium)</i>	Arn. Bell. Bry. Coff. Rhus.
<i>Puerperal peritonitis</i>	Bell. Bry. Cham. Coff. Coloc. Hyos. Ip. Merc. Nux-v. Puls. Rhus. Verat.
LARYNX AND TRACHEA.	
<i>Short dry cough, from titillation in the Larynx</i>	Bell. Coff. Natr-m. Petr. Rhus. Squilla.
<i>Expectoration of bloody mucus</i> ..	Arn. Bry. Natr-m. Ferr. Phos. Zinc.
<i>Grippe, with inflammatory symptoms, stitches in the side, rheumatic pains, and angina</i>	Ars. Bell. Bry. Caust. Merc. Nux-v.
<i>Hæmoptysis</i>	Arn. Bry. Ferr. Ip. Millefol. Hama. Nit-ac. Phos. Puls. Rhus, Sulph-ac.
<i>Inflammation of the larynx</i>	Cham. Dros. Iod. Merc. <i>Hep-sul.</i> Phos. Seneg. <i>Spong.</i>
,, <i>of the bronchiæ</i> ..	Ars. Carb-veg. Caust. Chin. Dig. Dros. Hep. Lach. Merc. Samb. <i>Spong.</i>
<i>Angina membranacea</i>	Brom. Hep-sul. Iod. Kali-bich. <i>Spong.</i>
CHEST.	
<i>Shortness of breath, especially when sleeping</i>	Bell. Bry. Hep. Puls. Sulph.
<i>Fetid breath</i>	Aur. Carb-v. Merc. Sulph. Zinc.
<i>Anxious, laboured, sobbing, breathing</i>	Arn. Bell. Hep-sul. Ip. Lauro. Plat.
<i>Asthma, Millari</i>	Ars. Bell. Ip. Lach. Mosch. Samb.
<i>Stitches through the chest and sides, especially when breathing and coughing</i>	Arn. Bry. Phos. Rhus. Squil. Sulph.
<i>Pleurisy</i>	Bry. Sulph.
<i>Pneumonia</i>	Bell. Bry. Cannab. Chin. Lach. Merc. Phos. Rhus. Squil. Sulph.

<i>Symptoms.</i>	<i>Corresponding Remedies.</i>
<i>Palpitation of the heart with</i>	
<i>great anguish</i>	Ars. Aspar. Graph. Lach. Natr.-c.
BACK.	Natr.-mu. Nit.-ac. Puls. Spig.
<i>Pain as if bruised in the small</i>	Veratr.
<i>of the back</i>	Arn. Hep. Natr.-m. Phos. Plat.
	Rhus, Ruta.

While we thus heartily approve of the design and tendency of the work, we cannot as yet speak so confidently of the execution. Of course, if all the symptoms set down throughout the work are really and truly the complete list of the peculiar and characteristic symptoms of the drugs, the work would indeed be almost invaluable. But we can scarcely hope that our author has been so fortunate as to be so successful as that. It is impossible thoroughly to judge the weight and value of his selection of symptoms by mere perusal. It will require the test of practical experience continued for some time to do that. But in looking through the work with the eye of a critic, we have failed to discover the principle on which he has gone in awarding to the symptoms and correspondences the pre-eminence as characteristic; and we have met with some remarkable discrepancies which we hope will be cleared up, or the principle explained in subsequent numbers. We may give a few examples of these, and we beg the author to believe they are noticed in a friendly spirit.

A characteristic symptom of *Rhus*, Dr. Lippe tells us, is "giddiness, as if he would fall backwards;" and the only medicine he gives us as having a corresponding symptom is *Ledum*. But in the pathogenesis of *ledum* we shall look in vain for this symptom; on the contrary, we find that this remedy produces giddiness, as if he would fall *forwards*. The following remedies, which have the same symptom as that attributed by our author to *Rhus*—viz., *Bor.*, *Bro.*, *Bry.*, *Carb.-a.*, *Nux.-v.*, *Phel.*, *Spong.*—are not mentioned by him as offering a correspondence to that symptom. Again: *Rhus* is stated to have, among its characteristic symptoms, erysipelatous inflammation of the eyes, and around them. To this, *acon.* and *hep.* are stated to be corresponding remedies. But among the characteristics of *acon.* given by Dr. Lippe this symptom is not to be found. In the same way, "Anxiety" is a characteristic of *Aconite*; among the corresponding remedies are *ars.* and *bell.*; but under neither of these remedies does Dr. Lippe give this as a characteristic. "Dry lips" Dr. Lippe states to be characteristic of *Aconite*. To this symptom it

is *not* stated that *ars.* is a corresponding remedy, and yet "Dry lips" is among Dr. Lippe's characteristics of *arsen.* Under *acon.*, the characteristic symptom, "Redness and paleness of face alternately," has seven corresponding remedies; whereas under *bell.* the same system has eighteen corresponding remedies. Under *ars.*, "Strangury" is a characteristic, and to this *sulphur* is marked emphatically in italics as being a corresponding remedy, and yet the same symptom does not occur in our author's list of the characteristics of *sulph.* "Frequent micturition, especially at night," where it occurs under *sulph.*, has the following corresponding remedies;—*Alum.*, *Am-c.*, *Carb-v.*, *Graph.*, *Lach.*, *Lyc.* The same symptom under *Sepia* has quite a different list of correspondences, viz., *Arg-n.*, *Bry.*, *Cupr.*, *Iod.*, *Kreos.*, *Petrol.*, *Phos-ac.*, *Ruta*, *Rhus*, *Sang.*, *Sars.*, *Zinc.* Under *Calc.*, the very same symptom has a new array of corresponding remedies—to wit, *Ant-cr.*, *Bar-c.*, *Led.*, *Lyc.*, *Psor.*, *Sep.*, *Sil.*, *Sulph.*

We could multiply instances like these. They will suffice to explain the difficulty we feel as to the practical value of the execution of the work. Indeed, since we have had some experience of the immense labour and difficulty of making the concordances to any one medicine, we doubt whether such a work as the above can be within the powers of any one man (except, indeed, to the utter exclusion of any other occupation), and we would suggest that our author should associate himself with some society who will divide the work, and lighten the labour. Indeed, it is well that such a work should be done by men who are at the same time actively engaged in practice, and who will thus have always experience to correct any tendency to fix on characteristic symptoms on purely speculative grounds. We feel inclined to believe that one of the works commenced by the Hahnemann Publishing Society, to which allusion is made in the report we publish of that Society, this work of Dr. Lippe's, the reconstruction of the *Materia Medica* by the Vienna Proving Society, and the excellent lectures on the *materia medica* by Dr. Veit Meyer, can only advance parallel to one another. For it will require nearly as much study and labour to extract the material of a proving for Dr. Lippe's work as to prepare the complete arrangement of it for the *materia medica*. Therefore, we hope that many of the co-labourers of Dr. Lippe may prepare each medicine that they take in hand for both works at the same time.

OBITUARY.

DR. BAMBERG, of Berlin.

The subject of this brief memoir was born at Meseritz, in the Grand Duchy of Posen, on the 22nd February, 1801. He received the first rudiments of his education in that town, and finished his academical studies at a gymnasium in Berlin. In 1822, having chosen the medical profession, he was matriculated at the University of Berlin, where he had the advantage of the instruction of the eminent medical professors there, especially Knape, Rudolphi, Hufeland, Rust, and Gräfe. He graduated the 20th December, 1826. His graduation thesis was entitled *De Hydrocephalo acuto*. He then returned to his native town, and commenced medical practice. On the outbreak of the cholera in 1831 he was left the sole medical care of the town in consequence of the death, by the epidemic, of the only other medical practitioner: he then received the public thanks of the magistracy for his zeal and labours on that occasion. In 1833 he became acquainted with Dr. Stüler, of Berlin, and was by him convinced of the truth of homœopathy, and he eagerly embraced the new practice. He found, however, that this new system did not go down in his native town, so in 1835 he removed to Berlin, where he continued to enjoy a large practice until the period of his death. For some time before this melancholy event he had suffered much from derangement of the digestive organs, spasms in the stomach, &c.; but his health had latterly improved amazingly, and he seemed to be nearly quite well, when suddenly he was attacked with inflammation of the bowels, which proved fatal after three days illness. He died on the 25th of last November. In addition to attending to the duties of a large practice Dr. Bamberg contributed many articles to the homœopathic journals, and for several years past he supplied the *Allg. Hom. Zeitung*, of Leipzig, with very complete abstracts of the papers that appeared in the English homœopathic journals. He was also engaged, at the time of his decease, with a very learned work on the history of medicine, from the remotest times until our own day. This was nearly completed, and was to have been published this Easter. We trust it may still find an editor.

DR. MELICHER, of Berlin.

Those of us who assisted at the inauguration of Hahnemann's statue, in 1851, will remember the President of the ceremony. His tall commanding figure, his jovial rubicund face, his stentorian voice, still live in our memory; but inexorable death has laid him low. Of all assembled on that memorable occasion he looked perhaps the stoutest and the most likely to live, but in little more than two short years we have to record his untimely decease. Death has of late been very busy in our ranks; within a very few months many of the homœopathic celebrities have ceased to move upon our stage. The superiority of our healing method does not seem to bestow longevity on its professors, and we doubt very much if the average duration of the homœopathic physician's life is greater than that of the allopath, which we all know to be proverbially short. The life-prolonging powers of the system practised by the homœopathist are neutralized and perhaps more than neutralized by the extra wear and tear of the mind and body by means of the anxiety, vexation, and annoyance to which he is exposed in consequence of the hostility and hatred of his allopathic brethren. The life-preserving weapons he wields to the great advantage of his patients are blunted to his own ailments, and accordingly we find our colleagues dropping off one after another, few of them attaining to what would be considered a good old age. Every case of serious disease we have to treat is a source of much more intense anxiety to us than it is to our allopathic colleagues, for in addition to the natural interest we feel in the case, we are ever conscious that we are, as it were, on our trial, that we are watched on all sides by those who are able and willing to take advantage of any unfavourable turn in our patient's symptoms. But it is not only the malicious insinuations of our avowed enemies that we endure, we are also often harassed by the doubts and insinuations of the patient or his friends during our treatment to a degree unknown to the allopath, who has his three thousand years established system to appeal to, and his celebrated consulting brethren to come in and relieve him of half the responsibility. If we add to all this that our efforts to advance homœopathy are occasionally rewarded by the abuse and outpourings of the envenomed spite of some publicists professing to belong to our own body, and setting up as judges and critics of the labours of others, themselves having done no real work, it will be clear that we have no easy time of it; and that if

such annoyances as these tend to shorten life and to aggravate disease, homœopathists are not likely to be a long-lived or robust race.

Dr. Melicher's age we should guess to be about fifty. It appears that of late he suffered much from a very painful disease, so painful that he frequently wished for death to relieve him from his tortures. His death took place on the 16th of last December, in consequence of paralysis of the lungs. He had for many years enjoyed a high reputation and large practice in Berlin. Peace be with his ashes!

DR. MARENZELLER, of Vienna.

ON the 6th of January, of the present year, this veteran homœopathist died. Unlike most of those whose deaths we have recently recorded, Dr. Marenzeller attained a very great age. He had completed his 90th year when he was removed from among us. He was thus a cotemporary of Hahnemann, being only eight years the junior of our illustrious master. The name of Marenzeller is intimately connected with the history of homœopathy, more especially in the Austrian dominions, and yet Dr. Marenzeller was no great writer. His celebrity is chiefly owing to his connexion with the first homœopathic experiments, performed by order of the emperor, in the military hospital at Vienna. At 21 years of age, Marenzeller was a regimental physician and professor. In 1815 he became a convert to the doctrines of Hahnemann; but, nevertheless, he remained in the army, and held the post of staff-surgeon for many years after his conversion. He was appointed by the Arch-Duke John of Austria, formerly Regent of Germany, his physician in ordinary, which appointment he continued to hold till his decease.

Our opponents are constantly in the habit of referring to the experiments of Andral as being a complete refutation of the pretended efficacy of homœopathy. Now these experiments, if they deserve that name, were performed by a man totally ignorant of homœopathy, in defiance of Hahnemann's rules, and with a carelessness and presumption perfectly inexcusable in a man of Andral's reputation. The merest tyro in homœopathy would have been ashamed to call such practice homœopathy. And yet these experiments, which we reject with scorn, and which have been over and over again shewn to be deficient in every element that could constitute them

illustrations of homœopathic practice, are the stalking horse of all the opponents of homœopathy, and their ready excuse for not taking the trouble to enquire experimentally into the truth or falsity of our assertions relative to the superiority of the system we practise. On the other hand, the real homœopathic experiments performed by Dr. Marenzeller, under every condition that a watchful jealousy could suggest, in order to assure their genuine homœopathic character, and with all the accompanying pride, pomp, and circumstance of imperial-royal decrees, commissions, protocols, daily registers, weekly bulletins, and solemn reports, are never now referred to; the *ipse dixit* of Andral, as to the unsuccessful issue of his own experiments in an art of which he was utterly ignorant, being held to be more conclusive than the deliberate report of a commission appointed by the Austrian Government to inquire into the practice of homœopathy by a homœopathic physician.

As we believe no account of Dr. Marenzeller's experiments has as yet been published in English, we take the opportunity suggested to us by the death of the principal actor in connexion with these experiments, to give a succinct account of them, drawn from the official documents and the testimony of impartial and honourable eye-witnesses. These records are contained in various volumes of the *Archiv für Hom. Heilkunst*.

These homœopathic experiments were, as will be hereafter seen, conducted by order of the Government, with every precaution that could secure fair play to the homœopathist during their performance. A daily record of the cases treated was kept by the medical commissioners appointed to watch the treatment; but two mistakes were committed by the Government. One was, that it was not made a condition that these records should be published. The consequence of this oversight was, that the reports of the commissioners were kept secret, and it is only by accident that that of the two commissioners who were appointed to follow the treatment during the third ten days of its continuance (for the commissioners appointed to watch the treatment were changed every ten days), has seen the light. This report fell into the hands of Dr. Atomyr, after the death of one of the commissioners, and was published by him in the 18th vol. of the *Archiv*, twelve years after the experiments had been made. The other mistake made by the Government was, that the hostile allopathic faculty of the Academy of Medicine were constituted the judges of the success or reverse of the treatment. The consequence of this

error was, that the bald judgment of the faculty was alone issued, and the facts on which this judgment was framed were withheld by them.

The deliberate judgment of the faculty, consisting of twelve professors of allopathic medicine, was as follows:—"The experiments terminated in such a way as to make it impossible to say that they were in favour of or against homœopathy." Had the experiments turned out unfavourably for homœopathy, it is to be presumed the faculty would have been too happy not only to say so, but to prove the truth of their accusation by publishing the reports of their professors. And even had the experiments warranted the judgment given, it is but natural to suppose that the faculty would for their own sakes have published the facts in order to justify their conduct. The publication of such a verdict without any corroborative facts, naturally makes us suspect that the facts did not warrant the conclusion nominally drawn from them, that in a word the experiments were more favourable to the new system than is implied in the words of the judgment. Two out of the twelve judges dissented from the verdict recorded. The one, Professor Zang, from his own observation of the cases treated during ten days, came to the conclusion that the facts showed homœopathy to be perfectly powerless—the other, Professor Zimmermann, was so convinced of the contrary, that he confessed himself forced to acknowledge that homœopathy had a real power over disease, and from that day he set himself to study the principles and practice of Hahnemann's system, and became a zealous partisan of homœopathy.

We are not however left to depend entirely on the fragmentary report of the two commissioners for the knowledge of Dr. Marenzeller's experiments. Although he himself was precluded from publishing an account of them, a careful record of the cases was kept by Dr. J. Schmit of Vienna, who attended every visit from the beginning to the end of the treatment, and who communicated the results of his observations to Hahnemann, by whom they were handed to the Editor of the *Archiv* for publication. From Dr. Schmit's report we are able to give the following particulars respecting these interesting experiments.

By the command of the Emperor a ward containing twelve beds was set apart, in the chief Garrison Hospital in Vienna, for the purpose of testing the power of Homœopathy. The staff surgeon, Dr. Marenzeller, a distinguished partisan of the doctrines of Hahnemann

was summoned from Prague to conduct the treatment on Homœopathic principles. The commission appointed to watch and report on the treatment consisted of twelve professors of the Joseph's Academy and the chief staff surgeon. The ward was provided with a homœopathic pharmacy, and a library of homœopathic works to consult in case of uncertainty. Two regimental, two superior, and two inferior surgeons were appointed, whose sole duty it was to see that the orders of the homœopathic physician were strictly carried out. Special nurses were appointed for the service. A special kitchen was set apart for the preparation of the food for the homœopathic patients, and was presided over by a cook who had been instructed in the mode of preparing food according to the rules of the homœopathic system. The surgeons kept watch day and night, in order to see that nothing was given to the patients but what the homœopathic physician ordered. A few of the patients were transferred from the other wards of the hospital, but most of them were taken in as new patients. Dr. Marenzeller paid a visit every morning and every evening at fixed hours, and each time he was accompanied by at least two of the members of the medical commission. There were usually several others of the professors present at the examination of the patients. At these visits the patients were examined, and the examination was entered in a book word for word. The diagnosis and prognosis were then made by Dr. Marenzeller and the members of the commission respectively. The former then made the prescriptions, gave directions as to diet, and all this was entered in the book and subscribed by the signatures of the members of the commission. This took place with every patient and at every visit. The medicine prescribed was always administered in the presence of the commissioners. Other necessary arrangements were made to secure a fair and impartial trial of homœopathy. The experiments lasted forty days, during which forty-two patients were treated. Dr. Schmit was, as before stated, present at each visit, and from the notes he took from day to day he has compiled the following table, for the accuracy of which he vouches. The table speaks for itself without any need of explanation. In most of the cases the principal medicines given during the disease are indicated, but in some of them they are not, as Dr. Schmit forgot to register them. That is however of little importance, as we only wish to know the result of the treatment, and we have sufficient confidence in Dr. Marenzeller's skill to be assured they were all prescribed for in strict accordance

with the homœopathic principle. We may remark that Dr. Marenzeller was what we would now call a rigid Hahnemannist, at least his treatment was in exact conformity with the rules of Hahnemann at that period.

Statement of the patients taken into the Homœopathic ward during the 40 days from the 2nd of April to the 12th of May 1828.

In all forty-three patients were received. Of these, 4 were admitted by the homœopathic physician, 9 by the commissioners, 29 were selected from the new admissions into the hospital, and one came back after some days in consequence of a relapse. Of these 43, 32 were cured (or not counting the relapse 31). One died. Five were transferred to other wards. When the experiment ended five remained uncured, but on the way to recovery.

The following are the five patients who were transferred to other wards.

Status morbi, as entered by the Commissioners in the Protocol.	Length of time each was in the homœopathic ward.	REMARKS.
1 Phthisis trachealis.	10 days	This patient was declared to be incurable both by Dr. Marenzeller and the commissioners. Before admission he had been pronounced a confirmed invalid.
2 Hæmoptysis.	12 days	During this time the hæmoptysis occasionally ceased but returned again. On the 13th day, Dr. M. declared the patient not only incurable, but in a very dangerous state. He was immediately transferred to the medical wards and died in a few days.
3 Pleuroperipneumonia notha cum gastrica.	1 day	This patient, a Wallachian, could not speak with any one in the ward, and he therefore urgently requested to be transferred to that part of the hospital where his comrades and countrymen lay. His request was immediately granted, as no patient was compelled to allow himself to be treated homœopathically.

Status morbi, as entered by the Commissioners in the Protocol.	Length of time each was in the homœopathic ward.	REMARKS.
4 Febris catarrhalis cum affectione chronica pectoris.	3 days	This patient was at Dr. M.'s request transferred to another ward, as in consequence of a presumed organic affection of the heart and large vessels, nothing could be expected from the homœopathic treatment.
5 Peripneumonia majoris gradus.		This patient was immediately removed from the homœopathic ward, as he could not give an intelligible account of his symptoms, and therefore was not suitable for the experiment.

Of these five patients, No. 1 was taken in by the homœopathic physician, Nos. 2 and 4 by the commissioners. Nos. 3 and 5 were taken from the new patients.

The following died.

1 Febris catarrhalis inflammatoria cum affectione hepatis.	Died on the 7th day.	Besides the symptoms of the disease named, he had several others present that pointed to a very serious affection of the viscera of the chest and abdomen, which could not be referred to any distinct nosological name of a disease. The post-mortem examination revealed organic alterations in the lungs, liver, spleen, kidneys and bladder of such a kind and degree as to render a cure hopeless. Before coming into the hospital the patient had drunk a large quantity of brandy mixed with pepper.
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The following thirty-three patients were cured.

1 Pleuritis, postea febris nervosa.	10 days	After the pleurisy had been cured (in 2 days) in consequence of a chill the patient became affected with typhoid fever. Both diseases were cured in 10 days. <i>Aconite</i> and <i>Rhus</i> were the chief remedies.
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Status morbi, as entered by the Commissioners in the Protocol.	Length of time each was in the homœopathic ward.	REMARKS.
2 Œdema pedum cum 14 days oppressione pectoris.	14 days	In this patient, the whole body, the face and the limbs were œdematous, and there were also present symptoms that would lead to the suspicion of commencing hydrothorax. Dr. M. considered the oppression on the chest to be owing to œdema of the lungs. The disease supervened on an inflammation of the chest, which had been treated with venesection and antiphlogistic purgatives and blisters. <i>China</i> was the chief remedy.
3 Icterus (psoricus).	20 days	This icterus was complicated with itch and diuresis. <i>Carbo veg.</i> was the chief remedy.
4 Erysipelas faciei.	11 days	This erysipelas was combined with inflammation of the meninges of the brain ; it was of the vascular character, extended over the whole head, and of such intensity, that every one doubted of the patient's recovery. Remedies, <i>Belladonna</i> and <i>Rhus</i> .
5 Angina inflammatoria.	4 days	<i>Belladonna</i> .
6 Febris tertiana.	6 days	<i>Pulsatilla</i> .
7 Febris tertiana.	4 days	<i>Pulsatilla</i> .
8 Hepatitis.	7 days	<i>China</i> .
9 Pneumonia.	7 days	Was cured by the third day.
10 Pneumonia notha Sydenhami.	10 days	
11 Pneumonia.	13 days	Besides the pneumonia, there was in this patient, a very disagreeable state of the mind to be combated, which led him to seek to make away with himself. The remedies were, <i>Aconite</i> , <i>Bryonia</i> , and <i>Aurum</i> .
		This state of mind was brought about by malicious suggestions made to him against the homœopathic treatment, and this was one of the reasons why admission to the ward was denied to strangers.

Status morbi, as entered by the Commissioners in the Protocol.	Length of time each was in the homœopathic ward.	REMARKS.
12 Inflammatio tonsillarum.	3 days	<i>Belladonna.</i>
13 Parotitis.	4 days	
14 Febris quotidiana.	5 days	<i>Pulsatilla.</i>
15 Febris quartana.	8 days	<i>Pulsatilla.</i>
16 Angina inflammatoria.	3 days	<i>Belladonna.</i>
17 Diarrhœasanguinea.	3 days	<i>Mercurius niger.</i>
18 Diarrhœa catarrhalis, postea bronchitis blennorrhœica.	13 days	<i>Cham., Arnic., Arsenic.</i>
19 Febris tertiana, postea diarrhœa aquosa.	13 days	<i>Pulsatilla</i> for the fever, and <i>Chamomilla</i> for the diarrhœa.
20 Angina catarrhalis.	4 days	<i>Bellad., Mercur. niger.</i>
21 Pleuritis spuria, cum nota gastrica.	3 days	<i>Hyoscyamus.</i>
22 Febris tertiana.	4 days	<i>Pulsatilla.</i>
23 Pleuritis spuria.	7 days	<i>Aconite, Bryonia.</i>
24 Febris tertiana, cum affectione hepatis.	4 days	<i>Nux vomica.</i>
25 Pleuritis.	8 days	<i>Aconite, Bryonia, China.</i>
26 Catarrhus bronch. gradus majoris.	7 days	<i>Hyoscyam., Cannabis, Conium.</i>
27 Rheumatismus chronicus.	8 days	<i>Carbo. veg., Merc.</i> Latterly some interesting experiments were made with <i>digitalis</i> , in reference to his very slow pulse.
28 Diarrhœa aquosa.	14 days	The diarrhœa had lasted 4 weeks before the homœopathic treatment.
29 Catarrhus cum dispositione phthisica.	14 days	
30 Febris quotidiana.	8 days	<i>Pulsatilla.</i> This is the only case of relapse. Thirteen days after getting <i>puls.</i> for the first time, and after having been free from fever for 10 days, he again fell ill. All the others remained well.
31 Febris tertiana.	8 days	<i>Ipecacuanha.</i>
32 Febris tertiana.	8 days	<i>Nux vomica.</i>

Status morbi, as entered by the Commissioners in the Protocol.	Length of time each was in the homœopathic ward.	REMARKS.
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The following five patients were left uncured, but getting better, at the conclusion of the trial, and were transferred to other wards.

1 Ulcus syphiliticum penis.	4 wks.	Besides having syphilitic ulcers, this patient was ill in other respects, and this probably was the reason of his slowness in getting cured.
2 Febris tertiana.	23 days	The attacks continued to come regularly, but were weaker.
3 Hepatitis.	21 days	This patient had also a chronic affection of the lungs, which subsequently became the subject of treatment.
4 Febris quotidiana c. infarctu lienis.	15 days	The attacks recurred, but always weaker.
5 Ulcus syphiliticum cum bubone.	5 days	Getting well.

Of the cured, Nos. 2, 3, and 6, were chosen by Dr. Marenzeller.

Nos. 1, 9, 25, 26, 27, 31, and 32, were chosen by the Commission.

All the rest, including the one that died, were taken from the new applicants for admission. Those that remained after the close of the trial were all from this last source; that is to say, they were at once sent to the homœopathic ward after being seen by the medical inspector, and were chosen neither by the homœopathic physician nor by the commission.

From the report of Professors Jaeger and Zang that has been published, we may extract a couple of the cases described more *in extenso* than the above, in order to shew the character of Dr. Marenzeller's treatment, and to give the valuable testimony of his adversaries to its happy effects.

The following case corresponds with that marked No. 6 in the above list of those cured:—

“ Bed No. 1 was occupied by the infantry-private, Johann Hradil. He was admitted the 20th April with *febris intermittens tertiana*. The 23rd was a day on which he was free from fever. He got *pulsatilla* of the 9th dilution. On the 24th, at half-past nine

A.M., he had an attack of fever, slighter than any of the previous ones. As he had no fever on the 26th, the day that the paroxysm ought to have come, he was declared to be convalescent, and on the 27th was transferred to the convalescent ward."

The next case corresponds to that marked No. 25.

"On the evening of the 24th April bed No. 3 was occupied by Jacob Czikaro, cadet in Baron Meyer's infantry regiment. For the last four days he had suffered from *febris rheumatico-gastrica cum pleuritide spuria*, combined with *infarctus lienis*, the sequela of a previous intermittent fever. He got *Bryonia* 18. On the 25th, in the evening, the local affection having increased was declared to be *pleuritis vera*. On the 26th, in the morning, the fifth day of the disease, there occurred critical excretions in the form of perspiration, urine, and fæces. On the same evening, as the fever and painful chest-symptoms assumed a dangerous character, Dr. Marenzeller was asked to declare whether he would go on with the treatment or not. He stated he would. With this considerable exacerbation the disease had, at the end of the sixth day, attained its climax, and on the seventh and eighth days profuse critical excretions, in the shape of sweat, epistaxis, urine, and fæcal evacuations, occurred, and the disease seemed to be on the decline; however, on the eighth day, there occurred increase of the fever and of the pain in the affected side of the chest. The fever declined gradually, with universal nocturnal sweats; but the shooting pain betwixt the seventh and ninth ribs, felt on touch or deep inspiration, remained, though less in degree. On the 30th he got *China* 9. On the 1st May he was dismissed as convalescent."

These two are the only cases of which the details are given by Professors Jaeger and Zang that seem worthy of record. The case of pneumonia (No. 11 in the above list) they merely mention as having been admitted one day, and discharged cured after thirteen days of treatment. Altogether we cannot help remarking in the report of these illustrious professors, a tendency to dwell upon the slighter cases, and an attempt to prove their recovery to be little, if at all, connected with the administration of the medicine; and on the other hand, we notice that they slur over the more serious diseases treated by Dr. Marenzeller. If the reports of all the commissioners were of a similar character, it is little wonder that a prejudiced academy of allopathic professors should not give a verdict favourable to homœopathy founded on such records: the fact of their verdict not being

adverse to homœopathy, speaks to our mind greatly in favour of the homœopathic treatment of Dr. Marenzeller, as it shews that all the ingenuity of the inimical reporters could not pervert the results of the treatment into the basis of a judgment by a hostile faculty unfavourable to homœopathy.

As far as Dr. Marenzeller's experiments in the presence of the allopaths went, they are undoubtedly much more favourable to the claims of homœopathy than the reverse. The only tenable ground possessed by the commission for their neutral verdict is, that the experiments were not carried on for a sufficient length of time, and did not extend over a sufficient number of patients, to enable them to decide very positively as to the influence of the treatment adopted. But who is to blame for this? Certainly not Dr. Marenzeller, who was perfectly willing to continue with the treatment for any length of time. The time for continuing the trial was originally fixed at sixty days (a short enough time assuredly), but it was suddenly interrupted, after only forty days had elapsed, by order of the government (doubtless at the instigation of the official allopaths).

However, these homœopathic experiments have not been without their influence on the progress of homœopathy in Vienna; and we believe they mainly contributed to induce the government to repeal the laws that had been passed against homœopathy in Austria, and are partly the cause of the rapid spread of our system in Vienna, and of the favour now shown to our practice by the governing bodies of that city.

MISCELLANEOUS.

Mr. Brady's Medical Registration Bill.

We have already expressed our general approval of a measure of this nature. This bill has, we observe, just been read a second time in the House of Commons, and nothing could be further from our wish than to cast any obstacle in the way of elevating the standard of professional attainment, and of enforcing a previous medical education as the only admission to the emoluments of medical practice. At the same time we think it right to call attention to the important fact that this is a great innovation in the legislation of this country. Hitherto all the benefit conferred by a University degree, in a legal point of view, was a social position; now it is to be made, along with the licences of other bodies, the only avenue to livelihood by the practice of medicine. And the question we wish to bring clearly out is this, Are we to have any guarantee that this imperatively required licence

shall not be withheld on improper grounds, as, for example, the professional jealousy or prejudice of those who confer it? We believe that at present there is, or was till very lately, a compact among almost all examining boards to refuse a diploma or degree to those who professed an intention of practising according to the homœopathic system. Will it be tolerated by our legislators that this attempt to deprive students of their future liberty of action, and the public of their liberty of choice, is to succeed, by confiding absolute power into the hands of our present examining boards? Suppose it were required by law that all candidates for livings in the Church of England must be possessed of the degree of M.A. of Oxford, would it be allowed by the legislature to the examining board at Oxford to require of all aspirants to honours to pledge themselves always to preach the so-called High Church doctrine of baptismal regeneration, to the exclusion from the Church of England of all who took an opposite view? We opine not; and we conceive that the two cases are parallel to a certain extent.

Hahnemann on Allopathy.

[The following characteristic fulmination of the founder of homœopathy against the old treatment was shown us in MSS. by Dr. Süß Hahnemann. We have thought it might gratify our readers to give a translation of it in our pages, not for any novelty it possesses, for throughout Hahnemann's works many similar denunciations of allopathy are to be found, but because it is interesting to read all that a discoverer has written respecting his own discovery, as thereby we are enabled to obtain a more perfect acquaintance with his mental characteristics than we could from a perusal of his more careful and studied works only. Dr. Süß Hahnemann believes that the subjoined is a copy of a speech delivered by Hahnemann at a meeting of the Central Society of German Homœopaths. The manuscript is in the handwriting of the first Mrs. Hahnemann, corrected and interlined by Hahnemann himself.—EDS.]

“ By the term allopathy (*Allöopathismus*) we understand all the injurious medical treatment of the old school. The good that the allopathist sometimes did he did in opposition to his principles; and if we investigate it, we shall find that he was unconsciously practising homœopathy.

“ In his ordinary mode of treatment, he either gave in a case of severe disease *contraria contrariis*, when there was such a thing as the *contrarium*; such a medicament, being only a palliative, in its secondary action left behind it a still worse disease. Or one physician would in his diagnosis imagine some internal invisible essential nature of the disease, whilst the colleague called in consultation with him would conceive some other morbid state. Each thought of something different, and they both sought to fulfil the indication they deduced from their respective ideas by

means of medicinal mixtures, the action of the several ingredients of which on the human body were unknown to them. These mixtures they gave in large and repeated doses, as though they would supply the absence of appropriateness in the medicine by its strength. By so doing, far from curing the disease in question, they only imposed on the patient a medicinal disease, the more chronic and incurable, the longer the treatment lasted. They were by no means chary in their internal employment of Quinine, or Calomel, or Iodine, or Prussic Acid, or Digitalis, or Nitrate of Silver; and the aggravation of the disease, or the death of the patient thence resulting, was, in order to still the pricks of conscience, attributed to the obstinacy, the incurability, or the malignancy of the disease.

“The allopathist did exactly all that he ought not to have done, and neglected all efficient help, of which he knew nothing, like his teachers and predecessors. He looked upon all local manifestations of the disease, eruptions, ulcers, tumours, as the disease itself, as the actual malady, and cut off everything that could be cut, or employed violent external means in order to get rid of them. On every occasion on which such practices were had recourse to the effect was, that a metastasis of the disease, altered by the vital force, to some more important part of the organism, occurred. Hence a worse and more dangerous malady was produced, which the medical man stated to be a new disease altogether, for which he was no way to blame.

“Or he imagined he had effected a cure when he succeeded in making a different portion of the body more intensely diseased by means of violently-acting medicines. By so doing, the previous complaint was forcibly kept in abeyance for some time; but as this pretended derivation did not last, two maladies in place of one were thereby developed. Thus the eruption on the face broke out again quite as virulently, as soon as the system had become accustomed to the perpetual blister behind the ears or the issues in the arms. By these means the strength of the patient was exhausted, and his state was only aggravated.

“Besides making these miserable mistakes, whereby the external malady was falsely regarded as the disease itself, and was combated with perfectly wrong medicaments, the allopathist had no idea of the truly dynamic nature of all non-surgical diseases. In all such diseases, he searches for a substantial *materies morbi*, which he takes great trouble to expel by means of blisters, issues, and setons, by vomiting and reiterated purgation, by salivation, and by the promotion of a hæmorrhoidal flux; but he never succeeds in expelling anything of the sort, for nothing of the kind constitutes the basis of the disease; but he certainly is successful in thereby expelling all the patient's strength and vital juices, so necessary, so indispensable for the cure of the disease; and he exhausts the patient to such a degree, that on that account alone his recovery is often rendered impossible. With all his medicinal appliances he gradually digs the patient's grave. More especially is this the

case with the bloodlettings he practises in all acute diseases; by means of them he deprives the patient of the greater portion of his life, instead of soothing the commotion of his arteries by means of internal remedies, as the homœopathist does. He practises on the poor patient every hurtful method he can imagine, without in the very smallest degree promoting his restoration to health. The principal condition necessary to effect a cure is to secure the best possible state of the vital force which reacts against the suitable remedy, and this vital force the allopathist, trusting to his false art, wastes, thereby making his patient worse, and at length incurable—one might almost think designedly, seeing that he will not listen to the better doctrine. He also weakens his patient as much as he can by means of repeated hot-baths, by stimulants, wine, &c.

“ Now what has the homœopathist, who practises, and feels it his duty to practise, for the benefit of his patient, the very opposite of all this—what has he to do with any of these destructive allopathic appliances?—what can he find in them that shall be not only serviceable, but absolutely indispensable for the cure of his patients?

“ After what I have said, is it not incredible that it should be deliberately stated that the homœopathist cannot dispense with allopathy in his treatment? Allopathy, the bitterest enemy of diseased mankind, he is to look upon as a sister, whose aid he cannot dispense with! He who says so, knows neither the man-destroying allopathy, nor has he ever had a notion of the only natural, help-bringing mode of treatment, homœopathy.”

[The same reasons that have induced us to lay the above before our readers have led us to translate the subjoined article from Hahnemann's pen on the same subject, which appeared as a preface to a small work by Dr. Kammerer of Ulm, entitled, *Homœopathy cures without Bloodletting*, which was published in 1834, probably the same year when the preceding remarks were written.—Eds.]

“ Since there is now a considerable number of pure homœopathic physicians, who, as every one in their neighbourhood can testify, lose scarcely any of their patients by death, except those who when they came under treatment were evidently dying, but who to all other patients give efficient aid, and that not only without loss of time (*vito*), but also in a harmless and agreeable manner (*tuto et jucunde*). Since such is the case, it is highly impertinent and ridiculous of the new half-and-half sect, K——* and Company, to vaunt their wretched system of treatment as superior to pure homœopathy. These gentlemen in their practice interlard their homœopathic treatment with sundry devices borrowed from the torture-chamber of the old school, with those unmerciful life-enfeebling operations, which consist in drawing off the patient's blood and juices,

* Dr. Kretschmar, who wrote in favour of some of the allopathic appliances, in conjunction with the homœopathic treatment.—Eds.

giving palliatives, and employing irritants and painful applications; and such monstrous practice they hold up as indispensable in the best treatment. Their practice is condemned by its results; they are often unable to restore those that might have been cured, they ruin those that were in the commencement quite curable, and send many to their grave, pretending that it was inevitable fate. They thus add to the yearly lists of mortality, and lay a burden on their own consciences.

“ Too lazy to enter deeply into the study of the new, the only true method of treatment; too weak and too proud to sever themselves from their dear old routine habits, whence formerly all their reputation was derived, and hoping, by introducing this barbarous routine system into the rapidly advancing homœopathic method, to again advance it to honour, if that were possible; they invented this mixture of incompatible elements, this mongrel method, which they term ‘ Eclecticism.’ By reason of their adoption of the allopathic practice, which cools philanthropy and easily blunts all sympathy for our suffering fellow-creatures, they are, and they will remain, incapable of taking, on behalf of their patient, the greatest possible pains to investigate and to write down his morbid state in the most complete manner—to discover the most appropriate homœopathic remedy for the case among all the medicines that have been proved, and to administer it in the most appropriate potency and dose at the most suitable time, all of which the true homœopathist must do. And not only this, but at every fresh prescription, the homœopathic practitioner must go to work with equal care, diligence, and conscientiousness, until he attains his noble end—the cure of the disease.

“ But such an unselfish, devoted self-sacrifice cannot be expected from such indolent, egotistical gentlemen, whose great aim is to discover some mode of practice that shall save them trouble.

“ Köthen, 23rd August, 1833.

SAMUEL HAHNEMANN.”

Report of the Hahnemann Publishing Society.

THE meeting of this society was held, pursuant to circular dated June 30th, at Manchester, on the 5th of August, 1853. Present, Dr. Black, Mr. Clifton, Dr. Drysdale, Mr. Engall, Dr. Fearon, Mr. Gillow, Dr. Irvine, Mr. Phillips, Dr. Ramsbotham, Dr. Russell, together with the following who then joined the society:—Dr. Atkin, Mr. Brooks, Dr. Craig, Mr. Holland, Mr. Harrison, Dr. MacLeod.

The Treasurer’s accounts were laid before the society. The details having been already furnished by circulars to the members, it is unnecessary to repeat them here. It is sufficient to state that the balance of £21 14s. 2d. then due by the society to the treasurer has been more than covered by a remittance of £23 for copies of Pathogenetic Cyclo-

pædia sold in America. The accounts may be thus generally stated:—

<i>Expenditure.</i>	<i>Income.</i>
£292 12 0	Payment by members, £149 14 0
	Sale of works, 143 14 0
	£293 8 0

So that with the subscriptions of new members there remains a balance in favour of the society, besides the possession of works, which at a very reduced rate may be valued at £160.

As by law xvii, the society shall continue in existence for five years, commencing from the payment of the first call (made autumn 1849), and at the end of that period it may either be broken up or be again reconstituted as the majority shall determine, it was thought expedient at this meeting to discuss this point prior to the next meeting in August 1854, when the determination must be come to.

Dr. Russell said that this seemed a favorable opportunity for considering the constitution of the society. That it was a joint stock company, every member of which was liable, according to law, for any amount of debt contracted by the acting committee. That although he had unbounded confidence in the present committee, he thought the principle an unsafe one, and that it would be better to let the company expire at the end of this year, as it naturally would, and to reconstruct it on the principle of the Sydenham Society, in which each member paid a definite annual contribution. In regard to the present *Materia Medica* he objected to it on the ground that it was an immense expense, and that coming out in parts at long intervals it would never be popular and profitable, and he proposed that in the event of an annual contribution being substituted for the joint stock principle, the committee of management should endeavour to issue one volume a year, even however small, as a collection of monographs would be more useful and saleable than parts of a larger work which had, in his opinion, no chance of being finished in their lifetime.

It was stated in reply, that though the amount paid by those holding two or more shares might be greater than the value of works received, that to balance this it must be borne in mind that such members held a share in what may, in some measure, be considered a commercial speculation, at present not concluded, but if properly worked out not unlikely to return a full equivalent. That, as a publishing society, it had published all the matter furnished to it, and that more than this could not be done. That it is well for the Sydenham Society to pursue the plan they do, because in general medicine money is alone wanted, the field to choose books from is unlimited as are the workers. In homœopathy the work is scarce and difficult, and the workers few;

so that money need only be called for in proportion as matter is furnished for publication. The plan of publishing one medicine in one volume is incompatible with the intention of the proposed *Materia Medica*, as will be shewn in the sequel to this report. It seemed, therefore, better to continue the present constitution till at least two independent saleable works were produced, viz., the complete Pathogenetic Cyclopædia or Repertory, and one complete volume of the *Materia Medica*, because until then it was impossible to test two points:— 1st, Its success in a mercantile sense; many persons objecting to buy a work until finished. 2nd, The success of the *Materia Medica* as a useful practical volume, because few practitioners care to consult a volume where there are only three medicines.

Drs. Atkin and Ramsbotham, however, gave their testimony to the use they had derived from the *Materia Medica*, even in its present fragmentary state; they found it useful not only in practice, but as a work to put into the hands of enquiring intelligent allopaths. The homœopathic *Vierteljahrschrift* has pronounced a most favourable opinion upon it, especially commending the usefulness and practical character of the work, and expressing an earnest hope that the continuation of it will not be delayed.

It was then moved by Dr. Ramsbotham and seconded by Mr. Phillips, "That this meeting recommend to the members of the Hahnemann Publishing Society that the society shall be continued on its present constitution after its expiration next year."

The decision was unanimous in favor of continuing the society.

It was therefore agreed that the acting committee push on the completion of the Pathogenetic Cyclopædia or Repertory with the greatest vigour, and by the joint labour of several persons, so as, if possible, to complete it by next year, and afterwards urge on the completion of the first volume of the *Materia Medica*.

A call of seven shillings per share was agreed to. Since this meeting the society has added to its number, Drs. Walker, Sharp, Acworth, Wilkins, and Stokes. There are now 43 members holding 92 shares, representing a capital of £920.

In accordance with these instructions, the acting committee at once took steps for completing the Pathogenetic Cyclopædia. They held a meeting at Cheltenham in September, a second at Birmingham in November, and a third at the same place in January 1854. The result of these meetings, and a lengthened correspondence, has been that a plan of a Repertory has now been agreed on, which they hope presents various marked advantages not possessed by any such work hitherto published. The plan adopted varies from that pursued in the first volume, as will be apparent from the general rules to be observed in preparing the Repertory, printed copies of which have been furnished to each worker. The work has been divided as follows:—

- Dr. Black *Respiratory Organs and Heart.*
 — Craig *Back, Arms, and Stool.*
 — Drysdale *Mouth, Teeth, Throat, and Stomach.*
 — Dudgeon *Eyes, Ears, and Face.*
 — Ker *Nose, Arms, and Fever.*
 — Madden *Abdomen, Urine, and Genitals.*
 — Russell *Skin, Legs, and Sleep.*

Several other gentlemen, whose names will afterwards be given, have offered their aid in working out the above chapters and the remaining departments of the work, and the Committee will be happy to receive information from all who are willing to afford it on the subjects of the therapeutic chapters.

Objects and Works of the Hahnemann Publishing Society.

As many practitioners are not aware of the objects of this society, it may not be out of place to state that it was established for the publication of such practical homœopathic works as would tend to the diffusion of a right knowledge of therapeutics, these works being of such a character as are not only expensive to print, but from their necessarily limited sale not likely to be undertaken by publishers at their own risk.

Pathogenetic Cyclopædia:

A systematic arrangement and analysis of the homœopathic Materia Medica.

Such is the title of the first work issued by the society; this volume being contributed by Dr. Dudgeon.

The second and completing volume of this work is now in hand, but a different arrangement has been adopted. The second volume commences at Eyes. Each chapter is prefaced by a brief therapeutical introduction; that is, a simple list of the diseases embraced under that chapter, followed simply by the remedies indicated in that affection, without any attempt at discriminating individual medicines. Each chapter to be subdivided into six sections as follows:—

Sect. I.—Symptoms arranged according to character.

Sect. II.—Collective conditions of the symptoms.

Sect. III.—Collective concomitants of the symptoms.

Sect. IV.—Course, direction, and progress of the symptoms.

Sect. V.—Peculiar symptoms and historic groups, which will not bear analysis.

Sect. VI.—Anatomical arrangement of those symptoms whose exact seat is defined.

In this volume the whole symptoms will not be given, as followed in Dr. Dudgeon's first volume, but merely as they appear in the portion of the work styled "analysis." In this abstract form great space is saved; nor is there any drawback on the form now pursued, for in addition to the various symptoms being arranged in an analytic form under the above sections, they are also so printed that by simple signs the several parts of a symptom can readily be connected together.

Materia Medica.

The object of this work is to afford an opportunity for the recording or translating, and publishing of standard provings of new or re-provings of old medicines. From time to time additional physiological experiments are instituted with remedies, and when these have acquired a complete form it is desirable that there should be a work devoted to their publication in a collected form. In fact, this work naturally takes the place it was originally attempted to fill by the appendix to *The British Journal of Homœopathy*, and since then has been adopted by the North American and French journals. Such matters are, however, of too wide a scope for journals, and are there apt to be overlooked. A special work devoted to them is essentially necessary, especially since the publication of the very full and elaborate provings of the Austrian Society.

The *Materia Medica* is a serial work, open to all contributors who are willing to furnish a full proving of a remedy; the contributors being at liberty to arrange their materials in the way they think best calculated to illustrate the medicine and to facilitate reference. Each medicine is paged separately, so that at a future time they may be bound up alphabetically, with the preface and materials for continuous paging, which will be forwarded then.

The introduction which accompanies the medicines already published is not meant to furnish rules binding on contributors, but was merely accepted by the committee as expressing sufficiently accurately their general views.

The medicines already published are, *Kali bich.*, by Dr. Drysdale; *Aconite*, by Dr. Dudgeon; *Arsenic*, by Dr. Black.

In the arrangement of the schema of these medicines a plan has been followed, which, after much examination, was by the workers of each of those three medicines considered the best form. But this involves no compulsory *schema* on future contributors, who are at liberty to follow their own judgment; at the same time, if a uniform plan could be followed it would be an advantage. The acting committee will not adopt or reject any work afforded on account of the principle or plan of arrangement, their task being simply to ascertain that the contributed work is sufficiently elaborate. The more incomplete or imperfect provings had better appear first in one of the current periodicals, and afterwards be republished in this work in their more complete form. At the same time, to satisfy the members of the society that all opinions are duly represented in the committee, a proposal will be made at the next meeting to cause a certain portion of the committee to be changed every year in rotation.

The medicines already in hand, some finished, others in preparation, are, *Argentum nitricum*, by Drs. Wright and Drysdale; *Cotyledon umbilicus*, by Dr. Craig; *Colocynth*, by Dr. Irvine; *Glonoine*, by Dr.

Dudgeon ; Thuja, by Dr. Madden ; Mercury and its preparations, and Digitalis, by Dr. Black. Dr. Russel hopes to prepare for this publication, in a more complete form, the proving of the Naja tripudians, a portion of which appears in the present number of the journal.

The society are anxious to receive every assistance in this work ; those desirous to contribute are requested to write to Dr. Black, Clifton.

Notice is hereby given, that the next Meeting of the Society will be held at Leamington, on the 10th August 1854, at 9 A.M., to consider the future continuance and operations of the Society ; the election of Treasurer, Secretary, and Acting Committee.

FRANCIS BLACK, Treasurer.

CLAUDIUS B. KER, Secretary.

New Societies for proving Medicines.

On the 10th of August of last year two similar works were begun in different hemispheres. In Germany, at the instigation of Dr. Hirschel, a society was formed for the proving of medicines ; and in America, in the city of "brotherly love," Philadelphia, a similar philanthropic union was instituted under the direction of Dr. Hering. The German society proposed at the meeting of the Central Union of homœopathists, held last year at Magdeburg, by Dr. Hirschel, was intended by him not so much to prove new medicines as to re-prove such as had been already imperfectly proved, after the manner of the Vienna Society for Physiological Proving. In order to carry out this object he proposed to nominate a commission which should draw up the general principles on which the provings should be conducted, fix the method of keeping diaries, lay down rules for diet, for the dose and the repetition of the medicine to be proved, &c. However, this idea of naming a commission was abandoned, and it was agreed to entrust Dr. Hartlaub, of Reichenau, a prover of ten years' standing, with the care of drawing up the necessary rules ; Dr. Hartlaub accepted this trust, and as he was a practical pharmacist of considerable experience, it was agreed that he should supply the members of the Proving Society with the medicines they were to test, these medicines being prepared by himself. It was further provided that Dr. Hartlaub should receive the communications of the members detailing the account of their provings, and arrange them for final publication.

At first starting no fewer than fourteen physicians present at the meeting pledged themselves to undertake provings of medicines. It was arranged that such medicines to be proved should be furnished by Dr. Hartlaub in three different forms. 1. The primitive preparation ; 2, a low dilution ; 3, a higher attenuation prepared according to the centesimal scale. The name of the medicine should not be furnished to the prover until after the

proving was completed. The medicines to be proved should be chiefly some of those that had been already tested by Hahnemann. The special choice of the medicine to be left with Dr. Hartlaub, from the list of medicines selected for proving by the Society.

Dr. Hartlaub drew up a series of rules and instructions for the Society, of which we shall give an abstract.

All German homœopathic practitioners are invited to assist in the work. Non-medical persons, women and children, are also desired to assist, under the direction of a medical man.

Preparations of the medicines to be proved.—Three degrees of each medicine to be presented to the members. 1. The primitive preparation, either in solution, tincture, essence or powder, or one of the first triturations. 2. A lowish potency (from the 3rd to the 6th). 3. A higher potency (from the 15th to the 30th). This year the provings are to be made, beginning at the higher potency and ending with the primitive preparation. Next year probably the opposite order may be followed. Abstinence, hunger, fasting, &c., are advisable, as they promote the action of the medicine.

Dose and form of the medicine.—From 2 to 6 drops in one or more spoonfuls of water is the suitable dose of the primitive preparation of the medicine about to be proved. Very sensitive persons, especially women and children, should take less. The attenuations are to be proved in doses of two drops in water.

Time for taking the medicine.—The prover must select his own time, but it should be one of these periods: in the morning before breakfast, in the forenoon, in the afternoon between four and five o'clock, or at night before going to bed. The best time is probably an hour before going to bed.

Repetition of the medicine.—After taking one dose the prover should wait at least three days to observe its effects. If any action occurs no more medicine should be taken till all is over, and then another dose of the same, or of another preparation of the medicine may be taken. But if no effect should be perceived after three days, two more doses should be taken at intervals of twenty-four hours. If three days after this no effect is seen, then the medicine may be taken every day once, twice, or three times a day till an effect is produced, and then it should be discontinued till all the action is over. From four to eight weeks after this should be allowed to elapse before undertaking the proving of a fresh medicine.

Diet.—The best results are obtained by those who are in the habit of living quite simply without beer, wine, coffee, tea, vinegar, spices, tobacco, &c. But it would not do for those accustomed to a less simple diet to adopt this at once. They should rather live much in their ordinary way, only very moderately, and avoiding all excess. If used to a bottle of wine a day, they should take but half a bottle; if used to a glass, half a glass; if accustomed to drink wine only once or twice a week, they may

give it up entirely. So also with coffee, smoking, &c.; all this should be noted in the diary; also any occasional excesses, chills, &c.

Observations.—The prover should indicate, as nearly as possible, the organ or place affected by the medicine, and should pay particular attention to the moral and intellectual symptoms, and those that occur during the night. The kind of sensation and pain; the appearance, colour, &c., of the secretions, of the skin, &c. The objective symptoms may be elucidated by chemical and microscopical investigations. The influence of temperature, open air, position, attitude, pressure, &c., should be observed. Also the duration of the action of the medicine and its antidotes. This year the provers are advised especially to attend to the variety of action of the different preparations of the medicine, and to ascertain if there are such things as primary, secondary, alternating, and succeeding actions. By the latter term is understood those symptoms that according to Hering appear weeks or months after the first development of the action of the medicine.

Writing down the symptoms.—This must be done at the instant of their occurrence, otherwise they cannot be depended on. Here follow some directions as to the arrangement to be followed that do not concern us. At the commencement of his symptoms the prover should describe his peculiarities, mode of living, and diet during the proving time. All the circumstances and conditions that might have had an influence on the symptoms must be noticed.

A few more directions that more especially concern the members of the Society conclude Dr. Hartlaub's instructions. The labours of the Society have already commenced, and each member has been supplied by Dr. Hartlaub with a medicine to be proved in conformity with the above directions. We sincerely trust some great results will follow this fresh effort to create a zealous interest in the much neglected proving of medicines. We are glad that the Society has adopted the resolution to devote their attention chiefly to the re-proving of some of those remedies which Hahnemann partially proved. It is in our opinion a matter of much greater moment to ascertain the full sphere of action of our old medicines than to be inundated with imperfect provings of new substances. Our materia medica is already encumbered with such fragmentary provings, few of which can be now of the slightest use to us in practice in their present imperfect condition. We think Dr. Hartlaub might have allowed the provers a little more latitude, and not have bound them down by such stringent rules as to the mode in which the provings are to be conducted, but at the same time we are free to confess that it is better to err on the side of stringency in such matters, than to be too lax in the directions given. We hope ere long to be able to give a good account of the labours of this new Society, and if they only work as energetically and successfully as the similar society in Vienna, they will merit the gratitude of every one interested in the progress of homœopathy.

The Society founded on the same day as the foregoing, on the other side of the Atlantic, in the city of Philadelphia, is much more pretentious in its character than the German one. It is called the American Provers' Union; but its object seems to be not to unite Americans alone, but medical men in all parts of the civilized world into one vast proving Society. We have before us two documents that have been published by this Union. The first contains its constitution and by-laws. We have here a statement of the office-bearers of the Union, the times and mode of conducting its meetings, and the following article shews the way in which it is intended the medicines to be proved shall be chosen:—"It shall be the duty of every member at the meeting in April to hand, or to send to the Recording Secretary, a written list, over his own signature, of seven different remedies, which have already been proved, and the provings printed. From the whole number thus received—after they have been communicated to all other societies willing to unite in the yearly proving of one selected medicine, and their votes received—those seven having the greatest number of votes, shall be communicated to the members by the Recording Secretary, whereupon all the members shall proceed forthwith to select *one* of the seven, and that one having the greatest number of votes shall be chosen to be proved during the year. In case of a tie vote, the chairman shall decide."

This, it strikes us, will prove a rather cumbrous piece of machinery, and on the whole we prefer the more simple method fixed upon by the German society. The ignorance in which the provers are kept by the latter society in respect to the medicine they are engaged in proving, seems to us an advantage, as it leaves no room for prejudice or prepossession on the part of the prover whereby his proving might be vitiated. The second document is entitled "Suggestions for the proving of Drugs on the healthy; Report of the Committee appointed for that purpose by the American Provers' Union." Prefixed to this, as also to the "Constitution," is a list of the officers and corresponding secretaries of the Union. The latter are on the most gigantic scale. They number no less than twenty-two medical men, to each of whom is allotted the correspondence with one or more native states or foreign countries. Thus Dr. Hering, who heads the list, is "Corresponding Secretary for Florida, Surinam, Sweden, Denmark, Norway, and Russia." Dr. J. R. Coxe is appointed to the same office for "Maine, Rhode Island, and British provinces in North America," and so forth. The "Suggestions for proving" are, we understand, from the pen of Dr. Hering, and are well worth the consideration of those engaged in such experiments. They are too long to quote in our columns, but we may give a short abstract of them. The introduction states the necessity for proving medicines on as many individuals as possible, of all ages, sexes, constitutions, temperaments, in different climates, &c. The greatest possible identity of the substance to be proved should be obtained. Perfect health is not requisite in the suc-

cessful prover, but tolerable health is requisite. Before commencing proving the prover should keep a note of all observable changes in his symptoms for a week or two previously. Provers should live regularly and uniformly during the proving. The art of self-observation is essential, for the power is only acquired by practice. Skill in proving begets skill in practice.

The drug to be proved.—The greatest care should be taken to obtain it in its purest and most perfect state. The source whence it is obtained should be stated. If an impure substance have been proved the proving should be repeated when it can be procured in a purer state. The process by which chemical drugs are obtained should be given in detail. Members abroad should send the new substances they introduce, and the drugs indigenous to their country. The season and time of the day should be attended to in the gathering of plants, and their collectors should be experienced botanists. The same caution should be used with substances from the animal kingdom. All that is uncertain of origin, impure or mixed, should be rejected, and quack medicines, secret nostrums and the like should be rejected.

Doses.—The most perfect method of proving is to take one dose only, but such a one as is sufficient to produce a decided action. The advantages alleged to attend such a method of proving are the same as those mentioned by Hahnemann (Org. § cxxx.) No opinion is expressed as to the so-called primary and secondary symptoms. The proper dose for each prover must be discovered by himself, as all differ so much in susceptibility. A rather indefinite rule for the dose is given, and one we should think liable to many exceptions, viz. that the greater the solubility of the substance to be proved, the smaller the dose of it should be. The metals are advised to be taken in the form of precipitates obtained by galvanism. Other insolubles should be treated by mechanical pounding and trituration. The minute particles should be kept asunder by means of trituration with milk-sugar. Provers may make their choice as to whether they will prove diluted medicines prepared according to the centesimal or decimal scale. It is stated that apparently inert and insoluble substances have, in the majority of provings, had the most decided influence on the healthy in the triturations containing the millionth up to the billionth. (We may here remark that gold and silver were only proved by Hahnemann in the first trituration, consequently in preparations containing one grain of the metal in one hundred grains.) It is left to the prover to choose whether he will prove the medicines in solutions or dry in the form of triturations. Sugar of milk should not be used in preparing substances which may have a chemical influence on it, or are volatile. Alcohol should not be used with such chemicals as decompose it. (This is a point we long ago insisted on; thus it is absurd to pretend we are proving or administering, say nitric acid or bromine, when we give them in alcoholic tincture, for by their mixture with alcohol those substances decompose the spirit,

and form with it new chemical combinations.) It is undecided whether soluble substances should be proved in the 12th or 6th, or in lower or higher attenuations. (We should say in neither exclusively, as the whole action of a medicinal substance can hardly be developed by proving one preparation of it only.) Then follow some directions for proving similar to those contained in the Organon, (§ cxxiii, et seq.) which we need not repeat.

Repetition of doses.—As long as one dose continues to act, however slightly, a second should not be taken. If, however, the symptoms are too indistinct and not characteristic, the dose may be repeated in six or twelve hours, and if not a very powerful substance, the quantity increased; and this is to be continued for several days until distinct symptoms appear. But if after this no symptoms appear the prover should wait a week or two, when sometimes he will be rewarded by the appearance of symptoms due to the medicine previously taken. But if the experiment remain fruitless, then the prover may commence anew, with a higher potency. Some, however, think it best to commence with the 30th, and descend to the lower powers. Others think it best to operate with the highest preparations only, repeating them continually till some satisfactory symptoms appear. If a cold, coryza, cough or bowel complaint occur after the first doses, this is a sign that the prover has taken too much of the medicine. After these accidents are past he should recommence with a higher attenuation. The same drugs will often present very different, often opposite symptoms in the same individual at different times. These should be carefully noted.

Diet and manner of living.—The remarks on this subject are nearly the same as those of Dr. Hartlaub, therefore we need not repeat them. Different times of the day should be selected for taking the medicines. Persons not susceptible to the action of drugs should commence by proving opium, coffee, or some other quick acting medicine, after which their susceptibility will be increased.

Keeping a day-book.—The prover should enter his locality, his position in life, manner of living, age, temperament, constitution, disposition, liability to be affected by morbid or other influences; also the year, month, day, the prevailing genius epidemicus, the season, weather, &c. Then the name of the medicine, its source, attenuation, quantity taken, and time of day each dose is taken. The symptoms should be recorded in the order of their appearance. Every symptom should be written down as soon as observed, or shortly afterwards. The symptoms the prover was formerly subject to ought to be noted, with the addition of how often observed before. Technical terms should be avoided as much as possible. In describing objective and subjective symptoms the anatomical seat should be indicated, and for those of the head the phrenological organs should be given. The side of the body on which the symptoms occur should also be stated. The exact course and direction of symptoms should also be observed. The conditions under which the symptoms

occur should be carefully attended to. Prominent symptoms undoubtedly due to the medicine may be underlined; doubtful symptoms, inserted between brackets. Every individual will find a great apparent similarity among his symptoms produced by different drugs. These shew the relationship of the symptoms; but this similarity is also caused by the peculiarity of the prover's constitution. Hence it is necessary, in order to get a good idea of the whole sphere of action of the medicine, to have many provers. The old symptoms that are aggravated, or that disappear while proving, should be noted. Symptoms that occur long afterwards should also be recorded. It is not advisable to prove a fresh drug sooner than six weeks after the effects of the former are gone. Experiments on living plants are recommended; also experiments on animals carefully made. Hahnemann's recommendation to observe the symptoms produced by a medicine on the sick is approved of.

Next follow some remarks in defence of the formation of a Society for proving medicines, such as this is, and a laudation of provings in general, as the only method of obtaining a knowledge of the characteristics of medicines, and of many other points in reference to the practice of homœopathy.

We earnestly hope that great advantage to homœopathy will follow from the labours of these two Societies, which have commenced on either side of the Atlantic under such excellent auspices. The German Society has already begun its labours, and we believe that the members of the Transatlantic Union are engaged on the proving of *ferrum metallicum*. With these two brilliant examples before them, we trust that our British colleagues will not be behindhand in adding to the treasury of our pathogenetic knowledge. The field is vast, and notwithstanding all the labours of Hahnemann and his followers is still but imperfectly cultivated. The more labourers there can be found to lend a helping hand, the sooner will be the harvest. The greater the fruits of pathogenetic knowledge we possess the more successfully shall we be able to cope with disease, which is the sole end and aim of the medical art, the sole and glorious mission of the physician.

The Homœopathic Times.

The weekly homœopathic journal bearing this name ceased to be published on the 4th of last March, after an existence of four and a half years. At the same time we are informed that a journal having the same name, but monthly and under a different editorship, will shortly be commenced. When first informed of the projected issue of a weekly journal, we remember our impression was, that though there was a demand for a monthly journal, our body was as yet too small to

support a weekly journal, and therefore it would have to appeal to the non-medical public for support—a kind of support which has always proved very precarious, and very injurious in its services to the profession. So it has proved in this instance. Nevertheless the *Homœopathic Times* has done us good service, and contributed much to the spread of the knowledge of Homœopathy among the public. We have always welcomed it cordially, and endeavoured to co-operate with it as much as our quite different spheres would allow : it was therefore with extreme amazement that in the very last number an article was pointed out to us written in terms of acrimony and great hostility to us. It was chiefly surprising as there had not been any warning in any previous number, and we thought we were each serving our common cause in our different ways amicably. For a few numbers indeed there were some indications of an angry spirit evinced, by an attempt to fasten upon us a connection with the ridiculous medley called by Dr. Rapou “Specificism,” a monstrosity with which no one who had ever perused our Journal would give us the credit of having the slightest sympathy. But still we could not anticipate such positive hostility, and are as yet quite at a loss to comprehend what could have excited it, as the article does not contain any specific charge, but only vague grumblings and expressions of dissatisfaction that we did not furnish better papers. We regret the circumstance also, but can only assure our angry critics that we did our best, and certainly did not reject any better than those published. It would seem however that our papers become improved, like Madeira wine, even to the fastidious taste of the Editors of the *Homœopathic Times*, by an ocean voyage ; for we observe that only two numbers back they transfer to their own sheet eight columns of matter, nominally taken from an American Journal, but which originally appeared in our fourth volume, some eight years ago. Thus an article, which, had it been read in our Journal, would, doubtless, have been pronounced to be anything but what it ought to be, by our impartial critics, is so much improved by its trip across the Atlantic as to be thereafter considered worthy of high commendation and study.

The sudden and apparently unprovoked attack upon us reminds us of the Arabian Night's story of the poor fisherman who was innocently cracking his nuts and throwing the shells hither and thither, when suddenly a terrible genius starts up and demands his life, for he had killed his son by a nutshell falling into his eye. We trust we have not unwittingly offended by hitting in the eye any invisible son of a genius.

Seriously, however, we must tell our grumbling critics who seem to felicitate themselves on the prospect of continued strife in the projected monthly journal with the name of *Homœopathic Times*, that we know our duty too well and have too high an appreciation of it to be led away into petty squabbles about the mint and cummin with any medical co-labourer in the same field. There is work enough and to spare for all of us. We

are but a small company—in this kingdom only 1 to 100, surrounded by bitter and powerful enemies, to whom the greatest differences among homœopathists are but as dust in the balance compared with our common differences with those who include us all in one common ban. We shall therefore we hope never weaken our forces by contending with any of our own body, unless, which we hope will never be the case, anything derogatory to the profession in general, or opposed to the fundamental principles of Hahnemann should call for remark or rebuke. We hope therefore that the new monthly, if it should appear, will take its place beside the useful and respectable monthly defenders of our system, and that we shall contend with each other only in the amicable strife of who shall advance most the progress and development of the principles of our common master.

Our journal shall continue to be emphatically an open book, in which all are free to record their opinions and peruse those of others in matters still doubtful, and we shall as heretofore be responsible for nothing except the editorial matter that bears the name of no one—not even for editor's papers with their own name.

The Homœopathic College of Pennsylvania.

SOME years back, when as yet there was no talk of medical reform or registration bills, it was suggested to the College above named, that in order to avoid the risk of giving their degrees to unqualified persons applying to them from this country, it would be desirable that they should appoint an examining board here, for the purpose of ascertaining the qualifications of candidates ambitious of a degree from their College. In a letter dated the 23rd of last December, Dr. Williamson, the secretary of the College, informs us that the faculty and board of managers of the College have deemed it expedient to attend to the suggestion made to them, as they have constant applications for their degree from our country, and have no means of ascertaining the fitness of the candidates. In order to carry out their views, they have framed a set of laws for the regulation and guidance of the board of examiners, and they have requested the gentlemen named below to constitute themselves into such a board. The following is the document containing the laws and constitutions of this proposed board.

**RULES FOR THE GOVERNMENT OF THE BOARD OF CENSORS OF THE
HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA IN GREAT
BRITAIN.**

1. The board of censors shall consist of seven members, namely, Robert Ellis Dudgeon, M.D., of London; John J. Drysdale, M.D., of Liverpool; John Rutherford Russell, M.D., of Leamington; Joseph Laurie, M.D., of

London ; James Matthew Chapman, M.D., of London ; Francis Black, M.D., of Clifton ; and Henry R. Madden, M.D., of Brighton. Each of whom shall represent one of the seven professorships of the college, to wit : 1, materia medica and therapeutics ; 2, homœopathic institutes, pathology, and the practice of medicine ; 3 obstetrics, and the diseases of women and children ; 4, physiology, and medical jurisprudence ; 5, chemistry and toxicology ; 6, surgery ; 7, anatomy.

2. The board shall have authority to elect their own officers, make their own selection of representatives for the several professorships, establish the order for the examination of candidates, and hold meetings for the purpose of arranging and conducting the business appertaining to their appointment generally.

3. The board shall hold examinations of suitable candidates for the degree of the college in the month of January of each year, and shall transmit to the faculty a full report of their proceedings previous to the first day of February next thereafter.

4. Before any candidate shall be entitled to an examination, he shall exhibit to the chairman of the board satisfactory evidence that he has complied with the curriculum of studies usually adopted by the medical colleges of Great Britain, as to the term of pupilage, attendance on lectures, &c. ; and shall have deposited with the chairman one hundred dollars, to be disposed of as hereinafter mentioned.

5. Each candidate shall, at least ten days before the time fixed for his examination, deliver to the chairman a thesis, composed and written by himself, on some medical topic, which may be referred to a member of the board for examination.

6. The examinations shall be conducted in private, and each member of the board shall examine upon the branch represented by himself, so that all the branches taught in college may receive their due share of attention.

7. The voting in the case of every candidate shall be by ballot, and at least five affirmative votes shall be necessary to an election.

8. The board shall transmit to the faculty (at the time of making their annual report, see rule 3,) the name and thesis of each passed candidate, with a certificate of his election, and the amount of fees due to the college, as follows : \$ 5.00 matriculation fee ; \$30.00 fee for third course students ; and \$30.00 graduation fee.

9. For the examination of every candidate each member of the board of censors shall receive the sum of five dollars.

10. In case of the rejection of a candidate, the board shall return him the amount of fees charged by the college—\$65.00.

11. Alterations of the above regulations may be made by the board of censors, with the consent of the board of managers of the college.

12. The board of censors shall have authority to make such further by-laws for their own government as may be found necessary, provided they be not inconsistent with the charter and by-laws of the Homœopathic Medical College of Pennsylvania.

The gentlemen named in the above document are highly sensible of the honour thus proposed to be conferred on them by the College; but they have thought it best for the present to decline constituting themselves into the proposed board of censors, because there are at this moment no less than three bills already, or about to be, brought into our parliament for the purpose of reforming and regulating the practice of medicine in this country. Two of these bills are before us, and if either of them should pass into law it will have the effect of rendering foreign degrees and diplomas illegal; that is to say, those possessing such degrees or diplomas will not thereby obtain any legal right to practise, and will be liable to fine or imprisonment if they should presume to practise with such a qualification. Under these circumstances, and pending legislation on the subject, it would be imprudent to carry out the views of the Pennsylvania College, unless it shall be finally settled by law whether such degrees as the College can bestow shall be recognised as legal, or the reverse. In the event of either bill passing into law as it stands, the possession of a foreign degree in place of being a benefit to the holder, would be a misfortune to him, as he would thereby be rendered liable to the most annoying persecution. Should, however, the legislature determine to leave matters as they at present stand, or to modify their bill so as to make foreign degrees and diplomas legal, then we think that the board proposed by the Homœopathic College of Pennsylvania would be an excellent institution; but at the same time we think the degrees bestowed on homœopaths in this country should be limited to cases like those of Dr. Pope, Dr. Blake, and Mr. Brady, where the degree or diploma fairly earned by study and examination, has been unjustly refused in consequence of the homœopathic belief of the candidate. To those who can obtain a British degree, and more especially to those who have not gone through the curriculum of study required by our licensing boards, we are of opinion that the College of Pennsylvania should not consent to be made a royal road for obtaining a title which has not been merited.

We think that until the legality of foreign diplomas is settled one way or another, it would be as well that the American Homœopathic Colleges should not bestow their degrees on Englishmen, as, if the decision of parliament should be against their legality, the recipients of American degrees may find themselves in an awkward position.

Hahnemann and Castor Oil.

To one of the Editors of the British Journal of Homœopathy.

DEAR SIR,—If you consider the following fact of any importance, it is at your service.

A few days ago, Lady —, of — Castle, whose daughter I was attending for measles, informed me that she had been a patient of Hahnemann's during the greater part of the two years 1838-9 with an old-

standing complaint, and that on several occasions he prescribed for her a dose of castor oil as an aperient. I enclose you the lady's name as my authority.

13th January, 1854.

C.

[We are acquainted with the writer of the above letter, who is a homœopathic physician, and also with the lady named in it. We have no doubt the fact is correctly stated.—Eds.]

Annual Homœopathic Congress.

The Congress this year meets at LEAMINGTON on WEDNESDAY the 9th and THURSDAY the 10th of AUGUST. The opening address will be delivered by Professor Henderson. All communications respecting it may be addressed to Dr. Rutherford Russell, Secretary for the year.

The British Institute of Homœopathy.

OUR attention has been called to a new Homœopathic Association with the above title. A small pamphlet containing the laws and constitution of this society has been forwarded to us. From this we learn that the objects of the Institute are three-fold :

“ 1st. To protect the public by the most strenuous efforts against unqualified and incompetent practitioners, and to secure to the public the services of men of sound information.”

“ 2nd. To uphold and disseminate in their purity, the clear, strict and unrefuted principles and rules of the Organon of Hahnemann, to the utter exclusion of all loose unscientific practice ”

“ 3rd. To protect the external interests of Homœopathy against all direct or indirect aggression.”

To attain these very desirable objects, the machinery employed consists in the drawing up a list of fundamental principles, consisting of several maxims derived from the Organon, and to which all homœopaths are agreed ; and to these are added a set of rules for the management of the Association and the propagation of homœopathy among the public and the profession, very similar to those of the Irish Homœopathic Society, a similar Association, which did some service in its day, but is now we believe defunct. To these principles and rules we see nothing to object, and hope this Association may succeed in doing good in the way of other Homœopathic Societies and Associations. But in addition to those objects we gather that it puts forth pretensions to a much more general function, viz., no less than securing by enrolment in its membership a registration of all the most correct and generally best qualified homœopathic practitioners. As this would be truly a great boon both to the profession and the public, and as we observe on the list several respectable names, who have no doubt joined as a testimony of their zeal for our common cause and of their desire to guard against any abuses

that may grow up in it, we think it right to examine a little more closely into these rules, and see whether they are in reality likely to be of practical utility in attaining that end.

The chief sources of abuse and of loose unscientific practice are well known and easily pointed out by everyone. They may be included under the following, viz., the mixing of drugs; the frequent changing and alternation of remedies; the employment of too large doses; and the use of allopathic medicines. If this Association contained in their rules any formulæ the adhesion to the letter of which would abolish the above sources of bad practice, it would merit our universal adhesion and unqualified approbation.

As regards the first, we have received a formula from Hahnemann which has been entirely successful, viz., the absolute rule to give only one medicine at a time. This rule has been universally followed by homœopaths, and the abuse of mixing medicines may be said to have no existence. Next, with respect to the alternation and frequent changing of medicines. The frequent alternation of two medicines is undoubtedly a great abuse, and betrays in most cases an imperfect knowledge both of the case and the powers of the medicines: we find however nothing in these rules to obviate that evil, for the good and safety of alternating in some exceptional cases is not denied. The bad practice springing from this and from changing the medicine too often and without sufficient cause has been strongly urged by Trinks and others, in confirmation of Hahnemann's excellent advice, and indeed there is no practical man who has not felt the truth and value of the latter: but assuredly it would never enter into the head of any but a mere book-worm to attempt to cure these evils by swearing people to a mechanical formula, such as "never alternate, and never change the medicine." In this respect therefore any Association must be powerless.

The too large dose is another source of bad practice, for if it is sufficiently large to have an allopathic action, the practitioner may come to use it in that way, and grow careless in the choice, and miss the homœopathic cure altogether. Hahnemann at one time proposed a formula which certainly would have been as absolutely effectual in preventing this abuse as the first was, viz., that all medicines should be given in a uniform dose, viz., the 30th dilution. For reasons not now necessary to go into this was never fully carried out, and now is universally abandoned. This proposed Association also abandons it, and states the dose to be as a rule from the third attenuation upwards, and only exceptionally grains, and drops, and preparations scarcely removed from the crude substance, and that in fine the dose is "an open question." This is, as far as we know, a pretty fair statement of the average opinion of homœopaths all over the globe, and therefore we cannot see what good there can be in making an Association to affirm it. To assert however that it is strictly adhering to Hahnemann is palpably false, and therefore some such qualification should be added if this document is meant to circulate among non-medical persons, otherwise it will subject members to a charge of dishonesty.

With respect to the abuse of non-homœopathic remedies, the evil of which to homœopathic practice is self-evident, we find that the Association follows us in denying that any such non-homœopathic means can be described as auxiliary to the action of the true homœopathic remedy, though it recommends

the use of all kinds of allopathic means under certain circumstances. Unfortunately, however, it gives no information as to the only difficulty in the question, viz., what those circumstances are, for it merely slurs it over by saying that the prohibition of bleeding, blistering, purging, and the like, has no reference to "those mechanical, chemical, and similar measures which peculiar circumstances, sudden emergencies, or external injuries may render necessary." We fear this will not help us much, as it throws open a wide door to all abuses of this sort, and justifies the fears expressed by Hahnemann as quoted in the very page before us. For to the timid, the ignorant, and the indolent practitioner, the "circumstances" will very often be "peculiar," and the "emergencies" very often "sudden;" while to the fanciful and speculative practitioner each generation will present its new Liebig, who will demonstrate to him that the "circumstances" peculiarly demand some wonderful "chemical" mode of extinguishing disease. Instead of thus slurring over the difficulties of this question, we infinitely prefer seeing an open and free discussion of it among us, like any other scientific body, and we are very sure that such a discussion would show how very few and exceptional were the instances in which the homœopathic principles were not applicable, and the momentary or transient use of some non-homœopathic remedy called for. We may add too, that it does not look well for any one to fear open discussion, and therefore on general grounds we feel inclined to believe that those practitioners who are unwilling to discuss the matter openly use non-homœopathic means much more frequently than those who speak out.

It appears, therefore, from the above, that no new formulæ have been devised to prevent abuse, and that that is, after all, to be left to the temper, courage, knowledge, patience and intellect of the practitioner; in short, to those qualifications which go to make up a good physician of any school, and even, for that matter, if high enough developed, not only a good physician, but a good man of business of any kind—qualifications not likely to be given by formulæ or associations. If such be the case, then it must be plain that this association must fail as a practical means of preventing abuse, and ensuring the registration of correct homœopathic practitioners—indeed, membership assumes the form of a kind of boast of the possession of superior mental and moral qualifications, which partakes much of the ludicrous. And we suspect that the readers of the document, when they find the pompous invocation of Hahnemann, terminate in such an impotent conclusion, will be irresistibly reminded of that fruit vendor of Bagdad, who attracted public attention to his wares by exclaiming, *In the name of the Prophet—Figs!*

There is a point in the composition of this document also which we must advert to as involving in obscurity the real meaning and tendency of this proposed institution. It is, that while declaiming upon the evils of loose practice, and affecting extreme zeal for the strict rules of Hahnemann, it quotes approvingly the Theses of Dr. Wolf, which are described as having saved homœopathy from some flood of systematic lax practice which threatened to swallow it up. We happen to have given a short analysis of these theses in another part of this number, and on referring to them the reader will see how very different their real nature and object were. We are at a loss to determine whether this arises from misrepresentation or ignorance on the part of

the framers of this document, but at any rate it presumes very largely indeed on the ignorance of the readers of it.

It is urged that although the Institute has failed to discover any new basis of scientific union for homœopathic practitioners, yet it merits some consideration as a missionary enterprise for promulgating a great truth to the public. To this we reply, that if this be its design, why does it ignore the English Homœopathic Association? Why does it not give the right hand of fellowship to the elder apostles in this field? Objecting, as we have always done, to this plan of advancing the truth we maintain, it would be inconsistent in us to fall in, but we see no reason why the Institute might not, and no one can deny that as popular expounders of homœopathy, the conductors of the Association for zeal, ability, and practical tact stand unrivalled. The Institute, by its own showing, is a compound of anomalies; it permits any amount of latitude of opinion on all controverted points connected with homœopathy, but allows no liberty in respect to itself. We may believe what we please about the dose and the use of auxiliaries, but we must believe and join the Institute, for does it not say, "We are the people, and wisdom shall die with us?" It asserts its infallibility by stigmatising all who will not join it as worthless, at the same time it denies the sufficiency of any creed. It is a Star-Chamber without a confession of faith—it claims the power of the sword but modestly disclaims the possession of the keys. It proclaims itself the authoritative interpreter of the Hahnemannic scriptures, but refuses obedience to his most emphatically reiterated dogmas. It seeks to demonstrate its capacity for leading, by ignoring the existence of all other leaders in the same field, and its anxiety for union by its energy in denouncing differences. Democratic in constitution, it is absolute and intolerant in its government, and unless we are grievously misinformed, some of those who thus constitute themselves models of purity and consistency, have brought great scandal upon our cause by the laxity of their practice, and the readiness with which, when at a loss for a homœopathic remedy, they have taken refuge in blood-letting and those kindred delusions, the condemnation of which forms the constant theme for their stump oratory.

We cannot conclude without also alluding to the very bad taste of the preface, which demands the adhesion of every one somewhat in the style of a footpad, under pain of being set down as an opponent of Hahnemann. This "threatening letter" coming from three gentlemen who, whatever be their zeal for our common cause, are not known as having as yet done anything for the practical advancement of it, would have had the effect of deterring many from joining, even without the above practical defects of the Association.

Letter from Dr. Black.

To the Members of the British Institute of Homœopathy.

Gentlemen,—I, in common with all medical men practising Homœopathy in this country, have received a copy of your rules and regulations. I thought at first it was unnecessary to answer your circular, but subsequent consideration induced me publicly to reply to it, in the hopes of advancing the end you have also at heart, the propagation of Homœopathy in all its science and

purity. Allow me to state the grounds which, though I heartily agree with you in your objects, prevent me joining your institute. You draw out certain articles of belief, and subscription to those articles constitutes membership; in this you appear to me to commit a great mistake. You seem to start on the premise that medicine is a fixed, not a progressive science, that Hahnemann was a prophet, not a man, that his Organon is a revelation fixed and unchangeable, forgetting that Hahnemann himself has from time to time changed his practical rules; and you bind yourselves to a work when you know that there is an unpublished edition of the same, said to be so very different from previous ones, that for all you know it may upset many articles of your belief. By your constitution one dissenting voice would fix you to the original articles, for to sanction change in the fundamental principles extracted from the Organon requires *unanimity*.

I conclude that you have embraced homœopathy by following your just right of private judgment. Why then when with *nullius in verba magistri* inscribed on your banner you have gained a victory, do you erase this motto. You advance as men, but when the vantage ground is gained mentally castrate yourselves to serve as eunuchs in a mock court, wherein blind reverence and misinterpretation of the spirit of the master bind you hand and foot. You prosecute a course which when pursued by allopaths you bitterly deprecate. You hedge yourselves round with vain means to establish Purity, the separating of yourselves the 'Scientific' (?) from your brethren the Pseudo-scientific (?). In this you perpetrate the same blunder in science that so many men have committed in religion in the vain effort of dividing the clean from the unclean, the forming of a church within a church.

Had you rested satisfied with stating the law *similia similibus* as the best, the safest, and quickest law of cure, as your rallying point, and left the practical execution of the law to the judgment and experience of individual members, then probably many more might have joined your body. But drawn up as your articles are, I feel assured that the great body of medical men, who have had some years experience of homœopathy, and who value the right of private judgment, will say to your articles, "These express my belief, and a good deal more."

To show how fallacious your creed of membership is, allow me to act as public prosecutor, and our professional brethren to serve as a jury. I accuse you of Inconsistency, and in leading my evidence it is sufficient for the jury that I state facts without naming parties, my object not being to expose but to convince you that your grounds are untenable. Excuse me therefore if I resort to the Russian plan and denote you by numbers, which however bear no reference to the order in which your names have been published.

No. 1. I published a case of chronic inflammation of the cœcum, (for the particulars of which I refer the jury to the *Brit. Journ. of Hom.*, vol. ix., p. 330) that had been treated by you for a month, and at the end of that time you recommended the patient to be placed under ordinary treatment, as it was your opinion that relief could not be afforded until leeches and blisters had been applied; as the patient had on a previous occasion been leeches, &c. you stated it as your opinion that it was necessary to use them again. Your advice was followed with grief to the parents, and great discouragement to the friends of homœopathy. A trial was made for a month of leeches, blisters, &c. but at the end of that time the patient was worse. The patient was then placed under my care, treated by me homœopathically, and in a short time perfectly recovered.

I have now before me a letter from a medical man, as evidence that to an old lady, now dead, you gave occasional doses of castor oil. How then can you attest by subscription that the law *similia similibus* is the *only* law of healing? Article I.

How can you sign Article VIII?

"With regard to the question, during Homœopathic treatment, of bleeding, leeching, blistering, emeticising, purging, cauterising, narcotising, and other similar measures of the ordinary school, which have been at times seriously recommended by a few practitioners, calling themselves homœopaths, we

"hold that such means are not only unnecessary for curative purposes, but highly injurious to the true interest of the patient, and that homœopathy possesses, for incurable cases, in correctly-chosen remedies, more numerous and less injurious palliatives than can be found among the ordinary allopathic measures."

No. 2. In 1847 I tried to show you first that leeching was not necessary in inflammation of the cœcum, and other local inflammations. I believe you have for long been of the same opinion, but you then certified to certain facts, and though you may now attain the same results infinitely easier, and more certainly by homœopathic remedies, these facts are not thereby belied. These facts were "that leeches gave great relief when Arnica had failed." In another letter you state that with all your esteem for homœopathy, "you do not consider the ordinary practices as useless or injurious if judiciously practised." How then can you sign Art. I, and Art. VIII? I know that you decline to sign Art. III. on the alternation of medicines. I believe that the Institute have given you a certain dispensation from that article, but how can it do so when it is founded to banish loose unscientific practice, and by Art III, it considers your practice "as a crude expedient not based upon any scientific principle, and calculated to preclude all chance of advancing our system through pure clinical observations?"

No. 3. I cannot help exclaiming: *et tu Brute!* You have published various excellent practical reports on Scarlatina, Measles, and various inflammatory affections, where your results have been great, but where you have given drop doses, frequent doses, and alternated remedies. So that I have heard one of your present colleagues in the Institute remark on what he called the physiological and dangerous action produced by your remedies. How then could you sign such a commentary on your practice as Art. III, or such an equally condemnatory one as Article IV?

No. 4. You have submitted yourself *with advantage* to hydropathic treatment for the removal of chronic rheumatism.

No. 5. You are very partial to hydropathy. With what consistency then can either of you sign Article I? that there is *only* one law of cure, when by your conduct you declare that there is another. With all its undoubted good, hydropathy cannot be a homœopathic method of cure, for it is employed as a sudorific, as a revulsive, as a stimulant, &c.

No. 6. I have seen no public contradiction of certain very heretical opinions, most decided allopathic leanings in "Practical suggestions," and in the absence of such contradictions, I cannot but consider your signature to Article I and to Article III as most inconsistent.

No. 7. I am told by some of your patients that you constantly give your medicines in the form of tincture, and moreover that you are not very careful to count the number of drops you give. How then have you signed Article IV?

No. 8. On good evidence I know that you lately prescribed to be given by tea-spoonfuls, the ordinary Tincture of Hyoseyamus, ordered from an allopathic chemist's shop. If you even once adopt such practice, how can you join the Institute?

Now let me change the charge to that of infraction by all the members from No. 1 to No. 22 of one of their ethical laws.

"Any practitioner who shall announce by inscription on any public place, or shall publish in any advertisement or circular letter HIS FRACTION and place of abode, shall cease to be a member, &c."

Now in contravention of this very article this Institute declares, "that after a certain date copies of this document, with the names of every member of the Institute attached, will be struck off and CIRCULATED AMONG THE PUBLIC AS WIDELY AS POSSIBLE."

Gentlemen of the Jury, what call you this? If this be not puffing, be not advertising, I ask what is it? If, Gentlemen of the Jury, to use the words of the Institute—"If such and only such homœopaths keep and act together, there is every reason to believe that ere long the British Institute of Homœo-

pathy will acquire the character —" Fill up the blank in your own minds. I have thus convicted eight of the members of inconsistency, and the whole of them with a breach of one of their ethical laws. Gentlemen of the Jury, I await your verdict: the Institute have kind, benevolent hearts, and "hope to be spared the pain of being obliged to construe your silence into a refusal to subscribe to the aphorisms and practical rules of Hahnemann, herein set forth, &c." Inflict, I pray of you, the pain they invite, and bring in as your verdict, that the members of their Institute have by their own laws, scientific and ethical, excluded themselves.

Members of the Institute, as on terms of good friendship with many of you, and cordially granting that all of you have the interests of homœopathy at heart, let me offer you one advice, that is, to revise your constitution, to make it more liberal, to try to gain adherents by widening, not by narrowing our common medical creed; to advance the cause by absorbing all right-hearted men, not by a dangerous process of exclusion; avoid stirring up dissensions in our small body. In all family feuds both parties suffer. Let us conceal our divisions, and having a great therapeutic law as our bond of union, surely we can afford to agree to differ on minor points. Voltaire has a trite but rather coarse saying, bearing well on this, which we should all bear in mind—"On doit laver le linge sale en famille."

I am, Gentlemen, your obedient,

FRANCIS BLACK.

Wolf's Eighteen Theses.

We think it right to present our readers with a summary of this interesting document, which was published in the 16th volume of *Stapf's Archiv*, in 1836, especially as the circumstances which then called it forth in Germany, to wit, the misrepresentations of homœopathy by allopathic writers, exist in this country at the present time in an almost equal degree.

In his preface to these Theses Dr. Wolf regrets that the allopathic writers in their criticisms unfavourable to homœopathy, should have attributed to homœopathists doctrines and tenets of the most absurd character, and should have made homœopathists and the homœopathic system responsible for many of the theoretical views and precepts of Hahnemann, which have, on the contrary, been universally rejected by his disciples.

In order to bring back the discussion on homœopathy to the real fundamental principles of that doctrine, so that the criticisms of our adversaries may be brought to bear upon the real questions at issue, and not expended upon collateral or engrafted subjects that have no essential connexion with the homœopathic principle, Dr. Wolf drew up his theses and brought them before the annual meeting of the German homœopathists. The theses were unanimously accepted by this assembly as embodying the true principles of homœopathy, and thus a greater weight of authority was attached to them than had they merely gone forth to the world with Dr. Wolf's name alone appended to them.

In an additional preface to the Theses, Dr. Rummel states that they are to be considered as "the expression of what homœopathic practitioners of every variety of shade of practice acknowledge to be essential" in the system they practise.

The first Thesis acknowledges the therapeutic law, *similia similibus*, as a law of nature, on which is founded a powerful and simple mode of treatment, less uncertain than the old practice.

No. 2 acknowledges the difficulties of the practical application of this law.

No. 3 asserts that homœopathy is not a mere symptomatic treatment in the ordinarily understood sense of that term, and as it has been often represented to be by its adversaries. It rejects as monstrous and impracticable the notion of practising homœopathy without the knowledge and employment of what has been proved to be useful in the old system of medicine.

No. 4 explains the expression "totality of the symptoms," as including everything that can be learned respecting a case of disease.

No. 5 denies homœopathic practice to be a mere unthinking comparison of disease and drug symptoms.

No. 6 states that it is an unfounded reproach against homœopaths, that they regard the symptoms as the disease itself. On the contrary, Hahnemann himself asserts that they are merely the external picture of the internal disease.

No. 7 shows that what Hahnemann meant by the internal essential nature of the disease, which he stated to be not cognizable by the physician, was the dynamical *causa proxima*, properly so called, and not the material alteration, which cannot be said to be always unascertainable, and which may very properly be an object of the physician's research.

No. 8 asserts that the permanent removal of all the symptoms, insisted on by Hahnemann, must indicate the real cure of the disease.

No. 9 shows that in the homœopathic treatment the removal of the *causa morbi* is as much attended to as in the old system. This thesis is supported by many arguments which we need not repeat.

No. 10 vindicates homœopathic treatment from the charge of being merely a system that suppresses the most prominent symptoms.

No. 11 alleges that the homœopathist requires to be acquainted with the auxiliary medical sciences in at least as great a measure as his rivals of the old school, and confutes the notion that homœopathy is a mere unscientific practice, and that the selection of the remedy demands merely a good memory or a good list of symptoms, and a purely mechanical comparison of symptoms.

No. 12 shows that Hahnemann's psora theory has met with the greatest opposition from his own disciples, and that the sole reason why it has not led to a schism among homœopaths is, that it has had almost no influence upon practice, in consequence of Hahnemann declaring that it cannot affect the great principle of selecting remedies by virtue of the similarity of their pathogenic action to the phenomena of the disease.

No. 13 acknowledges the imperfections of the *Materia Medica* and the defects of Hahnemann's arrangement of the symptoms.

No. 14 admits the possibility of curing very many cases with ordinary, old school doses of homœopathic medicines. It combats Hahnemann's doctrine that the 30th dilution is the best dose in all cases, and it refuses to recognise the trustworthiness of provings with high dilutions of medicines.

No. 15 rejects the idea Hahnemann at one time entertained of fixing beforehand the duration of the action of a remedy.

No. 16 admits that there is good in other systems of medicine, and asserts that homœopathy cannot entirely dispense with some auxiliary means of the old school; and it especially indicates blood-letting as being indispensable in some cases.

No. 17 states that most homœopaths do not join Hahnemann in his depreciation of the *vis medicatrix naturee*. It states that most homœopaths agree perfectly with their opponents of the old school in their estimation of this power.

Such then is a brief outline of these celebrated theses, the object of which, according to their author, was to set forth the real and important points of difference betwixt the allopathic and homœopathic schools, in order that the opponents of homœopathy should confine themselves to the discussion of these points, and not waste their time and our patience in combating chimeras, pretended homœopathic doctrines which had nothing to do with homœopathy, and dogmas of Hahnemann which were unanimously rejected by his disciples. In this sense alone were these theses understood by the Assemblage of Homœopathic Practitioners, who met at Magdeburg on the 10th of August 1836, who all attested by their signatures their adhesion to the doctrines therein set forth. It was resolved that these theses so attested should be brought as prominently before the allopathic body as possible, and for that purpose, they were to have been inserted in Hufeland's *Journal*, the great organ of the allopathic school; but this was prevented by the sudden decease of the editor of that *Journal*; hence the reason of their appearance in the *Archiv* of Stapf, where it is to be feared they would not come so prominently before the allopaths, for whose behoof they were intended, as they would have done in an allopathic periodical.

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THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

ON SOME AFFECTIONS OF THE HEART,

BY DR. J. RUTHERFURD RUSSELL.

A Lecture delivered at the London Homœopathic Hospital.

THAT diseases of the heart are generally incurable, and suddenly fatal, is a popular, but altogether erroneous idea. No doubt most cases of sudden death arise from some affection of this organ, but the proportion of persons affected with heart complaint of a dangerous and intractable character, compared with those in whom it exists of a kind and in a degree which brings it within the sphere of successful medical treatment, is quite insignificant: in fact, there is no class of organic affections in which the art of medicine can effect so much, nor any other of which we can speak with so much certainty as to the consequences, both direct and indirect. Nor should this surprise us, when we examine the subject with the calm light afforded by physiology, and by a dispassionate consideration of the nature and functions of the heart, free our minds from the vulgar dread of some impending mysterious and appalling calamity, which is apt to lurk in the phrase of "disease of the heart."

The heart is the most muscular organ of the body, the fibres are more highly developed than in any other muscle, and its enormous power may be estimated by the fact, that, although no bigger than the fist, it exerts a force equal to more than fifty

pounds. * This is in its normal state; when enlarged by hypertrophy of its walls, its power must be much greater. It has been for long, and still is a question, how far the circulation is due to the heart alone. There is no doubt that a circulation is possible without a heart: the first blood that flows in foetal life flows to not from the centre of the circulation; and instances are on authentic record, of fetuses growing to maturity without a heart, and in some of the cases without any communication with a heart, although in general this malformation occurs when there are twins. And after all the heart possesses no structure, nor is it capable of any action which is not also found in a less degree in the arteries and veins; so that, viewed from its mode of growth and transformation, it may be regarded as a portion of artery and vein enormously developed in particular directions; and in some of the lower tribes of animals, it is impossible to say whether they have several hearts or no heart at all, and only a main artery consisting of a series of pouches. The experiments of various distinguished physiologists leave no doubt about the fact, that both arteries and veins are capable of spontaneous contraction, and the former of dilatation on the application of certain stimuli after the vessels have been removed from the body. * Although with such evidence before us we cannot doubt, that in primitive and abnormal states of the system, the blood-vessels may powerfully contribute to the circulation of their contents, yet for all practical purposes, we may safely regard the heart as the sole propulsive force in mature life, and in almost all circumstances, both of health and disease. And the simplest and most correct view to take of its action is that of a machine combining the powers of a force pump and an air pump: during its contraction acting as the descending piston of a fire-engine, and propelling with great force a column of blood into the arteries, and during its dilatation acting as an air pump, and sucking from the veins an equivalent amount. And let us add to this simply mechanical idea of the heart, that it is also so largely supplied by nerves of emotion, that every feeling of sufficient

* This is an approximative statement, resting on the experiments of Keil, Hales, and Poiseuille, and accepted by Burdach in his work on physiology.

† See *Verschuir de venarum et arteriarum vi irritabili*.

intensity provokes in the centre of organic life some corresponding change, and that thus the spiritual and animal existence are here united in wedlock. And hence it is by no accident that the heart is accepted as a symbol of the affections, and has retained this figurative dignity, from the earliest records of our race, and will probably continue so to do to the end—the symbol of a range of feeling extending from that of the devotee kneeling in his cell before the transfixed heart, to the cottage girl blushing over a first valentine.

Not only with the brain, the original material source of all mental and emotional perturbation, but with every part of the body endowed with sensation, does the heart maintain an active sympathy; and thus by the pulse is tested how far the general well-being of the animal economy is compromised by any local lesion.

To enable the heart to perform its work as a pump, it requires that, like any other pump, it should be provided with valves to regulate the ingress and efflux of the fluid whose currents it urges and directs; and as for such a purpose, muscular tissue is obviously unfit, the internal lining of the arteries and veins is gathered into folds and filled with muscles and tendons, which brace them down when closed, and permit them to flap freely when open. So that we observe, the heart is mechanically the most complicated organ, and functionally, and in its intimate structure, one of the most simple organs in the body. It is this peculiarity which renders the knowledge of its diseases comparatively easy, however difficult their treatment may be. For here we have not to do with inscrutable molecular actions, such as those which originate and regulate the various secretions, the morbid alterations and degenerations of which, are only cognizable, and not explicable; tubercle and malignant transformation generally, for example; but all we have to investigate in diseases of the heart, at least in by far the greatest proportion of them, requires far less knowledge of physics than is to be found in every engine-factory, and by the simple application of facts, plain to the unassisted eye and reason, the whole complicated and dismaying phenomena, which follow a derangement in the structure of the heart, become resolved into the

inevitable results of the opening of a valve when it should be shut: as all the horror and disaster and confusion of the explosion of a steamer results from placing a few extra pounds on the safety-valve.

Why so much mystery should have been made about the sounds of the heart, is difficult to understand, far more difficult than the matter itself. If there had been no sounds from the working of such an enormously powerful force-pump, with its double set of valves formed of elastic material, alternately relaxed, and suddenly, by a violent jerk, stretched to their fullest tension, and this too in a chamber full of fluid, and containing also a sensible portion of air, then, indeed, we might be expected to be overwhelmed with wonder. However, we may now look upon the days of this mystery as over; the thing is so simply explained, and the rational explanation so generally accepted, that in future we may be favoured with treatises on heart diseases, which do not occupy a hundred pages in explaining what may easily be done in as many words. If we have once clearly before our eye what takes place in the heart during health, nothing can be simpler than the deductions of the change that must have preceded the appearance of any morbid phenomena arising from this source. Let us suppose the blood, gathered by the veins from the various parts of the body, and flowing from the great main trunks into the two auricles, which are of a similar nature to themselves, and indeed may be looked upon as mere venous pouches, with a large development of muscular tissue; these pouches bear distention with venous blood, which is congenial to their own nature, up to a certain extent, and then, from a sense of being over-full, they quietly pour their contents into the two ventricles. But the moment the dividing sluice between the two chambers is open, a sudden change takes place; for in the first place, the advancing column of blood is not allowed to flow at the sluggish rate impressed upon it by the auricle, it is sucked into the ventricle with great force,* and this powerful hollow muscle

* That the ventricle contracts in which no percussion when once it is sixth vol. of Br...

muscular activity, is proved by experiment, alvanizing could arrest its expansion, referred to in the 3rd edition.

having filled itself, discharges its contents with still greater energy along the channels prepared for it—that is, along the aorta and pulmonary arteries, which lie with open mouths to receive the column thus propelled into them, while at the same moment, the valves which separate the auricles from the ventricles flap to like folding doors of hide, and as they close vibrate throughout their whole extent, and set the cords which brace them to the floor of the chamber ringing in unison, and thus the prolonged *cleek*, the so-called first sound of the heart, is produced. Scarcely a moment after the ventricle has contracted does it again expand, and suck a new supply of fluid out of its feeding auricles, but not out of the arteries, else there would be no circulation—only agitation. To prevent this, the valves which hang at the mouths of the arteries, are closed by the action of the over-distended arteries themselves, which repeat the stroke of the ventricle, and in suddenly shutting their valves make a sharper, quicker sound—a sort of *click*; hence the double sound, the *cleek-click* of the heart, which might, without any great stretch of fancy, be compared to the challenge and reply of the two sentinels at the gates of life: the one at the mitral and tricuspid valves uttering its loud challenge, and the one at the semi-lunar valves repeating with the same material in a shriller voice the countersign.

As it is the same stroke that closes the ventricular valves and sends the blood along the arteries, by which they are made to throb, it is plain that any imperfection in the left mitral valve, which gives rise to an unnatural sound, instead of the “all’s well”-*cleek*, will occur at the instant of the filling of the vessels, and may be perceived by the finger upon the pulse. If the abnormal sound correspond with the beat of the pulse, the chances are, it arises from some mischief about the mitral valve. Of this we shall speak more fully in the sequel, we merely advert to it now as an obvious inference from the construction of the heart. Another equally obvious one is, that the imperfect closure of either sets of valves will allow of a reflux of blood along the channel by which it arrived: if the mitral gate, then it will flow back into the left auricle and oppress the lungs; if the right ventricular valve be deficient, then it will

flow back upon the right auricle, and the pulsations of the heart will be transmitted along the great veins, gorging the liver, preventing the proper descent from the heart, and generally impeding the whole capillary circulation, and thus producing dropsy and other dreadful consequences. And it will readily be perceived, that although at first only one half of the circulation may be affected by the destruction of a portion of one side of the heart, yet that in reality our so-called double-circulation is in such intimate union, that neither portion can long remain injured without seriously compromising the integrity and regularity of the other, on mechanical principles alone, independent of the living sympathy which specially unites them. Thus, if we suppose an injury to be done to the mitral valve, so as to make it useless; the first effect will be, that the blood is forced back upon the lungs, the lungs, thus gorged and irritated, are no longer in a fit state to receive the allotted quota from the right ventricle; this part of the machine finds unusual obstacles to contend with, and in accordance with the law of muscular development, waxes stronger and larger in consequence. Hence hypertrophy of the right side, with all its consequences, is the inevitable result of imperfection of the mitral valve. We might prosecute the illustration in all directions, but it is sufficient for our present purpose to bear in mind the fact, that disease of one part of the heart will inevitably cause disease in other parts, if it be allowed to go on, and that, in treating heart complaints, we must regard the organ as a vital whole, and not as merely a pump with two separate and independent cylinders.

One of the most gratifying and important objects we attain by an accurate knowledge of the principles by which we can ascertain the real condition of the heart, is, that it enables us to distinguish, with absolute certainty, between nervous palpitation and organic disease, and in this way to give immediate and unspeakable relief to the sufferers, who generally aggravate their distress by their anxiety; and thus simple and certain knowledge becomes a remedial power of the highest value, by extinguishing one of the chief feeders of the malady. And it is fortunate that the symptoms of nervous palpitation and organic

disease, although so nearly alike to the unpractised eye, are yet so essentially dissimilar as to put it in the power of a mere tyro in medicine to assume, without presumption, the dogmatic confidence, without the ambiguity, of an oracle. The stethoscope, here, well deserves its name; it realizes the legendary request to Jove, and actually, so reveals the state of the heart, that it could not be more perfectly understood, even though seen instead of heard; and if, by so doing, it sometimes communicates a death warrant, it much more frequently brings a reprieve.

That an organ so endowed with sympathetic sensitiveness, should be subject to great functional irregularity, is no more than we might have anticipated. The kinds of irregularity arise from three different sources. *First*, from the heart itself being in a morbidly irritable state; *second*, from the blood which reaches it being unnatural in its conditions; and *third*, from the direct over-stimulation of strong emotions, acting through the nervous system.

Palpitation of the heart, arising from too great irritability of its substance, may be readily distinguished from that which originates in structural disease, by the suddenness of the accession of the attacks, and the pulsations of the heart, however vehement they may be, not having that force which characterizes palpitation from hypertrophy. They rather resemble the flutter of a caged bird than the successive strokes of a hammer.

It is not easy to say on what this over-irritable condition depends, and systematic writers on the heart do not seem to have paid sufficient attention to it as a specific affection, which I believe it to be. I have met with it in otherwise robust and healthy men, who had suffered from fevers, especially the Indian fevers, and also in those who had had the cholera, and I am disposed to think, that the animal poisons, which occasion these diseases, act specially upon the nervous tissue of the heart, and leave the organ in a state of preter-natural irritability. Whatever be the cause, it is an affection attended with great alarm and distress, and very difficult to subdue. It occurs as frequently in men as in women, and seems not in any way

related to the hysterical palpitations which are so common among the latter. Some years ago, I met with a very troublesome case of this kind, an outline of which will better indicate the signification of the term "irritable heart," than the most laboured generic description.

I was sent for, one night at twelve o'clock, to see a gentleman who lived a few miles out of Edinburgh. The patient was a remarkably vigorous, healthy man, about sixty years of age: I found him in bed in a state of the greatest alarm; he told me that for some hours he had been suffering from the most violent palpitation of the heart, and that he feared he was going to die. On examining the chest I could detect no symptoms of disease; his tongue was clean too, and he did not complain of any gastric symptoms. Except a certain paleness of the face, and this tumultuous action of the heart, which heaved and throbbed in a most irregular and violent manner, there was no other symptom of illness about him. I tried to give him confidence, thinking that the violence of the attack, whatever might be its origin, was aggravated by his alarm at its imagined consequences; and I gave him a dose of *aconite*. In the course of half-an-hour he was a little better, and against his urgent request I went home (it was during the prevalence of cholera, and I did not like to be away at night; besides, I was sure there was no danger). At six o'clock I was again sent for, and I found the gentleman in the same state as before; he said it had come on immediately after I had left, and continued till the time of my second arrival. He was very much alarmed, and expressed a strong wish for a consultation. Dr. Henderson was called in; he gave a very decided opinion that there was nothing the matter, and we did what we could to reassure the terrified patient. *Ignatia* and *Lachesis* were left with him, to be taken alternately: the attack gradually subsided, and he was restored to his former state of health in the course of the day. The only cause I could assign as exciting the attack, was, that he lived in a large lonely country house, and from being deprived of the society of an only child, he had fallen into a somewhat nervous condition. But there was nothing about his manner or appearance to indicate such a state of the heart.

Although this patient seemed perfectly well, yet he died in the course of the following autumn, under the superintendence of an allopathic surgeon, nominally of pneumonia. Whether the violent nocturnal attack of palpitation had any connexion with his subsequent fatal illness, I cannot say; but I can hardly suppose that so peculiar a functional derangement could have gone on for a whole night without some organic cause, and this cause, I imagine, was a condition of excessive irritability of the heart. I had for some years under my care a married lady, who had suffered from almost constant tumultuous and irregular action of the heart, attended at times with very acute pain: she described the sensation as if her heart were tightly grasped. Neither in this case, nor the one just related, was there any material disturbance of the respiration. The absence of this complication may be regarded as decisive against serious organic disease. The case of the lady proved an exceedingly difficult one to manage; she was subject to neuralgia, and of highly organized nervous constitution altogether. However it will be best to defer till later all reference to treatment.

How far the presence of gout in the constitution gives rise to these anomalous actions of the heart, it is not easy to say; it is quite certain that in gouty people all kinds of odd affections of the heart are met with, and they are among the most puzzling complaints that present themselves to our observation. Among them we place a tendency to faint; from some peculiarity we may call it, perhaps loss of tone in the heart. It is not easy to understand the ultimate pathology of a faint, but in a rough way we may say, that it is either from deficient stimulus being applied to the heart, as in deliquium, from loss of blood, or from deficient activity, and perhaps amount of nervous matter in the heart, on which its contractile power depends. Although generally merely death's image and attended with no other symptoms, there seems no doubt that in some cases it is its own cause, and in cases where there is no organic change of a permanent character. This was the case with the distinguished Dr. Chalmers. He fainted into death. There was no disease of the heart, and the probability is

that had there been any person present to apply some stimulus to the inanimate frame at the moment of fainting, he would have recovered, and might have been alive till now.

Dr. Hope in his *Treatise on the Heart* speaks of members of the medical profession as being very subject to palpitation of heart, which deludes them into the notion of having disease of that organ. I have met with it very often in clergymen. It seems to be a natural result of much mental exertion, combined with anxiety. Of the bodily causes which give rise to it there is none so powerful as masturbation, and this may be suspected when we meet with much palpitation in young men without any corresponding wear and tear of the nervous system, or irregularity of regimen to account for it.

These are some of the chief forms of inorganic palpitation of the heart which are met with in practice, and I would, before proceeding to remark on their treatment, repeat the observation that they do not seem as yet to have attracted sufficient attention from those who have written specially upon the subject of heart affections.

We must not forget to enumerate among the predisposing causes of this affection what I believe to be one of the most common, an over-indulgence in tea, coffee and tobacco. How far the health of the next generation will be affected by the substitution of these stimulants of the spinal cord and nerves, of the sympathetic or respiratory system for the alcoholic stimulants, whose action was chiefly confined to the brain, is a question which ought to make us pause, to say the least, before we yield implicit faith in the regenerative efficacy of teetotalism. There is one obvious danger connected with tea and coffee as compared to wine, that they are insidious in their operation, and not being intoxicating have a certain moral respectability which makes it difficult to attack them successfully, whereas the evils of excess in wine have been painted with a passionate vividness manifestly inspired by itself. Of course we do not mean to defend excess in either; all we wish to do is to point out the danger of tea and coffee, and tobacco, and to warn those who satisfy themselves with having avoided the Scylla of the wine-cup, to beware of the Charybdis of the tea-pot.

Of the medicines best suited to relieve this kind of palpitation, we have most confidence in the following:—

Asafœtida is particularly useful in the palpitation of females, in whom the heart is irritable, and when the cause of the attack is some suppressed secretion or bodily exertion. The symptom that seems to point to it most is “pressure in the region of the heart, as from congestion, and distention of the vessels, with small pulse.” A small and infrequent pulse, with violent action of the heart, and no disturbance of the respiration, indicate nervous weakness of the organ, and for such a state *asafœtida* is often useful.

Baryta carbonica has the following characteristic symptoms: “Throbbing stitches in the left side of the chest, from the pit of the stomach upwards. Violent beating of the heart in the first fortnight. Palpitation of the heart when lying on the left side, *renewed by thinking of it*, with feeling of anguish mostly at noon.” The italicized clause seems to shew that the palpitation was of a directly nervous kind, and not from any sympathetic action connected with the gastric symptoms this medicine produces.

Camphor has certainly a most powerful effect upon the heart, and may be given with great confidence in such affections, especially if the palpitation is attended with coldness of the surface and paleness of the face. The symptom most indicative of its relation to the heart is—“after a meal he feels and hears his heart beating against the ribs.” However, its value in practice is not fully expressed by the proving, probably on account of the transient character of its action.

Carbo animal. and *vegetab.* should not be lost sight of, but these will be more appropriately taken in the next class of disorders of the heart, and another medicine of whose efficacy in allaying this kind of palpitation I have no doubt, has but few or indeed no symptoms in its proving indicating its virtue, and that is Coffee. A cup of good strong Coffee will be found to give immediate relief in many cases of palpitation from irritable heart, even when that does not arise from derangement of the digestion through errors in diet.

Conium has a powerful and direct action on the heart, and is

suitable to many cases of palpitation. Among its symptoms we find—“*Violent palpitation of the heart after drinking.* Palpitation of the heart when rising from bed. Frequent and visible palpitation. Frequent shocks in the region of the heart.”

Cotyledon umbilicus, according to the excellent proving of Dr. Craig, seems likely to be valuable in this class of affections. In his physiological summary he says—“The character of the *Cotyledon* symptoms of the *heart*, lungs, throat, and mind, correspond very closely with that of the effects produced on these organs by strong emotions when suppressed.” “Full, bursting feeling as if from obstruction of the heart.” Further on he says, “a pathological group of symptoms, similar to that first mentioned, is observed to occur when the functional lesion begins at the heart. Violent exercise, as quick running, for instance, occasionally produces the same obstructed feeling, and this functional difficulty is not unfrequently so persistent, as to become the subject of medical treatment. I would expect benefit from the use of *Cotyledon* in such a case.”*

Digitalis.—“The action of *Digitalis* on the circulating organs,” writes Dr. Black in an able treatise upon this medicine, published in the fourth volume of this Journal, “is very characteristic: the heart becomes irregular and weak, palpitation readily excited, attended with uneasy sensations in the chest, especially in the left side; in some instances amounting to pain, and extending to left shoulder and upper part of arm; in others there is distressing precordial anxiety. Palpitations are readily excited in bed when lying on the left side. The pulse is slow, but much more frequently *quick, weak, and fluttering*, and frequently intermittent; but the marked change is the facility with which the pulse is rendered irregular and the heart’s action laboured. So diminished does the power of the heart become that fatal syncope has been produced by the patient suddenly changing his position.” And again, speaking of its therapeutic action, he says—“It may be administered in functional derangement of the heart. In two cases where no other disorder of consequence existed, I found it useful; these two

* Brit. Jour. of Homœopathy, vol. x, p. 616.

cases were characterized by very frequent and distressing palpitation, with a quick, weak, and slightly irregular pulse." So that we may give *Digitalis* a high place in the treatment of the palpitation from an over-irritable heart.

Gratiola has a decided action on the heart as indicated by the following symptoms—"Strong and quick palpitation of the heart. Violent palpitation of the heart, which shakes the whole body, and seems to proceed from the pit of the stomach."

Hematoxylum campechianum seems to have a special relation to the heart. Among its comparatively few symptoms we find the following—*Pain in the region of the heart*, with sensation as if a bar were extending from the heart to the right side, and violent pain in the left upper region of the heart; great painfulness of the region of the heart; oppressive anxiety; increased beating of the heart; small pulse; hot hands; chilliness over the whole body. Palpitation of the heart (with diminution of habitual sweat of the feet).

We omit *Ignatia*, as its action upon the heart is not very well marked, although it is useful in palpitation caused by emotions.

Among the *imponderables* are magnetism and mesmerism. The use of the magnet in angina pectoris is highly recommended by Laennec, and among the symptoms of the South Pole of the Magnet, we find palpitation of the heart italicized. Mesmerism has a direct and powerful influence on the heart's action. I once saw an American mesmerist stop the action of the heart in a young man. The place was at the house of a distinguished Professor of the Edinburgh University, and besides myself there were only other three or four persons present, two of whom were men of high scientific attainments. The subject of the operation was a student of about 20 years of age. The operator pointed his fingers at the cardiac region while I felt his pulse. Very soon it became quick and weak, and in the course of about two or three minutes entirely vanished, as the pulse disappears in a cholera patient. He became ghastly pale, but did not fall. After the operator ceased the heart slowly resumed its natural functions. From this experiment, as well as from my own observations, I feel satisfied that great and immediate relief may be frequently

given in palpitation from irritable heart, by making mesmeric passes over the region of the heart, or by applying the palm of the hand firmly to it.

Iodium has a well marked action on the heart: we find "Violent pulsations in the chest and palpitation of the heart, increased by every muscular exertion to such an extent that she was unable to support herself for one minute without being near fainting. *Palpitation of the heart* which might have been heard at the distance of a few paces. Palpitation the whole day."

Kalmia latifolia is highly recommended by Dr. Hering who says no medicine except *Digitalis* has so much influence upon the pulse. The indications for its special use are not however very pronounced in the proving. In my own practice, I have given it, but with entirely negative results, in a case of simple hypertrophy combined with nervous irritability.

Of *Lachesis* I need hardly speak, its action in these cases is so universally acknowledged, and I can from personal repeated experience, testify to the great efficacy of the poison of the *Naja trip*. I have now given it in several cases of palpitation of long standing with the most decided advantage. One was that of a lady about 50 years of age, who for about a year had been constantly distressed with almost unintermitting palpitation. No organic disease existed, and it was from the other symptoms manifestly an example of irritable heart. I gave her a dose of the $\frac{1}{100}$ th of a grain of the *Naja* poison, and the relief was almost immediate, and the palpitation did not return for about six weeks, when it was again relieved by the same remedy. Another case was that of a dissenting minister, who suffered severely from this cause after preaching, and had tried with more or less success from time to time various homœopathic medicines. In this instance too the relief afforded by *Naja* was rapid and enduring. I have no doubt from my own experiments, and from these and other similar facts, that the heart symptoms will occupy a prominent place in the proving of this medicine.

Mercurialis perennis.—From this medicine we should expect good service in this class of affections: we find among its

symptoms—Confused, undulating sensation in the region of the heart, with fulness and feeling of anxiety in the left chest. *Oppressive contraction* in the region of the heart. Peculiarly undulating and throbbing motion in the region of the heart, the precordia and the upper part of the abdomen; or a remarkable rolling and throbbing with trembling or undulating in all the bloodvessels without heat: he feels the pulsation of the abdominal arteries when sitting down. Repeated *palpitation of the heart* with oppression. After having stooped, palpitation of the heart with oppression on the chest, as if the heart were laced tight.

Although *secale cornutum* more properly falls into the next division, yet it may be also useful in simply irritable heart, as we find it produces—"Violent palpitation of the heart with contracted and frequently intermittent pulse. Spasmodic throbbing of the heart. The beats of the heart are diminished from ten to fifteen in a minute, one hour after the exhibition of *Secale*."

Sepia has many distinctive symptoms of relation to this affection, *e. g.*—"Gurgling or bubbling sensation in the left chest. Beating in the pit of the stomach in the morning, followed by orgasm of the blood in the chest, resembling palpitation of the heart, afterwards burning heat in the face and body, without any heat or redness being perceptible to the hand, and without thirst, but some sweat. Beating of the heart in the evening for a quarter of an hour. Palpitation of the heart with stitches in the left side of the chest. Palpitation of the heart with feeling of anxiety, obliging one to take deep breath, without depressing the spirits, for several days. Intermission of the beats of the heart with anxiety."

In regard to general treatment the great rule is to restore the strength of the nervous system by a wholesome and generous diet. I have observed this state of the heart produced by too rigid adherence to rules of ascetic severity, especially by patients who had adopted the water-cure notions, and believed in water to the exclusion of all other beverages. These true hydrophobists, or water-sufferers, frequently take no food after their ghostly tea which is taken about seven o'clock. This is insuffi-

cient for the restoration of the nervous exhaustion, and they awake at three or four o'clock in the morning with palpitation of the heart. I have seen this nervous palpitation entirely cured by the bold administration of a chop and glass of brandy and water for supper.

The next class of palpitation of the heart to which we shall advert, is what is called the anæmic, or that which depends on a deficiency of blood.

The abstraction of the sanguineous fluid produces effects commensurate in magnitude with the importance of "the blood which is the life," in the figurative language of Scripture, or in the scientific phraseology of Bichat, which bears in all the tissues of the body a direct proportion to the amount of vitality they are capable of displaying. To what extent this primary element of life may be withdrawn without extinguishing vitality has been the subject of many experiments which offer considerable differences in their results. According to those of Rosa, Hales, Blundell, and Piorry, the medium quantity required to be withdrawn before death occurs is about three-fourths or seven-eighths of the whole amount, but in many cases a much smaller quantity is followed by fatal consequences. It does not require anything like this amount, however, of loss to produce a violent effect upon the system, and the symptoms of anæmia form a well-marked group which is thus described by Hope—"The complexion is unusually, sometimes singularly pallid or exsanguine; the lips, the interior of the mouth, and the inside of the palpebræ, partake more or less of the same paleness; the pulse, is quick, small, weak, and *jerking* (the pulse of unfilled arteries), and during palpitation it often presents a thrill; its average frequency is generally from 80 to 90, and during excitement is easily raised to 120 or 130, and occasionally even to 140 or 150. The slightest causes, even corporeal efforts, suffice to produce palpitation, breathlessness, and faintness; the body is usually constipated, there is anorexia, with an especial distaste for animal food, and a predilection for sour articles, as acids and fruits, salads, &c. The catamenia are deficient, and usually replaced with leucorrhœa; or, what is too often over-looked, they are profuse, lasting from six to ten

days, consisting of blood instead of the normal secretion, and in fact, constituting a passive hæmorrhage, which is often the cause of the anæmia; the muscular system is very feeble, lassitude and aching pains being produced by trifling exertions; the intellectual powers and energies are also often greatly impaired. In many patients there are transitory neuralgic stitches and aches in various parts of the body, and sometimes exquisite sensitiveness of the skin, especially that of the mammæ and abdomen; more or less headache is almost always experienced, generally with vertigo, rushing noises in the ears, and in severe cases, with intolerance of light and sound, delirium, and even fatal coma, of which I have recently witnessed two instances. Such are the general signs of anæmia, and therefore, of anæmic palpitation. We proceed to the physical signs. The impulse of the heart is less remarkable for force than for an abrupt bounding character, with throbbing of the arteries, often universal, and a jerking pulse. Hence this species of palpitation is more audible to the patient than perhaps any other, the sound appearing to rush through his ears, especially when he lies on his side in bed, and each arterial throb causes a movement of his pillow. When the anæmia is considerable, palpitation occasions a weak soft bellows-murmur in the aortic orifice with the first sound, and a corresponding whiff is heard in the carotids, subclavians and other considerable arteries, especially when compressed with the edge of the stethoscope. These murmurs of the heart and arteries occur whenever the action of the organ is excited, and in some patients the slightest causes suffice to produce the excitement. Venous murmur invariably attends these murmurs in the heart. The following characteristic case is related by M. Bouillaud.* "I was summoned," says he, "on August 21st, 1834, to see, with the surgeon major of the 3rd Lancers, the son of a chef d'escadron, aged 16, who, after a leech-bite, had lost an enormous quantity of florid blood, very probably furnished by a small divided artery; syncope was imminent; lips and face colourless; eyes turned up and livid; general coldness; long and sighing inspirations; pulse exceedingly quick and weak; on listening to

* *Traité*, § 1, p. 180.

the beats of the heart, which were feeble, but very abrupt and frequent, so as scarcely to admit of being counted, I heard a clear smart bellows murmur, like the puff with which one blows out a candle. I made the surgeon major and assistant attest the phenomena. I was of opinion that the murmur depended solely on the fainting and anæmic state, during which, from the hurried palpitation of the heart, the smaller column of blood contained in the ventricles was expelled, if not with much force, at least with a sort of convulsive rapidity. I revisited the patient on the following day at the same hour: the hæmorrhage had ceased for more than twenty hours; there did not exist a trace of the murmur, which, according to the surgeon major's account, had completely disappeared ever since the preceding evening." In this case there was no organic disease of the heart.

The anæmic murmurs may be distinguished from those arising from organic disease of the organ, by being always confined to the aortic orifice and attending only the first sound, and by being invariably accompanied by venous murmurs, and by being of a soft, weak, and bellows sound. The anæmic palpitation may be distinguished from the nervous and dyspeptic by being very much aggravated by any movement, however slight, whereas the other kinds are often relieved by gentle exercise.

In the treatment of anæmic palpitation, the most important remedy is undoubtedly some preparation of iron. That the operation of this medicine is not chemical but dynamical, is proved beyond a doubt, by the success of the infinitesimal dose. I lately met with the following striking case which may be worth recording, as illustrating this class of affections.

I was sent for, one night about ten o'clock, to see a patient whom I had not seen before. I found a young lady, about twenty years of age, lying on a sofa, deadly pale; she could not speak, but tossed her head and arms to and fro, and seemed in a state of extreme agitation. The action of the heart was visible through her clothes, it was bounding and throbbing in the most violent and tumultuous way; the pulse was so small and rapid that I could not count it. Not having a stethoscope I could not determine accurately the state of the sounds, but

they seemed to me normal. I gave her Ignatia, and remained with her some little time: the attack gradually subsided. I saw her on the following day, and found her of a pale waxy hue, the lips almost colourless; she complained of great languor, giddiness, ringing in the ears, and occasional headache, and on enquiry I was told that the catamenia were very profuse, and too frequent; she was very weak, and had been in this state for about six months. I ordered her a dose of the first dilution of *Ferrum aceticum*,* a drop three times a day. In the course of a week there was the most wonderful improvement in her appearance—indeed she hardly looked like the same person: she said she felt a great deal better every way. The course was continued for another week, and the improvement went on. Finding herself so well, she left off the medicine, and at the expiry of a week she had again an attack of palpitation, though not so severe as on the former occasion, and she had fallen off in her appearance, being again much more pallid. She has resumed the use of the Ferrum, and I have no doubt that she will soon be restored. When we calculate that the total quantity of iron taken could not amount to a grain, the idea of its acting chemically is out of the question, and this shows how absurd the treatment of the allopathic school is, even when by some happy accident it stumbles on the specific remedy. What quantity of Iron and Aloes would not this poor nervous patient have been forced to swallow, to the detriment of her bowels and nerves, had she been treated by the *soi disant* rational physician.

Among the other medicines suitable in anæmic palpitation the following are the most important:—

China officinalis affords this peculiar indication. “Strong violent beats of the heart, with feeble pulse and cold skin.” It is generally useful when there is exhaustion of the vital powers, accompanied with a tendency to passive hæmorrhage and decomposition of the organic matter. Noack and Trinks recommend it in palpitation of the heart from loss of animal fluids, and in palpitation of the heart with distension of the veins. I

* This is not a good preparation of Iron, it is not easy to get a good soluble one. I now often give the Ammoniaci-citrate.

have always found this medicine fully answer all that we have a right to expect from it.

Graphites is more indicated when, along with anæmic palpitation, there is amenorrhœa, while the two former medicines are more useful when the menses are over abundant. The special symptom expressive of its relation to this affection is, "violent throbbing about the heart and in the rest of the body at every little movement."

Natrum muriaticum has the following characteristic symptoms. "Palpitation of the heart from the slightest movement; palpitation of the heart while standing; palpitation of the heart without anxious thoughts, even for hours; fluttering motion of the heart; irregularity of the beats of the heart." It is recommended by Rummel in cases of protracted chlorosis, with deficient nutrition and flaccid torpid skin. This too, is most likely to be useful where there is amenorrhœa.

Plumbum must not be omitted from this list, although the symptoms which correspond with the affection are not very well pronounced. Among them we find, "pain in the region of the heart, and violent spasmodic palpitation of the heart, and in violent palpitation of the heart." It is also useful in so-called chlorosis, although the term is somewhat vaguely used.*

Pulsatilla is useful in the early stages of anæmic palpitation, but the indications for its employment are not very precise.

Secale cornutum and *Sepia* we have already adverted to as useful in irritable heart; they may be given in cases of anæmic palpitation with great advantage. *Secale*, when there is too great thinness of the blood, and tendency to excessive menstruation, with general erethism of the system, and especially if the skin is marked with livid spots which come and go. And *Sepia* when there is deficient menstruation.

Anæmic palpitation of the heart being much more common in women than men, perhaps an undue prominence has been given to the symptoms of the catamenia; however, the practical physician will have no difficulty in selecting the remedy proper for a male patient, if he is familiar with the characteristic peculiarity of each medicine in its relation to females.

The only division that now remains to be noticed is palpita-

* See paper by Dr. Chapman, in vol. iii, p. 170.

tion from moral causes. Although the phrase, "dying of a broken heart," may be slightly figurative, yet it is a certain fact, that, depressing emotions, such as long sorrow or anxiety, not unfrequently induce a constant palpitation of the heart, which may go on to hypertrophy and death. I have at present under my charge such a case: the palpitation began some years ago, and has never altogether subsided; it was caused originally by grief for a brother's and father's death. There is in this case very great hypertrophy with all its attendant dangers. However, we wish at present to speak of simple palpitation without hypertrophy, and for relieving this the best medicines are Aconite, Ignatia, Moschus, Pulsatilla, and Tabacum. Aconite has so direct an action on the heart that it is not easy to make out, from the proving, what may be called its sympathetic relations to that organ. But there is ample evidence for the beneficial effects of Aconite in palpitation caused by grief or fear, or indeed by any mental emotion. The indications for its preference must be sought rather in the general condition and habit of body of the person, than in anything peculiar in the symptoms of the palpitation.

Ignatia, according to Hahnemann, whose authority on matters of this kind is altogether paramount, is most suitable for persons subject to sudden alternations of feeling, passing rapidly from grief to joy—in short, of mobility of temperament; and it is most serviceable in allaying the evil consequences of anger or grief, if the subjects are not given to paroxysms of anger, but rather tend to the concealment of their feelings. Among its characteristic symptoms is "palpitation of the heart during deep meditation."

Moschus is an invaluable remedy in many of the slighter cases of palpitation combined with hysterical symptoms. It does not seem to be so deep in its sphere of operation as either Aconite or Ignatia, corresponding rather to the general tendency to perturbation of the nervous systems when set with too fine an edge, and allaying the excessive action of the whole, than bearing special relation to the heart; and its action is well expressed by this, symptom: "great anxiety with palpitation of the heart, as from anxious expectation."

Pulsatilla is useful after Aconite in palpitation caused by

sudden fear, grief, or annoyance. There are no very specific indications afforded by the proving to give precision to the selection of this, in preference to other medicines, in simple palpitation from moral causes, and so we must fall back upon the general suitability of Pulsatilla to particular temperaments and states of body. Nor can we say more of the last medicine in this list, Tabacum. That tobacco produces a most powerful and direct effect upon the heart is certain; among its symptoms we find "violent palpitation of heart," and that it also acts upon the spirits, producing great depression, is equally well known, and we may safely say, that from these two indications of its action, the one on the brain, the other on the heart, we shall find a most useful remedy in this form of palpitation. I have given it occasionally in such cases, but have not sufficiently full details of the cases to make them of any avail. However, my impression is in favour of the important usefulness of the much calumniated herb.

In this enumeration of the various kinds of palpitation of heart, I have omitted all reference to those which are simply sympathetic and incapable of self-continuance after the removal of the exciting cause; as for example, the numerous forms of dyspeptic palpitation, for these affections can hardly be the subject of individual and specific treatment, and I have reserved for future consideration all those forms of palpitation which depend upon some organic change in the heart.

HOMŒOPATHIC CLINICAL STUDIES,

By Drs. WURMB AND CASPAR.

(Continued from page 211.)

Intermittent Fever.

INTERMITTENT fever is of very frequent occurrence in our quarter of the city. There are various circumstances, as we have already mentioned in speaking of typhus, which occasion so great a prevalence of this disease.

In the course of the year, 110 cases were admitted into the hospital—of these 51 were men, and 59 women. This surprising

difference between the two sexes is dependent upon local circumstances; the women being brought from all parts of the city, whilst the men usually come either from Leopoldstadt, or from the adjoining suburbs.

The following table gives the respective ages of those admitted from 3 to 10 years of age, 5 came under treatment.

„	10	„	20	„	„	20	„	„
„	20	„	30	„	„	38	„	„
„	30	„	50	„	„	28	„	„
„	50		and above			4	„	„

Most of our patients had thus entered upon the prime of life.

There were 47 admissions in the months of February, March, and April, and 33 in August and September; the remaining 40 cases were divided among the other seven months, January and December having each one case.

The frequent prevalence of intermittent fever in the months of February, March, and April, is dependent upon the inundations of the suburb, which begin at this period, as well as upon the cold damp weather peculiar to the season.

The type was the same as it usually is with us. The intermittent fever of this part differs from that of more northern countries by its affecting more severely the vegetative sphere, thus important organic changes arise, inducing cachexia, so that symptoms are often presented which usually belong to fever of a lower and malignant character. Nevertheless, we have rarely met with the latter, excepting in a very few cases, in which the paroxysm was excessively violent, the enlargement of the spleen very considerable, or in which there was great disorder of the vegetative system; in these instances, the fever was contracted in the marshes of Hungary or Venetia.

The intermittents which appeared in summer and the early autumnal months were distinguished from those of spring by their gastric and bilious complications. To this cause may be attributed the fact that the intermittents of the spring were not so frequently accompanied with such extensive enlargement of the spleen and consequent cachexia.

The cholera which prevailed in Vienna during July, August, and September, also visited our hospital, and attacked those

suffering from intermittents and typhus. Out of 82 cases of intermittent fever, 10 were seized with cholera in its severest form, and 10 died. With the exception of a solitary case in which two paroxysms had missed previous to the accession of cholera, the paroxysms recurred until the appearance of the new disease. The attacks were entirely wanting in 6 cases; in 4 others they recurred at the usual period; in 8 of these there were slight shiverings; in one case there was a still greater increase of action, for there was not only a feeling of warmth but the temperature was actually so much elevated, that it was followed by moderate perspiration. We remarked similar paroxysms during the first two days after the invasion of cholera, but not during its subsequent course, nor even after the disappearance of the disease. We must, however, except two cases in which there was slight recurrence of the paroxysm towards the end of convalescence. In one instance, the attack occurred on the ninth day of convalescence, and subsequently only on two occasions, although no remedy was employed; in another, the paroxysm returned on the nineteenth day.

In every instance, the enlargement of the spleen decreased on the appearance of cholera. In some instances it disappeared entirely, in others it recurred after the vomiting and purging had ceased.

However remarkable the influence of cholera on intermittents appeared to be, the reverse never occurred; at least we never observed cholera to be in the slightest degree modified by the presence of intermittent fever. The circumstance that a cholera patient died at the very period in which a paroxysm usually recurred, is too isolated an instance to lead to any satisfactory conclusion. It should not be a subject of surprise that the occurrence of two such diseases should occasion a protracted convalescence, for the organism, already enfeebled by the intermittent, must be very much more affected by the accession of a new and so violent a malady as the cholera, and therefore a long period for recovery would be rendered necessary.

The following complications of intermittent fever with acute and chronic maladies seem to us to be of some interest.

A patient suffering from intermittent fever took the small-

pox ; both diseases ran through their course without one being in the least affected by the other.

A man who had been seized with intermittent fever while in the Banat, and which had already lasted a year, was freed from the disease on the breaking out of eczema, which extended over both fore-arms. After some time the eruption disappeared, and the patient was cured of both diseases. He took *Nux vom.*, and had only three attacks after. It is difficult to determine whether the disease was cured by the remedy, or by the super-vention of the new malady. Herpes labialis is frequently a prominent symptom in intermittent fever. In one of our patients it spread itself with surprising rapidity over the whole of the face and the right side of the neck, so much so that we were compelled to regard it as an independent disease, especially as the intermittent was but slightly developed.

A boy who had suffered from several attacks of impetigo, had, a few days after the sudden disappearance or drying up of the pustular eruption, a severe attack of a quotidian, which was cured after eight days' treatment. This case, although an isolated one, strengthens the presumption that intermittent fever and impetigo exclude each other, or that the latter may be cured by an intermittent.

A young woman, suffering from prurigo, was attacked by an intermittent fever, six weeks after she was admitted into our hospital. She stated that she had suffered from an eruption which, from her description, could be nothing else than prurigo. It had disappeared on the accession of the fever. On examination we found the skin still somewhat infiltrated, but there was no further trace of the eruption itself. Scarcely, however, was the intermittent cured, than she was seized with an insupportable itching of the skin as formerly, and pimples similar to those of prurigo again made their appearance: the skin disease was thus only suppressed, not cured.

A man suffering from a pleuritic effusion was seized with a severe intermittent fever. Both diseases ran their course without one being influenced by the other ; the effusion was reabsorbed in four weeks ; the intermittent disappeared after the sixth attack.

We have often remarked that acute catarrh will likewise co-exist with an intermittent fever.

We have the following observations to make in reference to the types :—

Simple quotidian,	we had	45	cases	under	treatment.
„ tertian	„	34	„	„	„
„ quartan	„	3	„	„	„
Double quotidian	„	1	„	„	„
„ tertian	„	1	„	„	„
Complicated tertian	„	1	„	„	„

Of irregular fever (*Febr. erratica*) we had 4 cases.

There were 15 cases of fever of changeable type.

Exclusive of 4 cases of cachexia without fever, which must necessarily be omitted when speaking of types, we had properly only 106 cases of intermittent fever. As 10 of these were attacked with cholera at the moment of the development of the fever, when the treatment was necessarily changed, there remain only 96 actually under the treatment. Of these, 11 left the hospital uncured, as under :—

1	after the	2nd	paroxysm
2	„	3rd	„
1	„	4th	„
1	„	5th	„
1	„	8th	„
1	„	10th	„
1	„	12th	„
1	„	18th	„
2	„	16th	„

As 6 or 8 paroxysms are likely to occur under any kind of treatment, it is evident that most of these patients left the hospital for very different reasons than the duration of the fever.

This was actually the case, for not a few confessed that they had not applied to us on account of the fever, but for other complaints, which, as soon as they were removed, they thought it was no longer necessary to remain in, because the fever would cease at home, or they were able, during the intervals, to attend to their affairs. With respect to the 5 who waited so patiently for from 10 to 16 paroxysms before they requested their discharge,

I have only to remark that in two of these the attacks had so much decreased in violence that the disease would soon subside of itself; that the general health of all, with the exception of one extremely cachectic subject, was very much improved, I might say, was very good. In two a rapid cure was impossible, for one had suffered for several months, and the other had been previously treated with large doses of quinine.

These negative results do not prove anything else but that the above mentioned cases could not be cured within a certain time, not that they were incurable. On the contrary, analogy would lead us to presume, when other more difficult and more protracted cases are brought into consideration, that if more time had been allowed on the patients' part, they would likewise have been cured. Let it be assumed that we could not cure the patient, however long he might be under our care, would indeed be a reproach to us, but it could not be extended to homœopathy.

If we abstract from the total of our cases of intermittent fever, viz. from the number 110, the 4 cachectic, the 10 which were seized with cholera, and the 11 which were discharged, we shall then have 85 remaining. Of these, 3 were discharged cured, who soon came to us again with a return of the fever. After they had remained some time in the hospital, they were discharged cured without any further relapse. Three others who, according to their own account, had fever before they came to us, had no paroxysm after their admission. Was the latter repressed by the remedy, or had an intermittent existed or not? On this point we cannot give any certain information. We have admitted these cases into the rubric "*Intermittent Fever*," because the latter was indicated by several signs; for example, splenic enlargement, and because we had no reason to mistrust the report of the patient. In order to be quite sure, we subsequently waited until a paroxysm had taken place before we prescribed a remedy. We must now make mention of two cases which we cured by giving large doses of Quinine. What! allopathic treatment in a public homœopathic hospital! we fancy we hear not a few homœopathists indignantly exclaim. What! you have been obliged to take refuge in allopathic remedies! will the followers of the old, I might say worn-out school, derisively

exclaim. Softly, gentlemen! It is a very different thing to what you imagine. When the cholera broke out and entered our walls, seizing first upon the patients suffering from intermittents, we no longer dared to attempt and quietly wait for the cure of the fever, but we were obliged to suppress the next paroxysm, and thus effect the quick discharge of our patients from the hospital. The suppression of the fever was in these cases an *indicatio vitæ*; hence the employment of quinine in large doses was indispensable.

In abstracting the 3 cases of relapse, and the 3 in which there were no paroxysms observed, with the 2 treated with large doses of Quinine, the number of cases will then be diminished to 77. In these 77 cases, which have been separated from the others with the greatest care, a perfect cure of the fever was effected, and that too with a remedy chosen by the law of *similia*, and of the 30th decimal dilution. This number is relatively so great that not even the most redoubtable sceptic, unless he writes to make himself ridiculous, or guilty of the greatest conceit, will venture to pronounce the word "chance," or be ready to contradict the fact, that intermittent fever can be cured homœopathically.

Are we homœopaths in a position to cure intermittent fever, *a*, surely, and *b*, quickly?

a. To this question we must not only, in consequence of our experience, reply in the affirmative, but we must also assert that homœopathy can cure intermittent fever more surely than any other mode of treatment. In order not to be misunderstood, we think it necessary to remind our readers, that by the term "intermittent fever," we have the whole of the disease in view, and in speaking of the certainty of a cure, we do not take the quicker removal of one or another symptom into consideration. The latter, however, occurs more frequently in intermittent fever than in any other disease. All is thought to be accomplished when the return of a paroxysm has been prevented; the quicker this has been effected, so much the better is the treatment considered; in short, the removal of a symptom is regarded as equivalent to the cure of a diseased process. As the Cinchona bark is, in most cases, capable of subduing the paroxysm, and "in a moment, it is adduced in

preference to any other remedy as a cure for intermittents, when it is necessary to defend against sceptics the truth and certainty of the healing art. There are even not a few allopathists who are well aware that the paroxysms do not form intermittent fever, and that the latter is not cured, although the former may be removed. At the bedside, however, these practitioners will not own the improved experience; they still continue to suppress the paroxysm by means of Quinine. They do not trouble themselves in the least as to the results of so violent a therapeutical action, and they can as little resist the opportunity of shewing, by a symptomatic treatment, for an instant, the apparent power that the physician possesses of controlling nature, although not unfrequently he only procures a dangerous alleviation.

Such a remedy is not seen in our prescriptions. We have an entirely different and more difficult task to perform than the allopathists. We do not venture to treat our cases of intermittent fever symptomatically, but rationally; we do not venture to suppress the paroxysm, but to cure it, and with this view to bring back the whole organic system to its normal state. This, however, cannot be done at one blow, and the corresponding medicine is not ready to the hand, but must sometimes be long sought after, until it has been discovered in our medical treasury. Upon these grounds, and because the importance of attacks of fever are apt to be over-rated, we endeavour to explain why many of our brethren are discontented with the homœopathic mode of treatment of intermittent fever; why they cast envious glances at the Quinine bottle of the allopathists, and why, in our literature, there prevails a certain unmistakeable aversion to entering upon the subject of intermittent fever, so that, with the exception of Hartlaub's, there are but few reports on record. And yet we homœopaths have every reason to congratulate ourselves on the result of the treatment in intermittent fever, because there are few diseases which admit of so certain a cure.

Those, however, who consider that an intermittent consists of the paroxysm alone, and that the removal of the latter is all that is required, will certainly not agree with us. We will not

however, allow ourselves to be led into error, for experience teaches us,

1st. That conditions very similar to the paroxysms of intermittents may be called into existence by very different causes, and at the same time may be attended by very different pathological states. For example, simple nausea, or a residence in marshy land, partaking of unusual food, or of too large a quantity of the latter, blows in the region of the spleen, catheterisation, and the pressure of morbid products on the ganglionic system, are each productive of fever of an intermittent type. The latter is equally attendant upon tuberculosis, pyemia, &c. and therefore does not exclusively appertain to true intermittent fever.

2nd. That the paroxysms of intermittents often last for months with considerable violence, without nevertheless diminishing the powers of the patient sufficiently to prevent him from following his occupation in the intervals. On the contrary, in other instances, the patient suffers from severe indisposition, although the paroxysms may have only occurred for a few days, and with moderate severity. In the most severe forms of intermittent cachexia, the paroxysms are either entirely wanting, or are not properly developed; the cachectic condition more frequently makes its appearance when the paroxysms have been entirely suppressed. Hence it follows that there is no necessary connection between the disease and the individual paroxysm. The justice of this remark may be substantiated by the fact that the cachectic condition which follows intermittents, in consequence of the suppression of the paroxysms is much more severe than that which gradually results from the fever itself, owing to the association of the drug-disease, causing in some measure a double malady.

It is upon these grounds that we feel ourselves justified in estimating less highly the importance of the paroxysm, and in placing little value in its disappearance, inasmuch as the least indication of its presence shews that the intermittent is not cured. We are of opinion that the speedy removal of the paroxysm is alone necessary, either when it has been present from the beginning, or when it is the sole symptom of the

complaint, or when it exercises a visible effect upon the general health.

Experience has led us to conclude, that it is the affections of the vegetative sphere in intermittent fever which demand the first attention.

In their increase or decrease we observe the progress or subsidence of the disease. Although the other symptoms may have long disappeared, yet their existence is to us a proof that the intermittent has not been fully or permanently cured, and, according to the action of a medicine in the removal of these affections, have we estimated its value. In this respect, our antipyretic remedies leave us nothing to desire. We have never remarked that only a part of these affections had yielded to the homœopathic treatment; on the contrary, we have effected their removal in almost all cases, although of very long standing and in extremely reduced individuals.

We cannot, any more than other hospital physicians, guarantee the permanency of the cure of all the cases of intermittent fever discharged from our hospital, but perhaps we can do so with more certainty than they can, and for the following reasons. The nurses of our hospital are of the order of the Sisters of Mercy. All the world knows the great reputation which this pious order has gained in relieving suffering humanity; we therefore consider it superfluous to remark, that in respect to careful attendance, the patients could not be entrusted to better hands, and that in case of fresh illness, they esteem themselves fortunate if they can gain readmission. Notwithstanding this circumstance, we had only 3 cases of relapse. No other, with these exceptions, came under our notice, although 8 were subsequently readmitted suffering from other diseases; 8 others were treated as out-patients for various diseases, and we were in a position to ascertain the health for some months of 5 other persons whom we had treated for very obstinate intermittents.

If the above should not be sufficient to render the permanency of our cures very probable, we will endeavour to make it certain by a comparative review of the mode of action of the remedies administered on homœopathic and allopathic principles.

Most of the allopathic cures of intermittent fevers are the results of a sudden change of the system, or a violent action upon the latter. Thus, in our opinion, are to be explained the effects of nauseating and purgative remedies. In the large doses in which Quinine is given, it can only act as an alterative and not from any specific quality. In this manner, the paroxysm may be suppressed, and sometimes the case may be cured by the efforts of nature, but as the entire vital process has not been affected in a uniform manner, but only subjected to a violent disturbance, it therefore happens that the cure is constantly doubtful, and frequently incomplete.

No similar change or violent disturbance can be produced by homœopathic treatment. The remedies chosen after the law of similarity, and given in infinitely small doses, can only cure intermittents by acting uniformly on the entire organism, and especially by their peculiar and close relation to the diseased organ or system, they are enabled to restore the disturbed harmony of the functions to their normal condition. When this is effected, the paroxysm must cease of itself, because the conditions are removed which brought it into existence; the cure must necessarily follow, and this cannot be otherwise than complete and permanent.

We have no reason to envy the allopathists their fever remedy, although we cannot with the same certainty hinder the return of a paroxysm; we have still less cause to do so, for the rapid disappearance of the latter often causes much injury; the resulting ease frequently deceives both patient and physician, and the disease is quietly allowed to progress, and reappears sometime after in a greater degree of violence, and often in a form beyond the reach of art. In other instances where this does not occur, a cachectic state follows the use of Quinine which is sometimes incurable.

The paroxysms are not suppressed by homœopathic treatment, but simply cease, because the disease is reduced to the last degree, or is really cured. As we are not in a position to give any information as to the real duration of the disease, owing to our not seeing the disease at the commencement, we must therefore direct attention to the number of paroxysms, in

answer to the question, whether we homœopathists are able to effect a rapid cure of intermittents.

After the administration of the homœopathic remedy,

There appeared no paroxysm in 11 cases.

”	1	”	12	”
”	2	”	9	”
”	3	”	8	”
”	4	”	6	”
”	5	”	2	”
”	6	”	4	”
”	7	”	3	”
”	8	”	1 case	
”	9	”	2 cases	
”	10	”	2	”
”	11	”	2	”
”	12	”	2	”
”	13	”	3	”
”	14	”	1 case	
”	15	”	2 cases	
”	16	”	1 case	
”	18	”	3 cases	
”	21	”	1 case	
”	25	”	1	”
”	26	”	1	”

Total 77 cases

From these figures it is evident that in respect to the rapidity of cure, we may most satisfactorily enter into the lists with our rivals, for including those cases in which 7 paroxysms occurred, we shall then have 55 quick recoveries to 22 retarded. As to some of these cases, we do not think we are open to any reproach, for there are many intermittents in which it is beyond the reach of possibility to effect a rapid removal of the paroxysms. Nevertheless, we were frequently to blame in allowing the paroxysm to recur so often, because we had not chosen the right remedy, and even that choice had been made in accordance with the old system, until experience had taught us a better way. Had we not committed this error we should

have been able to give quite a different report; for after the last remedy, correctly chosen,

No paroxysm appeared in 19 cases

1	„	„	16	„
2	„	„	14	„
3	„	„	13	„
4	„	„	7	„
5	„	„	1	case
6	„	„	3	cases
8	„	„	1	case
9	„	„	1	„
10	„	„	2	cases

Total 77 cases

We have thus in 62 cases obtained signal results from our remedies. Had we used the last chosen medicine at first in the other 15 cases, we should have obtained a result unattainable by any other method of treatment.

The following tables will shew what remedies we employed; which were followed with beneficial results, and which effected the most and quickest cures.

We employed Arsenicum.... 34 times, and 20 cured.

„	Pulsatilla	27	„	„	17	„
„	Nux	30	„	„	14	„
„	Veratrum	14	„	„	10	„
„	Ignatia	12	„	„	4	„
„	Ipecac.	9	„	„	6	„
„	Natr. mur.....	8	„	„	1	„
„	China	7	„	„	3	„
„	Lycopodium	3	„	no result		
„	Belladonna	3	„	„		
„	Ferrum	2	„	„		
„	Asarum	1	„	„		
„	Carbo veget.	1	„	„		

Total.... 77

After Arsenicum	there was	no	paroxysm	in	4	cases
"	"	"	1	"	4	"
"	"	were	2	paroxysms	in	4
"	"	"	3	"	4	"
"	"	"	4	"	2	"
"	"	"	5	"	1	case
"	"	"	8	"	1	"
After Pulsatilla	there was	0	paroxysm	in	3	cases
"	"	"	1	"	3	"
"	"	were	2	paroxysms	in	5
"	"	"	3	"	2	"
"	"	"	4	"	3	"
"	"	"	10	"	1	case
After Nux vom.	there was	0	paroxysm	in	5	cases
"	"	"	1	"	5	"
"	"	were	2	"	2	"
"	"	"	3	"	1	case
"	"	"	4	"	1	"
After Veratrum	there was	0	paroxysm	in	4	cases
"	"	were	2	paroxysms	in	1
"	"	"	3	"	3	cases
"	"	"	4	"	1	case
"	"	"	6	"	1	"
After Ipecacuan.	there was	0	"	"	2	cases
"	"	was	1	paroxysm	in	1
"	"	were	3	paroxysms	in	1
"	"	"	6	"	1	"
"	"	"	9	"	1	"
After Ignatia	there was	1	paroxysm	in	2	cases
"	"	were	3	"	1	case
"	"	"	6	"	1	"
After China	there was	0	paroxysm	in	1	"
"	"	were	2	paroxysms	in	1
"	"	"	3	"	1	"
After Natr. mur.	there were	10	"	"	1	"
After Cina	there was	1	paroxysm	in	1	"
After Bryonia	there were	2	paroxysms	in	1	"

Total77 2 D 2

We have made use of fifteen remedies, as the foregoing tables shew. Among these there are five, viz., Lycopod., Bell., Ferrum, Asar., Carb. veg., from which we have obtained no results, and the choice of which must in every way be considered unfortunate; as, in respect to the rapidity of cure, they have caused no little injury to our numeral arrangement.

ON SOME OF THE THERAPEUTIC EFFECTS OF APIS MELLIFICA.

BY S. YELDHAM, M.R.C.S.

(*Read before the British Homœopathic Society, March 2nd, 1854.*)

It is more than probable that most of us have been conscious of the sentiment which, doubtless, prompted one of our members, at a recent meeting of this Society, to exclaim—"I wish there were not so many remedies in the materia medica." Who, on first commencing the study of Jahr, has escaped a feeling of hopelessness of ever being able to wade through, much less to retain the sense of, the interminable list of symptoms, of which the goodly tome is composed! and yet, a moment's reflection will convince us, that, long as is the array of remedies, the list is incomplete. Whilst some diseases exist over which we can exercise no power, and a larger number still, which are but partially under our control, no one will venture to assert that we already possess remedies enough. It is now a trite saying, that "all practical science is progressive." The *principle* of homœopathy, being firmly established, probably beyond extension or modification, the main, if not the only path left open for its advancement, is the discovery and application of remedies. As new and more powerful agents are from time to time brought to light, it will doubtless happen that some of those previously in use will be less frequently resorted to, or, perhaps, altogether thrown aside, and so an unmanageable accumulation of remedies be prevented; but, a limitation to the progress of the science, in the direction I have indicated, whilst a single disease remains incurable, is a

thing neither to be desired nor anticipated. The work of investigation is even now going on, and, ever and anon, the labours of those who engage in the research are rewarded by what one might venture to call, in antipodean phrase, a medicinal "nugget"—a substance betraying more than common curative virtues. I need go no further for an example than the subject of these remarks, viz., the sting of the honeybee—the *Apis mellifica*. Familiar as we are with the violent effects of the sting of the bee, I am not aware that, until recently, it has ever been introduced into the domain of medicine. We are now indebted to our American brethren for our acquaintance with the pathogenetic effects of this substance, and these effects have been, to a considerable extent, verified in the treatment of various diseases. An interesting paper on the subject appeared in a late number of the *British Journal of Homœopathy*, containing a good deal of this evidence. My object is to bring under your notice some additional testimony to the same effect. Although I have lately employed this remedy in a variety of complaints, I shall confine my observations, on the present occasion, to three only, viz., erysipelas, sore-throat, and inflammation of the conjunctiva. I am induced to do so for two reasons, first—because, these being all affections of similar tissue, and bearing a strong analogy to each other, it is interesting to observe the same harmony in their amenability to one and the same therapeutic agent; and, secondly, because, the curative powers of a new remedy being a question of evidence, I consider it to be much more useful to accumulate testimony upon a few points, than to diffuse it over many; for, whilst a long array of cures of a diversity of disorders may have an imposing appearance in the aggregate, yet, as bearing upon any given disease, the evidence is comparatively weak. I trust, therefore, that the practical advantages of the former of these plans (which I propose to adopt), will be taken as a compensation for its lack of variety.

Erysipelas.—The following symptoms, elicited in the proving of the remedy, indicate its action upon the skin, and its applicability to inflammatory diseases of that structure, viz.—Heat with redness of skin, in the evenings and night, with excite-

ment, headache, &c. Violent itching, like needle pricks. Itching on small circumscribed spots, at night, preventing sleep. Burning, shooting, irritating, intolerable itching. Violent shooting pains and swelling. *Bright red swelling*, with red spots along the limbs. Swelling of the skin, pale red, as if puffed, extending further on the surface. Burning, shooting, flat swelling, with redness, or whiteness, or both. Burning shooting of the face, with feeling of fulness, heat, redness, livid, bluish red color. Tension, swelling and redness, formication and prickling.

CASE I.

Mrs. D., aged 25 years. October 1853. A scrofulous subject; always liable to skin disease. Has been treated twice previously with Apis for erysipelas in the face. Had a boil forming two or three days on the middle finger of the right hand; it swelled, became very painful, and inflamed; the inflammation being of an erysipelatous kind, and extending up the course of the absorbents to the axilla. When this had existed two days (and for which she had Aconite and Belladonna), erysipelas made its appearance in the upper part of both cheeks under the eyes, and implicating both lower eyelids. She begged to have Apis, having previously experienced its beneficial effect. I accordingly gave it, and was gratified to find the progress of the disease instantly checked. It receded rapidly, and the arm, also, got well at the same time.

CASE II.

November 2, 1853. Miss B., aged 41. Got a chill two or three days ago. She is now lying on her sofa with her head wrapped up in flannel, on account of a pain in the face, on examining which it proves to be phlegmonous erysipelas; very vivid, well defined, and occupying nearly the whole of the right cheek. She is feverish and hot, has quick pulse, foul tongue, &c. To have Aconite 3 and Belladonna 3 alternately every three hours.

3rd.—The febrile symptoms have vanished. The skin disease is still as vivid in its original seat, and is creeping across

the nose, and attacking the left cheek. To have *Apis*, of the 3rd, every three hours.

4th.—Very much improved. The uncomfortable feeling in the face produced by the disease has disappeared. The cheek first attacked still faintly red; the progress of the disease on the left cheek stopped, and it is growing fainter.

5th.—Quite well.

CASE III.

December 8th, 1853. Ellen W., a servant. Two days ago, after having been poorly a week, was seized with severe pains in the head, and feverish symptoms; and a red patch made its appearance on the left frontal protuberance. She left her place, went home to bed, and this morning, a medical friend (having previously given three doses of *Belladonna*) saw her, and gave at my suggestion, *Apis* of the 3rd every four hours. This evening at 9 o'clock, having just visited her, we find the erysipelatous patches occupying nearly the whole of the forehead, particularly the left side; and just at the margin of the hair there is a vesicle. The eyelids and bridge of the nose are also puffy. She has had three doses of *Apis*. Feels better in bodily health; less headache, and has a gentle moisture on the skin. Continue medicine.

9th.—Very much better. The vesicles have dried up. The erysipelas has subsided, leaving intervals of white skin, and patches only of the red. It has not spread in any direction. She is improving in health, but has a little headache from the closeness of the room. Continue medicine.

10th.—Scarcely a trace of the disease left, and the health also improving. Continue medicine every six hours. Cured.

CASE IV.

Mrs. J., aged 42. December 10. Sent to me this morning, complaining of the symptoms of general cold, shivering, headache, &c., and saying that she had some red, inflamed, sore patches of inflammation, like erysipelas on the forehead.

Gave *Apis* of the 3rd, to be taken every four hours. Has already taken two or three doses of *Aconite*. The eruption

commenced at the top of the forehead, and was rapidly descending towards the eyebrows, when she commenced the Apis.

December 12th.—The eruption has entirely disappeared, leaving only some puffiness of the eyelids. She is also well in health. Continue medicine a day or two. Cured.

CASE V.

Mrs. F., aged 63. December 29th, 1853. Felt the first symptoms of erysipelas in the face yesterday, when there appeared a spot about the size of a crown piece on the left cheek, which has continued to spread, and now occupies the whole of the cheek, side of head to the ear, up over the eyebrow to forehead, involving the left eye, and closing it completely; the surface is intensely red, and hot. She has much fulness of the head, thirst, hot skin, and dry tongue. She is liable to these attacks: the last happened in the summer when she was in the country, and for which she had no medical treatment; it lasted three weeks. Take a mixture of the Tincture of Apis ʒ every three hours, preceding it by three doses of Aconite ʒ every two hours.

30th.—The eruption has subsided greatly on the left cheek, and now extends to the right cheek, the forehead, upper lip, and chin. The constitutional symptoms are much relieved. Continue medicine.

31st.—The eruption has greatly abated altogether, and now only appears in patches. The health also still mending. Continue medicine.

January 2nd.—Sitting up. The lower eyelids only shew traces of the disease. Pulsatilla, to quiet some gastric symptoms. In a day or two, she was quite well.

This is an interesting case, first, as showing the comparative value of homœopathy and no treatment; secondly, as evidence of the power of Apis, in stopping the progress of the disease. It was a very severe case, and she recovered more quickly than from any previous attack.

The two following cases have been communicated to me by a medical friend :—

CASE VI.

E. C., aged 18 years. December 31st, 1858. Complains of dull, heavy headache, and has erysipelatous inflammation, not severe, around the left orbit, and down the left side of the nose. Take one drop of Tincture of *Apis* every four hours, and apply flour externally.

January 2nd.—The patient is quite well, with no sign of the erysipelas remaining.

January 4th.—There was a slight return of the headache, which yielded readily to a few doses of *Belladonna*.

CASE VII.

December 17, 1858. A. R., aged 6 weeks. Has suffered ever since his birth from irregular, unhealthy action of the stomach and bowels, but less so during the last fortnight. On being seen to-day, there is a broad belt of erysipelatous inflammation extending across the back from the point of the right shoulder to the upper part of the left arm. The greatest breadth of the swelling and redness is about four inches. Take two globules of *Belladonna* of the 3rd attenuation, every four hours.

Dec. 18th.—The inflammation is less intense on the *right side* of the back, but has extended down the left arm nearly to the elbow, and under the axilla, and down the side to the extent of two inches. Continue the *Belladonna*, and keep the inflamed surface covered with flour.

Dec. 19th.—No improvement, unless it be that the redness is a little less vivid on the back. Take half a drop of Tincture of *Apis* every three hours, and continue flour.

Dec. 20th.—Decided and distinct improvement. No extension of the inflammation, which is everywhere less intense. Continue *Apis* and flour.

Dec. 21st.—Very considerable amendment. Erysipelas subsiding everywhere, and the child becoming cheerful. Continue *Apis* every six or eight hours.

Dec. 22nd.—Scarcely any vestige of the inflammation can be now discovered. Take *Hepar* three times a day. From this date the child needed *no medical aid*.

Sore Throat.

The following are the pathogenetic symptoms which indicate Apis as a remedy in sore throat. The analogy is very striking. Dryness of the mouth, fauces, and throat. Painful, as if scalded, salivation, tough and frothy saliva. Posteriorly and superiorly in the fauces and throat, on pressure, pain as from a hard body. Shooting itching and contraction, rendering deglutition difficult. As if raw in the throat, with tough saliva, and hawking. Burning, smarting, shooting, especially on swallowing. Tonsils red, swelled, painfully smarting.

CASE I.

Mr. R., aged 36. December 17th, 1853. Liable to severe attacks of sore throat for years past. In one of these I attended him last year; it was very obstinate in getting well; he was confined at home with it several days. Had Aconite, Belladonna, Mercurius, &c.

He was attacked on the above date in the usual way. There was great pain, and difficulty of swallowing; and a general redness and inflammation in the fauces, tonsils, and uvula, with a good deal of mucus about the parts. He had Aconite and Apis alternately every four hours, and got well the next day. About a fortnight after he renewed the attack, and again recovered as quickly with a few doses of the same medicines.

CASE II.

Mrs. M., aged 36. December 30th, 1853. Seized this morning with all the usual symptoms of severe cold, and sore throat. This evening is in high fever: has hot skin, rapid pulse, headache, and pains in limbs; with obscured articulation, sore throat, difficult and painful swallow. The inflammation occupies the fauces, as well as the tonsils. Aconite and Apis alternately every three hours.

January 2nd.—The constitutional disturbance subsided in a few hours, and the throat got quite well. There is now some eruption around the mouth, for which she has Rhus.

CASE III.

Miss M., aged 13, daughter of the above. Went to bed well

last night, but soon after was seized with a shivering fit, which ushered in an attack of cynanche tonsillaris. The throat is now intensely red and swollen throughout. The left side most affected. She cannot swallow even a drop of liquid. The constitutional symptoms run high: there is much fever, headache, pain in limbs. *Apis* every two hours.

18th.—Much better. All pains and headache have subsided. The throat greatly relieved, though still severe pain in swallowing. The neck is also less sore. Continue *Apis*. She was pretty well the next day.

CASE IV.

Mr. H., aged 31. January 24th, 1853. Suffers from pain in the epigastrium, and other dyspeptic symptoms. *Nux vom.* bis die.

30th.—Well of the above, but they have been succeeded by discomfort in the throat, which is hot and inflamed; a good deal of phlegmonous inflammation diffused over the fauces and velum. *Apis* 3rd, bis die. He speedily recovered.

CASE V.

Mr. D., aged 40. January 11th, 1854. Has been suffering five days from soreness in the throat. He is now confined to bed; can swallow nothing; the fauces and right tonsil are red and swollen, and affected with a sharp pricking pain. He has headache, is thirsty, pain in limbs and back. *Apis* 3rd every two hours.

12th.—Throat wonderfully better. He got relief from the first dose. There is only a little huskiness. He can swallow comfortably. The pains in the limbs have disappeared. He went out the next day. Cured.

CASE VI.

January 5th, 1854. Miss B., aged 15 years. Liable to most troublesome and obstinate attacks of sore throat. She had one of these some months ago, over which remedies seemed to exert no influence whatever, and nothing but removal to the seaside cured it. When the present attack set in, I anticipated

the usual trouble, and resolved to try the new remedy. She was seized this morning, January 5th. The tonsils and uvula are much swollen, and intensely red. She cannot swallow, and is constitutionally ill, with the usual pains and aches. Her tonsils are always enlarged. Aconite and Apis alternately, two hours apart.

7th.—The inflammation and constitutional symptoms have almost entirely disappeared. The tonsils are but little larger than usual. Continue Apis, under which in two or three days she recovered.

In this case, although from the severity of the symptoms I was induced to give Aconite alternately with the Apis, the obstinacy of former attacks in which Aconite was used with Belladonna, &c., leaves no doubt in my mind of the important part the Apis played in the cure.

CASE VII.

Miss M., aged 27 years. February 14th, 1854, 11 P.M. Yesterday and to-day being very severely cold, a biting wind blowing from the north, and this lady having been exposed to it, was seized at 8 o'clock this evening with a shivering fit. She went to bed; soreness of the throat soon manifested itself. It is already considerably inflamed; the uvula, arch of the pharynx and tonsils being very red and swollen. She feels constant pricking pain shooting up both sides towards the ears; almost entire loss of voice, and difficulty in swallowing. She is feverish, and has a quick pulse. She took a dose of Aconite of her own accord two hours since. To have Apis 3 every two hours in globules.

15th.—Has passed a tolerable night, and is much relieved to-day. The throat has gradually mended in feeling from the first; is less inflamed, though still very red; her voice is clearer; pulse less rapid, and she can swallow more easily. Continue.

16th.—Very greatly better. Swallows with tolerable comfort; speaks in her natural voice; and in health feels pretty well. Still some redness and swelling of the left tonsil. Continue Apis every four hours.

17th.—She is up and dressed, and busied with her usual occupations, feeling well.

This case is interesting, from the contrast it presents with previous attacks, several of which I had treated, and in which the recovery was so tardy, as to leave great doubt whether the remedies had exercised any material influence.

CASE VIII.

Mr. W. Y. February 20th. Was seized this morning with feeling of roughness and soreness of the throat, with pricking and pain in swallowing, accompanied with alteration of voice. The tonsils, uvula and velum are all swollen and red, and the glands outwardly a little tumefied. *Apis* directly, and repeated every four hours. Entirely dispelled symptoms in twenty-four hours.

CASE IX.

Master T. January 16. The eruption of scarlatina just subsiding, and the throat yesterday and to-day affected, the whole lining of it is intensely red, dry, and glazed looking; the columns of the arch rather than the tonsils being thickened and enlarged; there are on these numerous small grey ulcers. He is very poorly, lying on a sofa wrapped up: feverish, headache; without inclination to take any food; weak and exhausted; skin dry; pulse quick. *Apis* tincture every four hours.

19th.—The throat internally very much better; the ulcers healing; the redness nearly gone; the enlarged arch subsiding; health much better; skin moist and cool; takes light food. Continue *Apis*. At a subsequent visit, four days later, found him well.

Inflammation of the Conjunctiva.

The following pathogenetic symptoms refer to the eye and its appendages, viz.—Violent shooting pains towards the eyeball, tearing, shooting. Cutting, burning, redness of the eyes; shooting itching in the eyes and lids; round about the eye, flow of tears, with uneasy humour in the night, with headache,

sensitiveness to light, redness, burning of the eyes. Feeling as if mucus were in the eyes. Itching in and round the eyes, on the lids, the canthi, with soreness. Sticking together of the lids; swollen lids. Watery erysipelatous swelling round the eyes.

CASE I.

January 16th. Mr. C., aged 32. The last three days the eyes have been gummed up, the corners are red and sore, the exterior surface of the lids red, and erysipelatous; they run with water. Apis 3 three times a day. Completely cured.

CASE II.

Miss B., aged 8. December 30th, 1853. Three years ago this child was under my care for a long time for scrofulous ophthalmia, and after taking a variety of remedies, was cured by Arsenicum of the 200th power. She had remained pretty well till within the last two months, since when, the left eye has become inflamed; there is a pustule on the cornea, and general diffused inflammation over the whole eye. The lid is swollen and red; there is painful photophobia and profuse lachrymation. The right eye is also affected, though in a lesser degree. Her father has given Arsenic, Pulsatilla, Chamomilla, and Sulphur, without effect. Apis 3, in globules, bis die.

January 10th. There is an extraordinary change for the better. Whereas, before, she could not tolerate the least light, she now looks it boldly in the face, both eyes being wide open, unprotected by a veil, and looking almost naturally healthy. There is simply a scar on the left cornea. Continue medicine.

There has since been a slight aggravation of symptoms, for which she had Hepar for a few days, and then Apis again, under which the improvement continued.

CASE III.

December 28th. Master H., aged 4. For one week, both lids of the left eye, throughout the whole extent, inflamed red, and thickened; the lining membrane the same; the eye suffused with tears; the conjunctiva pale red; light painful; the margin

of the lids sore and scabby; some pimples on the upper part of the cheek; always a bronchial cough; appetite fair; lively, and thin at all times. Apis 3, tincture, three times a day.

January 2nd. The lids are wonderfully better: scarcely any redness or swelling; a little puffy and scabby; sore at the inner canthi. The eye itself is much improved. He can face the light well, and there is scarcely any watering.

16th.—Quite well, and at school.

CASE IV.

January, 1854. A. J., aged 17. Generally healthy. A student at King's College. For several evenings, after reading for an hour or two by lamp light, the eyes became irritated with a pricking feeling; they filled with water, the conjunctival vessels slightly injected, and sight correspondingly indistinct. One dose of Apis entirely removed these symptoms.

CASE V.

February 18th, 1854. Miss L., aged 4 years. The whole family scrofulous and delicate. This child has now had scrofulous ophthalmia of the right eye several days: it is very red, intolerant of light, watering profusely. Apis 3, tincture, three times a day.

25th.—The inflammatory appearances have all disappeared. Can bear moderate light without flinching; it still waters a good deal at times. Continue Apis.

This case is still under care, and I expect to see it again in a few days; thus far it is wonderfully better.

CASE VI.

February 23rd, 1854. Miss E. R., aged 10 years. The eyes have been repeatedly bad before, but not under my care. The right eye is now very red, intolerant of light, and discharges hot tears, and matter in the corners; the lids get glued together, and the margins of the lids of both eyes covered with scabs. Has been poorly a week. Apis 3, bis die, globules.

Has been under allopathic treatment till now without any benefit.

March 1st.—Wonderfully improved. The eye all but well: no discharge; it looks bright and clear, and she faces the light almost without inconvenience. Continue.

To multiply these cases (which I could do), would only weary, without answering any good purpose.

One cannot help noticing the close analogy, in many respects, existing between this remedy and Belladonna, both in their pathogenetic and therapeutic properties. That they have their distinctive spheres of action is certain, and that the one will relieve when the other fails, in cases closely similar, is to be expected. Yet, on the whole, on reviewing my experience with the new remedy as compared with a like amount of experience with Belladonna, I cannot help awarding the palm to the former, especially in erysipelas and scrofulous ophthalmia. Certain it is, that, in an equal number of cases of these diseases, I do not remember ever before to have met with such uniform success. I have treated a multitude of cases of erysipelas with Belladonna, and, whilst admitting, as every one must do, that it exercises over the disease a most valuable modifying and mitigating power, it must also be admitted, that it very frequently fails to arrest its progress. Once lit up on the face, the disease, in the majority of cases, will traverse the greater part, if not the whole of that region, before it subsides. The same may be said with respect to sore throat. Excellent as is the action of Belladonna, Mercurius, &c., how often, in spite of our best directed efforts, does the disease run on unchecked, and apparently uncontrolled, by these remedies. No one, indeed, can approach one of these cases with a confident prediction of being able, at once, to arrest its progress. The Apis, on the other hand, as indicated in most of the cases I have related, seemed at once to extinguish the disease: to *cure* in the truest sense of the term. The form in which I have most commonly employed the medicine has been the tincture of the 3rd attenuation, and in very acute cases I think I have observed that it acted most rapidly and certainly when the dose was quickly repeated, at intervals, for instance, of two or three hours. In the more chronic cases of eye affection, the results

obtained from the globules of the same attenuation, exhibited twice a day, have been equally satisfactory.

I am aware that it may be urged against the testimony borne by some of the foregoing cases to the curative power of *Apis*, that it is weakened by the exhibition, either previously to, or in alternation with it, of *Aconite*. This objection, however, loses much of its force when we compare the result of cases so treated, with those treated correspondingly with *Aconite* and *Belladonna*.

Although I believe it to be excellent practice in the commencement of most, or all, of these acute cases, to give *Aconite*, and even to repeat it during the progress of the disease; yet, it was gratifying to observe, in those cases in which the *Apis* alone was used, how readily the constitutional, as well as the local symptoms, subsided.

In conclusion, whilst appreciating to the fullest extent the valuable aid of this remedy, I am anxious to guard myself, as well as others, against being led away by the enthusiasm naturally engendered by a first success. We all know how fallacious, at times, is the observation of facts, and especially medical facts: how greatly, how imperceptibly, they are influenced by adventitious and extraneous circumstances, and, consequently how large a body of evidence is required to establish the explanation of any newly observed phenomena on an immovable basis. Thus armed against disappointment, we may venture to express a pretty confident conviction, that this new remedy will prove a boon to homœopathy, by placing in our hands another powerful weapon, wherewith to combat the diseases of our fellow mortals.

REMARKS ON SOME DISEASES OF THE GENERATIVE ORGANS.

By W. GILLOW, M.R.C.S.

JUST six months ago, in the Number of this Journal which appeared on the 1st of the present year, I ventured to lay before my professional brethren a few unpretending suggestions on the treatment of diseases of the generative organs, proposing to

continue the subject from time to time, as facts could be collected from my own sphere of practice, and deductions drawn from such facts upon which certain principles might be founded satisfactory at least to myself, and not without some use to others; principles which might perhaps direct the investigations of others, and so be either confirmed or disproved by more extended observation. In this resolution and in these hopes, I have been encouraged by the kind approval with which several experienced medical friends have received my former remarks, and by requests to prosecute so interesting a subject; whilst, on the other hand, I have been discouraged, and have delayed committing myself farther in print from the difficulty of establishing facts to my own satisfaction. Every day tends to strengthen in my own mind a long increasing conviction—that, as a general rule, what we read of and hear of as “medical facts,” are no facts at all, but simply “*opinions*.” The man who generates within his own fertile imagination some new theory, will devote his days and his nights to its cultivation, hoping soon that it may emanate from the nursery of his studio in full maturity, and proclaim to the scientific world, by its startling reality and admirable completeness, the genius of its parent; but how often does he become, like the too fond father of a spoilt and only child, the slave and fool of his offspring; over-attachment to one object has run away with his better reason; his facts, his arguments, his results have been delusions, and instead of expected renown, he gets a large share of ridicule. More lamentable still is it to see how many barren minds, incapable of conceiving or bringing forth anything of themselves, will often adopt the half-formed, or perhaps blighted theories of more favoured intellects, and strive to make a reputation by forcing these bastard growths upon the public, authenticated by their own proofs, yea, domesticated into their own family circle by name and address. Far be it from my intention to accuse of dishonesty the medical body at large, though I fear the latter part of my comparison refers to such as cannot claim too much sincerity; my object is rather to warn others, whilst endeavouring to guard myself against “self-delusion,” which is one of the greatest dangers in medical research, especially in the therapeutic connexion between cause and effect.

The following narrative is interesting, inasmuch as it was a most wholesome caution to my then over sanguine temperament. About two years ago, I read a most hopeful paper on the treatment of a certain serious disease, illustrated by numerous "medical facts;" cases admirably reported, some authenticated beyond doubt; the author stated his data with an assurance that carried conviction; the suffering world were to rouse their drooping spirits; an extended and bright horizon was to gladden the eyes of many that for years had been dimmed by the gloomy prospect of an early grave. The principal "fact" of the whole statement was one case of a complete cure two years previously. All details were given, the result of the treatment most satisfactory, the patient considered himself cured, and had continued to gain strength and usual health; he had been lately lost sight of. Believing this case, from its history, to refer to a friend under my own care, I determined to satisfy my mind on the point, and succeeded in proving my conviction to a certainty just as the said patient died of the said cured disease. It was quite true he had been under the treatment, he had improved for a time, he got worse, and died. For eight years he had been subject to alternations, suddenly improving, and then without any perceivable cause, as suddenly becoming worse, as we find in most chronic constitutional complaints. I don't believe the vaunted treatment had the slightest connexion with his apparent recovery, but I do believe the great "medical fact" was a delusion.

In no class of disease is it more difficult to establish "medical facts" than in the one now under examination. The pathology of the generative organs has, for some years, occupied a most prominent position in medical controversy; a few men of great acquirements and extended experience, have started new and very opposite theories, and supported their respective views in warm discussions, in circulated pamphlets, in thick volumes with innumerable cases proving the successful results of their therapeutic principles. I have had the honor and advantage of a personal friendship with the most distinguished disciples of the opposing systems; I have watched many cases for seven or eight years, in which the different plans have been tried; in

which each party has claimed the victory, and flattered himself upon a cure, and yet where the disease has been running a gradually progressive course, and the patients are at this day somewhat worse than they were before any treatment commenced. I am not speaking here of that crowd of practitioners who took up instantly this profitable branch of practice, and strove to establish a reputation for female complaints, because the demand was great for what are still styled "ladies' doctors." One would not expect the varieties of this large genus to bear an examination under the microscope; but it has astonished me to see how men of undoubted position intellectually and professionally can delude themselves that patients are improving, when they are feeling daily worse; yea, more, can discharge them cured, when their disease has been aggravated by the treatment. Unwilling to accuse them of dishonesty, I can only excuse them by the facility in medical practice for self-delusion; I have learnt a permanent lesson for myself, never to let new views run away with my judgment, and make their own proofs, and bring these before the public as wonderful facts, which a few months would disperse in empty smoke.

These introductory remarks will prevent my readers from expecting any great discovery. I wish, from time to time, to treat upon diseases of the generative organs, to prove more my disappointments than my success; the field is a very extensive one, therefore it is an advantage for new observers to know that certain paths fail to lead to the desired end. To state, therefore, my failures, to suggest new and more encouraging roads for investigation, is my humble project, without pretending to know as yet a single positive fact on the subject, upon which I could risk my reputation. In a general sense, I have considered diseases of the male and female generative organs together, not because their treatment is in any way similar, but because they present somewhat similar pathological features, and almost identical difficulties in treatment. So subtle is the vicious circle existing between the mind and the generative organs, that it is often impossible to unravel the network of morbid reactions in which the patient is completely entangled, and by which the medical man is sorely perplexed and prevented

from tracing back the disease to its original character. One had hoped to see these overwhelming difficulties subside before the light of extending science, but I fear, though our pathological knowledge is improved, our therapeutic powers are still in their infancy; the most vaunted surgical means in the most skilful hands have quite disappointed me, and empirical medicine does not even boast of great results; allopathic physicians now discard such cases as not belonging to their province, and so many a poor patient is passed from one consultation to another, until at last, if a man, he becomes the victim of quackery; or if a female, she is appropriated to some noted "lady's doctor," who will keep her *ad infinitum et ad nauseam*.

When the truth of homœopathy first dawned upon me, contrasting its safe placid waters and certain pilotage with the troubled ocean upon which one had been so long tossed, I expected to find all my fears dispelled, and my hopes realised. But diseases of the generative organs were again destined to be my disappointment; in both cases I tried specific treatment most carefully, and most sanguinely, but with no satisfactory results. Then I fell back upon what seemed a more improved method of surgical treatment; for a time, careful local treatment appeared to work wonders. I was most hopeful, but the test of time shewed my cures to be delusions. At last I determined to investigate deeply and perseveringly why homœopathy did not succeed here as in disease generally. This is, in my opinion, the important point, round which we should all rally; this is the great problem we are all bound to solve; this is the question every homœopath must ask himself, and never be satisfied until he can find a satisfactory answer. Believing the law of "*similia similibus curantur*" to be true, it must be a universal law; it cannot be true in one case, and play us false in another; yet I imagine few of us can boast of our cures in diseases of the generative organs. I think these failures may be explained under the three following heads.

I. Many of such cases are, for a time, without the limits of the homœopathic law. Every law of nature has its own sphere of action, and beyond that sphere it cannot be expected to aid us.

II. The diagnosis of the disease.

III. The diagnosis of the remedies.

Under these three heads, I will now consider the difficulties which impede our treatment of diseases of the male generative organs, and how we should strive to overcome them, hoping in my next, to look at uterine affections in the same way.

1. Many cases of disease in the male generative organs are without the sphere of the homœopathic law. Under this head are all cases of spermatorrhœa, as I attempted to prove by several examples in my last paper. Either the exciting or the maintaining cause, or both, render the constitution incapable of responding to specific treatment: of such causes masturbations, local applications, and the expectant attention of the patient are the most common. Is it possible to remove such impediment and bring these cases within the scope of our infallible remedies? Such, clearly, is our object, and I believe we may often accomplish it. As I endeavoured to show in my last remarks, hydropathy will here aid us much. I would here refer my readers again to Case V, cited in the former article. That young man has been watched up to the present time. He re-acts most satisfactorily under specific medicines: he may now be considered perfectly cured. His more subtle morbid reactions are long past, yet this patient was dead to homœopathic remedies, and got daily worse under their use, until about two months of hydropathy broke down that "expectant attention" which had for some years linked his mind and his sexual organs together. Under this first head, I conclude thus: Homœopaths are justified in using any mode of treatment which may bring within the scope of their curative law cases which, from circumstances, have been removed from its limits. In such light, hydropathy, surgical interference, and local applications must be considered.

2. The diagnosis of the disease. Under this head are many difficulties to treatment. As mentioned above, it is very difficult in either sex to trace these complaints through their many complications to any definite origin. The aim of diagnosis should be to shew whether the local affection was the primary cause of the evil, or only a symptom of some distant

lesion, or some constitutional disease. An accurate idea on this point will help in solving the difficulties of the last head, both as to whether the case lies within our scope, or if not what will place it there. A reference to Case VI will explain my meaning. Mr. F.'s was the most aggravated case of spermatorrhœa ever under my care. After much investigation, I concluded that his case depended upon congestion of the spinal cord from standing many hours in cold water. Expectant attention had made him a slave. Medicines were useless; so I directed water treatment entirely to this probable cause, and by the stimulating action of lamp baths and douche produced wonders in a month. This patient continues still in a most satisfactory condition. A most opposite course of hydrotherapy is required in most cases of this disease. I would here sum up by this conclusion. In diseases of the sexual organs, homœopaths should never venture a hasty prescription or prognosis from the sum of the observed symptoms, which are both numerous and prominent, but very superficial and ephemeral. They must dip into the recesses of the deranged organism; they must unravel by slow degrees the confused animal network; and then, only by the aid of their own intelligence and medical experience can they arrive at the sum of the inferred symptoms.

3. The diagnosis of the medicine. Here undoubtedly is our weakest point; here is our greatest difficulty. As I mentioned once before, the pages of recorded symptoms under the heads of sexual organs, are a disgrace to homœopathic literature, and are calculated to excite ridicule or disgust among our professional opponents. The more I have sought for new provings, the more have I been embarrassed by the number and absurdity of the symptoms. This branch of diagnosis seems, in place of becoming clear, to be more obscure. I had almost feared the task was a hopeless one; that it was impossible to have any accurate provings under this department: but the recent investigations of Dr. Russell on the action of the *Naja tripudians* has somewhat encouraged me. I find there about two definite symptoms produced on the male sexual organs; besides that, I find the invariable head symptoms, the moral symptoms, and other subordinate ones, corresponding with what I have found

in several cases of spermatorrhœa. Concluding therefore that there was a similarity between the diagnosis of this medicine and the diagnosis of the disease, I have tried it in two cases with marked benefit. After the exciting or maintaining cause has been removed, I would recommend the Naja with considerable confidence to the notice of the profession. It is encouraging to feel that a better diagnosis of medicines will lead to much more successful treatment in these most difficult cases. The most real service to homœopathy is done by those who tread this path; but to make their labours as efficient as possible, it is important for them to realise the obstacles they seek to surmount. The following suggestions will sum up my meaning.

In the proving of a medicine, it is important to reduce as far as possible, the number of symptoms upon the sexual organs, bringing them rather under a general, though definite morbid action, but not entering into innumerable details; and to group these symptoms with the simultaneous symptoms physical and moral. No symptoms of this class can be relied upon, unless they force themselves prominently upon the prover's unexpected mind, and unless stated with such collateral and constitutional features as will enable the physician to recognise them again in his clinical investigations.

ON COMPLICATED LABOUR, FROM LOCKING OF THE HEADS OF TWINS.

BY DR. S. WIELOBYCKI, of London.

(Read before the British Homœopathic Society, 31st May, 1854.)

BEFORE submitting to the Society my views in regard to management of complicated labour from locking of the heads of twins, I shall communicate a case which I attended a few months ago.

At 1 o'clock in the morning, on the 11th of August last, I was called to Mrs. James, a small, spare woman, 30 years of age, in her third labour, who was stated by the midwife in

attendance, to have been eight hours in strong labour, with an arm presenting.

I found the membranes entire, but apparently containing no liquor amnii. The labour had so far advanced, that the os uteri was obliterated. The presenting limb proved to be a left knee, and with it the vertex of a head. I attempted to push up the knee, so as to cause the head to descend, but ineffectually, owing to the powerful and painful contraction of the uterus. The membranes being unusually tough, and not distended with fluid, were lacerated with some difficulty by the forefinger introduced between the thigh and legs, so as to hook the child's ham. The knee was then pulled down, and the head at the same time was felt to retire upwards. The body having descended, the right arm was observed to be wedged between the occiput and the symphysis pubis, and was not disengaged without some difficulty after the left arm had been extracted.

No pulsation being perceptible in the cord, I was proceeding, in the usual manner, to introduce two fingers of my left hand into the child's mouth, for the purpose of bringing the chin down to the breast, and hastening the delivery, when I discovered that the hollow of the sacrum was occupied by the head of another child, of which the body was still above the brim of the pelvis. The face of this second child was towards the sacrum, and its occiput was closely applied to the throat of the first-mentioned child. The back of the neck of the latter was closely applied to the symphysis pubis of the mother, and its face to the back of the neck of the child whose body remained within the uterus. With the heads thus situated, it would have been impossible, even had the firm contraction of the uterus been out of the question, to have pushed upwards the one next to the sacrum, without carrying the other before it; and every attempt to extract that which was next to the pubes had the effect of pressing the other so forcibly downwards as to threaten a rupture of the perinæum. In this dilemma, I was at first rather doubtful what course to pursue, the case, so far as then known to me, being without a parallel; but after a little consideration, I resolved upon a mode of completing the de-

livery, which will be described presently, and which may, perhaps, be advantageously adopted on similar occasions in future. Owing to the smallness of the children, it proved unnecessary, in the present instance, both heads having been simultaneously expelled from the pelvis by one powerful parturient effort, without any assistance from art. Both children were irrecoverably dead. They appeared to be six weeks or more before the full period. The mother had a smart attack of hysteritis, marked by uterine pain and suppression of the lochia, and accompanied with much excitement of the vascular system, and great intolerance of light. A few doses of Arnica, Acon., Bell., according to the indications, removed these symptoms, and she recovered perfectly.

In the *Edinburgh Medical and Surgical Journal*, a case very similar to this is described; in which, however, there was the peculiarity, that the head occupying the hollow of the sacrum had its occiput towards that bone, and the head next to the pubis had its face towards the left side of the pelvis.

It is stated, that the head nearest to the sacrum was perforated, with the design, of making room, if not for extracting the other head entire, at least to admit of applying the perforator to it also. The latter alternative was found necessary, but even after both heads had been broken down, it was not without considerable force exerted by the operator, as well as by two gentlemen who assisted him, that the head next to the pubis was extracted. The extraction was then effected without further difficulty. The patient died of inflammation of the uterus and parts lining the pelvis, on the eighteenth day after the delivery, notwithstanding very active treatment, and great attention on the part of her medical attendant.

Another case of this kind is related in the *Journal de Medecine* for November 1851, in a letter addressed to M. Levert, by M. Eneaux, a surgeon at Dijon, who states, that he succeeded in extracting, with the forceps, the head next to the sacrum, while the body of the other child, which had passed the os externum, was held up in the hands of an assistant over the pubes of the mother. The head of this last child was extracted with ease after the body of the other. The writer adds, that

the child which he extracted by the forceps survived, though not larger than a seven months' child; but that the other died, though corresponding in size to an eight months' child. The mother recovered. M. Eneaux further states, that he ascertained, by examining the placenta, that both children had been contained in one set of membranes. This, I have some reason to suspect, was likewise the case with the woman whom I delivered; but on this point I cannot speak positively, having inadvertently lost the only opportunity for making the inquiry.

Should a case of this description occur about the seventh month of pregnancy, the mode of delivery by the forceps, which succeeded in the hands of M. Eneaux, might perhaps be attempted; but with twins near the full period of gestation, such a mode of delivery, if practicable at all, would be manifestly incompatible with the lives either of the mother or of children. I may, therefore, perhaps, be allowed to suggest for such cases, the operation which, had the natural efforts proved incompetent to the delivery, I had resolved to perform in the case described above. This consists in *detaching the body* that has passed to the os externum from the head, pushing the detached head further above the brim of the pelvis than it is already situated, and then extracting, with the forceps, the head occupying the hollow of the sacrum, provided the natural efforts should still prove inadequate. After the extraction of this child, the separated head of the other would remain to be extracted with the forceps, or such other suitable instruments as might be necessary. In this manner the lives of the mother and one of the children would most probably be effectually saved; while the life lost would only be that of a child so situated that it would appear impossible to devise any practicable method for its preservation. Its death must inevitably ensue in a few minutes, even if no operation whatever were attempted, from the pressure that must unavoidably be made upon the umbilical cord; so that there will be no necessity for applying a cutting instrument while the child is alive.

This account of the present case I have great pleasure in submitting to the Society, in hope that the above suggestion will meet with the approbation of an obstetrician.

**THE PATHOGENETIC SYMPTOMS OF MERCURIUS
DEVELOPED DURING ITS ADMINISTRATION
FOR CURATIVE PURPOSES.**

BY CHARLES RANSFORD, M.D., F.R.C.P.E.

SOME years since, when investigating the theory and practice of homœopathy, I met with the following case, which, occurring at an early stage of the inquiry, removed any lingering doubts of the reality of the action of infinitesimal doses.

A lady, whom I had attended in Edinburgh for a severe attack of typhoid fever, followed by a tedious convalescence, which was rendered still more so by many gastric difficulties, went into Devonshire with the hope that change of air and scene might strengthen her digestive organs. Her prominent symptoms were pain in the stomach especially after eating, and occasional vomiting of matter resembling coffee grounds. During her residence in the south, she yielded to the persuasions of a relative, and consulted one of that class of practitioners "who pour into a body of which they know but little, drugs of the properties of which they know even less." The liver was pronounced to be diseased, and a course of blue pill and Taraxacum ordered for, but, by the patient, wisely declined. For although, at that time, my patient had had many opportunities of hearing my denunciations of that cheat and delusion, homœopathy, she also knew my abhorrence of drugging, and especially of mercurial courses. Not finding the benefit expected to result from the climate of Devonshire, she retraced her steps northward, taking up her abode in Alnwick, where I then resided. The more bracing air of the north benefited her, and very little of my attendance was needed. About twelve months after her return, she became affected with chronic diarrhœa of a dysenteric character. I was now trying the homœopathic preparations. My patient was aware of this, and having a prejudice against the system, she requested me not to deviate from the practice which I had before followed with her. I overcame her scruples, and mixed Merc. sol. 6, 3 globules for a dose, to be repeated every four hours. I did not tell my patient the name

of the medicine given to her, but visited her two days afterwards. The diarrhœa had disappeared. She was anxious to know what she had been taking, because, she added, "my mouth and gums have been affected as if I had taken Mercury." This intelligence astonished me, but not having my note-book, and having forgotten what medicine I had prescribed, I could not inform her, until I had found in my memoranda "Merc. sol. 6, 8 globules every four hours." Of these she had taken three doses, desisting when the ptyalism supervened. Let me observe that this lady did not believe that these globules could produce any effect at all; next, that she was not aware of the name even of the preparation exhibited to her; and thirdly, that she was well acquainted with the consequences of blue pill, of which she had, at various periods in her life, taken sufficient to affect the gums. Being myself much surprised that 9 globules of the 6th dilution of Mercurius could produce such effects, I enquired very particularly, and she repeated, that the gums were swollen; there was a metallic taste in the mouth; that these were much milder than the similar former consequences of Mercury, and also of shorter duration, but quite decided in their character. Surely, thought I, this is evidence sufficiently strong to convince the most sceptical. My worthy and excellent partner, however, merely shook his head, and smiled good-humouredly. I wrote to my late brother-in-law, Dr. Inglis, then an invalid at Halifax. His reply was—"Send me the globules; if this be true, I am a convert;" "but," he added, "why trust to your chemist? why not make your own dilutions?" Poor fellow! he thought, as some of us perhaps once did, that the doses actually given were much larger than those which we professed to administer. However, I sent him globules out of the same tube, being desirous of convincing him that however gullible we deluded homœopathsists might be, we were not utterly destitute of the honesty, of which our allopathic brethren would appear to possess a monopoly. Dr. Inglis alluded to this case in one of his letters to the Editor of the *Medical Times*, written in a controversy with Dr. Dudgeon in 1851. Ere my packet reached its destination, Dr. Inglis became worse, so that he never received the contents, and a few days afterwards died.

In my "Reasons for embracing Homœopathy," published in *British Journal of Homœopathy*. vol. ix. page 391, this lady's case was mentioned amongst others. The allopathic hebdomadal press was at that time in high feather against the sons of Hahnemann. This case of salivation with 9 globules of Mercurius was seized with great gusto as a precious *morceau*; they rolled it over, tossed it up and down, and each *learned* editor in his turn enjoyed the joke more and more heartily than his predecessor; each and all commented upon it in their usual elegant phraseology. Of course, according to them, it proved too much—that it was simply an impossibility—and that the narrator was either a crack-brained zealot, or an arch-impostor. Not desiring to interfere with their amazement, nor to mar their mirth, I did not condescend to any explanation, but allowed them to go on their way rejoicing. However, several *friends* of our own body wrote to me upon the subject, enquiring if I were sure of the fact; and one homœopathic physician of good standing, informed me that he had never met with such an occurrence. Another friend thought that if it had really occurred, it must have been owing rather to the action of Mercury formerly taken, than to the effects of the globules. My reply to the first series of objectors was, that although I had not personally witnessed the phenomena, yet that I had no doubt whatever of their occurrence. The lady was of mature age, remarkably accurate in her observation and narration of ordinary events; and from having experienced mercurial action in former years, whilst taking blue pill, that she was well qualified to judge of the similarity of the symptoms. It is also to be recollected, that the imagination could not with fairness be appealed to as a cause, inasmuch as she was ignorant of the name even of the preparation given to her, and she was likewise a thorough unbeliever in the action of the infinitesimal doses. I have never, in my own practice, met with a second instance of the kind, but *others* have. My worthy colleague, Dr. Atkin, was applied to by a stout, hale-looking country-woman, who said that she had never been ill in her life, and therefore, we may presume, had not taken Mercury. She was suffering from severe catarrh, and Dr. Atkin gave her half a grain of Merc.

sol. 3 in trituration every four hours. After six doses, there was a tenderness of the gums, loose feeling of the teeth, and greatly increased flow of saliva. In a couple of days Hepar removed all these symptoms.

At page 240 of the second edition of my friend Professor Henderson's masterly work, "Homœopathy Fairly Represented," are the following particulars:—

"An old lady was committed to my care by a homœopathic physician, who remarked to me that she was so extremely sensitive to the action of Mercury, as to have been salivated by the 6th attenuation. Having had to attend her for a swelling over the nose, I prescribed the soluble Mercury in its 6th dilution, every four hours. The consequence was, that in two days, the mouth began to be affected, and as well marked an instance of Mercurial stomatitis, with loosening of the teeth, purple margins of the gums, salivation, and fœtor set in, as I have ever witnessed."*

Supposing that the patients in whom these phenomena manifested themselves were only such as have been the recipients of Mercury in large doses, the fact of Merc. sol. in infinitesimal quantities calling forth the ordinary effects of that mineral, appears to me not the less striking. However, in Dr. Atkin's case, one can hardly suppose that the person had taken any, because she had enjoyed good health all her life. Two years had elapsed since my patient had taken any. Again the pathogenetic effects were so decided, in at least two of these cases, that we cannot confound them with the instances of mere pyalism, occurring as this occasionally does after typhus fever and other maladies. Most of us have remarked the characteristic pathogenetic effects of other drugs, when administered in diseases to which they appeared applicable—those of *Nux vomica*, *Belladonna*, and *Arsenicum* especially occur to me; and to all

* [The case here referred to was formerly under my care, and the patient was profusely salivated for some weeks by a few doses of the 6th dilution of *Mercurius solub.* She never had taken Mercury in large quantities, but she was so susceptible of its action, that she stated that she had once been salivated by sleeping in the same bed as her daughter when under a course of Mercury.—J. R. R.]

unprejudiced persons, these facts must afford irresistible proofs of the reality of action in agents which, to the senses, are apparently so insignificant.

EPIDEMIC YELLOW FEVER AND ITS HOMŒOPATHIC TREATMENT.

BY WM. H. HOLCOMBE, M.D., NATCHEZ.*

In the year 1853, epidemic yellow fever, the scourge of the tropics, began earlier, continued later, and extended further than it was ever known to have done before. It attacked, indiscriminately, both sexes, adults and children, whites, mulattoes, and blacks, acclimated and unacclimated, townsmen and country people.

It was so much more violent, rapid, and fatal than heretofore, that some physicians suggested that it was a hybrid between true yellow fever and malignant typhus; others compared it to the plague. It decimated the population of New Orleans, Mobile, Vicksburgh, and Natchez, and in some of the smaller towns and villages the mortality was even greater.

Natchez, with about 6,000 inhabitants, is beautifully situated on a bold bluff 150 feet above the Mississippi. The vicinity is dry and undulating, and the town itself remarkably neat and cleanly. It has none of those local conditions supposed to generate or foster malarious diseases. Intermittent fevers are rare, and the bilious remittents of swampy countries almost unknown.

The first cases of the fever appeared in families some members of which had come from New Orleans within a few weeks. The houses were pleasantly situated in the central part of the city, and the tenants all in comfortable circumstances. There were four distinct centres of emanation whence the disease spread in every direction, not reaching the suburbs until after several weeks. Many of the inhabitants who fled into the

* From the North American Journal of Homœopathy, No. XII.

country carried the disease with them. One gentleman sickened on the road, and stopped at the house of a friend twelve miles from town, where he died of yellow fever. One of the family speedily exhibited the same disease and died. Another fled into an adjoining county, where he also sickened and communicated the disease to those around him.

In this manner neighbourhoods were scourged by yellow fever where the disease was utterly unknown.

In several cases which came under my observation, the families were carefully isolated, with the exception of one messenger, who was permitted to visit the town on necessary business, and uniformly that messenger was the first attacked. This epidemic was undoubtedly contagious.

The nights were generally cool, and the thermometer during the day varied from 80° to 90° Fahr. For several weeks preceding the outbreak of yellow fever, a great deal of rain fell, and it was quite moist during the whole season. An equinoctial storm of wind and rain, at about the height of the epidemic, had no perceptible influence either in its increase or diminution. It continued after several hard frosts, and even the formation of ice; for a good many cases and several deaths occurred in December.

GENERAL COURSE AND CHARACTERISTICS.—Yellow fever, like scarlatina, presents a wide range of manifestation, from an ephemeral mildness to the most malignant severity. The impending attack is sometimes foreshadowed for a few hours by languor, restlessness, and *malaise*, most commonly a chill comes on without premonition. Sometimes heat, shiverings, headache, and nausea, are all confusedly mingled in the onset. When the febrile reaction is complete, the pain in the head, back, and limbs is sometimes exceedingly severe; the skin is hot and dry; the pulse full and hard, from 100 to 130; urine scanty and high-coloured; eyes injected, watery, and brilliant; tongue covered with a pasty, white coat, with red edges and apex; there is sometimes a good deal of mucous and bilious vomiting. This paroxysm, scarcely distinguishable from the incipient stage of bilious remittent, lasts from 12 to 36 hours, terminating in a general or partial perspiration with great diminution, but seldom

with the disappearance of the symptoms. This remission is the rule, but the exceptions are numerous, and I have repeatedly seen the fever continue uninterruptedly four or five days. In a few hours the patient declares himself worse, and another train of symptoms arises. The pain in the head, back, and limbs is not so poignant, frequently is entirely absent. The pulse, tongue, and skin may remain natural, whilst in fact the patient is verging into a most critical state. The febrile irritation is rather that of the typhoid than of the sthenic type, the pulse being soft, rapid, and sometimes irregular. Pain more frequently exists in the epigastric, occasionally in the umbilical or hypochondriac regions. It is sometimes intolerable, while in cases of imminent danger the symptom may be entirely wanting. Diarrhœa, or dysentery, may accompany this stage, but constipation is more common. Burning in the pit of the stomach, acid and acrid eructations, flatulence, thirst, nausea, all combine to produce a remarkable sense of prostration, and a great degree of tossing and sleeplessness. The skin and conjunctivæ assume a light lemon hue, which deepens into a deep orange or gamboge colour, although this symptom is by no means universal. The urine is of a sulphur or saffron yellow, and stains linen. Sometimes there is slight strangury, and in bad cases the secretion of urine is totally suppressed. Hæmorrhage from the gums and fauces, or other mucous membranes, is now common. Vomiting becomes a distressing and an alarming symptom. The matters ejected pass from a greenish yellow into a brownish or claret-coloured hue; sometimes blood, red, dark, or black, is thrown up. The appearance of coffee ground vomit leaves but a ray of hope. Still the patient may recover through a tardy convalescence, very liable to relapse. If the disease be not arrested, the temperature of the skin falls, the hæmorrhage becomes more profuse or ominous, the circulation fails, extreme jactitation comes on, delirium or coma supervenes, and dissolution is occasionally preceded by general convulsions. The patients seemed generally to be worst on the first, third, and fifth days. Death appeared to be more common on the sixth, but some few died as early as the third day, and many lingered beyond a week. Several cases

terminated in dysentery, and a good number in common intermittent fever.

The above sketch is purely typical, the symptoms of which would not be presented by any single case.

I will now mention some local features of importance which have come under my own observation.

HEAD.—The headache was severe during the first paroxysm, but abated during the remission, seldom to return, and never to resume its prior intensity. It was throbbing, boring, with a sensation of undulation in the cranium. There was commonly soreness of the eyeballs in motion, sometimes photophobia, and in one case violent earache. There was sometimes a sensation as if the head were very much enlarged. In a few cases, the headache was general, but was mostly referred to the supra-orbital region. I believe it will usually be found, that when the organic functions bear the brunt of the disease, the headache will be referred to the anterior part of the cranium, while the derangements of animal life are rather displayed by vertical and occipital headache.

EYES.—The redness, brilliancy, and watery suffusion of the eye is more marked in the first stage of yellow fever than in any of its allied diseases.

MOUTH.—Spontaneous ptyalism sometimes occurred, one or two cases of which were ascribed by the unscrupulous malice of our opponents to the secret use of calomel.

STOMACH.—Positive pain in the epigastrium sometimes occurred, but there was more frequently only soreness, and sense of weakness and oppression. Thirst, burning in the pit of the stomach, and an indescribable, empty, gnawing, sinking feeling, preceded and accompanied the nausea and vomiting, which were the most troublesome and distressing of the yellow fever symptoms. An insensibility to external pressure stood occasionally in strange discordance with the gastric irritability, and other symptoms of gastro-enteritis. Acid and acrid eructations were very common. Everything, even cold water, was said by the patient to “turn sour on the stomach.” Conjoined with these symptoms, there was sometimes a morbid, canine hunger which made the patient forget every thing else, and

think that could he only eat something he would be perfectly well. The nausea was provoked by eating, by motion, and in some cases by lying on the left side. Hiccough, which Dr. Stokes considers a strong sign of inflammation about the cardiac orifice of the stomach, occurred in some bad cases. The matters ejected varied in their nature. Black vomit likewise occurred, sometimes in great quantities, and when the patient was much prostrated, the fluid was merely gulped up, running out of the corners of the mouth. It is said to be distinctly acid, reddening litmus paper, and effervescing with carbonates. It is not always a fatal symptom.

GENITO-URINARY APPARATUS.—The uterus and vagina were by no means exempted from the hæmorrhagic tendencies of the other mucous membranes. In a few cases, the urine was at first limpid, then yellow, and occasionally turbid and brownish like porter. This last was sometimes largely excreted, without proving critical. Suppression of urine is perhaps more frequent in this disease than in any other, excepting Asiatic cholera. It was always a symptom of formidable character, and when conjoined with black vomit and delirium, presaged too certainly the approach of death.

CHEST.—The thoracic organs were not primarily deranged. A soft, full, compressible pulse, averaging 100, was very common throughout the disease, whether mild or severe. In one case the wrist was pulseless for some hours, as in Asiatic cholera, the pulsation returning during a partial but transitory reaction.

NERVOUS SYSTEM.—In all points of view, as the medium of the mind and of the senses, as an excito-motory apparatus, both voluntary and involuntary, the nervous system was both primarily and secondarily implicated. The subjective phenomena were numerous and distressing—pains, nausea, vertigo, numbness, bad taste, thirst, hunger, coldness, burning heat, frightful dreams, &c. The abdominal pains of the second stage, and even the thirst, nausea, heartburn, &c. were sometimes distinctly, but irregularly intermittent, like the pains of colic, which is explained by the fact that all the functions of the ganglionic plexus are rhythmical in their character. According to Volk-

mann, even a current of electricity is not transmitted continuously through them, but is broken up into a number of successive shocks. Delirium occurring in the first stage was of little importance. Later in the disease, it was in some cases furious, the patient struggling desperately to get out of bed, but generally it was of the mild, incoherent, typhoid type. In an old drunkard it was precisely the delirium of *mania a potu*. Stupor, even to profound coma, often marked the last stages.

SKIN.—The temperature of the skin after the febrile paroxysm was commonly natural. In a few cases there was the *calor mordax* of typhus.

The perspirations were very irregular, often partial, sometimes offensive, and never, that I could discern, of the least prognostic value. The yellowness came on generally by the third or fourth day, seldom earlier, sometimes not until convalescence was established. Petechiæ were sometimes observed in protracted cases. The eruption was sometimes vesicular, sometimes like what is known as "prickly heat," sometimes like nettle rash, and again the skin presented the lobster-like redness of scarlatina.

TREATMENT.—If the chill was violent, or persisted long, I ordered Tincture of Camphor in drop doses every ten minutes, a procedure eminently successful in Asiatic cholera, and in the cold stage of malignant intermittents. I met, not long since, in Cullen's *Materia Medica*, some interesting facts in proof of the best substantiated view, namely, that its primary effect is a great reduction of animal temperature. The operation of Camphor is so evanescent, that it in nowise interferes with the efficacy of subsequent remedies. Aconite and Belladonna were used in alternation in the first stage. To run a parallel between the symptoms of yellow fever and these drugs, would be to abstract whole pages from the *materia medica*. I need not speculate on the pathology of the Aconite and Belladonna poisonings. They evidently shew that profound lesion of innervation, subsequent nervous and vascular erethism, and local determinations to the cutaneous and nervous membranes so strongly characteristic of the yellow fever poisoning. They are complements of each other in making out the whole morbid

picture, and were therefore used in alternation, every half-hour at first, the interval being afterwards lengthened to one, and in mild cases, to two hours. In a few cases, I used a drop of pure tincture in half a tumbler of water; but I generally contented myself with five or six drops of the first centesimal dilution prepared in the same manner, of which one teaspoonful was given at a time. A similar preparation of Ipecac. was commonly left, to be administered after each act of vomiting. In very mild cases, these remedies alone sufficed.

When the second stage came on, the cerebro-spinal symptoms disappearing, or being much ameliorated, while the patient complained of nausea, prostration, acid or burning sensations, pain in the abdomen, thirst, restlessness, &c. a change of remedies was demanded.

On studying the symptoms of this stage, ninety-nine homœopaths out of a hundred would suggest Arsenic as one of the main remedies. But lest my allopathic reader should distrust Hahnemann's *Materia Medica*, or Jahr's *Manual*, I will collate from the nearest allopathic authority, which happens to be Taylor on Poisons, some of the prominent symptoms of the Arsenical pathogenesis.

"Faintness, depression, nausea, with intense burning in the region of the stomach, increased by pressure. Violent vomiting of a brown turbid matter, mixed with mucus, and sometimes stained with blood. Sense of constriction, with a feeling of burning in the throat, often accompanied by intense thirst. Pulse, small, frequent and irregular. Skin cold and clammy in the stage of collapse, at other times it is very hot. Respiration feeble, and accompanied with sighing. Inflammation of the conjunctiva with suffusion of the eyes, and intolerance of light. Irritation of the skin, accompanied by an eruption. Exfoliation of the cuticle. Great nervous irritability. Intolerable pain in the bowels, with bloody stools. Great emaciation, want of sleep, urine scanty, high-coloured, and passed with an effort. Suppression of urine. Strangury and jaundice have been also noticed among the secondary symptoms. Delirium, jactitation, coma, convulsions."

Finally, the anatomical lesions of Arsenic are also remarkably

similar to those of yellow-fever. They are the pure dynamic effects of the drug acting through the nervous system; for it is well known, that its specific effects on the stomach will be produced by injecting the veins, or inserting it into a wound. Mr. Taylor says:

“Arsenic is not an irritant poison; it does not seem to possess any corrosive properties, that is, it has no chemical action on the animal tissues, and the changes met with in the alimentary canal of a person poisoned by it, are referrible to the effects of the inflammation excited by the poison, and not to any chemical action.”

In looking for a complementary medicine to alternate with Arsenic, in order to fill up the morbid picture, we keep in view that it must be capable, chemically or otherwise of deteriorating and devitalizing the blood, so as to give rise to hæmorrhage and extravasation, and render it unfit for the nutritive demands of the nervous system. No poisons, animal, vegetable, or mineral, do this more uniformly and effectually than the virus of serpents. *Crotalus* and *Lachesis* are remarkably similar in their action, like the isomorphous substances in Dr. Blake's interesting experiments. We chose *Lachesis* in the 5th dilution, alternating it with the 4th trituration of Arsenic, at intervals of an hour. When *Belladonna* and Arsenic produced no amelioration, a change to Arsenic and *Lachesis* brought about the desired amendment.

These remedies were sufficient for very many severe cases of yellow fever, but occasional symptoms arose from the idiosyncrasy of the individual, or the peculiarity of the case, which called for other remedies. *Veratrum* was very useful in allaying the vomiting and abdominal pains. Tartar emetic succeeded promptly in some cases of prolonged and distressing nausea. *Chamomilla* did more for this gastric irritability than its rather mild pathogenesis would lead us to expect, particularly in the cases of women and children. Mustard-plasters to the epigastrium, and cold enemata were also used as palliatives for the nausea and vomiting. Very hot fomentations frequently diminished the excruciating pains in the bowels. When diarrhœa or dysenteric symptoms supervened, *Mercurius*, *Phosphorus*,

or Colocynth relieved them readily. Cantharides scarcely ever failed to remove strangury, and restore the renal secretions, in conjunction with Arsenic. Nux vomica was frequently employed as an adjuvant in persons much addicted to alcoholic liquors. Chamomilla, Sabina, or Secale generally caused the symptoms of threatened abortion to disappear. When the strong characteristics of yellow fever gradually subsided, leaving the system prostrated and torpid, Rhus and Bryonia were used with good effect. Belladonna, Coffea, and Hyoscyamus were sometimes indicated at night for nervous sleeplessness. Millefolium was used in one case of abundant hæmorrhage from the mouth, and whether it was a coincidence or a cure, it was almost immediately checked. Some of our ultra-Hahnemannian brethren may find fault with us for using such low dilutions, repeating them so frequently, and sometimes employing three remedies in quick succession. But the malignity and rapidity of the disease, the diversity and frequent incongruity of the symptoms, their Protean forms and treacherous character, warranted us in active and decisive measures. Homœopathic aggravation, under such circumstances, is very little to be apprehended, foreshadowing as it does a curative result. A resort to the higher dilutions—6th, 12th, or 30th—after the lower had failed, was attended, in some cases, with the happiest effect.

If the above remedies proved inefficacious, if the patient sank, if the vomiting became worse, with brownish stains in the matter ejected, or any of those various hues which indicated hæmorrhage from the gastric mucous membrane, Nitrate of Silver was the remedy, conjoined with Arsenic and Lachesis. We made a first and second centesimal trituration, and as the latter did just as well as the former, perhaps better, I infer that the action, like that of Arsenic, was not topically stimulant, but dynamic. Indeed, what stimulus, in the allopathic sense of the word, can the one ten-thousandth of a grain of Nitrate of Silver, dissolved in half a tumbler of water, administered in teaspoonful doses, give to the whole gastric mucous membrane? A much more *curative* one, I venture to say, than the same remedy would have made in larger doses. As it was, the

medicine frequently aggravated; and one patient complained bitterly of the nausea it produced. In this case all the dangerous symptoms were arrested by Lachesis. One negro woman lived a week after black vomit, apparently, but not permanently, rallied by *nitrate of silver*, *carbo vegetabilis*, and *hydrocyanic acid*.

Strict attention was paid to diet; a point of vast importance in managing the diseases of the blood-making apparatus. Arrow-root, rice water, and black tea with a little sugar and milk in it, were the standard articles for the first stage. During the second stage, the canine hunger was sometimes distressing; but besides the above nutriment, we seldom permitted anything but a teaspoonful of pure cream at regular intervals. Ice was allowed in moderate quantities, for the thirst. During convalescence, the slightest imprudence in eating was apt to induce relapse. I have seen toasted bread, chicken broth, soft boiled eggs, &c., decidedly injurious. When the patient is able to pass from the farinaceous articles to something more nutritive, he may be permitted at once to chew pieces of good beef-steak. This is much better than beef-tea, because the act of mastication extracts the saliva, and incorporates it with the animal juice, thereby facilitating its digestion. Alcoholic stimulants were seldom given during the disease, or recommended to promote recovery. Confirmed toppers, however, were permitted to use small quantities of their favourite beverages during the latter stages of the disease.

Results.—I treated 140 cases of yellow fever between the 13th of August and the 15th of December, 1853. None of them were cases of ephemeral sickness, nothing but unequivocal, strongly marked yellow fever was admitted into the list. Of this number 71 were white, and 69 colored; of the colored, 39 were blacks, and 30 mulattoes. The adults were 93; children 47; cases in town, 111; cases in the country, 29. Males 60; females 80. At least one-half of the cases were very severe, the patients being for several days in a critical and dangerous situation. Of the 140 cases, nine died. Of these, six were treated homœopathically by me from the beginning, one

case was complicated with abortion and profuse hæmorrhage; another, a cachectic negro, died six weeks after the day of attack in a typhoid condition, the sequel of the fever. Three came into my hands on the fourth and fifth day of the disease, two of them having employed allopathic measures.

Dr. F. A. W. Davis, the able pioneer of homœopathy in this region, treated 415 cases, with 24 deaths. The combined result of our practice was therefore 555 cases, and 38 deaths; a mortality of 1 in 16.87, or 5.94 per cent. Of Dr. Davis' cases, five recovered after pure black vomit—four children and one adult.

Occasional recoveries after black vomit have been recorded by almost every allopathic writer of any repute, but as nothing of the kind transpired here under allopathic practice during the late epidemic, the restoration to health after such circumstances was ignorantly and presumptuously pronounced an impossibility by the opponents of rational medicine.

MEPHITIS PUTORIUS AND OTHER REMEDIES IN HOOPING COUGH.

BY C. NEIDHARD, M.D., PHILADELPHIA.*

HAVING always regarded the experience of the people as of the first importance in illustrating our homœopathic law, I have eagerly sought any casual information like that obtained by the following letter, and endeavoured to profit by it.

Extract from a letter, dated Hart's Village, Dec. 13, 1851.

"Several of my children had the whooping cough, as we thought, very hard, for several weeks, when I had this remedy recommended, and to our great gratification, the cough left the children in a perfectly healthy state in about 24 to 48 hours. I think three of the children had it at that time; ages about 4, 6, 8 years. Since then I have recommended it to others, and believe it has almost universally proved successful (I do not know but always). One family of two or three children who had coughed but a week or thereabouts, were cured as soon as mine were, but took it again a year or so afterwards. It was

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thought they were cured too soon, and that it had not worked through the system sufficiently from their taking it a second time. The way we prepared the dish, was to have the animal (the skunk) properly dressed, so that there was no smell of the meat. It was roasted the same as fowl; the children ate it for dinner, supposing it to be the same as the rest of the family were eating; it relished well, and they ate freely of it. In the course of the afternoon it sickened them, so as to vomit pretty freely. This was about the end of the cough. I have known it given two days in succession, when it did not sicken them the first day."

Only few cough symptoms can be gathered from Dr. Hering's provings of *Mephitis putorius*, and these are not particularly characteristic of hooping cough. These provings being, however, all the results of the higher and middle dilutions, as well as from the smell of the medicine during its preparation, could not very easily produce a violent attack of hooping cough. This view is farther corroborated by the following involuntary provings of the *Mephitis* in large doses, communicated to me by a very reliable friend.—Several years ago, a young man afflicted with the symptoms of consumption, told him that some years previously he had been attacked one evening by several polecats, which squirted their juice all over his person; it nearly suffocated him, and produced a spasmodic cough, which very nearly resembled hooping cough. It had the crowing sound, lasted all night, and again returned several times. That this effect was not merely mechanical from the overpowering stench of the juice, is proved by the cough returning several times without a new dose.

In consequence of these facts I have not hesitated to make an extensive and almost exclusive use of *Mephitis putorius* in the following cases of hooping cough, which prevailed epidemically in Philadelphia and vicinity, during the summer and fall of 1858.

CASE I.—The first dose of *Mephitis* 3, in water, arrested the hooping cough in the case of Susan —, aged 6. She only coughed once in the night; whereas before she had eight or

more paroxysms every night; rattling of phlegm during the cough, with vomiting after eating.

CASE II.—In the other child of the same family, aged 2 years 2 months, the hoop was arrested the first night after taking the medicine.

CASE III.—H. N., a little boy, aged 6 years. Meph. 3, in water, decidedly relieved the cough after every dose; the mucus became loose, and the cough assumed the form of a common catarrh; the effect was slow in this case, because the patient was subject to chronic cough, hoarseness and disease of the larynx, requiring chronic treatment.

Characteristic symptoms were—excoriation, heat, and hoarseness in the throat; cough every two hours, day and night, but generally worse at night, with feeling of excoriation in the chest; tonsils swelled, with whitish ulcers; slight fever; during every severe coughing spell he vomits. At the end of four weeks he had only one or two paroxysms of coughing in the night. Besides Mephitis, he also received Tincture of Cochineal and Phosphorus, but with less decided effect than Mephitis. Kali Carb. had no effect. For the chronic disease and swelling of the tonsils, with hoarseness, Antim. Sulph. Aur., of which I possess several provings, was most specific; also the Phosphate of lime.

CASE IV.—Frank D., aged 4, had a slight catarrh from four to five days, which soon assumed the unmistakable characteristics of hooping cough. During the day the cough was slight, but in the night he had a paroxysm every ten minutes, with frequent vomiting and fever. He received every day Mephitis 1, in water, from 10 A.M. until 8 P.M. with a very beneficial effect.

CASE V.—Charles D., aged 6, had a common catarrh for two weeks, after which the hooping cough commenced, particularly at night, with occasional vomiting after eating; choking and redness in the face; his bowels were relaxed; eyes suffused with blood. When he first took the Mephitis, he coughed every ten minutes, but the second day after its administration, the

attacks were prolonged to two hours. It was one of the most severe cases I attended during the epidemic. Cases IV and V had both a violent fever and want of appetite; the eyes were closed whenever they lay down. Aconite relieved the fever, and the attacks only occurred once in the night. As soon as the Mephitis, even in a higher dilution, was resumed, the fever returned; pulse 120 to 130, together with the other symptoms; the cough always diminished in violence by suspending the medicine for twenty-four hours.

CASE VI.—Augusta D., aged 9, ordinary cough for three to four days. Mephitis 6 soon relieved the hoop, which came on afterwards.

CASE VII.—A baby, aged 20 months, had for a few days, a slight cough, after which the hoop commenced; was relieved in a few days by Mephitis 6.

CASES VIII and IX.—W. and B., two children aged $8\frac{1}{2}$ and $5\frac{1}{2}$; hooping cough. Mephitis 6 and 3 in the form of powders, was rather slow in its action, but still decided enough so as to cure them both in a few weeks, or at least to change the spasmodic cough into a common catarrh. The Mephitis had to be repeated twice before they were cured.

CASES X and XI.—Robert T., aged 4, had the hooping cough for a month, with vomiting after every paroxysm. His brother, James T., aged 2, had the cough for only two weeks. They both took Mephitis 3 in water. Did not report, but we may suppose them cured, as those who were not relieved generally returned for another supply of medicine.

CASE XII.—C. G., child with hooping cough, bleeding of the nose, &c. Mephitis 6, in powders.

CASE XIII.—John —, aged 8 months, had the hooping cough for three weeks, worst at night, with vomiting. Mephitis 6, in powders. No report.

CASE XIV.—Horace R., hooping cough. Mephitis 1 and 2, in water. Was cured very rapidly.

CASES XV and XVI.—James N., two children, were cured by Mephitis 2, in a month.

CASE XVII.—William M., aged 3. Mephitis 2, in water, did not at first relieve the cough, so that I was compelled to prescribe another remedy; but after taking this for a short time, the father averred that he thought the first remedy, Mephitis, had a better effect than the last. Mephitis 1, in water, now had such a good effect, that on the first night after its exhibition, he had no cough at all, and on the next following, only one paroxysm.

CASE XVIII.—A little boy, 1 year old, of the same family, was soon cured by Mephitis 2.

CASE XIX.—Reuben M., aged 6, cured by Mephitis 6, a slight case.

CASE XX.—Willy C., hooping cough with vomiting, &c. Mephitis 2, in water, every three hours, produced a looseness in the cough, changing it into a common catarrh. Two powders exhibited as mentioned above, cured him.

CASE XXI.—Another child of the same family was cured by one powder.

CASES XXII and XXIII.—E. N. D., two children were cured in a month by Mephitis put., 6 and 2, each powder in half a tumblerful of water.

CASES XXIV and XXV.—One child, aged 6, and a baby, 9 months. Mephitis 6 and 2, in water. No report.

CASE XXVI.—Fanny T., the daughter of a druggist. Mephitis 2, in water. No report.

CASE XXVII.—D. and K., two children from Bristol. Two packages of Mephitis, 1 and 6, soon relieved them.

CASE XXVIII.—Mrs. H., a middle aged lady, was attacked with the cough in the country, and had it very badly. She was entirely cured in two weeks by Mephitis, in water, aided by Conium 8.

CASE XXIX.—L. J., a little boy, received July 17, Mephitis 2, in water, six powders, which were sufficient to relieve him.

A child in a neighbouring town, which had been afflicted with

the hooping cough for several months, for which it had received a variety of remedies, took *Mephitis* 6, one powder, after which it slept for 24 hours. The parents becoming alarmed, sent for a neighbouring physician, who as the child slept calmly and naturally, disabused them of their fear. The child woke up completely cured.

Conclusion.—With regard to all those cases of which the final result could be procured, it may be asserted, that the worst cases were cured in a month. Many of the slighter cases were cured in a few days, or a week. In a few cases liable to chronic cough, some other remedy had to be alternated with the proper remedy for the hooping cough, the *Mephitis*, when the cough generally soon yielded.

If the above facts do not prove that *Mephitis* will supersede all other remedies for the hooping cough, they certainly may be considered as establishing its claim to rank as a very valuable specific in that disease. But in order to insure its full success, it should be exhibited in the lower dilutions, from 1 to 3; at least in the severe cases.

In previous epidemics, *drosera* in high potency, middle and lower dilutions, only seemed very transiently to benefit the patients. I think that at least in one case, *drosera* 200, one dose, performed a cure in a few days, but entirely failed in other cases, as did also the lower dilutions. On the whole I cannot speak very favourably of its action in this disease. I have derived more benefit in my practice from *cuprum acetic.* 2, in the most obstinate cases, particularly where there was a chronic cough, and tendency to consumption of the lungs. In one case, that of a child aged 22 months, the following symptoms were predominating: Redness of the face; blueness round the mouth and lips, during the attack; rapid and wheezing respiration, with groaning; rattling of phlegm; starting in sleep; great fretfulness; a distinct hoop after each paroxysm of cough, and crying. Almost everything had been tried by the family and physicians, when *cuprum acetic.* was resorted to, which produced a rapid cure.

Belladonna seems to be the best remedy to relieve the spas-

modic violence of the cough at the commencement of the convulsive stage, and *conium* is always efficacious if the aggravation of the cough takes place at night. *Kali-carbon.* often relieved the vomiting, but did not otherwise benefit the patients.

In several cases I employed the old school remedies, *cochineal*, and also *ferrum carb.* with great benefit, both in large doses, but it was generally in cases where other remedies had proved ineffectual. There is a great difference whether a remedy acts beneficially at the commencement or towards the close of a disease, when the latter has nearly run through its natural course.

Two cases in which *cochineal* was prescribed with the greatest benefit (so that in three days, the six paroxysms to which the patients were previously subject in the night, were reduced to one) presented the following features: Tickling in the head of the larynx; face red during the cough; vomiting, more at night; they wake up with the paroxysm about 11 o'clock P.M., with determination of blood to the head, pain in the bones, with chilliness.

In that dangerous form of hooping cough, in which each paroxysm of the cough is followed by a diarrhœa, *arsenicum* has been prescribed by me with success.

Cina has in many cases been very serviceable to me after many other remedies had failed, particularly where the symptoms of worms were present, where there was loss of consciousness, and general rigor of the whole body.

If the disease has already existed for a long time, and become chronic, no remedy will be found superior to *sulphur*.

I cannot help mentioning a remarkable case related by Dr. Müller, in the Hygea, where a very obstinate case of hooping cough was suddenly cured on the appearance of scarlatina. The affinity of the latter affection with hooping cough has been less generally known than that of measles. In many epidemics, measles have immediately followed after the disappearance of the hooping cough. The same is the case with croup.

Another case also fell under my notice, where a man,

poisoned by lead, who had been sick for eighteen months, was entirely cured on the appearance of the whooping cough. He had vomited continually, and nothing would stay on his stomach but raw potatoes.

A singular indication for the employment of *kali carbon.* in whooping cough is given by Dr. Becker, of Mühlhausen. It was a roughness and dryness of the skin in the hands and arms; the hair also was dry, like dead. In addition to this, Boeninghausen mentions as a characteristic symptom, tumefaction around the eyes.

REVIEW.

Du Traitement Homœopathique des Affections Nerveuses et des Maladies Mentales. Par le DR. G. H. G. JAHR. Paris, BAILLIERE, 1854.

On the Homœopathic Treatment of Nervous Affections and Mental Diseases. By DR. G. H. G. JAHR. Paris, Bailliere, 1854.

DR. JAHR is without doubt the homœopathic manual maker *par excellence*. The success of his "New Manual," compiled under the eye of Hahnemann himself, has been unequivocal, and perhaps not beyond its deserts. We are all familiar with the successive improvements, modifications, enlargements, and abridgments of this his original work, for by the untiring industry of Dr. Hempel of New York, they have successively been put within the reach of the English student and practitioner. Under the titles of "Symptomen-codex," "Pocket dictionary," &c., these variations of the original melody have each obtained a certain amount of popularity, not only in this country and America, but also in France and Germany. They have undoubtedly formed the groundwork of most of the works on Domestic Homœopathy which have recently rained upon us "thick as autumnal leaves in Vall'ombrosa."

Having in these works successfully treated of diseases in general, our author has commenced to furnish us with manuals for special maladies. Of these there are before us—one on Cholera, another on Diseases of the Skin, the third the one

whose title stands at the head of this article, and another on Gastric Affections is promised. In these manuals of special maladies the author enters more fully into the minute details of the symptoms by which the varieties of each disease is characterized, and seeks to render the choice of the remedy more exact than it is made in the general manuals. This minuteness however is not in proportion to the relative size of the special manuals, as compared with the corresponding chapters and sections of the larger manuals—for the bulk of the former is chiefly due to the almost endless repetitions that the plan adopted by the author involves. Thus the actual increase of matter in these special manuals is much less than it appears at first sight to be, and it is not altogether clear that much assistance is rendered to the practitioner in his search for the specific remedy by the artificial subdivisions of allied and similar diseases resorted to in these works, and the corresponding cutting up of the pathogenetic records.

The work before us treats of two very obviously dissimilar classes of disease, denominated by the author respectively "nervous affections" and "mental diseases." The first or "nervous affections" are further divided into three very distinct sections, to wit, the *neuroses*, including all sorts of spasmodic and convulsive affections, the *neuralgias*, and the *aneurosthenias*, or paralytic affections of the motor and sentient nerves.

As very little has appeared on the subject of these affections in our English homœopathic literature, we think we may be rendering a service to our readers by giving a hasty glance at what has been effected in regard to the homœopathic treatment of some of the diseases mentioned in this work. For convenience sake we shall consider them in the same order as has been adopted by our author.

Under the head of *neuroses* the first affection which we shall single out for comment is *tetanus*.

Our author gives a list of 87 medicines for the cure of tetanus and its varieties, but this we should probably find to be an *embarras de richesses* when we came to treat an actual case of the disease. Doubtless it is easy enough to swell the list of putative remedies for this or any other disease by rummaging in

our pathogenetic records for symptoms that a vivid imagination could conceive to bear some resemblance to some of those presented by this fearful disease, either in its premonitories, or its full development; but if we seek for perfect representations of the whole disease in our materia medica we shall be forced to confess that the result is not very satisfactory, and that the number of remedies which offer symptoms bearing any very striking analogy to the tetanic ones is very small. These are certainly to be found in Jahr's work, but mixed up with a multitude of other remedies, the sole reason for the introduction of which is perhaps some doubtful clinical observation, or some passing fancy of a dilettante practitioner. Thus we do not imagine that any practitioner would pass by those remedies which really offer some symptoms analogous to tetanus, to select *petroleum* or *sepia* on the mere recommendation of Bönninghausen, without any known pathogenetic analogy to recommend it, or without any corroborative clinical experience of its utility.

Our clinical records are not very rich in cases of tetanus successfully treated by homœopathic means. Dr. Haubold (*Allg. h. Ztg.* i, 147,) relates the case of a child of six years of age who was suddenly attacked with symptoms of trismus and tetanic spasms, who recovered after a few doses of *aconite*; but this case does not merit the appellation of tetanus bestowed upon it, as it was most likely a convulsion produced by irritation of the bowels from the presence of indigestible food, nausea, or other exciting cause. Dr. Hering (*Arch.* vii, l. 89) states that the negroes of Surinam were very subject to a kind of traumatic tetanus, following neglected wounds of the feet caused by treading on broken glass, nails, &c. The practice of the allopathic surgeons was to bring the patients under the influence of mercury as soon as possible, but without much advantage, for Dr. Hering declares that the cases of this disease were generally fatal. A negro affected in this way who had been already plied with mercurials, which failed to produce salivation, was treated by Dr. Hering with *angustura* and recovered.

In the pathogenetic action of *angustura vera* there are but very slight indications of the utility of this medicine in tetanus; but, on the contrary, the case of poisoning by *angustura spuria*,

recorded by Emmert (*Hufeland's Journal*, xli, pt. 2, p. 72, quoted by Hahnemann, *R. A. M. L.*, vi, 28), presents a striking resemblance to a fully developed fit of tetanus, terminating fatally. Were it a matter of certainty what plant it was that furnished the false *angustura* that produced these effects, it would undoubtedly be one of the most homœopathic remedies for the disease in question; but unfortunately the only information Emmert affords us is that he prescribed the *angustura vera*, and the chemist made a mistake, sending the *spuria* instead. It seems to be the general opinion that the *A. spuria* of commerce is obtained from one of the strychnos tribe, probably the *S. nux vomica*, and such was very likely the source of the medicine in Emmert's case, as the power of the *strychnos* to cause tetanic spasms is well known. It should be observed that in the work under review Jahr gives under the head of *angustura* the symptoms observed in the case above alluded to of poisoning by the *spuria*, and not those of the *vera* at all; a mistake of the utmost gravity, and quite unpardonable in the author, who must have known perfectly well the source of the symptoms he has recorded.

In homœopathic literature we cannot find anything more of a trustworthy nature regarding the treatment of tetanus besides the cases we have alluded to. There are several others of alleged tetanus recorded, but they seem to be rather cases of hysteria simulating this disease, and the treatment adopted does not seem to have had much to do with the patient's recovery.

Allopathic literature presents few well authenticated cases of tetanus obviously cured by a medicine. Several cases are on record of tetanus, both traumatic and idiopathic, having yielded to the employment of *opium* and its preparations, and doubtless this medicine has a marked analogy in its pathogenesis to the symptoms of tetanus, though we are not aware of its having been tried in homœopathic practice, and in the allopathic records to which we refer, it was given in doses sufficient to induce its narcotic effects. Frank (*Magazin*, ii, 18,) has recorded from a French journal a case of traumatic tetanus, said to be cured by the internal use of *sulphuric ether*; but as the treatment only began on the 17th day of the appearance of tetanic symptoms,

we may well doubt the serious character of the case, seeing that it was already observed by so ancient an authority as Hippocrates (*Aph.* v, 6,) that such persons as survive in tetanus for four days recover.

The remedies that seem most adapted homœopathically for the cure of tetanus are, to our mind, *nux vomica*, *angustura spuria*, *opium* and *belladonna*. *Arnica* may be useful in the traumatic form, from its well-known vulnerary properties, though its pathogenesis is a blank as far as tetanic symptoms are concerned.

Of these medicines, *nux vomica* and its alcaloid *strychnia* promise the best results, indeed the latter in the course of its endermic employment has often caused tetanic symptoms of the most violent character, and it is consequently well worth attention in this disease. The long list of tetanic symptoms Jahr attaches to *cicuta* are derived solely from clinical use, and on examining the sources whence he has taken them, we are forced to confess that the cases much more nearly resemble hysteria than genuine cases of tetanus.

The only other remedies we think worth naming in connexion with tetanus are, *aconite*, *camphor*, and perhaps *stramonium*. The latter remedy has been successfully employed in some cases of lock-jaw in the horse, a very fatal disease in that animal.

Acupuncture has occasionally been successfully used in veterinary practice; we are not aware if it has yet been used for this disease in the human subject.

In the periodical medical literature of the old school we very frequently meet with cases of traumatic tetanus that have recovered under the thousand and one drugs with which they have been treated, but we are unable to decide whether the recovery was by means of or in spite of any of the medicines administered, and if the former, to which of the remedies the cure was due. In the *Medical Times* for 6th May, 1854, are two cases of traumatic tetanus which recovered, one under the use of chloroform and minute doses of *belladonna*, the other under chloroform and large doses of *cannabis indica*. In the first case the chloroform failed to relieve the tetanic spasms,

but the cure progressed under the *belladonna*. The disease, however, was of the chronic character, having lasted near three weeks.

Cannabis indica was first introduced as a specific for tetanus by Dr. O'Shaughnessy, of Calcutta (*On the Prep. of the Indian Hemp or Gungah*). With regard to its homœopathicity to this disease, there may be some doubt, and yet it is curious enough that Morgagni (*De sed. et caus. morb.*) attributes to hemp a power of producing tetanus, and cites some cases where the disease was actually developed among hemp-carders. Although Hahnemann has adopted the cases recorded by Morgagni in his pathogenesis of *cannabis*, it may be a question whether the effects observed by Morgagni were justly attributable to the specific action of the hemp. At all events it seems that in all the recorded cures of tetanus by *cannabis*, the drug was used in large doses so as to produce narcotism.

In the treatment of tetanus, too much reliance must not be placed on mere medicinal treatment; warm baths, frictions along the course of the spine, and in the case of traumatic tetanus, attention to the state of the wound, must all be had recourse to.

The *serpent-poisons* deserve especial consideration in connexion with tetanus and trismus.

It must not be supposed that the homœopathic treatment of tetanus is universally successful, for though the cases recorded in our homœopathic literature were all cured, if we look to the hospital reports we shall find a different story. Thus, on examining the reports of the homœopathic hospitals of Vienna, Linz, Kremsier, and Nechanitz, from 1832 to 1848, we find that ten cases of tetanus were received, and that of these six died, and only four recovered; one at least of the latter not being a case of traumatic tetanus.

Chorea. We have little to remark on the subject of this disease. We should take great pains to ascertain the exciting and predisposing causes of this disease, as these will often be a better guide to our successful treatment of the case than the actual symptoms present. The chief of these causes we imagine to be a violent fright, onanism, weakness caused by over-drugging, sudden suppression of a chronic skin affection, inter-

tinal irritation from worms or otherwise. Our materia medica presents few medicinal pictures of this disease; consequently Jahr has been forced to make up his indications for the use of the long list of drugs he has enumerated, almost entirely from the clinical records, in some cases, (as for instance, under *calcareo*) without stating that the indications given are derived from this doubtful source. Where the disease depends on the mental emotion above alluded to, the medicines most indicated will be *ignatia* and *opium*; but change of scene, agreeable amusement, and healthful exercise, must not be neglected. Where onanism is the cause, this bad habit must be cured before any good can be effected by medicinal remedies, the chief of which seem to be *china* and *ferrum*. The latter remedy is not mentioned by Jahr, though we believe it to be one of the most useful medicines in many forms of St. Vitus' dance. Its pathogenesis gives us but few indications for its employment here, but there are numerous cases on record illustrative of its power to remove this disease. A case that occurred to us some years ago taught us that the benefit to be obtained from this remedy is not always procurable by its administration in globules. We had treated the case for several weeks with infinitesimal doses of *ferrum*, when it was removed from our care, and placed under that of a more heroic practitioner, who gave the Carbonate of Iron to the amount of a scruple or more every day, and soon produced a perfect cure. Why Ferrum requires to be given in substantial doses in this and several other diseases we could mention, we are at a loss to imagine; probably besides its specific action, it performs some important part in the vital chemistry of the cases for which it is useful. It is almost generally admitted by homœopaths, that in chlorosis, Ferrum is of little or no use in infinitesimal doses. A case occurs to our recollection of another disease where we failed to effect an improvement by homœopathic doses, but where a cure was produced by the ordinary allopathic quantities. A young lady of about 15 years of age, not yet menstruated, subject to sore throat and chronic enlargement of the tonsils, gradually became very weak in her joints, especially in the ankles. The ligaments appeared to become relaxed, and

this to such an extent that she soon was unable to walk, or even to stand. When she attempted to do so, her legs seemed to slip off the feet, and down she came on her external ankles. There was no pain accompanying the disease. She also presented anemic symptoms. I gave her among other things, *ferrum* in the 1st trituration, but without the slightest benefit. She was removed to the care of an allopathic practitioner, who administered Iron in considerable doses, and she soon regained the use of her joints. After this she again became our patient, and it was not till after some months more of homœopathic treatment that she began to menstruate. Such cases should teach us, that in the administration of Ferrum to anemic patients, when it is otherwise indicated, we should not scrupulously confine ourselves to globules.

If the chorea is traceable to over-drugging, hygienic remedies and perhaps some of the hydrotherapeutic applications, and mesmerism, will be more useful than purely medicinal means.

When the suppression of a chronic eruption is to blame, a preference may be given to the so-called antipsoric medicines, such as *sulphur*, *calcarea*, and *silicea*. The latter especially presents in its pathogenesis indications for its employment in chorea.

Where the presence of worms excites the disease, our attention should be directed to such remedies as *hyoscyamus*, *cicuta*, *cina*, *sulphur*, and *cuprum*. The last mentioned medicine is not so generally known as an excellent vermifuge (more especially for the tænia) as it ought to be; its chorea-symptoms are among the best marked of any medicine.

The peculiar affection excited by the prolonged use of rye-bread which contains much ergot, termed *raphania*, which is said to bear a remarkable resemblance to certain forms of chorea, would lead us to believe that the *secale cornutum* might be a powerful remedial agent in some cases of this disease. We should consider the occurrence of marked formication in different parts of the body, which is such a characteristic feature in the ergot disease, to be a good indication for the use of *secale*. Indeed there is a case in point, recorded in that admirable compilation, *Frank's Magazin*, where a cure was

effected by the use of this drug in allopathic doses. As far as we are aware, it has not yet appeared in English, and it is sufficiently interesting to warrant us giving a brief outline here. The subject of the affection was a boy 17 years old, tall, thin, and pale. His mother stated that all day and all night he did nothing but jump about. The constant play of his muscles caused him to be incessantly making faces; his eyes rolled about, the pupils were dilated; the tongue was jerked out of the mouth; the head was thrown from side to side; the arms were in constant motion. He grasped at things with his hands, but was unable to hold them steadily. His body also was in constant movement. He could not retain his urine. Pulse weak, small and quick. The heart beat violently. Appetite little, and he could with difficulty get his food to his mouth. Bowels rather torpid. There was a feeling of pressure in the occiput, *and in all the extremities a sensation of formication*. The memory was weakened; in other respects the intellectual functions were not disturbed. He could hardly speak intelligibly. He often laughed at his own ludicrous mode of going on. This state continued day and night, and all night long he tumbled about in the house. No cause could be discovered for the disease, unless it were the rapid growth of the patient. *Inf. Val., Flor. Zinc., Cupr. ammon.* did no good, on the contrary he continued to grow worse. The pain in the occiput, the formication and the movements, all got much worse. The doctor now gave him *Secale corn.*, 8 grains every three hours. In the course of eight or nine days under the use of this medicine, the boy was completely cured of this serious affection. (*Frank's Mag.* i, 131.) It is certainly remarkable to find an allopathic physician selecting such a very homœopathic medicine for this case.

The other remedies likely to be useful in chorea are chiefly *belladonna, stramonium, moschus, pulsatilla*. Some cases are said to have been cured by *causticum*.

If, as used to be generally believed, and as Canstatt (*Spec. Path. u. Therap.*) has recently affirmed, the tarantula spider, by its bite, be really the cause of that peculiar affection called *tarantism*, which consists in a peculiar state of the nervous

system, that renders the patient incapable of refraining from dancing when he hears music, it might be worth while trying the effect of the tarantula poison in some cases of St. Vitus' dance. Dr. Wable, of Rome, we remember, at the Leipzig Congress of 1851, presented to the meeting a tincture of the tarantula spider, prepared by himself. Moreover, as the remedial influence of *music* was so well marked on the *tarantati* of the middle ages, might it not be employed in some cases of chorea with advantage? We believe that the curative power of music is very great in many nervous disorders, though physicians are so used to put their whole trust in drugs, that few would think of prescribing music as a therapeutic agent. We shall never be perfect physicians until we know how to employ all the remedial powers presented to us by nature, and music, though neglected by medical men, is one of these. The title of an old thesis is before us—*An musica per se medicas habeat vires?* Auct. A. M. J. Bouvier, Paris, 1776. We think in the present day an answer to this question might be attempted with advantage. The ancients did not so totally neglect the remedial powers of music as the moderns seem to have done. Thus it is stated by Pliny, that it was customary in his day to relieve the pain of sciatica by music. Cælius Aurelianus mentions that the paroxysms of mania were cured by it; and we have the authority of Democritus and Theophrastus for its remedial power in cases of viper-bites. (See *Hecker's Epidemics of the Middle Ages*, p. 121.) An older instance still, is David's exorcising the evil spirit of Saul by means of his harp. (1 Sam. xvi, 23.)

Cold bathing, especially the shower bath and douche are said to be very useful in chorea, and attention should be paid to the hygienic condition of the patient.

One of the best, if not the very best treatise on chorea and allied diseases, is written by a homœopath, Dr. Roth, of Paris. It is entitled, *Histoire de la Musculation Involontaire*, and was published in 1850 by the Parisian Homœopathic Society.

Epilepsy. It is far from our intention to dwell long upon this disease. The subject is too large to be adequately discussed in a review of this character. The immense array of

medicines enumerated by Jahr for its use (upwards of 60), shews that it is one of the most incurable affections homoeopathy has to deal with. Doubtless most of us have had the mortification to use all these 60 medicines successively, and perhaps a few more, without producing the slightest good effect in some obstinate cases of epilepsy which had perhaps previously been the round of the hospitals, dispensaries, and "leading" physicians of the town. We have been unwillingly forced to admit that some cases of epilepsy are beyond our skill to cure, or even to benefit materially. But on the other hand, most of us have had the satisfaction to cure some apparently inveterate cases of this disease more or less rapidly. Two cases occur to our recollection at this moment, in both of which we were successful beyond our hopes. They resemble each other in nought but their long duration. The one was that of a man aged about 40, a poor fellow, by condition a sort of porter or messenger, who, for many years before he consulted us, had been liable to weekly or fortnightly attacks of epilepsy. He would be seized in the street, in a room, anywhere, in fine, without the slightest warning, with fits of the most violent convulsions, in which he would bite his tongue nearly off, and otherwise seriously damage himself. After the fits he would be so drowsy that he could not keep awake, and would sleep for many hours. His head for several days afterwards felt heavy, painful and stupified. *Belladonna*, chiefly of the 30th dilution, immediately lengthened the intervals between the attacks, from a week, or a fortnight, to a month, two months, four months, six months, and finally to a year. He has not now had an attack for more than that period, but occasionally feels his head heavy and confused, when he comes to us for some of the *Belladonna* powders, which soon put him to rights again.

The other case is that of a gentleman, also about 40, who for upwards of 20 years, had been subject to attacks undoubtedly of an epileptic nature, but of a very peculiar character. To himself it seemed as if he merely lost his consciousness for a certain time, and then recovered it again suddenly, when he would know he had had a fit, sometimes by finding he had bit his tongue, sometimes by seeing his friends looking anxiously at him, but always by a test which he proposed to

himself. He would endeavour to recollect the day of the month. If he could not do this, he knew he had had a fit. These fits would occur at any time, and under any circumstances; and the remarkable thing about them was that they would not put a stop to what he was doing at the time. He might be sitting at the dinner table, he would continue to use his knife and fork mechanically, or would put them down on his plate, and stare vacantly before him. He might be walking in the street, he would continue to walk straight forward, or he would turn into some shop, and on recovering consciousness would find himself making himself quite unintelligible to the shopman. Once on recovering his senses he found himself sitting in a strange club-room, where he had no earthly business to be, with a newspaper in his hand. The worst attacks were in bed at night. In these he would have decided convulsions, and occasionally bite his tongue. He had a fit at least once in three weeks, often more frequently.

Some years before the attacks first commenced, he had a severe fall on the ice. He fell upon the left side of his forehead, and he observed that after that he lost the sight of his left eye. He had of course been under all sorts of treatment for these fits, and had been fearfully and wonderfully drugged. After about a year of homœopathic treatment, his condition was so much improved that he had not had a fit by day for six or eight months, and the fits which occurred at irregular intervals of from six to ten weeks, (there were ten weeks between the two last) only took place at night when asleep, and then were so slight that he scarcely suspected he had had a fit until his wife told him of it. We should state that they became much worse after marriage. The chief, almost the only remedies he has taken, are *silicea* and *sepia*. The materia medica does not present any medicinal picture exactly representing this case, but something similar will be found under *silicea*, symptoms 1012, 1078—81, and under *sepia*, symp. 1526.

As a proof of the perfect insensibility to pain that sometimes accompanies epilepsy, we may mention a fact that lately fell under our observation. A servant girl who was subject to epileptic attacks, was sitting up one night by the kitchen fire waiting to let her master in. She was seized with an attack and fell with her

face upon the coals. The top of her forehead apparently rested on the back of the grate, whilst the nose and cheek lay on the top bar. How long she thus lay no one knows, but she was roused from her disagreeable position by her master's knock. She immediately rose and opened the door for him. He perceived an unusual smell, and asked her if she had been cooking beef-steaks at that time of night. On looking at her by the candlelight he observed her countenance was horribly disfigured, and she then first perceived that her face had been burnt. It was in fact very severely so. The forehead was burnt quite down to the bone, which afterwards exfoliated. The cheek and nose were deeply cauterised by the bar on which they had lain, and the whole of the face between those two parts was literally roasted. She sought our advice about a month afterwards for the burn on the forehead, which could not be healed by her allopathic attendant. It rapidly cicatrised under homœopathic treatment. The epileptic attacks were not originally very frequent, and under homœopathic treatment they continued to diminish in frequency and intensity. When last seen (20th May) she had not had a fit for six months. The chief medicines given were *bell.*, *puls.*, *verat.*, and *sulph.*

We had recently under our care a very severe case of epilepsy, in which the exciting cause was apparently traumatic. The patient was a very beautiful woman of about 25. When a very little girl she happened to be in the street when a Smithfield ox, resenting the gentle solicitations of his drivers, chose to make a dash down the street. Seeing the little girl in his way, he sought to remove her out of it in the usual bovine manner. His horn entered her skull about the coronal suture. With such a serious accident her life was despaired of. However she recovered, minus about a square inch of skull. On separating the hair we perceived a depression as large as the end of a thumb, at the bottom of which the pulsations of the brain were distinctly perceptible. Under homœopathic treatment the epileptic attacks grew much less frequent, but as the patient has not been seen for some time, we know not whether they are cured or not.

Few, if any, of our medicines have as yet produced any thing

precisely corresponding to epileptic attacks, consequently the great majority of the indications recorded by Jahr are from clinical use only. As this must always be at best a doubtful source for therapeutic indications, at least until repeated observations shall have firmly established the value of the various medicines for different forms of epilepsy, our treatment of the disease must necessarily be at present very empirical. Jahr gives little more than descriptions of attacks that have been cured under this or that medicine, but we should rather like to know what guided the practitioner to the selection of his successful remedy. It could not have been the actual symptoms of the attack, for these do not exist in the materia medica in connexion with the remedy administered. By what then was he guided to its selection? We believe in many cases the choice devolved on this or that remedy in consequence of some allopathic experience of its efficacy in the disease, and that in other instances the practitioner was guided by some symptoms of derangement in other parts of the system of his epileptic patient, occurring as precursors or successors of his attacks; and we further believe that the symptoms Jahr has principally collected of actual symptoms of the attacks cured will prove but indifferent guides to the selection of the right remedy. Hahnemann says, speaking of intermittent fevers (*Org.* § cccxxv), that it is the symptoms presented by the patient during the intervals when he is free from fever that must be the chief guide to the homœopathic remedy; and we believe that it is the symptoms that occur in the intervals of the fits which must be our chief guide to the selection of the epileptic remedy among the pathogenetic records of our materia medica.

We have been more successful in treating epilepsy in the male than in the female; in the latter it often becomes complicated with hysteria, which renders it less amenable to treatment.

As regards *eclampsia*, the next subject treated of by Jahr, we have little to remark. We would remind our readers of the excellent essay on the subject of *eclampsia parturientium* by Dr. Wislobycki in our 5th volume. We cannot however understand how Jahr in a manual professing to treat separately all the different varieties of nervous diseases, should include under the

common head of "eclampsia" the convulsions of puerperal women and the convulsions of infants, soon after birth, and during dentition, more especially as the very next section is devoted to the latter diseases, under the head of "Infantile convulsions." We think that this arrangement includes two, if not three, very different kinds of diseases in the same category.

Another point on which we are disposed to differ from the author is his denunciation of lancing the gums in children where the convulsions are evidently kept up or are excited by the teething. We have often seen the best effects follow the employment of this simple operation, though we are far from approving of its indiscriminate use, or the unmerciful mode in which it is frequently performed. The abuse of any thing does not imply its absolute inutility, and while we readily admit that in this country scarification of the gums is often most improperly and unnecessarily resorted to, we are confident that it cannot always be with safety dispensed with. To scarify the gums all round on the occurrence of any slight gastric or other irritation of infants, as is the practice of some medical men, is at once absurd and injurious; but when the teeth are evidently near the surface, when the gums are hot, red and swollen, when the child is cross, fevered and sleepless, and especially when there appear under these conditions symptoms of cerebral irritation and fits, we would not, and we think no sane practitioner would, hesitate to use the gum lancet on the advancing teeth. The relief to the little patient by this simplest of operations is often instantaneous and complete, as all who have practised it under such circumstances must have observed.

We pass on to *hysteria*, on which we may make a few remarks. Our author has entered most minutely into the different forms of hysteria, many or all of which may sometimes be found in the same individual during different attacks. He has indicated, with great minuteness, the different symptoms of the hysterical attacks for which different remedies are said to be useful. But as in the case of epilepsy, so and to a still greater degree is it true of hysteria, that the actual phenomena of the hysterical attack often give us but indifferent indications for this or that remedy. We believe we shall generally succeed

better in making a happy selection if we attend to the indications afforded by the symptoms of deranged health presented by the patient in her free intervals.

We confess, however, to having found hysteria a most intractable disease when we put our trust in medicines only. No disease requires greater attention to hygienic and moral remedial agencies. The views of Dr. Burq with respect to analgesia and amyosthenia in nervous diseases, will often be found remarkably corroborated in cases of hysteria. For instance, the epigastrium, or the head, or some other internal part, will often be found the seat of great pains and hypersensitiveness, whilst the skin of the arms, legs, and often of the whole body, will display an almost complete insensibility to the prick of a needle. To such an extent does this sometimes exist, that we have seen a hysterical young lady who, for the special amusement and delectation of her younger sisters, would take a needle and thread and stitch away upon the skin of her arm or leg with the most perfect *sang-froid*. This case was long under our care. She was subject to violent hysterical convulsions, which would come on from the most insignificant cause, and from no appreciable cause at all. The epigastrium was the seat of almost constant pain and tenderness, and the abdomen would often suddenly swell to a most uncomfortable size. We gave her all the most approved homœopathic medicines in vain. The application of Burq's metallic chains would often suddenly stop a fit, but she said she felt more uncomfortable when the fit was so stopped than when it was allowed to exhaust itself. Wearing the chains on her legs and arms, however, had no effect in restoring the sensibility of the skin. Mesmeric passes had an immediate quieting effect on the convulsive movements, but mesmerism was not persevered with as a medicinal agent. The Swedish exercises of Ling produced the best effects. After a few days, they put a stop to the fits. They removed the sensitiveness of the epigastrium; restored the normal sensitiveness to the skin, and communicated permanent warmth to the extremities, which before had been almost always as cold as lead. After continuing them under Dr. Roth for six weeks, this patient went into the country, and some weeks afterwards, at the period of the catamenia, she had

another violent attack of hysterical fits, which, however, left no exhaustion like the former ones. We ordered the cold hip-bath every morning, and a continuation of the Swedish movements. She passed the next period without any attack, and at the time we are writing, she is to all appearance quite well. Medicine did little for her. *Cocculus*, *sepia*, and *conium* were the only medicines that seemed to do her any good, and their beneficial effects were but transient. The exercises and the cold hip-bath restored the health and removed the fits. It is said of Tronchin, a celebrated Parisian physician, that he used to set his hysterical ladies to polish the floors of their rooms, and that this treatment was very successful (*Romberg on Nervous Diseases*, ii, 97.). Reading aloud, walking, riding, running, swimming, may all be useful in the treatment of hysteria; but above all, agreeable, but not too exciting, mental occupation and variety, are of the utmost importance in the treatment of hysterical affections. Jahr scarcely alludes to anything but the medicinal treatment of hysteria in his Manual, and perhaps it is not fair to expect he should, but nevertheless we believe that in hysteria, regiminal, hygienic and moral treatment is first in point of importance, medicinal only second.

Nervous Asthma.—Few homœopathic practitioners have been long in practice without meeting with many cases of this disease. It is not unfrequently one of the most intractable diseases we are called on to treat, and at the same time one of the most capricious. Some cases are rapidly cured by the more ordinary remedies recommended in the book before us, whilst others, from long continuance and much improper allopathic treatment, seem to be altogether beyond the reach of art. Probably, the emphysematous state of the lungs generally present in old cases, renders them so unamenable to treatment. Though little can be effected by medicine in such cases beyond mitigating the severity of the attacks, and not even that always, as far as our experience goes a great deal may be done by regimen, diet, change of air, and other non-medicinal means. With respect to locality, this disease is often most capricious. We often meet with patients who cannot breathe in the pure air of the country, but who lose all their uncomfortable sensations in

the polluted atmosphere of a large city. It has been suggested that the relief obtained in such an apparently unfavourable situation for one scant of breath, is owing more to some magnetic influence exercised by the large concourse of people, than to the qualities of the atmosphere, which do not differ so much as we might suppose in town and in country. However this may be, the fact remains that more asthmatics have their sufferings relieved in town and aggravated in the country than the reverse. Some asthmatics cannot endure high situations, others are stifled in low localities. Some get a fit when the barometer is high, others are worst when it is low. The posture in which asthmatics generally derive most relief, is sitting in a chair with the arms folded before them, and supported either on the back of a chair, or on a high table. In this attitude many are obliged to pass the night painfully drawing each breath; seeming as if forced to concentrate all their attention on the act of respiration, and performing it by an effort of the will, in place of by the unconscious and unperceived action of the respiratory nerves and muscles. But this is not always the case. We lately had under treatment a lady of about 60, very tall and extremely thin, who had been subject for several years to violent fits of asthma, which lasted for weeks at a time. When she sat up, and especially when she leant forward, the dyspnoea was aggravated almost to suffocation, but she could always obtain relief if she lay flat down on her back, and in this position she was able to sleep soundly and calmly, though the moment she raised her head the dyspnoea recurred. The remedy we found most useful in this case was *stramonium*, which we gave in the 1st dilution. Frietions upon the chest before and behind with oil, and a cold compress occasionally for a few minutes at a time, were productive of marked benefit in this case. Locality seemed to exercise very little influence on the disease, for the patient was much the same in point of the frequency, duration, and severity of the fits, whether she was on the seashore, among the Malvern Hills, or in the heart of London.

The practitioners of Ling's system of exercises assert that they are very successful in the treatment of asthma, and we might *a priori* imagine that this method of cure was precisely adapted for such cases.

Mesmerism is certainly useful in some cases; and the applications of the water cure are frequently productive of great benefit.

The physician who trusts to drugs alone in this disease will fail to cure many cases, and unless he can propose something for the patient to do during an attack, he will often be disgusted to find that the patient has taken the law into his own hands, and set about doing something decidedly wrong, such as smoking Stramonium, or drinking large quantities of strong coffee. The patient with ever so good a will finds it often impossible to avoid attempting something for his own relief during an attack, hence the necessity for teaching him to do what will not retard but assist his cure.

Jahr passes over *laryngismus stridulus*, or *Millar's asthma*, as the Germans term it, on the ground that it is a child's disease, but this seems to us an insufficient reason, seeing that he treats fully of other children's diseases, such as convulsions of newborn children, and convulsions during dentition. This disease evidently belongs to the neuroses, as also does that very remarkable malady called hay fever, or hay asthma, which we often find so difficult to cure. As regards *laryngismus stridulus*, having had several cases of it, we can speak from experience of the efficacy of *sambucus* and *ippecacuanha* in curing it. We once had a case of *laryngismus* on which the hooping-cough supervened. The suffocative spasms were of the most painful description. When a fit of coughing came on, and the child had, at the same time, an outburst of passion (the usual exciting cause of the attacks of *laryngismus* in this case) the child would scarcely have begun to cough when he lost all power of respiring altogether. He grew literally black in the face; his head fell backwards, and there he lay for some seconds apparently beyond all recovery. He revived on putting his head out of window, or dashing cold water in his face. *Ipecacuanha* effected a cure in this case.

We have seen cases of hay fever, so-called, which did not seem connected with hay-making at all. The attacks, consisting of running from the eyes and nose, incessant sneezing and cough, were brought on whenever the patients were exposed

to the sun. In fact, in one of them who had been 80 years subject to the disease, it occurred whenever the sun shone at all. He was always comfortable in gloomy weather, and miserable on a fine sunshiny day.

The next disease our author treats of is *hydrophobia*, on which we need not dwell. Dr. Ramsbotham's case, detailed in a former volume, is the only authentic one we can point to of the homœopathic cure of this disease, and even it is not altogether so satisfactory as we might desire. A still less satisfactory case is recorded by Dr. Camstock, in the *Med. News Letter* of St. Louis, (v. *Hom. Times*, No. 239). We have certainly several medicines which seem to correspond pretty closely in their pathogenetic effects with the symptoms of hydrophobia, but it remains to be seen if we are able to treat successfully with them cases of fully developed hydrophobia. Drs. Des Guidi and Hering, the homœopathic authorities who are constantly quoted for the treatment of this disease, do not seem to have had an opportunity of putting their recommendations into practice in any actual case of hydrophobia. Some philanthropic individual last year proposed a prize of £ 50 for the best essay on hydrophobia and its treatment; we have not heard if the prize has yet been awarded, though November 1853 was to have been the period for sending in the competing essays.

The next subject treated of by our author, is that large class of diseases included under the general head of *neuralgia*. We have in this manual the indications for the different forms of neuralgia in the various nerves most subject to it. We shall pass over this subject as too large to be satisfactorily discussed in a review of this character, merely remarking that the treatment of the various neuralgias is often very difficult, as it frequently happens that the mere pain is the only symptom we have to guide us, and, as we all know, diseases with only one symptom are the most difficult to treat. No doubt the indications collected by Jahr, derived both from the materia medica and clinical experience, will help the practitioner in his selection.

This is followed by a section devoted to the treatment of the various sorts of aneurosthenia, or nervous atony, a subject

which has lately excited a great deal of attention in France, in consequence of the new views and treatment put forth by Dr. Burq, with which our readers are already familiar. We shall not dwell upon this section, on which much might be said, but pass at once to the second grand division of the work, viz. the *Mental Diseases*.

The homœopathic treatment of mental diseases is one fraught with much interest to us. The success attained in many isolated cases of mental diseases by the method of Hahnemann would naturally lead us to hope for great good results from the trial of homœopathy on a large scale in some of our public lunatic asylums, and we trust the day may not be far distant when such an opportunity may be offered us. Although, scattered throughout our homœopathic literature, are numerous records of the successful treatment of mental alienation, we have hitherto wanted a systematic treatise on the homœopathic treatment of such diseases. Hahnemann has some very valuable remarks on the subject in the *Organon*, and we may be confident that he does not there speak without a considerable knowledge of his subject, for we know that two years after his discovery of the grand therapeutic law with which his name is connected, he had charge of a convalescent asylum in Georghenthal, chiefly devoted to the reception of hypochondriac and insane patients. It was in this institution that he effected his cure of the Hanoverian Minister, Klockenbring, a full account of whose case he has given in the *Lesser Writings*, p. 287. A curious feature in this case was, that on one occasion the patient, seemingly in a state of clairvoyance, prescribed a remedy for his malady, viz. *stramonium*, which Hahnemann tells us was admirably adapted for the cure of such a form of insanity as that he was affected with. We observe that Feuchtersleben, in his recent work on *Medical Psychology*, which has been published under the sanction of the Sydenham Society (p. 388), alludes to the fact of patients afflicted with mental diseases being sometimes able to prescribe for themselves "by the so-called *clairvoyance*."

In the *Organon*, § ccc to § ccxxx, Hahnemann very properly draws a distinction between those cases of mental affection that owe their origin to corporeal disease, and those that have

originated in the mind itself, from continued anxiety, grief, vexation, wrongs, fright, and fear. The latter, he affirms, are amenable to psychical treatment, if recent; but if long continued, they seldom fail to make inroads on the corporeal health, and therefore will demand a medicinal treatment also. Psora he holds to lie at the root of such diseases, and the treatment required will consequently be what he denominates *antipsoric*, by which we understand the employment of those homœopathic remedies which act more profoundly on the constitution. Of course he does not pretend that a mere medicinal treatment will alone suffice for the cure of mental diseases. On the contrary, he strongly insists on the necessity of a suitable regimen, and careful moral treatment. His allegation respecting the want of success attending the ordinary treatment of the inmates of lunatic asylums, "not one of them is ever really and permanently cured in them," (*Org.* § cccxii note,) might have been nearly the truth as regarded the asylums of this and other countries when he first commenced his medical career. At that period, as he justly remarks, the treatment of insane patients was conducted on the most irrational and cruel principles; blows, chains, filth, starvation, and tortures of all kinds, were considered the only appropriate treatment for maniacs. He should have known, however, that a great change had come over the views of medical men on that subject since he first denounced their inhuman practices in 1796. The total revolution in the management of the insane introduced by Pinel in 1792, the very year when Hahnemann himself was practising those mild rules of treatment he afterwards inculcated, had gradually spread throughout all the countries of Europe; and at the time Hahnemann wrote the words above quoted from the last edition of the *Organon*, the torturing method of treatment of the insane was the exception to the general plan, and lingered only in such haunts of wretchedness and criminal neglect as the Iron Tower of Vienna, which was almost the last lunatic asylum in civilised Europe to adopt the rational and humane treatment so successfully initiated by Hahnemann and his distinguished French contemporary.

In cases of acute mania, Hahnemann says (*Org.* § cccxi) it

will be requisite in the first instance to give remedies not belonging to the class of antipsorics, such as *aconite*, *belladonna*, *stramonium*, *hyoscyamus*, *mercurius*, &c. After the maniacal symptoms are subdued by these remedies, the patient should be subjected to a course of antipsorio treatment. The directions Hahnemann gives for the regiminal treatment of the insane (*Org.* cxxxviii, cxxxix), though brief and general, are very judicious. We miss, in Jahr's book, all allusion to this most important subject, but perhaps we ought not to expect that he should do otherwise, as he confines himself avowedly to the medicinal treatment of such diseases.

Jahr arranges mental diseases into a certain number of classes, genera, and species, in order to facilitate treatment.

The following is his categorical list:—

A.—MORAL ALIENATION.

I. Dysthymia, or oppression of the soul.

Melancholia, or lypemania.

Hypochondria, or imaginary disease.

Theomania, or religious melancholy.

Erotomania, or amorous melancholy.

Misanthropia, or hatred of society.

Biomesia, or disgust of life.

Nostalgia, or home sickness.

II. Hyperesthesia, or maniacal exaltation.

Mania, or furious alienation.

Anemomania, or foolish alienation.

Blabomania, or reasoning mania.

Kleptomania, or thievish mania.

Phonomania, or homicidal mania.

Pyromania, or incendiary mania.

B.—MENTAL ALIENATIONS.

III. Paraphrenesia, or madness properly so called.

Vesania, or madness with illusions.

Phrenesia, or acute delirium.

Enomania, or madness of drunkards.

Lochomania, or puerperal madness.

Demonomania, or possession.

Zoanthropia, or metamorphic madness.

Mantimania, or clairvoyant madness.

IV. Aphronesia, or intellectual weakness.

Noasthenia, dementia, or complete folly.

Paralytic dementia.

Stupidity, or intellectual insensibility.

Idiotisia, or imbecility.

Cretinism.

This classification, which is partly etiological, and partly pathological, cannot be regarded as a very successful one, for it is clear that not only may a patient present the characters belonging to two or more of the species here enumerated, but that his malady may partake of the characters of the two different classes. His mental alienation may be combined with a moral alienation, and, in fact, it is by no means uncommon to meet with cases offering a combination of the genera II and III. In fact, *mania*, classed among the moral alienations, is equally often a mental alienation, and often partakes of the character of both. How often it is combined with *Vesania*, need but be alluded to. *Blabomania* does not seem to be happily translated by reasoning mania (*manie raisonnante*); it signifies that species of alienation that leads the patient to perform spiteful, often cruel acts, and to inflict injuries on others without assignable motive.

In a work not sufficiently known to the generality of homœopaths, by Dr. Atomyr, of Pesth, intitled *Primordien einer Naturgeschichte der Krankheiten*, there is a different arrangement of the mental diseases, and one which, on the whole, we prefer to Jahr's, as being less theoretical and more practical, seeing that it is a purely semiological classification, and not a pathological and etiological one like Jahr's.

The following is his arrangement—

Amentia—Deficient intellect.

Morphomania—Illusion mania.

- Topomania*—Restless mania.
Symphonimania—Singing mania.
Glossomania—Talking mania.
Moromania—Proud mania.
Promethimania—Timorous mania.
Tristimania—Melancholy mania.
Demonomania—Religious mania and possession.
Teratomania—Mania that he is an angel, has visions, &c.
Metromania—Verse-making mania.
Xynesimania—Conscience struck.
Erotomania—Amorous mania.
Nostomania—Home sickness.
Kryptomania—Secretive mania.
Ergasimania—Thievish mania.
Catheromania—Furious mania.

We shall adopt, in the few remarks we have to make on the subject of mental diseases, Dr. Atomyr's classification in preference to Jahr's, though fully aware that neither is strictly accurate. Atomyr's is, however, the most convenient for our purpose, though we confess that it may be questioned if we have always selected the right heading for the cases we are about to allude to. Some of his subdivisions are useless; thus monomania and teratomania, tristimania and xynesimania, and several others might be classed together. One case also will often combine the character of several of these artificial varieties.

Amentia. A girl, 19 years old, fell into a stupid state that lasted five weeks, after typhus fever. She stares about her, even when spoken to, with strange, stupid, or wild expression, and sometimes puts her hand to her head. When she walks she staggers, and her head hangs. This state of thoughtless stupidity and staring sometimes changes to incomprehensible murmuring. Constipation. Cured in a few weeks by *helleb. nig.* (Knorre, *Allg. h. Ztg.* 19.)

A man, aged 38, who had practised masturbation from 12 years old, fell into a state of despair respecting his health, and this soon degenerated into complete idiocy. He had always

been laconic in speech, and disliked society. His eye was dull ; complexion pale, rather sallow ; figure small, slight. No persuasion can induce him to leave his bed. He lies without speaking, and one must shake him before he will take any notice, and then he will only answer, "Yes," with the most meaningless expression. Complete anorexia ; tongue white ; skin moist ; urine scanty, red, without sediment, passed only once in twenty-four hours. He has occasional attacks of excitement, wilfulness, and scolding. He jumps out of bed and rushes into the street. At other times he can scarcely be brought to raise himself in bed, and will not put on his clothes. His face has the look of confirmed idiocy. Trembling of arms and legs. Cold Sitz-baths, Sepia and Bellad. had no effect. He was cured by the daily administration of less than half a drop of Tincture of *Opium*, in about three weeks. (Kiesselbach, *Hyg.* 21.)

A youth, aged 21, had been wounded in his honour. He lay awake in his bed in a stupid state, sometimes with a friendly expression, sometimes staring right before him. He cannot speak a word, yawns, groans and sighs occasionally. He often puts his hand to his forehead and frowns. Abdomen tense ; constipation ; urine scanty and red. No desire for anything. Pulse weak and slow. *Stram.*, *bell.* and *opium* were given without effect. A cure was brought about by a few doses of *nux vomica* 80. (Widenmann, *Allg. h. Ztg.* 4.)

We had lately an interesting case of affection of the brain, in which the attendant mental alienation assumed the form of *amentia*. The patient, a young lady about 19, stout and apparently robust (though some months previously she had had symptoms that made us apprehensive of phthisis, which, however, yielded to homœopathic treatment), had been complaining for some days of deep-seated pain in the centre of the head, with loss of appetite, want of sleep, and gradually increasing languor, and disinclination to move. These symptoms had gone on increasing until she took to her bed, where we found her when called to see her on the 5th January last. She exhibited much dislike to answer questions, complained of the violent deep-seated pain in the head, and intolerance of light. She grew worse daily, soon becoming quite apathetic. She

would not eat, drink, nor move from the position in which she was placed in bed. She muttered unintelligible nonsense, passed her urine and feces under her in bed. She lay with her face to the wall, whined when any light was let into the room, or any attempt was made to move her. Her eyes were usually fixed, and she often seemed to be following some object with her finger. For many days she would take no nourishment but a little milk. We diagnosed phrenitis, and augured very badly of the result. However, contrary to our expectations, she gradually recovered completely. When she was already getting better, we found that she was completely paralysed in the left side of the face and left arm. This was first noticed when her recovery was so far advanced that she recognized and smiled to us when we entered the room. When she was recovering, her memory was for several days found to be so much impaired that she had no idea of the year, or the month, and could not even say where she lived. All these symptoms gradually declined, and she ultimately became quite well, both in body and mind. Except a little weakness and shakiness, we were enabled to pronounce her quite well, and to discontinue our visits on the 30th of January. After that time she gained rapidly in strength. The medicines we used according to the symptoms, were *opium*, *belladonna*, and *hyoscyamus*, all in the 2nd or 3rd dilutions, frequently repeated. The apathy in this case was very remarkable, and continued for many days after the reason had returned. It was with great difficulty she could be persuaded to leave her bed at all, and she would not speak unless spoken to.

Hahnemann asks (*Less. Writ.* p. 352)—“May not *nutmeg* be useful in imbecility?”—and certainly Helbig’s proving of it seems to point strongly to its utility in that condition of the mind, but we have no clinical observations as yet to bear out this idea.

An extraordinary cure of imbecility in a girl 9 years old, who had lain in bed for three months in an apparently idiotic state, is recorded by Gross (*Arch.* 1, 2, 49). The remedy here was *hyos.* which in three days is stated to have restored the

child completely to her senses. A drop of the 9th dil. given in beer produced this marvellous change.

We have heard of other cases of idiotic state where *hyos.* was successful in inducing a normal state of the intelligence, but though we have seen excellent results from its use in some affections of the brain, accompanied with stupor, delirium, or maniacal rage,* we cannot say that we have succeeded in the cure of amentia, properly so called, or idiopathic imbecility, by its means.

In the *Hygea*, vol. 7, we find the following most wonderful case of the cure of amentia. A shoemaker, aged 28, after a series of misfortunes and annoyances, fell into a state of mental imbecility. He was utterly unfit for work. He looked at his companions with a dull expression, and either did not answer them, or answered nonsensically. Face pale; emaciated. He was taken to the hospital. He sat on his bed immovable, like a clod. He kept looking on the ground, and would not speak a word. Pulse slow, weak. Left two or three days without food, he never asked for any. He was almost quite insensible to threats, blows, and pricks with a pin. Twenty-five grains of Tartar emetic hardly caused him to vomit once. The physician, after treating him unsuccessfully for two years, inoculated him with itch in the arms and legs. On the third day there occurred fever, with uncommon quickness of pulse, restlessness, anxiety, sighing, heat. In a week red pustules appeared on the skin. On the ninth day after inoculation he spoke quite rationally, grew better from day to day, and left the hospital completely cured, three weeks after the inoculation.

If this case is authentic, and if the disease communicated by inoculation was, as is stated, itch, it would go far to corroborate Hahnemann's original notion of the possibility of curing some chronic diseases by inoculating them with itch, examples of which he relates in the first three editions of the *Organon*. After his promulgation of the doctrine of chronic diseases, he somewhat modified his previous statements on this subject, but still he allowed that the chronic disease was cured by the re-establishment of the original psora on the skin, a process

* A case of this sort is cited by Dr. Chapman (vol. viii, p. 229).

which he endeavoured to bring about by means of the application of an irritating plaster.

A very distinct connexion between mental alienation and cutaneous disease, is observed in that curious disease to which the inhabitants of Upper Italy are subject, the *pellagra*.

The worst cases of amentia are met with among those miserable caricatures of humanity, the *Cretins*. The success of the philanthropic Guggenbühl, the Howard of idiocy, in the treatment of these poor creatures has been most gratifying. His chief therapeutic agents are cleanliness, air, exercise, insolation, frictions, and gradual moral training. He has lately begun to make some cautious experiments with homœopathic medicines, and that with very happy results as he assures us; but of course medicinal means must always be secondary in the treatment of such extreme cases of bodily and mental infirmity.

Morphomania, or vesania.—One of the most remarkable cases of hallucinations on record, is that of the Berlin bookseller, Nicolai, in whom the illusions of the senses became as it were a part of his ordinary life, and did not interfere with his capacity for business or any intellectual work. Several other remarkable cases of this affection are on record. The author of a recent work on *Fiends, Ghosts, and Spirits* (Radcliffe), enumerates several historical examples of it. Spinello, who painted the fall of the angels, was haunted by the horrible devils he had taken such pains to depict. These imaginary shapes pursued him to such an extent, that he went quite mad, and committed suicide. It is related of Müller, the celebrated engraver of the Sistine Madonna, that he had visions in which the Blessed Virgin appeared to him, thanked him for the love he had shewn for her, and invited him to come and join her in heaven. In order to obey her behest, he starved himself to death. Beethoven, though deaf as a post, asserted that he often heard his most elaborate compositions executed by the most marvellously beautiful music. Goethe relates that one day when he was out riding, he met a figure of himself on horseback, which he knew to be an illusion of the senses, but which had nevertheless all the air of reality about it. This is one of the principal forms assumed by delirium tremens. The patient

is unable to divest himself of the idea that some one is near him, that he is pursued by some savage man or beast, &c. The delirium of typhus, and of many other acute diseases, often assumes this form. With those cases which, depending on some corporeal disease, offer other symptoms for our guidance in the selection of an appropriate remedy, we have however nothing to do in this place. But there are other cases in which it seems to occur without any physical symptoms. Thus, children are very liable to have delirium, chiefly at night. They will start suddenly out of sleep, and say there is some one in the room, and see at their bedside, tigers, lions, cats, &c., whereby they are excessively frightened. We have generally found *hyoscyamus* put a stop to this symptom. Where that does no good, probably *stramonium* would answer. We have usually considered it to depend on some hidden intestinal irritation, probably connected with worms. In the *Hygea* (vol. 18) is a case related by Dr. Becker, similar to what we have been describing, only occurring in an elderly female. She had been for six weeks troubled with visions of persons coming into the room and performing all sorts of operations. These frightened her so much that she could not remain in bed. *Stramonium* completely cured her in a few days. A case treated by Hahnemann (*L. W.* p. 896), seems to have been chiefly of this character. The principal remedies he used were *bell.* and *hyos.*

The following case might have arisen from lochial disturbance, and accordingly would appear in Jahr's list under the head of *Lochimania*. A woman, aged 30, had been confined two weeks previously. For six days she has had no sleep; she sees people about her constantly, speaks to them; cries out; sings; knows nobody; takes no notice of anything; laughs frequently; does not answer when talked to; wants nothing; passes her urine and fæces unconsciously; no heat of face; pulse regular. She was speedily cured with *veratrum*.

A world-renowned cure of a certain form of this disease by this medicine is that of the Prætidæ by Melampus. It is further remarkable for this, that the successful doctor got one of the largest, if not the very largest fee on record, viz., the king's daughter Iphianassa for his wife, and a large portion of the

kingdom of Argos for a dowry. From the conflicting accounts of this celebrated cure, which may be read in Sprengel's *History of Medicine*, it is not very clear what the disease was, or what the remedial means employed. Apparently the three young ladies had gone mad because they could not or would not get married. They wandered about the woods bellowing like cows, or really imagining themselves to have been changed into those animals, and they infected most of the women of the kingdom with the same mental malady. These left their homes and joined the princesses in their ravings, thereby we should presume effectually deranging the domestic economy of the Argivines their husbands. It would appear from another account, that they were likewise covered with some sort of leprous disease. Hahnemann (*Lesser Writings*, 646) adopts Pliny's version of the treatment, to wit, that Melampus cured them by giving them the milk of goats fed on *veratrum*, whereby they would get an infinitesimal dose of the remedy. But it appears from other versions of the story, that other means were used to drive the devil out of these women. These means are variously stated to have been, music, violent exercise, the embraces of a troop of robust young men, bathing in the river Anigrus, &c. However, the version Hahnemann adopts is that most acceptable, viz. that they were cured in a truly homœopathic manner, by what we might call the first dilution of *veratrum*. The well-known effects of Hachish (a preparation of the *Cannabis indica*), in producing hallucinations, would naturally lead us to think of it as a remedy for some kinds of this variety of mental disease,

As the *delirium potatorum* or *tremens* usually assumes the form of hallucinations, we may make the few remarks we have to offer on it in this place. And first we would say a few words regarding the propensity to drink, on which this malady depends, which is of itself a species of insanity. Various methods have been proposed in order to overcome the passion for drink. The moral cure projected by the temperance apostles seemed at one time to promise great results, but it appears that in this country the relapses of those who once took the pledge are extremely numerous, and it was stated publicly the other day by a distinguished teetotal advocate, that of 600,000 who had taken the

pledge in America, 450,000 had already relapsed. Probably most of the 150,000 who remained faithful to their engagement would have continued sober and temperate without the pledge. This is rather disheartening, but still we believe the average sobriety has considerably increased in consequence of the temperance movement.

Dr. Hering proposes, in his *Domestic Physician*, to cure the propensity to drunkenness by mingling a certain portion of Sulphuric acid with all the food and drink taken by the drunkard. Dr. Gross alleges that he cured a youth of a propensity to drink by some doses of *lachesis* of the highest attenuations, (vide vol. v, p. 138). In Sweden it is common to treat the drunken soldiers by saturating all their food and tainting all their drinks with the spirits they are apt to get drunk on. The effect of this treatment is said to be, that the patient gets such an extreme dislike to the taste of spirits, that after undergoing this ordeal for a week or more, he will never afterwards look at spirits. We remember once hitting upon what we deemed to be a most ingenious method of curing the propensity to intoxication, which well nigh proved fatal to the subject of our experiment. A lady of most respectable connexions occasioned her family and friends much distress by her unconquerable habit of drinking whenever she had an opportunity. She used to make off with every bottle of wine she could lay her hands on, lock herself up in her bedroom, and then indulge in her solitary debauch until all the wine or spirit was consumed. We advised that a few bottles of wine should be left in her way, into each of which two grains of Tartar emetic had been put. She greedily took the bait, and carried the bottles in triumph to her room. After a few glasses she of course grew horribly sick, and threw up what she had drunk. But she persevered notwithstanding, and continued to pour down the wine, which came up again immediately, until the specific action of the Tartar emetic began to display itself in the stomach, and she was seized with a violent attack of gastritis, from which she with difficulty recovered.

It is sometimes of great importance to restore a drunken man speedily to his senses. Various methods have been proposed.

It is said that an eminent barrister used to dispel the effects of a nocturnal debauch and make himself fit to attend to his matutinal duties at court by drinking a cup of strong tea and wrapping a wet towel round his head. An old German homœopathic physician assured us that an infallible way to restore a drunken man to his senses was to give him a cupful of strong black coffee mixed with ten drops of Laudanum.

With regard to the treatment of delirium tremens, we would recall attention to the excellent paper on that subject by Mr. Moore, in our 8th vol. The chief remedies are undoubtedly *nux vomica*, *opium*, *coffee*, *hyoscyamus*, *belladonna*, *stramonium*.

Although there are in our homœopathic literature many recorded cases of the cure of delirium tremens by homœopathic means, this seems to be one of the most fatal diseases in our hospitals. Looking over the reports of the Vienna Hospital from 1835 to 1846, we find that six cases were admitted, and that they all died. Though this unfavourable result is somewhat counteracted by the successful issue of the two or three cases that have been treated in the other homœopathic hospitals, it nevertheless shews that we cannot always reckon with confidence on the efficacy of our remedies in this disease. It is generally allowed to be a very fatal malady under the old treatment, and we must confess that the statistics of our school do not shew it to be a very safe disease under the new treatment. The statistics of delirium tremens among the troops in Canada for the last 30 years, lately published by Dr. Henry, (*Med. Circ.* No. 98) shew that there were 1769 cases and 143 deaths, which does not seem a very large mortality. The treatment usually adopted was certainly of a specific or homœopathic character, viz., *opium* in moderate doses, repeated every hour. Several of the successful cases in our own clinical records were treated with palpable doses of *opium* and *morphine*; $\frac{1}{16}$ th of a grain of the latter, and $\frac{1}{16}$ th of a grain of the former, for a dose, have been recommended. That Opium is truly homœopathic to delirium tremens is proved by the acknowledgment of all writers on the subject, that this disease is very frequently a consequence of excessive indulgence in opium-eating. In our first vol. (p. 374)

will be found some interesting observations on this point by Dr. G. Schmid, who tells us in another place (vol. v, p. 278) that he always prescribes this medicine in the concentrated tincture. It seems plausible to suppose that the patient suffering from delirium tremens may need a larger dose than our infinitesimals, as he may require the medicine to produce some stimulant action besides its specific action, in order to supply the want occasioned by the withdrawal of his wonted alcoholic stimulus. Be this as it may, looking at the results obtained by the homœopathic treatment of this disease, we cannot feel altogether so confident as we would wish to be in regard to its management. In saying this we do not at all mean to throw any doubt on the applicability of the homœopathic law in this case, our hesitation only refers to the mode of employing the homœopathic remedy.

Topomania, mania errabunda.—A case of this kind is recorded by Müller, (*Prakt. Beitr. d. L. Sch. Ver. I.*) where the patient had many strange fancies, such as imagining his wife had lovers concealed behind the stove. He wandered restlessly about, and could only be restrained by force from running out into the street. Afterwards he had a fit that looked so like apoplexy that the attendant physician bled him. *Stramonium* 9 cured him of his mania. Attomyr puts this case under the above rubric; it was probably a case of delirium tremens. This is one of the forms that disease often assumes.

For pure cases of this kind the *tarantula* poison, if, as Canstatt affirms, it is really capable of exciting these symptoms, might be of use. The chief remaining remedies that promise to be useful in this form of mania are *hyoscyamus*, *belladonna*, *veratrum*, and perhaps *mercurius*.

Glossomania.—Excessive talkativeness accompanies many different forms of mania, sometimes it seems to be the most prominent, or the only symptom of alienation. A case related by Dr. Gross (*Arch.* xiv, 1) seems to have been of this character. A young man had become affected in his mind in consequence of excessive study. Contrary to his usual nature, he became excessively talkative, made incessant orations in the choicest language, jumped rapidly from one subject to another,

at the same time he manifested extreme pride and distrust towards those around him. After *lachesis* 30 he left off talking and returned to his natural state. The case is imperfectly related, but Hering's proving of *lachesis* certainly gives indications of its employment in such cases. We find among others the following symptoms: "great talkativeness; he speaks a great deal; tries to tell stories, but always gets from one into another. This he perceives, and he tries to correct himself, but he soon falls into the same confusion."

We do not seem to have any further clinical observations respecting this form of mania, in the simple form.

The following case is given by Atomyr as an example of *promethimania*. A boy, aged 17, had been affected for four weeks with the following symptoms: sleeplessness; sits up in bed at night, and has visions of soldiers, horses, &c. He often comes home during the day in mortal fear, and says he has been pursued by soldiers or bulls. He hides himself, and often cannot be found for many hours at a time. He collects weeds, rolls them up in paper, and presents them to those he meets, naming them all wrong. He imagines his stick is a gun, and pretends to shoot with it. He sometimes suddenly walks lame. He often quarrels with and beats his brothers and sisters. Pupils are dilated. He eats little, works none. Face looks swollen, yellow. He draws his hat down over his eyes. A few doses of *bellad.* 30, cured him. (*Arch.* xii, 8.)

The excessive timidity that distinguishes this form of the disease is frequently observed in the delirium of drunkards. Such cases have been cured by *hyos*.

This form of mania often occurs in connexion with pregnancy. Several cases are on record as having been cured homœopathically. We shall allude to some of these. A young woman, aged 19, eight months pregnant, had for some weeks shewn a complete alteration in her disposition; she became cold, gloomy, distrustful and retiring; whereas formerly she had been quite the reverse. Her expression was very disturbed. She often sat still, folded her hands across her abdomen and sighed. She had frequent heat of face and thirst. No appetite. Very weak.

Quite sleepless. All night she talked nonsense, and wished to run away from some black men she imagined she saw in the room. She would hide herself in a corner, or under the bed, from her imaginary pursuers. *Bellad.* did no good, but *pulsat.* 15 restored her completely. (Bethmann, *Arch.* ix, 1.)

The mania during pregnancy often takes the form of a presentiment of certain death after delivery. This foreboding often occurs under such circumstances, without being actual mania; only amounting to a fixed idea, which produces a corresponding depressing effect on the mind. *Aconite* seems to be the best remedy to meet such cases.

The next two cases are of this character. A pregnant woman had a fixed idea that she was to die during her confinement. After her delivery she had congestion and oppression of the chest. Pulse intermitting. Body covered with cold sweat. She raves about her death, which she imagines is to take place immediately. She lies quite still, and points anxiously to her heart. In two hours after the administration of *Acon.* 80 she completely lost her melancholy ideas and forebodings. (Gross, *Arch.* vii, 3.)

Another similar case is related by Dr. Bethmann (*Arch.* ix, 1) when the same remedy proved equally successful. Such cases however scarcely deserve the name of mental alienation, they are rather mental or moral symptoms accompanying pregnancy and delivery.

Such success does not, however, always attend the homœopathic treatment of these puerperal forebodings. Dr. Gross relates the case of a young woman to whom it was prophesied that she should die in her first confinement, and though everything went on apparently quite favorably, on the third day after delivery fever and congestion of the head occurred, she began to rave about her approaching death, and no remedy proving of any avail, she died the same night. (*Arch.* vii, 3.)

Another case unconnected with pregnancy is recorded, where a similar prophetic utterance was productive of very dangerous symptoms, which, however, had a better termination. It was a girl under 20 years of age who was admitted into the Munich Hospital, with symptoms of mental alienation. Her death had

been foretold her, and as the day appointed approached, she became a prey to anxiety and terror, so much so that she fell into a state of fever and delirium. She was treated at first allopathically, and bled. She got no better, on the contrary the delirium became more developed; she laughed and cried by turns, got out of bed at night and tried to clamber up the wall, or to escape from the ward. During the day she seemed to be deaf and dumb, and could not be got to answer any questions. Dr. Ringseis resolved now to try what homœopathy could do, and by Atto-my's advice, he gave her *aconite*. This soon restored her to complete consciousness, and reason. She thereafter fell into a state of low fever, from which she only gradually recovered. (*Arch.* xi, 2.) In this case it appears to us, that the fever was the consequence of the depressing mental emotion, and not of the bleeding, as Atto-my alleges.

This kind of mania seems sometimes to be induced by the suppression of the lochia. The following was of this nature. In a woman of 40, ten days after delivery, the lochia stopped. She is timid and frightened, looks anxiously about her, and whenever she sees any one, hides under the bed-clothes. Sometimes she jumps out of bed, and covers her head with towels. Answers irrationally; eyes sparkling, staring; uterine region very sensitive; pulse and stool regular. Eight doses of *pulsat.* re-established the lochia, and the normal state of the mind in a week. (Horner, *Arch.* xix, 2.)

Many other cases of this form are on record. A kind of intermittent affection of the sort occurring every three or four weeks, with much anxiety, tossing about in bed and restless locomotion by day; weeping; dread that he has injured some one, profuse perspiration, redness of face, was cured by *arsenic* 30. (*Arch.* viii, 2.) Another case of a man in whom a miliary rash disappeared suddenly after drinking cold water, and thereupon ensued great anxiety, dread of being left alone, restlessness by day and night, heat of face, transient blindness on exposure to the light, yielded to the same remedy. (*Annal.* i.) A gentleman who had been subjected to a severe mortification and fright, went mad. He displayed great fear of ghosts and devils, which he alleged were trying to murder him; he was

likewise in great dread of death, and imagined he saw black dogs pursuing him. He knew no one. He trembled in every limb. He believed his body was suspended by a wire. He saw double, the upper eyelids were paralysed. Profuse sweat of a urinous smell. *Bellad.* 30 cured these mental affections. (*Arch.* v. i.)

A remarkable case in a girl of 18, where the fear was of pins, which she imagined were in everything she ate. She would scarcely speak, was indifferent to everything; would not work; complained of headache; vertigo on stooping. Emaciation, anorexia, constipation; defective catamenia. Worse at full moon. *Silic.* 30, frequently repeated, cured her in six weeks. (*Allg. h. Zig.* v.) Several cases were cured by *stramonium*.

In a woman about 45, in whom the catamenia had ceased. Great anxiety, fear lest she should come to ruin; she went about wringing her hands; tried to run away. Pale face, dull eyes, pressure on the head, and pain in epigastrium. Stools white, hard; frequent rigors. *Sulphur* 15 cured her, and restored the menses. (*Annal.* vii.)

A woman, aged 36, could not be induced to leave her bed. Great anxiety, timidity, and despair. Constant whining and crying without cause assigned. Will not eat nor drink. Face red. *Verat.* cured her. (*Annal.* iv.)

Tristimania, or *Melancholia*.—This is one of the most usual mental conditions met with in hypochondriacs, and it often gives us immense trouble, as it will frequently persist long after all the obvious corporeal symptoms are removed. Foreigners, in general, have an idea that it is a state of mind quite endemic in England; indeed, on the French stage, an Englishman is always labouring under what is termed the *spleen*, which is conceived to be a sort of *tædium vitæ*; and continental authors often call it *melancholia Anglica*. Whether it occurs more frequently in England than in other countries we cannot say, but we can testify to its incurability in many cases. Often it takes a religious turn, and then the patient is inconsolable on account of his notion that he is inevitably doomed to perdition in consequence of some crime, or fault, or neglect to do something. Thus we had lately a patient, an old gentleman, not ailing

much otherwise, who was a prey to the most inconsolable grief, remorse, and despair of salvation, on account of some juvenile indiscretion which would not have given most men five minutes' thought. He wept like a child when he talked about it, and would not be comforted. Before we saw him he had been years under homœopathic treatment to the great advantage of his bodily health, but without any lasting effect on his mental state.

Hahnemann, as is well known, recommends *aurum* for this condition, where there is a tendency to suicide. (*L. W.* 781, 821; *R. A. M. L.* iv and vi; *Chr. Kr.* ii.) *Ægidi* denies the power of *aurum* in such cases, and contends for the superior efficacy of *nux vomica*. (*Hyg.* 2.) Dr. Seidel, however, mentions that he cured with *aurum*, a case of religious melancholy, which arose from some fault committed, and the consequent pricks of conscience. The symptoms were precordial anxiety, sadness, weeping, praying, frightful dreams, great weakness, emaciation, matutinal perspiration, painful menstruation. (*Arch.* xii, 3.)—Dr. Liedbeck also relates the case of a woman who suffered from symptoms of great dejection and despondency, sitting all day by herself, and complaining that she was ill. She had a good many corporeal symptoms, the chief of which were scanty catamenia, vertigo, difficulty of breathing, and headache. A cure was effected by means of *aurum*. (*Hyg.* vi.)

A case of melancholy, alternating with violence, in a woman of 44, with suicidal propensities, defective menstruation, œdematous wrists and ankles, yielded to *bell.* 3, and *cocc.* 2 alternately. (Mayrhofer, *B. J. of H.* iv, 391.) Dr. M.'s paper on nervous and mental diseases will be found at length in our fourth volume. It is well worth careful perusal.

Several cases of a minor degree of this mental state, not amounting to mania, are recorded, where some mental emotion, such as a disappointment, or a fright, could be assigned as the cause of the mental state. *Ignatia* was the remedy successfully employed.

Agnus castus is stated by Noack and Trinks, in their Manual, to be of use in hypochondriac melancholy. We have found it useful in the great depression of spirits and suicidal tendency, or at least indifference to life, attending frequent

seminal emissions. In such cases, we believe it acted favourably by diminishing the sexual weakness.

Knorre alleges that melancholy, occurring after typhus fever, is cured by *helleborus*, and he relates two cases of it. One was that of a girl of 20, who after recovering from the fever, remained in a state of great mental dejection and apathy. She occasionally sought to run away, climbed out of the window, and tried to run towards the river. Another time she threw herself down the privy. He further states that the same remedy is of use in the melancholia sometimes observed in girls at the period of puberty. (*Allg. h. Ztg.* xix.)

Dr. Ozanne has recorded some cases of melancholia cured homœopathically in the *Hom. Times* for 1851, which are interesting and instructive.

The following case from an allopathic source is interesting. A man, 22 years of age, in consequence of disappointment in love, fell into a state of melancholia. He became cross and sad, lost sleep and appetite, would not go into society, and would never speak. After this state had lasted three weeks, ptyalism set in, and lasted five or six days. During the ptyalism, all the symptoms of melancholia ceased, and returned whenever the discharge stopped. This occurred eight several times, and always with the same remarkable effect on the mental symptoms. The physician, guided by this hint, prescribed *calomel*, 2 grains daily. Salivation occurred on the fifth day, the melancholia disappeared, and did not again return. (*W. Perfect, On different forms of insanity*, quoted by Atto-myrr.)

No homœopathic cures of melancholia by *mercurius* are on record, but we believe it would be found of use in such cases, and have seen it serviceable in headaches accompanied with what the patient described to be the most miserable state of mind, with constant dread of an impending disaster. We would recall to our readers' recollection a case of melancholia intermittens, cured by an allopath with *arsenic*; it will be found in vol. vi, p. 281; and another cured by homœopathic doses of the same substance, in vol. iv, p. 362.

Demonomania.—Atto-myrr uses this word to express religious mania, as well as possession, but we think it best to limit it to

this latter form, as Jahr has done, though it undoubtedly often happens that persons labouring under so-called possession are the subjects of religious delusions, such as that their souls are eternally lost, that they have perpetrated enormous crimes, committed the unpardonable sin, &c.

This is a most difficult form of mania to cure, indeed it is one of the most hopeless forms of insanity, if it have lasted for a considerable length of time. We have at the present moment under treatment a woman who, though rational in most things, and sufficiently so to be able to earn her bread by manual labour, is affected in the highest degree with this form of insanity. She is a very pious catholic in all that relates to religious observances, but she imagines her body to be inhabited by evil spirits or witches, which torment, pinch, burn, and otherwise maltreat her, and are constantly screeching out to her the most odious blasphemies against all she holds sacred. When she speaks of her malady, she presents an appearance of the greatest distress, and the tears pour in torrents down her cheeks. She has been so affected for years. We have exhausted the list of homœopathic remedies for this state in vain, and have been forced to acknowledge her to be incurable. Several cases of mere delirium having this character, have been recorded as cured by homœopathic remedies. We only remember one cure of this form of insanity, deserving of that name, in our homœopathic literature. It was cured by *zinc ox.* one-sixth of a grain six times a day. The full details of it will be found in the 5th vol. of this Journal, p. 280.

Hahnemann (*L. W.* p. 319) says that he believes *solanum nigrum* would be good for such cases, but as yet this remedy has not been proved. *Stramonium*, *hyoscyamus*, and *belladonna*, seem to offer most hopes of relief in this melancholy disease.

We must pass over the next few forms of mania of Atto-my's classification, because we have no very definite clinical observations to adduce in proof of the efficacy of homœopathic treatment in these affections, and we shall proceed to say a few words relative to his last species, viz., *catheromania*, or destructive mania; but before doing so, we would allude to a remarkable case of what Atto-my calls *metromania*, though it

does not deserve that name, as there was no poetic fervor, but merely a repetition of verses, with which the patient had been previously familiar. It will be observed that the mania was connected with delivery. A woman who had had already four easy confinements, was, in her fifth pregnancy, a prey to continual fear of death. She was firmly persuaded she should die in her next confinement. However, she had an easy time of it, and was quite well until the seventh day. On that day, her husband on returning home found her sitting up in bed, and, with astonishing rapidity of utterance, repeating an immense number of verses she had learned in her infancy, but which she had long since apparently forgotten. At the same time she was impetuous, scarcely knew her relatives, answered unconnectedly, and always reverted to the idea that she was about to die. She was treated allopathically in vain for two months. At length it was resolved to try *belladonna* upon her. It was given to the amount of half a grain, *pro dosi*, in pills. In three months she was quite well. (*Hyg.* iii.)

Though we have no clinical observations on the subject, we might conclude from the known pathogenetic effects of *agaricus*, that it should be of use in the attacks of furious rage accompanying this form. The symptom given by Noack and Trinks, "blind, maniacal rage towards friends or foes, towards harmless, inanimate objects, animals, trees, and stones," points to a phase of insanity corresponding to the "running a muck" of the modern Orientals, or the furious rage of the ancient Berserkers. Murray (*Appar. Med.* v, 556) states, that it was by means of this fungus that the barbarians of the North used to inflame themselves up to the proper pitch of fury, before they went on their warlike excursions. We should here mention that Jahr gives us a symptom of *agaricus*—"Fureur menaçante, *distinctive*;" whereas the *indiscriminate* character of the rage developed by it is the characteristic feature.

This destructive mania is often developed shortly after confinement. This circumstance should be taken into consideration, in judging of the frequent commission of infanticide by women newly delivered, without apparent cause, and in defiance of the strong instinct of maternal love. The following is a case

in point which was treated successfully by homœopathy. A hale, blooming young woman of 20, was safely delivered of a first child. Five days afterwards she became maniacal, and was treated allopathically for ten days by bloodletting, &c. She was not benefitted thereby. When seen by Dr. Mayrhofer, her state was as follows: She chatters incessantly all manner of nonsense; is excitable, irascible, and quarrelsome. Eyes injected, look unsteady, pupils dilated. Utterance rapid; movements hurried; nights sleepless; pulse febrile; lochia scanty; breasts flaccid. She seeks to destroy everything she can lay hands on, all the time crying, scolding, spitting, beating about her, laughing or weeping. She could not bear some people, and roared out continually till they were removed. She was worst towards her husband, whom she consigned to the lowest depths of hell, because, as she said, he noticed other women. She refused to take medicine. *Bellad.* 3, mixed with her drinking water, cured her completely. (*B. J. of Hom.* iv, 387.)

A good many other cases of mania of this kind, independent of pregnancy, are recorded in our homœopathic literature, as having been cured by *Bellad.* in doses from the pure tincture up to the 30th dilution. The following is one of the most remarkable. A widow of 50 was affected with mania, for which she had long been under allopathic treatment without advantage. She breaks the windows and destroys everything that comes within her reach. She bawls out, raves and spits about her. With wild staring eyes and dishevelled hair, she utters the most fearful oaths. She has delusions on many subjects. Her mouth is covered with foam. She dislikes fluids, and when she tries to drink, she seems to have difficulty in swallowing. Two grains of *herb. bellad.* in eight powders, two to be taken daily, completely restored her. (Schüler, *Annal.* iv.)

A case is recorded by Sztaravezki, in the first vol. of this Journal (p. 361), which was cured by *hyos.* 2. We invite the reader's attention to it.

Opium ought to be useful in this disease, as according to the accounts of Eastern travellers, it is chiefly, if not entirely, owing to their indulgence in this drug, that the Javaneese and

Malays are seized with those accessions of fury which leads them to run a muck. In some parts of the East, the occurrence of this fury is so common, and so dangerous, that there exists a law enjoining that any person affected in this way shall be shot, as they shoot mad dogs in the Occident.

Sztaravezki gives (loc. cit.) another very remarkable case of furious mania, cured by *stramonium*, which is worth our readers' perusal. A very similar case is detailed by Schellhammer, where the same remedy effected a cure after the case had been treated in vain by allopathic remedies. (*Arch.* xvi, 2.)

Knorre relates two cases which he cured by *veratrum*. They are very similar. We shall give only one of them.

A peasant woman, aged 32. Roaring and raving, five men could scarcely control her. Tears her clothes; pale, distorted features; look threatening, wild; hair dishevelled. She utters sounds more like a beast than a human being. She bites, strikes about her, and spits. Her body is in constant swaying motion. She murmurs and groans. Takes no notice of any questions. Eats nothing and is quite sleepless. She got tincture of *veratrum*, in doses of from 5 to 20 drops, and was perfectly cured. *Allg. h. Ztg.* xix.

Conium was found successful by Elwert in a case of mania which had lasted for 16 years in a man of 32. In this there were alternately fits of silent depression and quarrelsome liveliness. He had been subjected to all sorts of treatment. *Con.* 8 cured him in a very few days. (*Allg. h. Ztg.* ix.) Atomyr remarks, *apropos* of this case, that *conium* is indicated in insanity when it has a periodical or alternating type.

A remarkable case of furious and destructive mania cured by *hep. sulph.* 1, is recorded by Sztaravezki (loc. cit.). The exciting cause of the disease seemed to be sleeping on the ground after fruitlessly exhausting himself in digging for treasure. A remarkable feature in this case was, that the whole body was covered by a scabious eruption.

The success of the homœopathic treatment of individual cases of mental disease would lead us to hope much from its introduction into our lunatic asylums. Little has hitherto been done in this way, but that little is not discouraging. Dr. C. Sztara-

vezki, to whom we have frequently referred, had an opportunity of testing the homœopathic method on the insane admitted into the hospital of Gross Wardein in Hungary. The seven cases he has recorded (*B. J. of H. i.*) as being treated in this hospital are very interesting, but not sufficiently numerous to enable us to form any very definite deductions. The results obtained by Dr. Wittfeld in his private lunatic asylum at Meurs, near Hamburg, are interesting. They are communicated by Dr. Kallenbach, in the *Allg. hom. Ztg.* vol. xlvii, No. 15. The asylum was arranged so as to admit of the reception of 30 patients. Whenever medicinal treatment was employed, it was always conducted on homœopathic principles. From 1843 to 1858 there were treated 74 cases of mental alienation, and 41 of chronic diseases (chiefly epilepsy, convulsive and other nervous diseases). In order to judge of the results, it will be necessary to deduct from these 74 cases—9 who were hopelessly incurable and had been dismissed as such from other institutions; they were only taken in to be taken care of: 2 who were dismissed within the first fortnight on account of irregularities on the part of the patients' friends: 4 who were labouring under incurable organic disease, (softening of the brain and tabes dorsalis); these died respectively in 3, 8, 10, and 21 days; no opportunity occurred of treating their mental affection. Deducting these 15 cases, that will leave 59 cases to be accounted for. Of these 29 were dismissed cured; 19 more or less improved; 11 uncured and unimproved.

Of the 29 cured only 1 had a relapse after two years; the remaining 28 continued perfectly well.

Of these, 4 were cured within 4 months; 6 within 6 months; 10 within 12 months, and 9 within two years.

The average length of treatment for all was $14\frac{11}{100}$ months. For those in the first 3 rubrics it was $6\frac{10}{100}$ months; for those in the last rubric, $28\frac{6}{100}$ months.

It thus appears that nearly one half of all the cases were cured, and not $\frac{1}{6}$ th of the whole number were dismissed without improvement. Such success, Dr. K. says, cannot be shewn by any similar asylum.

Among the cured, 13 were affected with furious mania; 9

with imbecility or melancholia; 7 with hallucinations or monomania. The disease upon admission had lasted in 1 case above 9 years; in 2 above 4 years; in 5 above 2 years; in 8 above 1 year; in 10 above 6 months; in 8 above 4 months.

The medicines chiefly used by Dr. Wittfeld were *bellad.*, *cicut.*, *digit.*, *phosph.*, *stram.*, for furious mania; *arnica*, *ambra*, *selenium*, *sepia*, for the imbeciles; *ignat.*, *hyos.*, for the consequences of grief and unfortunate love; *secale*, *nux vom.*, *arsen.*, *staph.*, *conium*, in many different kinds of derangement. *Teucrium* and *viol. odor.* were also very frequently used, but *helleb.* and *verat.* very seldom.

This is all the information respecting this interesting establishment as yet furnished us by Dr. Kallenbach, at least as far as the homœopathic treatment of the patients is concerned; but he promises at an early opportunity to give us some more details relative to the cases.

In concluding this summary of the homœopathic treatment of mental diseases, we would remark, that we are far from wishing it to be supposed that we have alluded to all the recorded cases of alleged mental diseases cured by homœopathic treatment. We have selected from the mass those which appear to us most trustworthy, and refrained from any allusion to many which are given as examples of mental diseases, but which have little claim to be considered as such.

We observe in the *Jour. de la Soc. Gallicane* for April that Dr. Hermel has commenced a series of critical papers on the recorded cases of mental alienation homœopathically treated. We had no intention of executing such a work in this review, but we are convinced that a strict criticism of all our homœopathic clinical records is much needed, and would inevitably lead to considerable pruning.

We would further deprecate the idea that, although we have on this occasion adopted Attoymr's classification of mental diseases, we consider it a good one. On the contrary, it is evident that it is far from correct, as we notice that in Attoymr's work the same case is recorded under two or more headings, the author not knowing which to refer it to absolutely. We have only adopted it for the moment as being convenient for our con-

sideration of the cases treated homœopathically. On the whole, seeing the impossibility of making a scientific pathological classification, we prefer the simple and unpretending plan adopted by Rückert, in his *Klin. Erfahrungen*, of considering the different cases under the medicines homœopathic to them; but though applicable to a work such as that of Rückert's, it is evident that such a plan was not suitable for a sketchy paper like this.

CLINICAL RECORD.

CASES BY ALFRED C. POPE, M.D.

Acute Albuminuria—Arsenicum.

H. D., an errand boy, 13 years of age, applied at the Derbyshire Homœopathic Dispensary on the 4th of November, 1853, stating that he had felt unwell for ten days past. About five days ago, he observed the abdomen become swollen, and his urine scanty. On account of these symptoms he obtained a mixture from a surgeon, the principal ingredient of which was ether. This he has taken for several days, but without any relief.

The abdomen is very much distended; the face and extremities appear œdematous; sore aching pain on touching the abdomen; aching weary pain across the loins, urine thick and scanty. On testing it with heat and nitric acid, it is coagulable. Respiration is painful, harsh, and rapid. Occasional palpitation of the heart; pulse weak and quick. Appetite poor; bowels rather relaxed. Burning heavy pain in the head. Feels very weak.

Presc. R Tr. Arsenici 3rd dec. gtt. vj, Aquæ P. ʒ vj,

Sig. Coch. Min. 4ta qq. h. sumat.

Nov. 4th.—Much better. Œdema has nearly disappeared. The urine is in good quantity, and of a much more healthy looking character. Feels stronger and altogether better. Presc. Med. Rept.

Nov. 11.—All swelling has subsided, and he is relieved of every symptom on account of which he first consulted me; but has got a severe cough, attended with a darting pain in the left hypochondrium.

Presc. R Pil. Bryoniæ 3, xxiv, Sig. Pil. 4ta. qq. h. sumat.

He returned in a few days quite relieved of his complaint in every respect perfectly well.

Debility.—China.

M. T., æt. 17, came to the Dispensary on the 17th of February, 1854. He states that, about four years ago, he had a very severe illness, the prominent symptoms of which were, acute pain in the right hypochondrium, with high fever. He was treated *secundum artem*, and considerably bled locally and generally. He has never been well, and has never been at his employment—that of a weaver—for any length of time since. For nine months past he has not worked at all.

His symptoms are, excessive weakness, with inability to undergo the least fatigue or exertion. Abdominal swelling, particularly over the right side; œdema pectoris; swelling of the eyelids and feet. He has a heavy pale look. The œdema is always worse early in the morning and late in the evening. Urine passed in good quantity. Aching pain across the loins. No palpitation, or distress in breathing. Bowels frequently costive.

Presc. R P. China 3rd dec. 4ta. qq. h.

March 3rd.—All swelling has gone down. Is much stronger and better. Bowels quite regular. Looks much more healthy than on his first visit. Presc. Rept. Med.

March 10th.—Is getting well rapidly. The medicine was again repeated, and in about ten days he returned to say that he had resumed his work, and felt better than he had done since first he was taken ill.

Dyspepsia.—Nux Vomica.

J. M., æt. 31.—A powerfully made man, but of a dull and stupid cast of countenance, presented himself at the Dispensary on the 17th of March, 1854, and complained of excessive drowsiness. "Could sleep always." Great heat across the vertex, tongue covered with a thick dirty white fur, excepting at the tip and edges, where it is red and irritable-looking. Appetite very deficient; bowels moved regularly; extremely low spirits. Was accustomed to drink ale to great excess several years ago, but is now habitually sober. He is a blacksmith, and consequently works very hard. He has been more or less ill for several weeks, but now feels so weak and low-spirited as to be unable to work. Presc. R Pil. Opii 3, qq. 6ta. h.

March 24th.—Very little better; melancholia no less. Frequently has attacks of shuddering from head to foot. Bowels rather costive.

Presc. R P. Nucis Vom. 12, 6ta. qq. h.

31st.—Is much more cheerful. Has an occasional fit of trembling, but much more rarely and less severely than hitherto. Bowels more regular. Looks very much better. Presc. Rept. Med.

April 7th.—Continues to improve. Feels now quite cheerful, and much stronger; intends to return to his work on the 10th inst. Is to take a pilule of Nux v. 12 night and morning for a few days.

Gastralgia—Veratrum.

H. B., æt. 21. Admitted to the Dispensary August 12, 1853. States that she has been ill for three months, during the whole of which time she has suffered from vomiting. She has never been well for more than a few days together. Within ten minutes after taking a meal, the food commenced to return, in mouthfuls, and continues doing so, at intervals, for two hours. When this begins, pain, simulating cramp, attacks the epigastric region. She is always worse for a week after the period, and the vomiting is then attended with violent pain in the loins. The catamenia regular, but rather too abundant; bowels costive; is extremely weak; throbbing pain in the right temple. R Pil. Veratri. 6 ter in die.

August 19th.—Since taking the first dose of the medicine, she has had no return of the cramp or vomiting. Appetite is very much improved, and she feels considerably stronger. She now complained of headache, conjunctivitis, and leucorrhœa, for which she got Pulsatilla. These symptoms not being relieved on the 22nd, I prescribed Belladonna successfully; and there had been no return of the gastric affection at a date much later than this, since when I have not heard of her.

Orchitis—Pulsatilla.

J. M., æt. 40, Leylands, near Derby, came to the Dispensary on 25th of April, 1854, complaining of severe pain across the sacrum, arising, he says, from a strain which he received in lifting a very heavy weight about a week ago. The pain is also acute, and deeply seated in the groins, and extends along the course of the cord to the testicles, the right being somewhat swollen, and very tender to the touch. The urine is passed quite freely and without pain.

R Pil. Arnicæ, 3rd dec. qq. 4ta. h.

April 28th.—Is no better. The right testicle is very much more swollen, and the pain is greatly increased in severity. Indeed it is with great difficulty that he can walk.

R P. Puls. 3rd dec. qq. 4ta. h.

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May 2nd.—Pain and swelling very much abated. Has walked to the Dispensary, nearly two miles, with great ease.

The medicine was continued for another week, when he reported himself perfectly well.

The Action of Anacardium Orientale.

By Dr. WEBER, of Hanover.

During my homœopathic practice of sixteen years, I have only, in four instances, been called into consultations in cases in which, in inflammatory diseases, the corporeal powers have been completely restored, while the mind has failed to regain its former strength. I must here, however, remark that I am not speaking of recent but of chronic cases. It is well known to every practitioner of any standing, that often after inflammatory fevers, for example typhus, and after cerebral affections, the capability of any mental application is lost for a long time, for weeks and months; that by suitable recreation, cold ablutions, abundant exercise in the open air, travelling, &c. not only is the former health restored, but a freshness, elasticity, and power of mind are attained in a higher degree than was enjoyed before. These are not the cases to which I am now directing attention, but to those instances in which the patients for a lengthened period after recovery from disease, have not regained their intellectual powers, although their physical force may be considerable, or even greater than previously.

1. Konrad K., æt. 18, son of a labourer, as a child was always healthy and strong; was attacked with the small-pox about eighteen months ago. Under allopathic treatment the disease lasted six weeks; he regained his usual strength, but it was soon noticed by his relatives that he had become "silly." That is to say, that he had but a limited self-possession, was wanting in reflective powers, and his memory was feeble. A countryman, although well off, is but little prepossessed in favour of medicine. An individual in a similar state is usually left to nature, and sometimes his disease is not much a subject of regret. Thus eighteen months had passed over without any indication of improvement in his mental powers. His relatives then brought him to me to see whether anything could be done for him. In all the materia medica, *Anacardium* seemed to possess the greatest reputation, (*vid.* Hahnem. Chron. Krank. 2 Thl. pp. 156 and 159.) As the patient appeared to me to be otherwise

healthy, I gave him for the solitary symptom, "weakness of memory," Anacard. Orient. 1, 8 drops in water, to be taken every night. Fourteen days after I saw him again quite rejoicing at the "change in his head," as he expressed it, which the medicine had produced. He assured me that he had become quite clear in his head after taking it, and entreated that I would allow him to continue its use. I have since frequently talked with this patient, and have satisfied myself as to his mental powers, as well as to his goodness of memory.

2. A young and powerful labouring man, *æt.* 22, recently recovered from typhus, had subsequently evinced great dulness of manner. His mental capacity must have been considerably affected when he acknowledged himself that since his illness his memory was not so fresh and strong as before. He was in the habit of entirely forgetting commissions which he had to execute in the town, and hence incurred a great deal of ill treatment. This forgetfulness recurred so frequently, that he was no longer entrusted with commissions. Being somewhat ambitious, this circumstance rendered him surly, angry, and ill-tempered in his behaviour. After he had been in this state above a year, he informed me of his condition. He told me that if he could not obtain any relief, he would drown himself rather than be any longer regarded as a fool by his comrades. I must confess that, from my knowledge and experience, Zinc appeared to be the more suitable remedy. In such cases, recourse is often had to a remedy which has been useful in former instances, rather than to the one which perhaps may correspond more nearly with the case in hand. I gave Anacardium 1, as in the former case, and in three weeks obtained the same results. The recovery in these cases cannot be attributed to the wearing out of the large allopathic doses of remedies administered in those diseases—small-pox and typhus.—(*Zeitch. f. hom. Klin. ii, 164.*)

Chronic Headache, cured with Belladonna and Zinc.

By Dr. WM. ARNOLD, of Heidelberg.

In the beginning of the month of July 1852, I was asked whether I would undertake the treatment, by letter, of a magistrate's lady in the Black Forest, who had suffered from her childhood from a violent headache, without previously having an interview. On requesting a detailed account of her complaint I received the following statement:

"When a child I was frequently dismissed from school on account of the pain in the head incapacitating me from learning. It was

expected that the complaint would disappear on the occurrence of the natural changes, therefore no other remedy was employed excepting cold wet bandages when the pain became too violent. The menses appeared in my 16th year, but were very slight and irregular, often taking place only every six weeks. The pain in the head still remained, and even increased so much in violence that I often wished myself dead. A physician, under whose care I now placed myself, frequently bled me, and prescribed some mixtures, with fresh water bathing, directions which I strictly followed. I obtained some ease for a short time, when the complaint returned with greater severity than ever. The menses were not yet regular.

“ In my 18th year I was attacked with a nervous fever and inflammation of the brain, in consequence of taking cold while bathing, at the same time being in a state of great mental excitement. I was frequently bled four times a-day in my hands and feet; leeches by the dozen were applied to my forehead; and bottles of naphtha were emptied on my head. I can well remember the excruciating agony the latter remedy caused me. I subsequently learnt that these means were employed to subdue me, because I was for days beside myself, and could scarcely be retained in bed by the efforts of four persons. I again became well, as it was called, that is to say, I did not sink from the frightful malady; I again relapsed into my former state of suffering, in addition I had hoarseness, which lasted for a twelvemonth. From this I was relieved by a physician in Freiburg, who entirely prohibited bleeding, and prescribed an abundant drinking of cold water, with warm baths. He ordered me some drops in a very small bottle, of which I had to take six drops in a glass of water. The hoarseness was entirely cured, but the headache remained; on the whole it was of the same character as before; now and then, a few days preceding the monthly periods, it became so violent that my mind became confused, and I talked the greatest nonsense. This painful state of suffering lasted from ten to fourteen days, when it began to diminish, leaving me a few days of rest. I employed no further means, as medicines were useless and only ruined my stomach, so that I can scarcely digest any article of food.

“ The headache is now different to what it was formerly. It is a dull, aching pain, directly over the forehead. It was formerly of a throbbing and shooting character. I have the painful feeling as if my head were compressed in a vice; the eyes inflame; the forehead becomes red and swollen; I can no longer remain up, and on lying

down in bed I have the most frightful visions, while I hear all that is passing about me. For example, I see my dear child with its head crushed lying before me, while my husband is brought dead into the house, &c., &c.; at the same time it costs me a great effort to convince myself that the delusions are not real. The headache having reached its greatest intensity begins gradually to diminish, when I usually fall to sleep. Notwithstanding these pains my head is not hot, but is even cold and dry to the touch. The most violent pain only lasts a day; the headache lasts about fourteen days, during which time it varies considerably, and I am only too happy when it becomes supportable. When the menses fail to occur at the usual periods the headache becomes then more violent and stupifying. A few days preceding and following the monthly periods I have a painful tearing and feeling of debility in the spine. My appearance is any thing but that of being ill, on the contrary, I have a great deal of colour."

To this narrative I must also add, that the patient was a large-made corpulent woman, had never lived in a town, nor had any town connexions; that she was not debilitated, nor particularly sensitive; that on the contrary, she could bear a large amount of pain without being thereby particularly affected.

I first had recourse to Pulsatilla, of which I ordered the patient 2 drachms of the 3rd decimal dilution, 10 drops to be taken twice a day. At the end of a month I learnt that there was not any change in the condition of the patient; that the headache continued with the same violence; and that the menses had not increased in quantity. I then had recourse to Belladonna, to the choice of which remedy I was led not only by the similarity of the symptoms, but by considerable clinical experience. I prescribed a mixture of half-a-drachm of the 6th decimal dilution of Belladonna with 1 drachm of water, 5 drops to be taken every evening. I was informed, at the expiration of three months, that the headaches were not so frequent; that the attacks were not so violent; although occasionally in damp weather the pain returned with the same degree of violence as before. I now gave the Belladonna in the 4th decimal dilution, 5 drops every other night. In thirty days I heard that the headaches had diminished considerably, both in frequency and severity, but that the patient had become subjected to an overpowering sleepiness.

The irritable condition of the brain, as far as it could be affected by Belladonna, had in a great degree subsided. I did not think that

the remaining symptoms would be removed by a continuance of the remedy ; I then made choice of Zinc, as being more suitable for the frequent vomiting from which the patient was now suffering. She attributed this new symptom to a gastric fever from which she had recently recovered ; I, however, was more inclined to ascribe it to a change in the original malady. I made use of the Sulphate of Zinc as the preparation from which I had most frequently derived the most benefit. She had 16 doses of the Sulphate, of which she took one grain of the 2nd decimal trituration every evening, dry, on the tongue ; the medicine was then to be discontinued for eight days. In four weeks time the patient wrote to say that she was much better ; the headache now only occurred during and after the appearance of the menses, attended with slight pain in the back ; at other times she was perfectly free from pain. She was supplied with 16 more doses of the Sulphate, a dose to be taken every night. Five weeks later I was informed that she continued improving. After the fourth supply of the Zinc the patient was entirely free from pain. After three months entire absence of pain I received a letter full of gratitude, in which she expressed herself thus : " You have radically cured my body of great suffering, and what is of more importance still, my mind of an affliction still more frightful."

On the whole the cure of so obstinate a malady which had withstood the employment of so many remedies, and which had fearfully afflicted an otherwise strong woman, from her earliest years, and that too by the use of two remedies during eight months, must be considered a very favourable circumstance.

This case must certainly be considered as a proof of the curative power of the remedy employed, as the recovery cannot be attributed to any change in the manner of living, or to any other influence. I have hence been induced to consider that the cause of the disease was undoubtedly a congestion of the membranes of the brain, occurring, or at least increasing in degree, from time to time. Pulsatilla is especially indicated in a similar condition of periodical determination of blood to the head in its pathogenetic effects as well as by clinical experience, especially when the menses are scanty, or are altogether wanting. Experience, however, showed that it was not the remedy for this kind of headache ; I must acknowledge that the fact did not cause surprise, as the malady had existed long previous to the menstrual period, and the scanty menses were probably not the cause but the result of the congestion of the cerebral membranes.

Pulsatilla produced no change, not even a more abundant flow of the menses, in which its action is usually so certain, whilst *Belladonna* not only relieved the headache, but while it diminished the flow of blood to the brain, it increased the flow of the menses. This will be easily accounted for by every practitioner who considers that the cerebral congestion was the primary, and the scanty menstruation the secondary disorder. Another question now requires answering. Why *Belladonna*, which exerted so favourable an influence in lessening the cerebral congestion, was unable to complete the cure? In replying to this question it is deserving of remark, that the congestion had its seat particularly in the cerebral membranes, and by its frequent recurrence and long duration had become habitual, and had, hence, necessarily effected a change in the nutritive process of the brain. Still, I think, that in this case the habitual congestive state of the cerebral membranes might have been entirely removed had the *Belladonna* been continued for a greater length of time and repeated at shorter intervals. I have had repeated opportunities of arriving at the conviction that Zinc acts more rapidly on the cerebral organization, inducing a change from the abnormal to the normal state.

The above case is especially valuable, as it is an additional proof of the truth of the curative law, "*similia similibus*," for no rational person would venture to assert that a cure could have been effected by the powers of nature without the aid of art.

An additional fact may be educed from the above case, that in disease a remedy should be chosen which should correspond with the symptoms of the organ primarily affected; hence it does not admit of a doubt that the study of the sources of disease is not only of interest to the pathologist, but may also be of value and practical utility in therapeutics.—(*Zeitsch. f. hom. Klin.* ii, 148.)

Cases by Dr. D. C. LAURIE.

Irritable Bladder cured by Sulphur.

Some time ago I was consulted by a young man about 23 years old, for a very irritable state of the bladder, from which he had suffered as long as he could remember. He was obliged to rise several times during the night to pass water, and to rush from whatever work he might be engaged on frequently during the day to relieve the bladder, at the risk of wetting his clothes if he did not yield to the

urgency of the case. He was also affected with very profuse perspiration at night, making his night dress wringing wet. I gave him a few globules of Sulphur 30, in water, night and morning, for about a week, and all the above mentioned symptoms disappeared.

Long standing Intermittent Rheumatic pains of the Legs and Head, cured by Lycopodium.

A young woman of a fair complexion, sanguine lymphatic temperament, consulted me on account of a severe drawing tearing pain in the front of the legs, from the knee down to the instep, which attacked her every night when she became warm in bed. The pain was accompanied by a feeling of great heat in the parts affected, and caused such suffering and restlessness as to prevent sleep. She had also a similar pain in the forehead and occiput, during or at the same time, and was quite well during the day. The supposed cause of the affection was living in a damp house. A great deal of Colchicum and other medicines had been given by her allopathic medical attendant without any benefit, and she had suffered for a long time when she applied to me for advice.

I prescribed Lycopodium 30, about 9 globules in 9 spoonfuls of water, one three times a-day.

The first night she felt very little pain, and soon fell asleep; and before the solution was finished, she was quite relieved from this troublesome and painful affection, and required no other remedy to complete the cure.

*Eclampsia, by Dr. MUELLEB.**

A healthy woman, æt. 26, who had been thrice confined easily and nursed all the three children, became pregnant for the fourth time. Besides the usual slight derangement of the digestion in the two first months of pregnancy, she had this time from the third month occasional attacks of vertigo, stupefaction of the head, and peculiar pains in the head, which lasted three or four days, and then went off completely. They were thought to be ordinary pregnancy derangements, for which little could be done. At the expiry of five months after feeling quite well for several weeks, she was attacked by a

* *Hom. Vierteljahrsch.* v 114.

violent pain in both axillæ, extending to the neck. This pain consisted of intolerable drawing, and a sensation as if a great weight lay upon the shoulders. It was not increased by moving the arms or neck, nor did it prevent movements of any sort. After twelve hours there occurred, in addition, pain in the abdomen, and a labour-like bearing down in the womb. The midwife was immediately sent for, for the woman believed she was about to have a miscarriage. The midwife however could detect nothing to justify this suspicion. She administered a lavement, and sought to calm the excitement of the patient by giving her tea and comforting her. But as the state was growing worse, I was sent for about 8 in the evening after this condition of things had lasted two hours. I found the patient, whom I knew well as a very tranquil and sensible woman, in a state of the greatest excitement, groaning, and scarcely able to reply to my questions, much less to give a very clear account of her sufferings. She suffered much from a peculiar pain in the stomach, and a sensation as if the heart were pressed down, which was sometimes so severe that she writhed about in agony, curled herself up, and could scarcely be kept in bed. Besides this there was nausea, constant retching and vomiting, labour-like pains in the belly, and drawing in the shoulders. The stomach and abdomen were not tender to the touch; the os uteri could not be felt; there was no discharge from the vagina; the pulse was strikingly slow, but not small and compressed, and the whole body was bathed in sweat. I ascertained that the day before there had been four or five diarrhœic motions. As I could not find any other exciting cause, I ordered *ipsecac.* ʒ. 2, a drop every half-hour, and a warm cataplasm of oatmeal to the stomach. About midnight I was hastily summoned to the patient. On entering the room I found her in a violent convulsive fit, the second within the hour. After she had taken two doses of the *ipsecac.* the pain in the stomach and precordial anxiety diminished, and the retching and vomiting ceased, whereupon she soon fell into a tranquil sleep. From this she was suddenly aroused by the fit. This consisted of violent convulsions of the upper extremities, with occasional jerks all through the body, distortion of the eyes, crying out, contraction of the face, unconsciousness, redness and swelling of the face; out of the open mouth saliva mingled with blood flowed, the latter apparently proceeded from her tongue which she had bitten. Even after the fit was past the unconsciousness continued, and the patient lay on her back snorting and breathing irregularly, with

closed eyes. No more symptoms of threatened abortion manifested themselves. Pulse still remarkably slow, but full and strong. I ordered *bell.* 3, two drops every half-hour. Till 4, A.M. the fits recurred four times more, but they were each time decidedly weaker and shorter; after 5, A.M. she slept quietly, and was covered with warm sweat. By 9, A.M. consciousness was fully restored. She complained now, besides great weakness and pain in the swollen tongue, of an occasional peculiar throbbing in the forehead and cardiac region; she had violent thirst and disgust at food. I continued the *bell.* every two hours. Towards evening there recurred successive attacks of anxiety and restlessness, which caused her to sit up, and occasionally amounted to jumping out of bed. The night however was passed pretty quietly and free from convulsions. About 5, A.M. however a slight fit took place, and in the morning premonitory symptoms of convulsions showed themselves; to wit, jerking of the fingers, loss of breath, nausea and trembling, and the face continued still red and swollen, and there was diuresis. I ordered *cupr. acet.* 1, a drop every three hours. From this time forward no more fits, or indications of fits occurred; the appetite and sleep returned. After two days (the fifth day of the disease) the patient complained of great weakness and a peculiar pressure on the forehead and eyes, increased by every movement, the peculiar tiresome sensation in the shoulder, as also a general painful trembling, with throbbing in the arteries, and occasionally great anxiety, lacrymose humour and fear. A few doses of *plat.* 3, removed these symptoms completely, and there only remained a certain physical weakness that went off gradually. The patient had never before been affected with fits of any sort.

Hydrocephalus acutus, by Dr. L. BATTMANN.

Emily B., three years of age, healthy looking, hitherto always lively and cheerful, had for eight days shown a peevish, fretful disposition, loss of appetite, and disinclination to rise up. Afterwards there occurred thirst and fever, complete anorexia, and inability to get up. At my first visit on the 23rd of March, I found her in the following state: countenance pale, eyes somewhat sunken, surrounded with blue rings, expressionless, pupils very dilated, lips dry, tongue inclined to be dry, head hot, some cough, unequal but not short breathing, belly somewhat painful on strong pressure.

From time to time she gives a cry of pain in a hoarse voice, puts her hands to her head, and turns about with her head pressed into the pillow. Skin dry, moderately hot, urine cloudy, reddish, bowels natural; besides drink the patient wants nothing; she is so apathetic that she will not reply to questions—at the most she begins to cry when any are asked. The hearing and sight are apparently both very much blunted. Sleep very restless, broken by cries; she generally lies in a completely apathetic state. Pulse small, from 90 to 100 in the minute, unequal, frequently intermitting. I diagnosed acute hydrocephalus, approaching the stage of exudation. I gave *acon.* 2, one to two drops every two hours. On the evening of the 24th, the patient was rather worse; the tossing about and screaming out were more frequent, and lasted two or three minutes at a time, consciousness less than before, pupils more dilated. *Bell* 1, a drop every two hours. On the 25th I found the face pale, eyes sunk in, dusty looking, dim, expressionless, pupils much dilated, eyelids closed, seldom half-open; vision extinct, she does not move the lids in the least on passing the hand rapidly before the eyes, does not see the spoon in which her drink is conveyed to her, but opens her mouth from time to time. Hearing nearly gone; she only seems to hear very loud noises, as a large piece of wood falling. Moreover the left eye weeps and excretes some thick mucus. The screaming and tossing continue, and are especially violent in the night; she has no real sleep. Skin hot, dry; urine passed in bed, no motion of the bowels. Pulse as before, rapid, jerking, intermitting. For two days she has taken nothing but water and milk. Tongue brown, dry posteriorly, lips and teeth covered with brown sordes. Under these desperate circumstances I gave the relations no hope of recovery, and with little confidence administered 5 drops of *Tinct. arnic.* in half a cupful of water, a teaspoonful every two hours. On the 26th the state was no worse, but some improvement was visible. I now gave *Digit.* 1, from 1 to 2 drops every two hours. The following day she could see a little, thus she observed the spoon at a distance. On the 29th she had another very restless night, disturbed by cries; so also on the 30th; she was rather better to-day. The visual power is perceptibly better; the patient frequently puts her hand to her eyes, but she hears better. The eyes are again open and bright, but the pupils are still very much dilated. She will not take any solid food, but water and milk, and she only shows her wish for that.

Since the 24th she has not spoken a word. The next day she was greatly improved. On the 2nd of April the sight and eyes were natural, all that remained was weakness and feverishness. *Digit.* was now given every three hours, and more rarely the next day. No more medicine was required except Aconite one night, on account of an accession of fever. It was remarkable that the girl, who had previously been very talkative, on her recovery forgot all she had learned, and at the end of April she had only learned anew a very few words. The intermissions in the pulse continued during a greater part of her convalescence. It was not until the end of May that she had completely regained her health. (*Allg. h. Ztg.* xlvii, 36.)

MISCELLANEOUS.

Congress of British Homœopathic Practitioners.

The Congress takes place this year at Leamington, on Wednesday the 9th and Thursday the 10th of August, at the Regent Hotel. The first Meeting will be on Wednesday, at 7 P.M. when Professor Henderson will give an address. After any discussion which may rise out of this, there will be an interval in business, and tea will be handed round. Business will be resumed after this till the portion allotted to Wednesday is concluded. The Meeting of Thursday will take place at 11 o'clock, A.M. and the dinner will be on the table at half-past 5 o'clock, so as to give time to those who wish to leave by the early trains. The expence of the rooms, tea and dinner, will be 12s. a head, which will be paid to the door-keeper on entering. Dr. Pope of Derby is to bring forward a communication relative to the American Proving Society—this will be upon Wednesday evening.

As it is highly desirable to make these meetings as practically useful as possible, it is suggested that every one who comes should draw out the statement of one or two cases of interest which he has met with in his practice, and read them to the meeting. To allow of some previous arrangement, those who propose to do so are requested to communicate with the Secretary, Dr. Rutherford Russell, a week previous to the day of meeting.

Congress of German Homœopathists.

The Annual Meeting of the Central Union of German Homœopathists will be held this year on the 9th and 10th of August, at Weimar, in the Hotel "Zum russischen Hof." Dr. Goullon will preside.

Homœopathic Treatment of Cholera in India.

[The following account of the treatment of cholera by an amateur has been forwarded to us from India, and we have much pleasure in giving it a place in our pages. The cases were treated, as will be seen, under most disadvantageous circumstances, but notwithstanding, the success was considerable, and offers hopes that under good medical inspection and favourable conditions, homœopathy will be able to mitigate considerably the severity of the fearful pestilence of the Orient.— Eds.]

*Statistics of Cholera Cases treated homœopathically by
E. De Latour, Esq., C.S., Shahabad.*

CURED.				
Case	Age of Party.	Period elapsed before applying for medicine.	Condition of the Party at time of application.	
1	æt. 40	12 hours,	Vomiting, purging, spasms.	
2	„ 25	4 do.	do. do. do.	
3	„ 12	5½ do.	do. do.—violent thirst.	
4	„ 22	4 do.	do. do.—thirst, eyes sunken.	
5	„ 25	12 do.	Body quite cold, eyes sunken, gt. thirst.	
6	„ 5	3 do.	Vomiting and purging.	
7	not given.	11 do.	Rice-water stools, eyes sunken, violent thirst.	
8	„	6 do.	Vomiting and purging, violent burning thirst.	
9	æt. 30	4 do.	Vomiting, purging, cramps and spasms, body cold.	
10	„ 35	5½ do.	Vomiting, purging, thirst, eyes sunken.	
11	„ 5	24 do.	Vomiting and purging, burning thirst.	
12	„ 16	2 do.	Vomiting, purging, cramps.	
13	„ 3½	8 do.	Vomiting, purging, extremities cold.	
14	„ 40	24 do.	Vomiting, purging, cramps.	
15	„ 25	1 do.	Vomiting, purging.	
16	„ 2	8 do.	do. do. cramps.	
17	„ 22	4 do.	do. do. burning heat.	
18	„ 6½	20 do.	do. do. do.	
19	„ 13	24 do.	do. do. burning heat.	
20	„ 30	24 do.	Cold.	
21	„ 20	24 do.	Vomiting, purging.	
22	„ 5	12 do.	Vomiting and purging.	
23	„ 5	6 do.	do. do.	
24	„ 20	12 do.	Cold, collapsed.	

Case	Age of Party.	Period elapsed before applying for medicine.	Condition of the Party at time of application.
25	set. 20	4 hours,	Vomiting, purging, cramps.
26	„ 30	6½ do.	do. do. do.
27	not given.	8½ do.	do. do. do. tympanitis.
28	set. 20	4½ do.	Vomiting, purging, cramps.
29	„ 7	72 do.	Comatose, insensible.
30	„ 5	11 do.	Vomiting, purging, burning, urine suppressed.
31	„ 14	11 do.	Vomiting, purging, &c.
32	„ 12	15 do.	do. do.
33	„ 40	12 do.	do. do.
34	„ 30	18 do.	do. do. cramps.
35	„ 5	24 do.	Purging, vomiting, &c.
36	„ 5	8 do.	Vomiting, purging.
37	„ 1	8 do.	do. do.
38	„ 4	8 do.	do. do.
39	„ 40	24 do.	do. do.
40	„ 19	12 do.	do. do. cramps.
41	„ 11	12 do.	do. do. do.
42	„ 30	11 do.	do. do.
43	„ 16	18 do.	do. do.
44	„ 40	48 do.	Typhoid.
45	„ 40	18 do.	Vomiting, purging, spasms.
46	„ 20	22 do.	Typhoid, cramps.
47	„ 20	1 do.	Vomiting, purging.
48	„ 2-8	72 do.	Hands, feet cold.
49	„ 3	24 do.	Vomiting, purging.
50	„ 14	22 do.	do. do. cramps.
51	„ 25	4 do.	do. do.
52	„ 7	11 do.	Collapsed, moribund.
53	„ 50	18 do.	Vomiting, purging.
54	„ 3	12 do.	do. do.
55	„ 3	4 do.	do. do.
56	„ 25	5½ do.	do. do.
57	„ 40	6 do.	do. do.
58	„ 30	2 do.	do. do. eyes sunken.
59	„ 20	18 do.	do. do. cramps.
60	„ 2	16 do.	do. do.
61	„ 19	48 do.	Typhoid, convulsive singultus.
62	„ 25	5 do.	Vomiting, purging.
63	„ 50	12 do.	do. do.
64	„ 30	12 do.	Typhoid.

Case	Age of Party.	Period elapsed before applying for medicine.	Condition of the Party at time of application.
65	set. 50	15 hours.	Vomiting, purging.
66	„ 18	24 do.	Typhoid.
67	„ 30	48 do.	Moribund, convulsive singultus.
68	„ 15	5 do.	Vomiting, purging.
69	„ 16	10 do.	do. do.
70	„ 30	6 do.	do. do. cramps.
71	„ 36	12 do.	do. do. do.
72	„ 3	48 do.	Relapse.
73	„ 8	2 do.	Vomiting, purging.
74	„ 10	6 do.	do. do.
75	„ 45	10 do.	do. do.
76	„ 6	8 do.	do. do.
77	„ 5	2 do.	do. do.
78	„ 5	6 do.	do. do.
79	„ 25	4½ do.	do. do.
80	„ 25	20 do.	do. do.
81	„ 20	8½ do.	do. do.
82	„ 8	60 do.	Extreme typhoid, hopeless.
83	„ 50	24 do.	Typhoid, tympanitis, cold.
84	„ 5	6 do.	Vomiting, purging, thirst.
85	„ 2	8 do.	do. do.
86	„ 30	5 do.	do. do.
87	„ 5	6 do.	do. do.
88	„ 5	12 do.	do. do.
89	„ 3	12 do.	do. do.
90	„ 20	3 do.	do. do.
91	„ 5	5 do.	do. do.
92	„ 4	20 do.	do. do.
93	„ 45	12 do.	do. do.¹
94	„ 12	6 do.	do. do.
95	„ 13	13 do.	Typhoid.
96	„ 20	24 do.	do.
97	„ 12	20 do.	Purging and vomiting, suppressed urine.
98	„ 3	4 do.	do. do.
99	„ 2	2 do.	do. do.
100	„ 4	7 do.	Total collapse.
101	„ 20	17 do.	Purging and vomiting.
102	„ 14	1 do.	do. do.
103	„ 12	11 do.	do. do.
104	„ 20	4 do.	do. do.

Case	Age of Party.	Period elapsed before applying for medicine.	Condition of the Party at time of application.
105	æt. 30	72 hours,	Insensible, imperceptible pulse.
106	„ 12	24 do.	Moribund.
107	„ 45	5 do.	Vomiting, purging.
108	„ 12	5 do.	do. do.
109	„ 30	24 do.	Extreme typhoid.
110	„ 5½	72 do.	Vomiting, purging, worm complications.
111	„ 20	72 do.	Typhoid.
112	„ 30	12 do.	Vomiting, purging.
113	„ 8	6 do.	do. do.
114	„ 40	12 do.	do. do.
115	„ 4	5 do.	do. do.
116	„ 20	7 do.	do. do.
117	„ 3½	3 do.	do. do.
118	„ 7	3 do.	do. do.
119	„ 25	10 do.	do. do. cold extremities.
120	„ 17	4 do.	do. do.
121	„ 30	48 do.	Five days after delivery.
122	„ 7	11 do.	Vomiting, purging.
123	„ 14	3 do.	do. do.
124	„ 8	24 do.	Body cold.
125	„ 30	24 do.	Second stage.
126	„ 5-6	5 do.	Vomiting, purging.
127	„ 40	28 do.	do. do.
128	„ 7	4 do.	do. do.
129	„ 30	6 do.	do. do.
130	„ 12	10 do.	do. do. cramps, typhoid.
131	„ 60	10 do.	do. do.
132	„ 30	2 do.	do. do.
133	„ 1-7	2 do.	do. do.
134	„ 37	5 do.	do. do.
135	„ 60	9 do.	do. do.
136	„ 40	8 do.	do. do.
137	„ 5	8 do.	do. do.
138	„ 45	4 do.	do. do.
139	„ 3	1 do.	do. do.
140	„ 30	1 do.	do. do.
141	„ 7	10 do.	do. do.
142	„ 30	1 do.	do. do.
143	„ 2	6 do.	do. do.
144	„ 16	96 do.	In extremis, hopeless.

Case	Age of Party.	Period elapsed before applying for medicine.	Condition of the Party at time of application.
145	est. 50	5 hours	Vomiting, purging, cramps and spasms
146	" 10	6 do.	do. do.
147	" 3	24 do.	do. do.
148	" 16	3 do.	do. do.
149	" 50	12 do.	do. do. violent pains.
150	" 9	3 do.	do. do.
151	" 7	4 do.	do. do.
152	" 1½	20 do.	do. do.
153	" 50	6 do.	do. do. cramps.
154	" 60	48 do.	Typhoid.
155	" 20	48 do.	Extreme typhoid.
156	" 25	12 do.	Purging, vomiting, cramps.
157	" 20	12 do.	Purging, vomiting, cramps, spasms, body blue.
158	" 1	4 do.	Purging, vomiting.
159	" 50	2 do,	do. do.
160	" 3	48 do.	Body cold.
161	" 10	8 do.	Purging, vomiting.
162	" 4	48 do.	do. do. worm complications.
163	" 20	8 do.	Quite cold, case quite hopeless.
164	" 30	4 do.	Vomiting, purging.
165	" 25	5 do.	do. do. cramps.
166	" 40	24 do.	Cramps, moribund.
167	" 52	4 do.	Vomiting, purging.
168	" 5	18 do.	do. do.
169	" 30	8½ do.	do. do.
170	" 14	3 do.	do. do.
171	" 7	72 do.	Typhoid.
172	" 20	6 do.	Vomiting, purging, eyes sunken.
173	" 50	48 do.	Typhoid, hopeless.
174	" 30	15 do.	Vomiting, purging.
175	" 10	24 do.	do. do.
176	" 3	24 do.	do. do.
177	" 50	6 do.	do. do.
178	" 30	6 do.	do. do.
179	" 40	24 do.	Typhoid.
180	" 30	24 do.	Purging, vomiting.
181	" 7	7 do.	do. do.
182	" 6	12 do.	Typhoid, cramps.
183	" 40	3 do.	Vomiting, purging.
184	" 27	72 do.	do do. cramps.

Case	Age of Party.	Period elapsed before applying for medicine.	Condition of the Party at time of application.
185	set. 40	4 hours.	Typhoid, convulsive singultus.
186	" 8	6 do.	Typhoid, worm complications.
187	" 40	2 do.	Vomiting, purging.
188	" 20	4 do.	do. do.
189	" 17	5½ do.	do. do. cramps.
190	" 23	9½ do.	do. do. do.
191	" 30	24 do.	do. do. cramps.
192	" 20	1½ do.	do. do. do.
193	" 10	5½ do.	do. do. do.
194	" 10	36 do.	Eyes sunken, urine suppressed, typhoid.
195	" 5	92 do.	Vomiting, purging.
196	" 4	4 do.	do. do. do.
197	" 2½	4 do.	do. do. do.
198	" 25	3 do.	do. do. do.
199	" 19	12 do.	do. do. cramps, typhoid.
200	" 9	5½ do.	do. do. moribund.
201	" 32	2 do.	do. do. do.
202	" 22	12 do.	do. do. cramps.
203	" 28	4 do.	do. do. do.
204	" 30	6 do.	do. do. do.
205	" 20	24 do.	do. do. cramps.
206	" 30	12 do.	do. do. do.
207	" 24	24 do.	do. do. do.
208	" 20	24 do.	do. do. spasms.
209	" 20	24 do.	do. do. do.
210	" 25	48 do.	Typhoid, moribund.
211	" 9	5 do.	Purging, vomiting.
212	" 18	5 do.	do. do. cramps.
213	" 3	5 days	insensible.
214	" 50	2 hours	Purging, vomiting, cramps.
215	" 4	48 do.	do. do. do.
216	" 50	12 do.	do. do. do.
217	" 5	58 do.	Convulsed, moribund.
218	" 40	2 do.	Purging, vomiting.
219	" 10	7½ do.	do. do. do.
220	" 5	2 do.	do. do. do.
221	" 22	6 do.	do. do. do.
222	" 30	24 do.	Typhoid.
223	" 3½	4 do.	Purging, vomiting.
224	" 8	8 do.	do. do. do.
225	" 40	4 do.	do. do. cramps.

Case	Age of Party.	Period elapsed before applying for medicine.	Condition of the Party at time of application.
226	st. 35	24 hours.	Typhoid, moribund.
227	„ 4	6 do.	Purging, vomiting.
228	„ 30	3 do.	do. do.
229	„ 40	4 do.	do. do.
230	„ 18	24 do.	Typhoid.
231	„ 1	2 do.	Purging, vomiting.
232	„ 30	48 do.	Typhoid.
233	„ 45	4 do.	Purging, vomiting, burning.
234	„ 60	6 do.	do. do. cramps.
235	„ 30	10 do.	do. do.
236	„ 30	10 do.	do. do.
237	„ 30	12 do.	do. do.
238	„ 65	4 do.	do. do.
239	„ 45	14 do.	do. do. eyes sunken.
240	„ 4	24 do.	Typhoid.
241	„ 60	24 do.	do.
242	„ 45	7 do.	Purging, vomiting, violent thirst.
243	„ 1-10	3 do.	do. do.
244	„ 30	8 do.	do. do. eyes sunken, speech-
245	„ 3	10 do.	do. do. [less
246	„ 25	6 do.	do. do. cramps.
247	„ 25	6 do.	do. do. &c. comatose.
248	„ 3	3 do.	do. do.
249	„ 40	18 do.	Collapsed.
250	„ 30	1 do.	Purging, vomiting.
251	„ 9	12 do.	do. do.
252	„ 3	12 do.	Collapsed.
253	„ 3	48 do.	Moribund.
254	„ 5	24 do.	Typhoid.
255	„ 30	12 do.	Vomiting, purging, cramps, spasms.
256	„ 30	48 do.	do. do.
257	„ 1-8	12 do.	do. do.
258	„ 40	12 do.	Typhoid, cramps.
259	„ 25	27½ do.	do. moribund.
260	„ 30	72 do.	do. convulsive singultus.
261	„ 30	1 do.	Vomiting, purging.
262	„ 40	8 do.	do. do.
263	„ 3	48 do.	Typhoid, moribund.
264	„ 25	12 do.	Vomiting, purging.
265	„ 26	24 do.	Extreme typhoid.
900	„ 7	7 do.	Moribund.

Case	Age of Party.	Period elapsed before applying for medicine.	Condition of Party at the time of application.
267	æt. 50	48 hours.	Typhoid, moribund.
268	„ 3	14 do.	Vomiting, purging.
269	„ 15	10 do.	do. do.
270		24 do.	Typhoid, in extremities.
271	„ 20	12 do.	Vomiting, purging.
272	„ 20	24 do.	Typhoid.
273	„ 50	12 do.	Vomiting, purging, cramps, &c.
274	„ 12	9½ do.	do. do.
275	„ 20	7½ do.	do. do.
276	„ 40	10 do.	do. do.
277	„ 30	3 do.	do. do.
278	„ 2-6	24 do.	Typhoid.
279	„ 50	4 do.	Vomiting, purging.
280	„ 6	48 do.	Typhoid.
281	„ 20	24 do.	Vomiting, purging.
282	„ 1½	4 do.	do. do.
283	„ 5	6 do.	do. do. burning.
284	„ 22	4 do.	do. do. do.
285	„ 30	5 do.	do. do. burning thirst.
286	„ 6	4 do.	do. do. do.
287	„ 3-6	4 days	do. do. worm complications.
288	„ 35	4 hours	do. do. do.
289	„ 25	20 do.	do. do. worm complications.
290	„ 25	24 do.	do. do. do.
291	„ 16	24 do.	do. do. do.
292	„ 8	5 do.	do. do. do.
293	„ 30	12 do.	do. do. eyes sunken.
294	„ 15	2 do.	do. do. do.
295	„ 20	25 do.	do. do. cramps, cold extremities.
296	„ 10	29 do.	Extreme typhoid.
297	„ 19	2 do.	Vomiting, purging.
298	„ 8	24 do.	Typhoid.
299	„ 2	59 do.	Vomiting, purging, cramps.
300	„ 35	18 do.	do. do.
301	„ 15	60 do.	Total collapse.
302	„ 40	5 do.	Vomiting, purging.
303	„ 35	48 do.	Typhoid.
304	„ 30	1 do.	Vomiting, purging.
305	„ 30	6 do.	do. do.
306	„ 14	14 do.	Typhoid.
307	„ 54	7 do.	Vomiting, purging.

Case	Age of Party.	Period elapsed before applying for medicine.	Condition of Party at the time of application.
308	set. 50	14½ hours.	Vomiting, purging, cramps, extremities cold.
309	„ 30	10 do.	Purging, cramps.
310	„ 35	3 do.	Vomiting, purging.
311	„ 4	24 do.	do. do.
312	„ 40	2 do.	do. do.
313	„ 5	19 do.	do. violent thirst, typhoid.
314	„ 16	12 do.	do. purging.
315	„ 2-8	12½ do.	do. do. worm complications.
316	„ 50	2 do.	do. do. do.
317	„ 4	2 do.	do. do. do.
318	„ 4	48 do.	Typhoid.
319	„ 12	5 do.	Vomiting, purging.
320	„ 7	20 do.	do. do. moribund.
321	„ 3	24 do.	do. do. do.
322	„ 2	12 do.	do. do. do.
323	„ 12	16 do.	do. do. do.
324	„ 40	25 do.	do. do. do.
325	„ 30	3 do.	do. do. do.
326	„ 30	48 do.	Insensible, typhoid, cramps.
327	„ 25	36 do.	Typhoid.
328	„ 30	6 do.	Vomiting, purging.
329	„ 16	14 do.	do. do. do.
330	„ 40	4 do.	do. do. do.
331	„ 25	20 do.	Typhoid.
332	„ 25	22 do.	Vomiting, purging, burning thirst, &c.
333	„ 8	12 do.	do. do. do.
334	„ 5	24 do.	do. do. do. cold.
335	„ 4	4 do.	do. do. do.
336	„ 3	4 do.	do. do. do.
337	„ 1-6	12 do.	do. do. do.
338	„ 30	12 do.	do. do. do. cramps.
339	„ 5	15 do.	do. do. do. worms.
340	„ 11	24 do.	do. do. do. cold.
341	„ 10	2 do.	do. do. do.
342	„ 25	2 do.	do. do. do.
343	„ 30	7 do.	do. do. do.
344	„ 22	2 do.	do. do. do.
345	„ 5	6 do.	do. do. do.
346	„ 25	9 do.	do. do. do.
347	„ 25	5 do.	do. do. do.

Case	Age of Party.	Period elapsed before applying for medicine.	Condition of the Party at time of application.
348	set. 12	20 hours	Vomiting, purging.
349	„ 6	6 do.	do. do.
350	„ 30	4 do.	do. do.
351	„ 15	4 do.	do. do.
352	„ 50	4 do.	do. do.
353	„ 9	20 do.	do do. cold.
354	„ 13	48 do.	Collapse, typhoid.
355	„ 1-6	8½ do.	Vomiting, purging.
356	„ 40	3 days	Typhoid.
357	„ 30	4 do.	General typhoid, moribund.
358	„ 60	4 do.	do. do.
359	„ 25	24 hours	Typhoid.
360	„ 7	4 days	do. complicated with worms.
361	„ 7	8 hours	Vomiting, purging, thirst, worms.
362	„ 25	4 do.	do. do.
363	„ 20	14 do.	do. do.
364	„ 40	6 do.	do. do. cramps, worms.
365	„ 7	24 do.	do. do. do. do.
366	„ 12	24 do.	do. do. do.
367	„ 6	4 do.	do. do.
368	„ 50	23 do.	Typhoid, arms and legs, cold, cramps.
369	„ 10	11 do.	Vomiting, purging, violent epigastric pains.
370	„ 2-6	10½ do.	do. do. burning, typhoid.
371	„ 5	96 do.	General typhoid, cramps.
372	„ 8	4 do.	Vomiting, purging.
373	„ 2	26 do.	Violent purging, &c. eyes sunken.
374	„ 50	35 do.	Vomiting, purging, cramps.
375	„ 1-½	½ do.	do. do.
376	„ 30	24 do.	Typhoid.
377	„ 30	9 do.	Vomiting, purging, eyes sunken, cold.
378	„ 45	48 do.	do. do. cramps, typhoid.
379	„ 30	10 do.	do. do. do. cold.
380	„ 15	8 do.	do. do.
381	„ 25	48 do.	Eyes completely sunken, insensible.
382	„ 30	4 do.	Vomiting, purging, cramps.
383	„ 30	5 do.	do. do. violent thirst.
384	„ 5	24 do.	do. do. cramps.
385	„ 60	72 do.	Typhoid, cramps.
386	„ 18	72 do.	do. do.
387	„ 35	5 do.	Vomiting, purging.

Case	Age of Party.	Period elapsed before applying for medicine.	Condition of the Party at time of application.
388	æt. 8	24 hours.	Typhoid, violent thirst, cold.
389	„ 10	2 do.	Vomiting, purging.
390	„ 10	48 do.	Typhoid, eyes, sunken, extremities cold.
391	„ 20	72 do.	do. do. do.
392	„ 40	83 do.	do. do. do.
393	„ 10	26 do.	do. do. do.
394	„ 3	48 do.	do. extremities cold, moribund.
395	„ 60	96 do.	do. coma.
396	„ 25	24 do.	Collapsed.
397	„ 12	24 do.	Typhoid.
398	„ 10	24 do.	Purging, vomiting, cramps.
399	„ 20	6 do.	do. violent thirst, cramps.
400	„ 6	14 do.	do. vomiting, cold.
401	„ 2	10 do.	do. do. do.
402	„ 25	12 do.	do. do.
403	„ 7	48 do.	Typhoid.
404	„ 40	24 do.	Purging, vomiting, cramps.
405	„ 25	6½ do.	do. do. violent thirst, cramps.
406	„ 25	28 do.	Typhoid, cold.
407	„ 12	5 do.	Vomiting, purging, cold perspiration.
408	„ 30	5 do.	do. do.
409	„ 45	7 do.	Eyes sunken, tympanitis, cold.
410	„ 12	12½ do.	Vomiting, purging, cramps.
411	„ 10	6 do.	Previously ill of fever, vomiting, purging, cold.
412	„ 12	6 do.	Vomiting, purging.
413	„ 30	72 do.	Typhoid, convulsions.
414	„ 7	4 do.	Vomiting, purging.
415	„ 14	3 do.	do. do.
416	„ 25	24 do.	do. do.
417	„ 35	8 do.	Purging, abdominal spasms, cramps.
418	„ 5	9 do.	Vomiting, purging, moribund.
419	„ 10	10 do.	do. do. following small-pox.
420	„ 43	12 do.	do. do. do.
421	„ 40	4 do.	do. do. cramps.
422	„ 23	9 do.	Vomiting.
423	„ 50	6 do.	do. do. abdominal spasms.
424	„ 25	6 do.	do. do.
425	„ 5	4 do.	Typhoid, collapsed, convulsions.
426	„ 20	17 do.	Vomiting, purging, cramps—8 miles distant.

Case	Age of Party.	Period elapsed before applying for medicine.	Condition of the Party at time of application.
427	æt. 4	96 hours.	Typhoid.
428	„ 40	12 do.	Violent purging, watery.
429	„ 30	3 do.	Vomiting, purging, spasms.
430	„ 4	9½ do.	do. cold perspiration, extremities cold, eyes sunken.

No. 1.

Table shewing respective ages—of Cures and Deaths.

Age.	Cured.	Died.	Total.
Not recorded ,.....	3	1	4
5 years and under ..	94	57	151
10 years to 5	56	42	98
20 years to 10	84	20	104
40 years to 20	117	48	165
40 years upwards ..	76	31	107
Total....	430	199	629

DIED.

Case	Age of Party.	Period elapsed before applying for medicine.	Condition of the Party at time of application.
1	æt. 41	12 hours,	Fever for four days previously, purging, vomiting, cramps, violent thirst.
2	„ 6	10 do.	Vomiting, purging, eyes sunken, cramps, extremities cold.
3	„ 8	26 do.	Coma, tetanic spasms.
4	„ 12	6 do.	Speechless, insensible, collapsed.
5	„ 28	28 do.	Vomiting, purging, cramps.
6	„ 45	24 do.	do. do.
7	„ 5	25 do.	Typhoid.
8	„ 25	24 do.	Purging, vomiting, cramps.
9	„ 4	30 do.	do. do. immediately following
10	„ 12	32 do.	do. do. cramps. [small-pox.
11	„ 30	8 do.	do. do.
12	„ 5	26 do.	Typhoid, violent hæmorrhage.
13	„ 5	13 do.	Purging, vomiting, violent thirst.
14	„ 30	24 do.	Typhoid.

Case	Age of Party.	Period elapsed before applying for medicine.	Condition of the Party at time of application.
15	set. 18	6 hours.	Purging, vomiting, spasms.
16	„ 8	6 do.	do. do.
17	„ 25	72 do.	Typhoid, worm complications.
18	„ 10	24 do.	Moribund, collapsed.
19	„ 7	10 do.	Typhoid.
20	„ 35	8 do.	do.
21	„ 12	24 do.	do.
22	„ 40	18 do.	do.
23	„ 22	6 do.	Vomiting, purging, cramps.
24	„ 50	12 do.	do. do. do.
25	„ 4	24 do.	do.
26	„ —	12 do.	do. do.
27	„ 2-8	8 do.	do.
28	„ 2	17 do.	do. do.
29	„ 8	17 do.	do. do. do.
30	„ 4	10 do.	do. do.
31	„ 7	30 do.	do. do.
32	„ 35	14 do.	do. do. do.
33	„ 5	6 do.	Typhoid.
34	„ 5	4 do.	Vomiting, purging, worms.
35	„ 3	6 do.	do. do.
36	„ 5	8 do.	do. do.
37	„ 60	7 do.	Purging, vomiting, cramps.
38	„ 40	12 do.	do. do. do.
39	„ 40	9 do.	do. do. do.
40	„ 10	10 do.	do. do.
41	„ 8	26 do.	Typhoid.
42	„ 15	27 do.	do. cramps.
43	„ 25	19 do.	Vomiting, purging, cramps.
44	„ 2	8 do.	do. do.
45	„ 3	8 do.	do. do.
46	„ 5	48 do.	Typhoid.
47	„ 2	60 do.	do.
48	„ 20	4 do.	Collapsed.
49	„ 14	16 do.	Vomiting, purging, cramps.
50	„ 30	4 do.	do. do.
51	„ 40	4 do.	do. do.
52	„ 1-6	48 do.	Insensible for last 48 hours.
53	„ 1-6	48 do.	Convulsions, moribund.
54	„ 40	12 do.	Purging, cramps.
55	„ 9	9 do.	Vomiting, purging.

Case	Age of Party.	Period elapsed before applying for medicine.	Condition of the Party at time of application.
56	set. 60	96 hours.	Case perfectly hopeless.
57	" 30	12 do.	Vomiting, purging, cramps.
58	" 25	24 do.	Typhoid.
59	" 10	12 do.	Typhoid, moribund.
60	" 50	8 do.	Vomiting, purging.
61	" 7	4 do.	do. do.
62	" 2-6	3 do.	
63	" 50	24 do.	Typhoid.
64	" 25	4 do.	Collapsed.
65	" 50	4 do.	do.
66	" 10	4 do.	Vomiting, purging, cramps, worms.
67	" 10	4 do.	do. do.
68	" 7	6 do.	do. do. do. do.
69	" 3	4 do.	do. do. do. do.
70	" 16	6 do.	do. do. do.
71	" 25	18 do.	do. do. under allopathic treatment
72	" 7	7 do.	do. do.
73	" 5	8 do.	do. do.
74	" 30	14 do.	do. do.
75	" 34	1½ do.	
76	" 7	18 do.	Under treatment of sorts, collapsed.
77	" 18	28 do.	Vomiting, purging, 3rd stage.
78	" 40	8 do.	do. do. cramps.
79	" 5	24 do.	Insensible.
80	" 10	10 do.	Violent purging, cramps.
81	" 30	12 do.	Vomiting, purging, cramps.
82	" 18	6 do.	do. do. cold.
83	" 14	6 do.	do. do. violent thirst.
84	" 40	8 do.	Vomiting, purging, other sorts of treatment.
85	" 50	6 do.	do. do. do.
86	" 35	26 do.	Under allopathic treatment, moribund.
87	" 7	26 do.	Cold.
88	" 25	6 do.	Insensible, body cold.
89	" 21	10 do.	Excessive purging, cramps.
90	" 5	24 do.	Typhoid.
91	" 40	6 do.	Vomiting, purging, cramps.
92	" 5	10 do.	Typhoid, cold.
93	" 2	48 do.	do.
94	" 7	24 do.	do, cold.
95	" 25	24 do.	Vomiting, purging, cramps.

Case	Age of Party.	Period elapsed before applying for medicine.	Condition of the Party at time of application.
96	set. 3	18 hours.	Vomiting, purging.
97	" 60	6 do.	do. do.
98	" 35	5 do.	do. do. worms.
99	" 1-4	24 do.	do. do.
100	" 8	5½ do.	do. do.
101	" 20	10 do.	do. do. cramps.
102	" 3-6	48 do.	Tympanitis, body cold, moribund.
103	" 3	10 do.	Typhoid.
104	" 20	4 do.	Vomiting, purging.
105	" 30	12 do.	Typhoid.
106	" 12	12 do.	Vomiting, purging, cramps.
107	" 5	24 do.	do.
108	" 4	72 do.	Typhoid.
109	" 60	24 do.	do. cramps, body cold.
110	" 50	4½ do.	Violent purging, watery.
111	" 4	7½ do.	Vomiting, purging, cramps.
112	" 9	5 do.	do. do.
113	" 20	10 do.	Violent purging.
114	" 4	96 do.	Insensible.
115	" 4	12 do.	Violent purging.
116	" 5½	8½ do.	Vomiting, purging.
117	" 30	10 do.	do. do. cramps.
118	" 5	4 do.	do. do. eyes sunken, extremities cold.
119	" 60	24 do.	Moribund—14 miles distant.
120	" 25	48 do.	Typhoid.
121	" 22	4 do.	Vomiting, purging.
122	" 4	24 do.	Typhoid, moribund.
123	" 65	24 do.	Vomiting, purging, cramps.
124	" 25	5 do.	do. do.
125	" 14	5 do.	do. do.
126	" 4	5 do.	do. do.
127	" 30	5 do.	do. do.
128	" 10	4 do.	do. do.
129	" 30	12 do.	do. do. worms.
130	" 6	48 do.	Insensible.
131	" 35	4 do.	Vomiting, purging.
132	" 25	3 do.	do. do. cramps.
133	" 4	6 do.	do. do.
134	" 50	24 do.	Typhoid.
135	" 2	2 do.	Vomiting, purging.

Case	Age of Party.	Period elapsed before applying for medicine.	Condition of the Party at time of application.
136	æt. 6	22 hours.	Vomiting, purging.
137	" 25	72 do.	Typhoid.
138	" 2-8	12 do.	Vomiting, purging.
139	" 12	6 days,	Pulseless, convulsions, moribund.
140	" 5	5 hours,	Vomiting, purging.
141	" 30	5 do.	do. do.
142	" 30	22 do.	Typhoid.
143	" 8	36 do.	do.
144	" 6	22 do.	Vomiting, purging.
145	" 25	6 do.	do. do. cramps.
146	" 6	6 do.	do. do. do.
147	" 50	12 do.	Typhoid.
148	" 4	72 do.	Moribund.
149	" 9	11 do.	Vomiting, purging, worms.
150	" 30	4 days,	Typhoid, convulsions.
151	" 7	48 hours,	do.
152	" 2	6 do.	Vomiting, purging.
153	" 6	5 do.	Collapsed.
154	" 60	23 do.	do.
155	" 1-6	24 do.	Vomiting, purging.
156	" 8	12 do.	Typhoid.
157	" 2	16 do.	Vomiting, purging.
158	" 2-6	12 do.	do. do.
159	" 38	26 do.	Typhoid, cold.
160	" 40	48 do.	Typhoid.
161	" 10	8 do.	Collapse, moribund.
162	" 10	9 do.	Vomiting, purging, eyes sunk, worms in great quantities.
163	" 7	14 do.	Vomiting, purging, worms.
164	" 7	96 do.	Typhoid, worms.
165	" 40	6 do.	Vomiting, purging, originally dysentery.
166	" 50	48 do.	Typhoid.
167	" 3-6	8½ do.	Vomiting, purging, worms.
168	" 40	36 do.	Typhoid, tympanitis, body cold.
169	" 10	6½ do.	Cramps, insensible.
170	" 25	5½ do.	Total collapse.
171	" 19	16 do.	Vomiting, purging, cramps.
172	" 8	16 do.	do. do. do.
173	" 37	48 do.	Typhoid, body cold.
174	" 7	6 do.	Collapsed.
175	" 25	10 do.	Typhoid.

Case	Age of Party.	Period elapsed before applying for medicine.	Condition of the Party at time of application.
176	æt. 35	7 hours.	Eyes sunken, cramps, extremities cold.
177	„ 2	48 do.	Vomiting, purging, eyes sunken.
178	„ 9	10 do.	do. do.
179	„ 24	48 do.	Collapsed,—8 miles distant.
180	„ 25	17 do.	Typhoid, cramps, body cold.
181	„ 6	96 do.	do. convulsions.
182	„ 50	16 do.	do.
183	„ 30	6 do.	Vomiting, purging.
184	„ 3	41 do.	Typhoid.
185	„ 20	10 do.	Vomiting, purging, cramps.
186	„ 25	48 do.	Purging, vomiting.
187	„ 4	10 do.	Vomiting, purging.
188	„ 3	96 do.	Typhoid.
189	„ 30	22 do.	Vomiting, purging, cramps.
190	„ 3	7 do.	do. do. burning, &c.
191	„ 25	72 do.	Moribund.
192	„ 4	6 do.	Vomiting, purging.
193	„ 25	48 do.	Typhoid,
194	„ 15	24 do.	Typhoid, 8 miles distant.
195	„ 40	26 do.	do. moribund.
196	„ 4	3 do.	Vomiting, purging.
197	„ 8	14 do.	Collapsed.
198	„ 2-6	15 do.	Typhoid.
199	„ 12	72 do.	do.

No. 2.

Detailed Statement showing number of Deaths and Recoveries, classified according to the period the parties had been ill, at the time of application for Medicine.

	Cured.	Died.	Total.
Less than 1 hour, ..	1	0	1
1 to 2 hours, ..	12	0	12
2 to 3 „ ..	18	2	20
3 to 4 „ ..	19	3	22
4 to 6 „ ..	73	26	99
6 to 7 „ ..	36	23	59
7 to 12 „ ..	64	38	102
12 to 24 „ ..	83	41	124
24 to 48 „ ..	67	35	102
48 hours upwards,	57	31	88
Total....	430	199	629

No. 3.

Comparative Statement for each class, showing the ratio of deaths, in juxtaposition with the Assam Tables, circulated by Government.

	ASSAM.	SHAHABAD.
Less than 1 hour,	5 per cent.	0 per cent.
1 to 2 hours,	35 „	0 „
2 to 3 „	62 „	9 „
3 to 4 „	60 „	15½ „
4 to 6 „	92 „	26 „
6 hours and upwards	85 „	37 „

No. 4.

Ratio of deaths for each class, from 6 hours and upwards.

RATIO OF DEATHS.

6 to 7 hours	39 per cent.
7 to 12 „	37 „
12 to 24 „	33 „
24 to 48 „	34 „
48 & upwards	35 „

Gross Ratio of deaths for 629 cases, 30 per cent.

REMARKS.

These memoranda show the result of 629 cases of Cholera, treated homœopathically during the months of May, June and July 1853. A hope that they may draw attention to methods of cure but little understood in India, has led to their preparation. Every man may do something for his suffering neighbours in India to encourage and assist such endeavours—a few observations are added:—

“Cases should come under treatment within seven hours, if a successful issue is to be hoped for.”—This is the remark of Dr. Corbyn, in effect, if not in words. In the Assam memoranda circulated by Government, it is laid down as a rule, that, “it is only at the commencement of the attack that Cholera offers any hopes of being successfully treated.” Although these memoranda show that there is a large margin of hope, nay, that the chances of recovery are as two to one, in cases which do not come under treatment within the standard limit, we know nothing of the number of cases that die within 6, 7, 12, 24 and 48 hours, for one that survives to such periods, and therefore no time should be lost in seeking assistance on the one hand, neither should that assistance be withheld

from the idea that recovery is hopeless. These returns will show that some sixty per cent. and more will recover.

The highest mortality is 39 per cent., in the class of from 6 to 7 hours; from 7 hours to 12 the mortality falls to 37 per cent.; from 12 to 24 hours, to 33 per cent.; from 24 to 48 hours, it rises to 34 per cent., and from 48 hours and upwards, it stands only at 35 per cent. In Assam of those ill from 4 to 6 hours, 92 per cent. died: comparing the greatest mortality disclosed in these memoranda with those tables, the difference is 53 per cent. less mortality, and in the Assam class of from 2 to 3 hours, we have 53 per cent. greater mortality, than in the corresponding class in these memoranda. In Assam, there were 114 cases coming under *immediate* treatment out of 186 cases. These memoranda are destitute of this great advantage, only *one* single case of that description having been registered out of 629 cases. Further, these memoranda only show the time when the medicine was *applied* for, and in many cases from one to two hours would elapse before it could possibly reach the patients, and I have no doubt but that many died before the medicine reached them; an inquiry, I have not thought it worth while to institute.

It must be further observed, that there has been no *hospital* attendance, no supervision, no auxiliary appliances, no professional attendance. The condition of the sick being ascertained, by carefully questioning the parties coming for the medicines, the appropriate medicines were sent—sufficient for four doses, one to be given every quarter of an hour—when the parties were told to return.

It must not be supposed that these returns are *satisfactory*, as any test of the method of treatment. They are so far satisfactory, as affording reason confidently to believe that under favourable circumstances (such as hospital attendance, professional supervision, prompt application for medicine), the mortality would be greatly reduced. The *number* of applicants for medicine is no light proof of the successful results. I may note that within the two last years I have had 1,330 cases of cholera under treatment.

Treatment.

- | | |
|----------------------|-------------------------------|
| 1 Arsenicum Album. | 1, 2. These two medicines, |
| 2 Veratrum. | given in alternation, will |
| | generally stop the disease |
| | in its first stage. |
| 3 Jatropha curcas. | 3 Will answer where the |
| | others fail. |
| 4 Veratrum. | 4, 5, 6. Will speedily remove |
| 5 Cuprum. | cramps and spasms. |
| 6 Cuprum acetatum. | |
| 7 Stramonium. | 7, 8, 9, 10, 11. Are each in |
| 8 Hydrocy. acidum. | their order efficient col- |
| 9 Carbo vegetabilis. | lapse medicines; with the |
| 10 Kali hydriodicum. | former medicine, I never |
| 11 Dulcamara. | consider a case hopeless. |

- | | |
|---|---|
| 12 Opium. | 12 In cases of coma and tympanitis — (drum-like distension of the abdomen) — typhoid stage. |
| 13 Stramonium
Digitalis,
or
14 Stramonium,
Cicuta virosa,
or
Stramonium,
Laurocerasus. | 13, 14. In alternation,—one or other are most effective, in the most desperate cases: "Arms and legs cold; eyes sunken; voice inaudible; pulse imperceptible; burning agony in the abdomen and stomach; or collapse, or cold perspiration, &c.; burning thirst, or typhoid symptoms." |
| 15 Secale cornutum.
16 Cantharides.
17 Stramonium.
18 Opium.
19 Hyoscyamus.
20 Digitalis.
21 Laurocerasus.
22 Colocynth.
23 Belladonna.
24 Arnica. | 15, 16, 17, 18, 19, 20, 21, 22, 23. Will generally restore the urinary secretion, the establishment of which is critical. Convalescence generally follows its re-establishment. |
| Stimulants.
Opiates.
Cataplasma.
Leeches.
Lancet. | 24 Rupture of blood-vessels during cholera. |
| 25 China.
26 Carbo vegetabilis. | Never used.
25 Convalescent cases.
26 Debility—loss of appetite. |

The cases in the present memoranda were treated with the 6th potency—the expense of the medicines used cannot be calculated—it would probably not exceed Co.'s Rs. (10) ten, = £ 1.

Whenever the medicines indicated in the first stage failed, it was generally traced to unlimited quantities of water being given, which kept up the irritation of the stomach. As a rule *no* liquids should be given—thirst is never mitigated by their exhibition, but on the contrary, is generally aggravated. It has been generally found that thirst rapidly abates on the restoration of the urinary secretion, in aid of which, hot water fomentations have been found beneficial, and in extreme cases of perfect phrenzy, when the patient screams for water, and would, if allowed, jump into a well, and where there has been no tendency to collapse, packing in wet sheets has been followed by almost immediate relief, sleep and recovery, when every other means entirely failed. In using this remedy, it is essential to remember that the outer packing is

dry. Where there was any tendency to collapse, it would be a dangerous remedy, and should only be resorted to in cases which baffle ordinary remedies. Hot water fomentations are quite homœopathic, and may be resorted to in every case, as auxiliary to the treatment 15 to 23, with advantage. In the above treatment, the disease once overcome, nature has nothing further to contend against, and health is speedily re-established, due allowances being made for the severity of the disease.

The worst cases are those in which worms exist, either as the exciting cause of cholera or otherwise. The cases next to these in danger, are those in which there is no *vomiting* at all, but simply purging; they are mistaken for indigestion at the outset, and generally end fatally in from one to four hours, if not treated from the first as cholera.

Imprisonment for Dispensing Homœopathic Medicine.

“To the Editor of the Nonconformist.

Belize, Honduras, 17th February, 1854.

Dear Sir,—Having just been released from ten days' confinement in the common jail of this settlement, and the packet being about to sail this afternoon, I hasten to send you a few hasty lines preparatory to a more complete statement of my case, which I have not now time to prepare.

In the second week of January, the cholera broke out there with such virulence, that, in the space of a month, about 300 have died in a population of only 8,000 souls. I had just arrived here, on my way to Guatemala, well furnished with homœopathic books and medicines, and with some little experience in their use, having practised more or less for about four years, though unprovided with a diploma. As a missionary of the Gospel, I have felt the utility of applying myself to medical studies, and have proved the truth and value of Hahnemann's doctrines.

My success was such in the first few cases of cholera that I treated, that I was soon engaged day and night in attending the sick, to the exclusion of every other occupation, and almost beyond my strength. By printing directions, and explaining the simple treatment to the poor people, it soon became general; the more so, because the allopathic physicians were seldom successful, and used the most violent remedies—such as large doses of Cayenne pepper, washed down with draughts of raw brandy, and accompanied by frictions of spirits of turpentine. The jealousy of the regular practitioners may be imagined, when I state, that out of about *fifty cases* which I personally superintended, only about *eight died*, and some of these had been drugged before I undertook them; while, on the other hand, in one of their temporary Cholera Hospitals (which has well earned for itself the name of the “slaughter-house,” by

which it is now known), out of the total twenty-two cases, there were *lost by death nineteen*, and *three* only were dismissed, while still suffering, because their friends would not permit them to remain. Of these three, homœopathic treatment cured two, and the other recovered without any medical aid: so that this hospital has not cured *a single patient*.

The Board of Health first threatened prosecution for all unprofessional failures; and Mr. Alexander Henderson, for twenty years the pastor of the Baptist Church here, became obnoxious to his colleagues on that Board because he countenanced and assisted my efforts. The Board of Health was dissolved in consequence, and another one formed, with the omission of Mr. Henderson's name, because they refused to act with him.

After watching for a case to use against us, and failing for the first three weeks, it pleased God that a poor Indian, whom we had received out of a boat into our schoolroom, should die of cholera there. An inquest was immediately called, at the request of the Board of Health. Two doctors of the old school, and a Popish priest, who administered extreme unction, were the witnesses against us. It was a complete conspiracy, and the more likely to succeed, because neither Mr. Henderson nor myself, nor any of our friends, could be examined upon *oath*—it being well known that we have suffered imprisonment and fines for conscientiously refusing to swear during a period of many years. One of our members was imprisoned for this cause on this occasion.

The coroner having shown unfairness in the selection of witnesses, and also in the manner of taking down evidence which was incorrect, and always unfavourable to us, I charged him directly with *partiality in the whole investigation*. For this offence, I was committed to jail for ten days for contempt of the coroner's court—a crime, if any under such circumstances, which I esteem an honour, as the contrary would be a disgrace to any honest mind.

This morning, the inquest, which was adjourned till my term expired, returned the following verdict, and only refrained from making it *manslaughter*, because, as the coroner informed us, the law is particular on this point, and requires that *strong medicine* should have been administered, and a *fee* charged in order to make it such.

“The jury find that the deceased came to his death from injudicious treatment while labouring under bilious diarrhœa. The jury consider the conduct of Messrs. Henderson and Crowe highly reprehensible in not calling in proper medical treatment.”

The coroner—who, by the by, was once a medical student himself—took pains to inform the jury that “Homœopathic treatment *must be utterly useless in cholera—it could have no effect*,” and as one of the learned doctors assured them, the quantities given never could reach the stomach of the patient, and consequently could not affect the system.

A law has just been passed by the public meeting or legislature of this settlement, with a special view to the same offenders, forbidding the sale

of compounded drugs, and making the act of prescribing by any one but a medical man, punishable by £ 20 fine, or one month's imprisonment.

I forbear to add any other remark now, but let me just assure you, that in medical, as well as in religious Nonconformity, we have little defence in law, which is generally turned against us, and our refuge in obeying the Master's will, in doing good both to the souls and bodies of men, is in God alone, while our appeal is to the enlightened public opinion of more favoured lands.

I am, dear Sir,

Yours faithfully for the truth's sake,

FREDERIC CROWE."

In reference to the above, the editor of the *Nonconformist* has the following observations:—

"It will be seen, from a letter we this week publish, that not in all our dependencies is the old system of bigoted and arbitrary rule extinct. Mr. Frederick Crowe, Baptist missionary to Guatelama, has just suffered ten days' imprisonment, on the authority of a coroner!—nominally, for contempt of that lofty functionary; really, for the offence of curing, by the gratuitous administration of homœopathic medicines, a large proportion of cholera patients, whom the hospital treatment did not cure at all. This act of tyranny to an individual, has been followed up by enactment of heavy penalties against any who shall dare to cure without the license. We commend the whole case to medical nonconformists, and the missionary bodies,—because the missionary is never so efficient a preacher as when he can also prescribe a remedy for bodily illa; and a large proportion of missionary 'medicine men,' are recusant from the rule of the faculty."

Sugar of Milk as a Dietetic Agent.

That which homœopathic practitioners are in the habit of employing as a mere medium for their remedies, has been lately reintroduced to the profession as a valuable dietetic agent.

In Germany, whey has long been employed as a curative agent in various chronic ailments, and Sir James Clark (*On Climate*) recommends for the scrofulous habit a summer's residence among the Welsh mountains, &c., with a course of goat's whey.

Dr. Beneke, of Hanover, has lately published a treatise on the Rationale of Whey Cures: and Dr. Turnbull, in this country, has, in his little work on phthisis, strongly recommended sugar of milk as a valuable dietetic agent.

Dr. Beneke pursues his "whey cures" in the pretty and retired Brunns of Rehburg, in Hanover; they are combined with the use of a mild mineral water. These no doubt, together with the charms of exercise and residence in lovely scenery, absorb no small proportion of the merits of the "cure;" yet allowing for this, there still remains sufficient to induce us, as homœopathic practitioners, to observe its effects as a dietetic agent.

In this, as in the employment of other dietetic agents, we must as yet rest satisfied with empirical recommendations. Dr. Beneke has his theory of course, but theories founded on chemical views of disease and health, however satisfactory in the study, are constantly breaking down in the presence of the sick man. Chemistry may achieve triumphs in rearing turnips, yet what has it done for rescuing diseased potatoes. Certain ingredients are wanting in the blood, &c., and it professes to supply these; can any one peruse the various learned treatises of the present day on the chemistry of disease, without feeling that he is involved in a maze of contradictions and fallacious experiments? Now that Faraday and Dumas admit the transmutability of even certain inorganic matters, how often may products be stated as educts; and in this laboratory process, what consideration is made for absence of those forces which constitute life?

The sugar in the whey forms a considerable element, as in 24 to 36 ounces of cow's whey, the average quantity taken by a patient in a day, there are from $1\frac{3}{8}$ to $2\frac{3}{8}$ of sugar: this non-nitrogenous substance necessarily affects nutrition, and has also a slight laxative effect. The phosphate of lime, Dr. Beneke thinks, has a considerable influence on cell-formation. He says, "Whenever we wish to diminish the nitrogen of the diet, and therefore the nitrogenous constituents of the blood, without altering the quality and quantity of the inorganic compounds necessary for the healthy nutritive processes, we possess no more efficient agent than whey."

Dr. Beneke attributes a certain share of the advantage derived from its use, to the amount of liquid. "This renders it a diluent which promotes the secretions, and as the secretions cannot be increased without augmenting the quantity of solids removed from the system, it may be regarded as an agent which accelerates the metamorphosis of the tissues." But this is quite opposed to the late experiments of Falck, who has shown that the quantity of solids carried out of the body does not increase with the quantity of fluid drank. One pint of water washes out as much debris as two or three pints.

The diseased states, in which the use of whey or sugar of milk is found to be useful, may all be comprehended under the term of the scrofulous cachexia.

— milk is allowed to coagulate spontaneously, all the salts of the

milk are retained by the whey, whereas a portion of the salts, and especially the phosphate of lime, is absorbed into the coagulum when rennet is employed. To remedy the absence of the phosphate of lime, it is artificially substituted whenever Dr. Beneke thinks it necessary that the whey should contain all the inorganic constituents necessary for building up the human fabric.

The sugar of milk employed by homœopathic chemists is imported from Switzerland, and being made by evaporating the whey which is formed in the manufacturing of cheese, is deprived of a considerable portion of the salts. If then sugar of milk is to be used as a dietetic agent in lieu of whey, it ought to be made from milk which is allowed to coagulate spontaneously.

We are tempted to give the following extract from Mérat and De Lens (*Dict. de Mat. Méd., Art. Sucre de Lait*) as illustrative of medical unanimity: "Test was the first to recommend it in acidity of the stomach, internal ulcers, and pulmonary phthisis. (*Ephem. Acad. Nat. cur., cent. 3, 4, p. 69.*) A writer in the *Edin. Med. Commentaries*, 1731, lauds it as a certain remedy in gout, &c. &c. Hahnemann has chosen it as the vehicle of his homœopathic medicines, because he considered it like alcohol, to be eminently neutral. This substance, omitted with justice from the French Codex, is at the present time almost entirely abandoned, or is confined to the practice of some few physicians, who, either knaves or fools, attribute to such and such chemists the possession of a pure sugar of milk, endowed with marvellous healing powers. We have met in consultation such men, and it is superfluous to add, that our patient and ourselves had cause to repent of the step."

The Tenth Annual Assembly of the British Homœopathic Society
was held on the 29th and 31st of May, 1854.

At the first Meeting, Dr. Quin, the President, opened the Assembly by a few preliminary observations on the occurrences of the past Session, and afterwards read the minutes of the last meeting.

The President having certified as to the proper qualifications of Mr. John Anderson, M.R.C.S. and L.S.A., after inspection of his diplomas, he was balloted for and duly elected an ordinary member.

One of the members drew the attention of the Society to a newspaper containing a recent trial, in which a chemist was the plaintiff and a homœopathic practitioner the defendant, during which it was proved that the chemist covenanted to pay, and had paid to this practitioner, a large per-centage on whatever prescriptions he sent to his shop.

The President stated that the homœopathic practitioner in question, not

being a member of their Society, they had no jurisdiction over him ; but he considered that such a reprehensible practice as that of a medical practitioner making a profit upon the amount of the prescriptions he sent to the chemist, and the quantity of medicine he made his patients swallow, was a very fit subject for the Society to pass its judgment upon. After thanking the member who had brought the matter before the Society, he called upon each member *seriatim* to state his opinion. Every member present, both metropolitan and provincial, expressed strongly his condemnation of the practice of participating in the profits of the chemist, as unprofessional, ungentlemanly, and injurious to the public.

The President congratulated the Society on the unanimity which had prevailed, and also upon the fact of the practitioner, who had adopted a practice so unworthy of a liberal profession, not being a member of their Society, as it would have been their painful duty to have expelled him from their body for this kind of trading. The practice was a most disreputable one, and the facts brought out at the trial were very discreditable to both practitioner and chemist. The legal question, as determined by the summing up of the judge and the verdict of the jury, did not in the slightest degree affect the question as regarded the conduct of the practitioner towards the profession and the public. It was gratifying to him as Founder and President of the Society to be able to state, that since its first foundation, not one single instance of similar reprehensible practice had occurred among its members, and it had numbered upwards of 80 on its roll call ; and he might add, that one of the primary objects of the Institution, now in its eleventh year, was to secure at once the respectability of its members and the interests of the public ; and it afforded him great satisfaction, and must be to them a subject of pride to have it in their power to assert the claims of the Society to respect as maintaining the strictest ethical propriety, in every relation between the medical practitioner and his brother practitioner, and between him and his patients, or the public. None but homœopathic practitioners of good professional character and conduct, who are duly qualified by their medical education, and by the possession of diplomas from a university, or recognised School of Medicine exacting from their Graduates and Licentiates, residence during a prescribed curriculum of study and actual personal examinations, are admissible. The membership is thus a guarantee of regular professional education, and of correct professional conduct. Nor has the Society satisfied itself merely with a rigid scrutiny of the qualifications of candidates for membership, but its action has been uniformly determinate when it has been found necessary for the vindication of its character, as has been shown both in the way of expulsion, and of refusal of admission. He was happy to add, that the Society had never, at any time, been aggressive, but had always been content to act on the defence. Its financial state was most prosperous—for, after having formed the nucleus of

a Library, it has by its exertions, in conjunction with the British Homœopathic Association, established a Hospital to the maintenance of which the Society alone had subscribed above £200, whilst its members individually had subscribed above that sum for the same purposes. The members have performed the whole medical duties of the Hospital to 12,000 patients, and given lectures on various medical subjects connected with homœopathy; and it would be satisfactory for them to know that they had, after these different useful applications of their funds, a very considerable balance in their treasury for future objects of utility in the cause of homœopathy. A financial statement of the funds of the Society from its first foundation, year by year, up to the present date, would soon be in members' hands. Through the influence of the Society upon their friends and patients, assisted by the contributions of the members themselves, £5,600 had, in the space of one twelvemonth, been subscribed for a Building Fund; and the administration of the Hospital, after meeting all the expenses incurred during four years for the maintenance of this charitable Institution, had a nucleus of a sinking fund, and a considerable balance in their bankers' hands, in addition to the amount of the Building Fund already mentioned. He thought that, under these circumstances, the Society had fair claims upon the respect of their colleagues, and the consideration of all well-wishers to homœopathy. The Society is open to all properly qualified practitioners, who are willing to subscribe to, and be guided by, its laws. It does not assume to itself the right to dictate to practitioners what shall be the speciality of their conduct at the bedside of their patients, nor to stand between them and their conscience in their endeavours, according to their skill and experience in homœopathy, to alleviate suffering and cure disease; but the elder and more experienced members of the Society always endeavour to impress upon their junior colleagues, both by precept and example, the paramount importance of conscientious study of the great truths involved in the discoveries of Hahnemann, and of walking as closely as they possibly can in the footsteps of their great master. He for one could safely aver, after thirty years' experience, that he had been always most successful in the treatment of disease when he was able to adhere closest to the principles and practice inculcated by Hahnemann; and he was convinced that that practitioner would gain the greatest reputation, and be most successful in his efforts to combat disease, who had for goal the example and precepts of the discoverer and founder of homœopathy. As there were several members present who had been recently elected into the Society, it might be interesting to them, nor irrelevant to the observations he had made, to enquire of the Society with respect to its ethics, were he then permitted to do so. (p. 118.)

These laws, Dr. Chapman, Mr. Metcalfe, Mr. Yeld-

ham, Dr. Russell, Dr. Hamilton, and other members took part in the debate, and followed in the same sense as the President, corroborating his view as to the bearing and scope of the Society since its foundation.

Mr. Yeldham proposed the restoration of law CV, which was seconded by Mr. Metcalfe, and tabled.

Mr. Daniel Smith, M.R.C.S. Lond. was proposed as a candidate by Mr. Leadam, and seconded by Mr. Yeldham.

Dr. George Wyld, M.D. Edin. was proposed by Mr. Leadam, and seconded by Dr. Hamilton.

A Paper by Dr. Wielobycki on—A Case of complicated Labour—was announced from the Chair for discussion for the next meeting.

An interesting discussion took place on the action of Animal Medicines, in which Dr. Hamilton, Dr. Chapman, Mr. Yeldham, Dr. Russell, and Dr. Quin took part.

[We quite agree with the opinion expressed by the members of the British Homœopathic Society with regard to any trading connexion between a medical practitioner and chemist. We think it due to Mr. Turner to state that we have been informed he was induced to enter into the arrangement which has led to this unfortunate exposure on the representations of a London homœopathic physician well known in Manchester, by whom he was assured that it was the custom in London; and we may add, that as soon as he found that such arrangements were discountenanced by the most respectable practitioners, he endeavoured to put an end to it. Therefore, as far as he is concerned, little or no blame is to be attached to him for the perpetuation of an alliance betwixt practitioner and chemist which is shunned by all who have a proper sense of the dignity of the profession, and is formally denounced by the College of Physicians of London, as is shown by the following extract from their rules:—

“ If any Fellow be proved to have any arrangement with a Druggist to share with him the proceeds of his prescriptions, he shall be expelled.”—Eds.]

London Homœopathic Hospital.

A *Conversazione* in aid of the funds of this Hospital was held at the Queen's Concert Room, Hanover Square, on the 30th of May. It was numerously attended. Mr. Pritchard, the High Bailiff of Southwark, was in the Chair and made some appropriate remarks. Thereafter Mr. Buchan the Secretary read an address, in which he gave a general account of the state and prospects of the Hospital, the number of patients treated in it, (a full report of which is subjoined) and after entering into some details in proof of the superiority of the homœopathic system of medicine, he made an urgent appeal to those present to come forward in support of the hospital. We are glad to learn that this appeal was well responded to.

TABLE OF CASES TREATED AT THE LONDON HOMOEOPATHIC HOSPITAL,
from the 10th April, 1850 to 31st March, 1854, inclusive.

	Total of Patients treated.	IN-PATIENTS.						OUT-PATIENTS.								
		Total No. of In-patients	Cured.	Relieved.	Dismissed unaltered.	Died.	Dismiss'd for irregularity Under treatment.	Total No. Out-patients	Cured.	Relieved.	Result unknown.	Admitted In-patients.	Died.	Dismissed unaltered.	Under treatment.	
Class 1.—Zymotic or Contagious Diseases ..	1137	197	180	5	1	5	5	1	940	617	130	129	22	4	1	37
Class 2.—Sporadic Diseases ..																
—A. of variable or uncertain seat ..	1690	149	101	29	6	8	3	2	1541	624	565	222	15	9	8	98
—B. of the Nervous System ..	1781	67	30	28	2	3	4	1	1714	605	651	327	13	2	12	104
—C. of the Circulatory do...	228	18	4	7	1	1	4	1	210	29	112	51	3	2	2	11
—D. of the Respiratory do...	1770	109	66	28	3	6	6	1	1661	648	525	354	20	4	5	105
—E. of the Digestive do...	1945	72	61	5	1	3	1	1	1873	980	452	292	22	4	3	120
—F. of the Urinary do...	113	14	8	5		1			99	47	27	21	2			2
—G. of the Reproductive do...	859	28	9	14			2	3	831	234	417	109	3		4	64
—H. of the Locomotive do...	657	62	43	17	1		1	1	595	182	212	143	10		4	44
I. of the Integumentary do...	651	19	17	2					632	276	220	99			2	35
Class 3.—Diseases from External causes ..	195	23	19	4					172	124	24	13	5		1	5
Diseases unspecified ..	165								165	28	18	114			3	2
Totals ..	11194	761	538	144	15	27	26	11	10433	4394	3353	1874	115	25	45	627

	Total of Patients treated.	IN-PATIENTS.						OUT-PATIENTS.							
		Total No. of In-patients	Cured.	Relieved.	Dismissed unaltered.	Died.	Dismiss'd for irregularity Under treatment.	Total No. Out-patients	Cured.	Relieved.	Result unknown.	Admitted In-patients.	Died.	Dismissed unaltered.	Under treatment.
ZYMOTIC OR CONTAGIOUS DISEASES.															
..	6	5	4		1		1	1							
..	3	1	1				2	2							
..	2						2	2							
..	8						8	7	1						
..	6						6	5	1						
..	21	2	1				19	17	2						
..	21	1	1			1	120	88	9	11	2	2		8	
..	8						8	5	2	1					
..	10	8	2				306	244	24	43	2	2	1	12	
..	9	7			2		31	25	1	4	1				
..	1						1	1							
..							17	14	2	1					
..							3	1		1	1				
..							31	19	1	8	2				
..						16	10	5	2	2				1	

	Total of Patients treated.	IN-PATIENTS.					OUT-PATIENTS.								
		Total No. of In-patients	Cured.	Relieved.	Dismissed unaltered.	Died.	Dismiss'd for irregularity	Total No. Out-patients	Cured.	Relieved.	Result unknown.	Admitted In-patients.	Died.	Dismissed unaltered.	Under treatment.
Fever, Intermittent Brow-Agüe ..	1						1								1
" Remittent ..	3						3	3							
" Gastric and Biliary ..	53	40	38			2	13	6		4	2				1
" Typhus and Typhoid ..	45	29	26			3	16	7		3	4	2			
Acute Rheumatism ..	51	40	36	2		1	11	9	1		1				
Syphilis, Primary ..	27	9	9				18	8	2	6	2				
" Secondary ..	49	4	3	1			45	17	18	7	1				2
Gonorrhœa ..	72	1	1				71	48	12	8					3
Gleet ..	20						20	8	6	5					1
Erysipelas ..	64	24	24				40	22	6	7	3				2
Necusia ..	3						3	1		2					
Porriço ..	104						104	55	33	12					4
Scabies ..	30						30	17	7	4					2

Class 2.—SPORADIC DISEASES.

A—Sporadic Diseases of uncertain or variable seat.

Epistaxis ..	6						6	3	3						
Hæmatemesis ..	11						11	7	3	1					
Hæmoptysis ..	69	8	4	3		1	61	23	22	12	3				1
Melæna ..	1						1	1							
Hæmaturia ..	12	3	2			1	9	4	4	1					
Menorrhagia ..	68	3	2	1			65	39	10	11					5
Anæmia ..	20	1	1				19	5	9	1					4
Chlorosis ..	75	3	1	2			72	19	49	2	1				1
Dropsy ..	12	6	4	1		1	6	1	3	1	1				
Anasarca and Edema ..	34	6	5	1			28	6	16	6					
Ascites ..	12	2	1			1	10	2	3	4	1				
Hydrocele ..	7	2	1	1			5	1	3	1					
Ovarian Dropsy ..	11						11		10	1					
Chronic Hydrocephalus ..	1						1								
Abscess ..	149	27	25	1		1	122	92	10	7	6			1	6
Furunculus ..	98	3	3				95	65	18	6					6
Carbuncle ..	14	6	5	1			8	6	1						1
Ulcer ..	151	38	31	5			113	36	41	28					8
Sinus ..	4	1	1				2	3							
Caries ..	57	7	3	4			50	8	23	13	1			1	4
Fistulæ ..	9	1	1				8	1	3	2					2
Fistula in Ano ..	15	2	2				13	3	6	2	1				1
Glandular disease ..	36	1	1				35	19	6	9					1
Scrofula ..	180	3	3	1			177	51	86	25				2	11
Scrofulous Abscess ..	29	4	4	1			25	8	10	3					
" Ulcer ..	7						6	4	2	2					1
Tabes Mesenterica ..	5						5	2	2	1					1
Rachitis ..	22						22	11	5						2
Bronchocele ..	1						1	1	1						1
Podagra ..	1						1	1	1						
Cancer ..	1						1								

	Total of Patients treated.	IN-PATIENTS.					OUT-PATIENTS.						
		Total No. of In-patients	Cured.	Relieved.	Dismissed unaltered.	Died.	Total No. Out-patients	Cured.	Relieved.	Result unknown.	Admitted In-patients.	Died.	Dismissed unaltered.
Tumour	59	4	2	1	1		55	12	26	11		3	3
Polypus	26	1	1				25	3	17	3			2
Atrophy	20	1	1				19	9	8	1			1
Cachexia	11						11	5	5	1			
Debility	90	2		1		1	88	36	27	15			10
Gangrene	4	3	1		2		1			1			
Sycosis	6	1		1			5	2	1	1			2
Condylomata	5						5	2	1	1			1
Helminthiasis	208	1	1				207	116	50	28			23
Tænia	34						34	8	19	6			1
Induration of Areolar tissue	2	2			1								1
Fungous growth	1						1						
Hare lip	2						2					2	
<i>B—Sporadic diseases of the Nervous System and Organs of Sense.</i>													
Hydrocephalus, Acute	11						11	4	3	4			
Arachnitis	10						10	1	7	2			
Tuberculous Phrenitis	1	1			1								
Myelitis	2						2		2				
Ramolissement of Nerv.centres	3	2		1		1	1	1					
Paralysis	88	4	1	3		1	84	6	58	16	1	1	3
" Agitans	2	1					1	1					
" (Hemiplegia)	20	3	1	2			17	2	5	7	1		2
" (Paraplegia)	3						3	1	2				
Partial Anæsthesia	1						1	1					
Mania	1						1			1			
Monomania	2						2	1	1				
Melancholia	8						8	1	2	5			
Dementia	14	1		1			13	3	3	6		1	
Amentia	6						6	1	5				
Delirium c. Tremore	6	2	2				4	1	3				
Epilepsy	118	10	7	1	1	1	108	15	53	24	4	1	11
Apoplexy	1	1		1									
Cerebral Congestion	33	3	3				30	12	10	7			1
" Affection	26						26	3	21	1			1
Cephalalgia	381	1	1				380	187	97	77			19
Vertigo	47						47	22	17	5			3
Chorea	16	1		1			15	5	4	2		1	3
Hysteria	102	5		5			97	28	40	18	1		9
Local Irritation	32	3	2	1			29	7	13	3			6
"	16	3	2			1	13	7	3	2			1
"	15						15	7	4	2	1		1
"	3						3	2	1				
"	88	4	2	1			84	35	20	23	1	2	3
"	1						1	1					
"	303	10	8	1			293	149	77	46	2		19
"	8					1	8	2	4	2			
"	100	1		1			99	9	62	20			3
"	4						4	3					5

	Total of Patients treated.	IN-PATIENTS.						OUT-PATIENTS.							
		Total No. of In-patients	Cured.	Relieved.	Dismissed unaltered.	Died.	Dismiss'd for irregularity	Total No. Out-patients	Cured.	Relieved.	Result unknown.	Admitted In-patients.	Died.	Dismissed unaltered.	Under treatment.
Hemeralopia	1						1				1				
Nyctalopia	4						4		4						
Cataract	43	6		6			37	1	23	7	2		1	3	
Iritis	8	3	1	2			5	2	1	1			1		
Corneitis	22						22	9	10	1				2	
Opacity of Cornea	21	1		1			20	8	6	6					
Sclerofitis	3						3		3						
Lippitudo and Ectropium	8	1		1			7	2	4		1				
Hordeolum	5						5	5							
Ozæna	18						18	8	5	3				2	
Otitis	6						6	6							
Tinnitus Aurium	2						2	1	1						
Dyseecœa	87						87	18	43	19			1	6	
Otorrhœa	52						52	24	20	7				1	
Nervous Affection	29						29	12	13	1				3	
<i>C—Sporadic Diseases of the Circulatory System.</i>															
Heart Disease	151	12	2	4	1	1	4	139	10	81	34	1	2	2	9
Pericarditis	9	1		1				8	1	5		2			
Endocarditis	1	1												1	
Hydropericardium	2	2		2											
Aneurism	5						5		4	1					
Phlebitis	7	2	2				5	2	1	2					
Varicose Veins	37						37	13	16	6				2	
Angina Pectoris	6						6		4	2					
Syncope	5						5	3		2					
Palpitation of Heart	5						5		1	4					
<i>D—Sporadic Diseases of the Respiratory System.</i>															
Laryngitis	3	1			1		2	2							
" Chronic	35	6	2	2	1	1	29	5	8	14	1			1	
Bronchitis, Acute	496	34	33			1	482	268	74	82	8			30	
" Chronic	298	9	9				289	59	142	66				22	
Catarrh	223						223	146	27	36	1			13	
Pneumonia	51	20	18			2	31	16	3	5	2	2		3	
Hepatitis of Lungs	5						5	2	2					1	
Congestion of Lungs	3	2	2				1		1						
Paralysis of Lungs	1	1			1										
Pleuritis	16	5	3			2	11	9	1	1					
Pleurodynia	47	2	2				45	24	8	10				3	
Emphysema	5	1		1			4		2	1	1				
Asthma	85						85	11	49	21				4	
Dyspnœa	14						14	6	3	4				1	
Phthisis	305	27	6	15	3	3	278	11	171	68	6	2	5	15	
Pulmonary Disease	6	1		1			5		5						
Cough	170						170	87	27	45	1			10	
Aphonia	7						7	2	2	1				2	

	Total of Patients treated.	IN-PATIENTS.						OUT-PATIENTS.					
		Total No. of In-patients						Total No. Out-patients					
		Cured.	Relieved.	Dismissed unaltered.	Died.	Dismiss'd for irregularity	Under treatment.	Cured.	Relieved.	Result unknown.	Admitted In-patients.	Died.	Dismissed unaltered.
E—Sporadic Diseases of the Digestive System.													
Dentition	69						69	42	15	7			5
Glossitis	1	1	1										
Stomacace	19	1	1				18	15	1	2			
Ptyalism	1						1	1		3			1
Odontalgia	40	1	1				39	28	9	2	2		1
Prosopalgia	33	2	2				31	25	1	2			1
Tonsillitis	52	6	6				46	31	10	4			1
Angina	91	12	12				79	58	9	9	1		2
Dysphagia	4						4			3			1
Gastritis, Acute	107	13	13				94	56	20	15	1		2
" Chronic	69	4	4				65	29	18	14			4
Gastralgia	44	2	2				42	25	7	6			4
Dyspepsia	928	1				1	927	485	219	150	4	2	76
Cardialgia	22						22	11	6	1			
Anorexia	4						4	4					
Bulimia	1						1	1					4
Pyrosis	18						18	8	4	4			2
Pyloric Disease	4	1		1			3	1	1	1			
Chronic Vomiting	21	1	1				20	8	9				3
Enteritis	1						1	1					
Peritonitis	8	5	4		1		3	2	1				
Enterodynia	16						16	10	3	3			
Colic	11						11	6	3	2			
Chronic Dysentery	4	2		2			2	1		1			
Ulceration of Intestines	1	1			1								
Constipation	52						52	22	8	20			2
Hernia	20						20	4	4	8	1	1	2
Stricture and disease of Rectum	16						16	6	1	8			
Prolapsus Ani	27	1	1				26	10	8	2			6
Hæmorrhoids	88	2	1	1			86	40	25	11	3		7
Hepatitis	26	3	3				23	13	5	5			
" Chronic	56	3	3				53	17	23	9	1		3
Hepatic Abscess	1	1	1										
Chron. Induration of Liver	3	1		1			2			1	1		
Icterus	40	6	6				34	10	17	4	3		
Hepatic Congestion	16						16	5	6	3			2
Hypochondriasis	21	2	2				19	3	13	1			2
Splenic Disease	6						6	1	4	1			
Abdominal Congestion	4						4	2	1	1			
F—Sporadic Diseases of the Urinary System.													
Nephritis	3	1	1				2	2					
Renal Abscess	2	2	1	1									
Nephria	2	1			1		1				1		
Diabetes	12	4	1	3			8	1	6				1
Enuresis	25	1	1				24	12	9	3			
Dysuria	17						17	10	2	5			

	IN-PATIENTS.						OUT-PATIENTS.							
	Total of Patients treated.	Total No. of In-patients					Total No. Out-patients	Total No. Out-patients						
		Cured.	Relieved.	Dismissed unaltered.	Died.	Dismiss'd for irregularity Under treatment.		Cured.	Relieved.	Result unknown.	Admitted In-patients.	Died.	Dismissed unaltered.	Under treatment.
Retention of Urine ..	11	1	1				10	7		2				
Cystitis ..	6						6	4		2				
Calculus Vesicae ..	5						5	3		2				
Lithiasis ..	1						1			1				
Prostatitis ..	4	2	1	1			2	1	1					
Stricture of Urethra ..	10						10	2	6	2				
Nephralgia ..	1						1	1						
Paralysis Vesicae ..	1	1	1											
Urinary disease ..	13	1	1				12	4	3	4				1
G—Sporadic Diseases of the Reproductive System.														
Orchitis ..	16	3	3				13	5	3	4	1			
Hæmatocele ..	1						1	1						
Non-descent of Testes ..	2						2			1				1
Spermatorrhœa ..	23						23	7	12	2				2
Impotence ..	3						3	2	1					
Balanitis ..	1						1	1						
Paraphimosis ..	1						1	1						
Oöphoritis ..	32	4	3		1		28	8	18					2
Ovarian Disease ..	42	1	1				41	3	29	8				1
Sterility ..	1						1	1						
Uterine disease ..	308	11	1	9		1	297	45	205	26				21
Metritis ..	17	5	4	1			12	5	4	2				1
" Chronic ..	2	2	1											
Paramenia ..	182						182	72	56	37	1			16
Prolapsus Uteri ..	43	1				1	42	7	26	2			2	5
Leucorrhœa ..	63						63	32	14	12	1			4
Vaginitis ..	9						9	6	1	2				
Disordered Gestation ..	12						12	8	2	1				1
Threatened Abortion ..	13						13	2	5	2			2	2
Inflammation of Labia ..	1						1	1						
Mastitis ..	19						19	15	1	1				2
Hypertrophia Mammæ ..	4						4		4					
Morbid Lactation ..	5						5	3	1	1				
Climacteric disease ..	59	1				1	58	9	35	8				6
H—Sporadic Diseases of the Locomotive System.														
Arthritis ..	16	3	3				13	5	5	2				1
Hydrarthra ..	10						10	5	2	3				
Disease of Joints ..	10	6	3	3			4	2	2	2				
Synovitis ..	25						25	5	18	2				
Housemaid's Knee ..	5	2	2				3	3						
Ganglion ..	4						4	1	2	1				
Necrosis ..	15	4	1	3			11	2	7	2				
Periostitis ..	16	1	1				15	1	7	5		1		1
Exostosis ..	3						3		2	1				
Tendons, contracted ..	6						6		3	2				1
Spinal curvature ..	4						4		1	2				1

	Total of Patients treated.	IN-PATIENTS.						OUT-PATIENTS.							
		Total No. of In-patients	Cured.	Relieved.	Dismissed unaltered.	Died.	Dismiss'd for Irregularity Under treatment.	Total No. Out-patients	Cured.	Relieved.	Result unknown.	Admitted In-patients.	Died.	Dismissed unaltered.	Under treatment.
Rheumatism, Sub-acute ..	229	14	13	1				215	69	58	63	5		119	
" Chronic ..	165	13	7	6				152	30	81	31			119	
Lumbago ..	47	1	1					46	29	6	8			112	
Sciatica ..	96	18	12	4	1	1		78	27	19	17	4		110	
Coxalgia ..	3							3		1	2				
Mollities Ossium ..	1							1	1						
Growing Pains ..	2							2	2						
<i>I—Sporadic Diseases of the Integumentary System.</i>															
Skin Disease ..	44							44	13	21	8			2	
Urticaria ..	21	1	1					20	12	4	3			1	
Eczema ..	99	5	4	1				94	35	28	20			11	
Herpes ..	52							52	29	8	10		1	4	
" Zoster ..	2	2	2												
" Circinnatus ..	17							17	12	3	2				
Crusta Lactea ..	18							18	12	3	2			1	
Pemphigus ..	2							2	2						
Rupia ..	1	1	1												
Ecthyma ..	7							7	5	2					
Impetigo ..	38	1	1					37	22	10	4			1	
Acne ..	38							38	15	6	15		1	1	
Lichen ..	1							1	1						
Prurigo ..	17							17	6	4	5			2	
Lepra ..	23							23	4	14	2			3	
Psoriasis ..	153							153	46	85	15			7	
Rhagades ..	5							5	5						
Pityriasis ..	32	1	1					31	16	13	2				
Lupus ..	2							2		1				1	
Erythema ..	12	1		1				11	5	5	1				
" Nodosum ..	10	3	3					7	5	1	1				
Paronychia ..	31	2	2					29	23	4	2				
Inverted Toe-nail ..	3	2	2					1	1						
Intertrigo ..	11							11	7	3	1				
Excoriation ..	3							3	1		1			1	
Plica Polonica ..	2							2	2						
Alopecia ..	4							4	2		2				
Nævus ..	2							2			2				
Abnormal Perspiration ..	1							1			1				
<i>Class 3—DISEASES FROM EXTERNAL CAUSES.</i>															
Accidents, &c. ..	143	18	16	2				125	105	8	6	4		11	
Pernio ..	15							15	12	3					
Bed Sore ..	4	1	1					3	3						
Medicinal Diseases, Poisonings &c. ..	33	4	2	2				29	4	13	7	1		4	
Diseases not specified ..	165							165	28	18	114			2	

The Hahnemann Hospital.

This Hospital was suddenly closed on the 27th of May by the Board of Management and Trustees, much to the surprise of most of the Medical Officers and Subscribers. We believe it was not in debt, and many of its supporters were of opinion that it might have continued its career of usefulness by the aid of the ordinary annual subscriptions. The Managing Board however shut it up *proprio motu*, without calling a general meeting of the Subscribers and Governors.

Death of Dr. Belluomini.

We observe that the Journals announce the decease at Turin of this distinguished advocate of homœopathy, who, it will be remembered, was one of the earliest pioneers of our system in England. We hope to be enabled in our next to furnish a sketch of his career.

Homœopathy in Germany.

Professor Rapp of Tübingen, has been deprived of his chair of clinical medicine in the University of that town, in consequence of his homœopathic predilections. Dr. Griesinger has been appointed to succeed him.—(*Zeitsch. f. hom. Klin.* iii, 80.)

BOOKS RECEIVED.

Organon of Specific Homœopathy, by C. J. HEMPEL, M.D. Philadelphia, 1854.

Diseases of Females and Children, by WALTER WILLIAMSON, M.D. Philadelphia, 1854.

The Sides of the Body and Drug-Affinities, by Dr. C. VON BOENNINGHAUSEN; edited by C. J. HEMPEL, M.D. Philadelphia, 1854.

The Homœopathic Materia Medica, by A. TESTE, M.D.; translated by C. J. HEMPEL, M.D. Philadelphia, 1854.

The American Magazine of Homœopathy, by Drs. PULTE and GATCHELL. Cleveland, 1853.

Journal de la Societ  Gallicane.

The Provincial Homœopathic Gazette.

Homœopathic Chart, by J. B. WALTERS, M.D.

North American Homœopathic Journal.

Philadelphia Journal of Homœopathy.

Dialogue between a Homœopath and an Allopath, by Dr. HASTINGS.

The Homœopathist.

The Scottish Review.

Our Medical Liberties; or the Personal Rights of the Subject, by JOHN GIBBS, Esq. London, Sotheran, 1854.

NOTE.—The great length of some of the articles in the present number has compelled us to defer the publication of a large quantity of interesting and important matter, for which we hope to find room in our October number.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

OBSERVATIONS ON SOME ORGANIC DISEASES
OF THE HEART.

BY DR. RUTHERFURD RUSSELL.

Hypertrophy of the Heart.

THE natural size of the heart, according to Laennec, is about that of the fist of the person; its weight should be from eight to nine ounces; the four cavities should be of nearly the same size; the walls of the left ventricle ought to be considerably more than double the thickness of those of the right. It may increase in all its dimensions, its walls becoming thicker and its cavities larger, to such an extent that the left ventricle alone will admit an orange, and the weight of the whole rise to between two and three pounds; or its walls may become thicker, and thus diminish its cavities, to such a degree that one of these will hardly admit a small walnut; or lastly, the cavities may be enlarged at the expence of the walls. The first, which is much the most common, is generally called simple hypertrophy; the second concentric hypertrophy, or hypertrophy with contraction; and the third, eccentric hypertrophy, or hypertrophy with dilatation. Each of the cavities may be singly affected, but the ventricles are so much more liable to it than the auricles, that for practical purposes dilatation or hypertrophy of the auricles need not be considered; and of the two ventricles the left is much more apt to become hypertrophic than the right.

The causes which induce these changes in the structure of
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the heart are, either impediments to the flow of the blood through its natural channels, some diseased condition of the substance of the heart itself, some undue restraint upon its movements, or a combination of two or all of these conditions. Almost all diseases of the valves, by overworking the ventricles, induce an increase in their growth and size; and besides this obvious and easily detected cause, there is sometimes a narrowing of the channels through which the blood flows, which can only be detected after death. Andral in his *Treatise on Diseases of the Chest*, mentions several cases of this kind; in some the contraction of the aorta and pulmonary artery were truly surprising, these vessels being no larger than the usual size of the carotid arteries. It is of great consequence to bear this fact in mind, for persons affected with such congenital malformations may enjoy perfectly good health for many years, the heart, by the slowness of its contractions, accommodating the supply of its contents to the narrowness of the receiving vessels; but when by any sudden and long continued exertion or agitation a turbulent and energetic action of the heart is engendered, then a permanent incurable and rapidly fatal disease of that organ ensues. Thus the practitioner requires to guard his prognosis of the curability of a case of simple hypertrophy which is generally favourable, by specifying the possibility of some conditions existing beyond the plummet of our science to sound. Another ground of caution is suggested by the microscope, for this reveals that in hypertrophy of the substance of the heart the muscles are not in a natural state, there is deficiency of transverse fibres and a superabundance of fat globules, so that, according to Rokitansky, this affection is allied to fatty degeneration. It is these considerations which make us fear that Hope, in his otherwise trustworthy treatise on this subject, "has told a flattering tale" of the success which we may securely anticipate from judicious treatment. His reasoning at first seems plausible. "After all," he says, "what is hypertrophy of the heart but overgrowth of a muscular structure; now we know that muscles are easily reduced in size, as may be seen by tying up a blacksmith's arm, how soon it shrinks; all we have to do is to lessen the work of the heart, and it too will shrivel into more

healthy proportions." We admit the deduction, but how shall we give the heart rest? The heart must go through its work well or ill, it cannot lie by for a week, not for a minute, and we cannot secure it from sudden and violent exertion, for even if we could always command absolute bodily repose, where is the physician who can secure his patient against mental agitation? Not only are we unable to ensure the external conditions for certain recovery, but we are too ignorant of the molecular changes which accompany the diseased state of the muscle to be at all sure of arresting or modifying their progress. Hence, although we firmly believe that with our superior therapeutic appliances we are in a much better position than the old school to manage with success this malady, yet we must always look upon hypertrophy of the heart, if of any considerable amount, as a most formidable and even dangerous disease.

Another frequent predisposing cause of this affection is the result of pericarditis; for if this be not perfectly cured, instead of the effused lymph being absorbed it forms bands over the substance of the heart which oppose an impediment to its natural action, and in order to overcome this obstacle great efforts are made, which by the law of muscular development, necessarily increase the size of the muscle.

Of the exciting causes which give rise to hypertrophy, the most important are violent physical exertions, long continued moral excitement, and excess, either in stimulating drinks or venereal indulgence. It is said to be a common consequence of rowing-matches at Cambridge, and of ascending mountains, and hence it is of importance to warn young men of the danger they incur by too free indulgence in exploits of this kind.

When the disease is once developed there is no great difficulty in recognizing it. Even without the aid of the stethoscope we can generally detect by the hand laid over the cardiac region the strong blows of the heart as it beats against the walls of the chest. The pulse in simple hypertrophy of the left ventricle is regular, full, and frequently jerking; when both ventricles are affected the pulse is often irregular, and there is always more or less difficulty of breathing. It is not easy to determine with certainty whether the right or left ventricle is most at fault by

physical diagnosis, although it is said that in the case of its being chiefly on the right side, which is a rare variety, the beat of the heart is felt more towards the sternum. As we should expect on anatomical grounds in this form of the disease, the breathing is more oppressed, and hæmoptysis is more common. However as it rarely happens that the right ventricle is enlarged without some corresponding change in the left, the differential diagnosis is not of much practical importance. It certainly is rather surprising that a disease which one would suppose could not fail to attract the attention of the patient, should frequently exist for a long time without being discovered. And yet the best authorities on the subject inform us that it is no uncommon occurrence for persons to come to the hospitals labouring under very great hypertrophy of the heart, so great as to be discernible even through the clothes, and yet quite unconscious that there was any thing the matter with them in that quarter. I have up to the other day had three cases of heart disease under my care, in the one there is very great hypertrophy; in the other extensive disease of the valves, of fifteen years standing; and in the third aneurism of the aorta; all of them must have suffered for a long time from unmistakable symptoms of organic disease of this organ, and yet none of them had the least idea of this till I told them of it, and attributed their bad health to derangement of the liver, for which they had been treated with great assiduity by the good old school of medicine. Hence the importance of instituting a careful examination of the chest in every case where the symptoms are at all suspicious, for mistakes are much more frequently made by simple negligence than from ignorance, and the consequences of such mistakes if they happen to a practitioner of homœopathy are most serious. Among the indications which should lead us to suspect hypertrophy of the heart is a peculiar brilliancy of the eye, and even a tendency to protrusion of the ball. This is attributed to the increased force with which the blood is forced into its substance by the ophthalmic artery. There is also much pain in the head, and frequently a constant beating or ringing in the ears. In a case of aneurism of the aorta now under my charge there is a curious modification of beating sound in the ear, which I do not re-

collect to have seen alluded to by any writer on this subject. As long as the patient is erect he hears the beating in his left ear alone, but when he lies down the noise is heard only in the right. The explanation seems to be that the aneurism involves that portion of the aorta from which both carotids spring, and that the arch being more curved by the weight of the heart when he is erect, the chief impetus of the blood is directed along the left carotid, which is then more in the line of the column as it leaves the heart; while on lying down the arch assumes a larger curve, and the force of the stream is first felt at a point of the aorta beyond where the left carotid has its origin. At least this is the only explanation of the fact, of which there is no doubt, that I have been able to imagine. In advanced cases the violent action of the heart may be seen distending the carotid artery, and the jugular vein is generally enlarged, although except when there is also imperfection of the valves, it does not pulsate synchronously with the arterial pulse.

Formidable as hypertrophy of the heart is in itself, even more serious must we regard it when we consider the dangers with which it threatens other vital organs; and first in the list of dangers we find apoplexy. It is only of late years that the close connection of these two diseases has been accurately ascertained. Out of 39 cases of fatal apoplexy which occurred at the Marylebone Infirmary when Dr. Hope was physician to that institution, in no less than 27, or nearly $\frac{3}{4}$ ths, there was disease of the heart found to be present on examination after death. But large as this proportion is, it by no means gives an adequate idea of the danger from this cause, for this number includes all the cases of apoplexy that occurred, and several of these were either at an earlier or later period of life than that at which apoplexy is most common. The apopleptic decades in human life, so to speak, are from 40 to 50, and from 70 to 80, and these are the precise periods when disease of the heart is most frequently the cause of the fatal stroke. In nine out of ten observed cases of apoplexy occurring between 40 and 50, and in ten out of eleven occurring between 70 and 80, there was disease of the heart present. The reason of these two periods being more liable than any other to this fatal complication

appears to be, that in the former the muscular power is at its maximum, and the forcepump sends the blood to the head with the greatest violence. After 50 there is a diminution of the energy of the muscles, but then a little later the changes to which we have before adverted of the substance of the bloodvessels themselves, are more frequently developed, and thus their walls are weakened and are less able to resist the impetuous stream that has up to that time been rushing with impunity through the channels of the brain. These well established facts suggest this serious practical reflection. In apoplexy of old age no good is likely to accrue from the abstraction of blood, because this will not prevent the rupture of an ossified or otherwise disorganized cerebral artery, and the first intimation of the attack will be the symptoms produced by the effusion of blood into the substance of the brain. Medical aid is not sought till the mischief is done, and nothing remains but to make the best of the wreck, with the melancholy certainty that before very long another, and perhaps yet another attack must take place, and quench entirely the life which may have lingered for some years in the paralyzed and half dead body. Sometimes, however, the attack is not so instantaneous, and then the administration of homœopathic remedies may avert it. The only case of this kind I ever met with was in a lady of about 74 years of age—her brother and sister, I believe, at all events more than one near relation, had died of apoplexy. She seemed in her usual health when she suddenly felt an oppression of the head, and when I saw her in an hour or two afterwards I found her lying in a state approaching to coma; the breathing stertorous; the pulse slow and full; the mouth drawn to one side; in short presenting all the characters of incipient apoplexy. I gave her *Arnica*, *Nux vomica*, and afterwards *Lachesis*, and in the course of the night she gradually recovered, and is now, after an interval of some six or seven years, perfectly well.

In such cases the question of the propriety of blood-letting can scarcely be mooted, it is not countenanced by pathology and would hardly be recommended even by an old school practitioner. But suppose we are called in to a man of 45 years of age, of a robust muscular frame, and find him insensible and

the pulse thumping away like a sledge hammer, suppose on applying the ear to the chest we detect hypertrophy of the heart, and are thus convinced that there is instant danger of the rupture of a bloodvessel from the enormous impetus and quantity of blood that is driven into the vessels of the brain, in such a case shall we open a channel for the escape of this destructive stream, that threatens every moment to break down the dykes of life? This seems to me rather a question of hydraulics than of pathology. The relief to be derived from bloodletting can scarcely be doubtful, and the only counter question we can put is, have we in our pharmacopœia remedies as certain and as speedy as bloodletting, and will bloodletting prevent their use? From my own experience I am unable to give an answer to this question. I am thankful to say I never saw such a case, but I think it is a cowardly thing not to look the danger fairly in the face, and have our minds made up as to how we should act in such an emergency. And for my part I am free to avow, that if I found such a state of things as I have just described I should feel disposed to call in a surgeon, and bid him do his duty and bleed my patient, as if he were his own, leaving the after treatment and the responsibility to me.

These remarks are perhaps equally applicable to another dangerous consequence of hypertrophy of the heart, I mean apoplexy of the lungs. This, as we might naturally expect, is more likely to follow hypertrophy of the right than of the left ventricle; it is attended with intense oppression of the breathing, and may be recognised by sudden and circumscribed dulness of a portion of the chest. The danger to life is hardly less imminent than in cerebral apoplexy, and the distress much greater. All writers concur in stating the relief by a copious abstraction of blood to be immediate, and for my part I question whether we can conscientiously register a vow in heaven not to practise it in such a case.

Besides sudden sanguineous effusion into the chest and head, serous infiltration of the lungs and cellular tissue are common consequences of organic diseases of the heart, with or without affection of its valves. Although this form of dropsy is seldom rapidly fatal, yet there are instances on record of suffocation

from this cause taking place in twenty hours. Such a case is related by Andral, who saw a patient pass from a condition of perfect organic soundness of the lungs to suffocation and death within that period of time. Dropsy of the body, however, is never so rapid in its progress, and it may be laid down as a rule, that when this dreadful complication arises from disease of the heart it always affects the upper and lower extremities simultaneously, and the hands and feet swell at the same time; if ascites be first discovered, we may safely presume it is not directly caused by the condition of the heart, but is probably owing to an intercurrent attack of peritonitis. Although for some time the upward progress of the dropsy may be slow, and although it may be restrained by proper treatment, yet it is almost certain to recur again and again, each attack being more unmanageable than its predecessor, till it bids defiance to all our remedies; and then, when the limbs are swollen almost to bursting, and the patient cannot rest either night nor day from the uneasiness he suffers, it may be a question whether we should not give him temporary relief by allowing the fluid to escape by small punctures in the skin. Of course we know that relief so obtained is merely temporary, and that there is danger of the punctured spots becoming gangrenous, still in such desperate cases I think we are entitled to employ measures which in other circumstances we would reject.

While organic diseases of the heart tend thus to destroy the patient by sudden or lingering death, as their inevitable and often irremediable consequences, the sufferer runs a continual risk of being carried off by an acute attack of inflammation of some vital organ, especially of the lungs. In advanced cases dyspnoea is a constant symptom, and this arises from some impediment to the lesser circulation. That the capillaries of the lungs, if not absolutely in a state of inflammation, are at all events in imminent risk of being so, and bronchitis along with heart disease is a very dangerous affection. However we may almost certainly check it by Aconite and Bryonia, and from considerable experience I would strongly advise that in such cases the strongest doses of these medicines should be given. I

have frequently checked an attack by a drop of the first decimal dilution of each of these, in alternation every hour.

Having now briefly adverted to the causes, symptoms, consequences and complications of hypertrophy of the heart, let us direct our attention to the treatment of this disease. Although, as we have already said, we must season our confidence with caution, yet it is gratifying to be able to affirm that in cases of simple hypertrophy, if the valves be not affected, we may hold out to the patient a certain assurance of relief; and, if the case is not very far advanced, a considerable prospect of permanent cure. The following case, which occurred in my own practice, I have the less hesitation in relating, because hitherto, as far as I can discover, there is a great want of recorded cases of the treatment of organic diseases of the heart in homœopathic literature. It is now nearly a year since I was first sent for to see this lady. I found her a person of about sixty years of age. She was very thin, her head very large and her chest very small; she had an incessant short cough; even without a near inspection I was struck with the great size of the jugular vein, which seemed to throb like an artery. She complained of pain in the right side, and said she was she believed suffering from liver complaint, for which she had been treated for many years by one of the titular dignities of our profession, who saw her daily for many months during the previous year. On questioning her about her heart, she said that from her childhood she had been subject to dyspnoea and palpitation on any exertion, but that ever since she had undergone much mental distress by the death of her father and only brother about fifteen years ago, she had suffered from almost constant palpitation of the heart. This had become much stronger about two years ago when she was at Malvern. Besides constant cough, dyspnoea excited by any exertion, and a sense of beating of the heart, she was subject to intense pain in the head, chiefly the back part, but the most distressing symptom of the case was that she could not lie down, and she was obliged to sleep propped up with pillows. She fell asleep in this position, but in about twenty minutes she woke with a

sense of suffocation. The pulse was large, full, rapid, and irregular. On examining the chest I found it very small in all its dimensions, and whenever the clothes were removed there was the heart visibly beating with great force over a large space of the left side. The impulse was felt as low down as the seventh rib. On applying the stethoscope I could not detect the sounds at all distinctly, but there was no abnormal murmur. I should have mentioned that besides cough she had of late frequent attacks of hæmoptysis. Of course there could be no possible doubt of what the matter was. It was manifestly a case of simple hypertrophy of both ventricles, probably rather more of the right than the left. There was an increase in the size of the cavities, and of the thickness of the walls. I confess my opinion of the probability of her recovery was very small, and I looked for a fatal termination as a probable and speedy event. The disease seemed to have advanced to a stage in which cure is seldom effected. However, the result was most gratifying; by pursuing the treatment which I shall describe in the sequel she gradually improved, and when I last saw her she was so well as to undertake a journey in a carriage to Cheltenham in one day. She could sleep for several hours in perfect tranquillity; she could lie with her head almost as low as other people; the pain had left her head; she had seldom any difficulty of breathing; and the cough was no longer troublesome. The heart was still too large, but the discomfort from the violent palpitation was gone; in short, she is now not only relieved from the apprehension of speedy death, but from all the distressing symptoms from which she had suffered for many years.

One of the greatest difficulties I had to encounter in the management of this case was the regulation of the diet, and as this is a point of primary importance, it may be as well to advert to the principles which must guide us in all similar cases. The patient felt very weak and thought it necessary to sustain her strength by taking animal food twice a day and a couple of glasses of wine. It was no easy task to convince her that she would be stronger if she ate less. It is, however, quite obvious that if we wish to reduce a muscle we must stop its supply of

blood as much as we can. In the cure of the heart it is doubly necessary, for not only does too profuse an allowance of blood tend directly to increase its already preternatural growth, but by adding to the weight it has to move, it compels it to make greater exertions, so that it is at once over fed and over worked; and moreover, this superabundance of blood greatly increases the danger, both to the brain and to the lungs. It is in such cases that bloodletting is generally resorted to by the practitioners of the old school, and with much better reason and better consequences than in the majority of the instances where they employ depletion. Although I am not prepared to say that it does positive harm in such cases, at all events at first, yet I believe it to be quite unnecessary, and that by diminishing the food we shall accomplish our object more speedily and more safely than by withdrawing the *pabulum vitæ*. We may safely limit our patients to one meal of animal food in the day, and it is well gradually to lessen even this, and let dinner consist chiefly of rice or vegetables, with only a flavour of meat, and we must withdraw all stimulants. This system of rigid abstinence ought to be persevered in for years, indeed most likely for life. It is here that the vast importance of a correct diagnosis shews itself, for if the palpitation be caused not by organic disease of the heart, but if it be a sympathetic condition in connection with debility, or some affection of the nervous system, such as I had occasion to speak of in my former paper, a straightened allowance of food and of stimulants so far from being beneficial, is positively injurious, and many patients are kept in great suffering by being denied their mutton chop and glass of sherry. There is no such risk however in cases of true hypertrophy, and we may lay it down as a well established rule, that we should do our utmost to reduce the strength of the pulse by reducing the quantity of nourishment, and by absolutely forbidding stimulants in every form; and we shall find that the patient instead of feeling weaker, feels gradually better and stronger in consequence of this temperance.

Having settled the point with our patient and obtained his concurrence to be very moderate in food, we may then open

our trenches against the disease by a course of medicine, and it fortunately happens that the indications for their selection are as well marked as their effect in controlling the action of the heart and modifying its nutrition is certain, rapid, and in most cases surprisingly beneficial.

Without entering upon the vexed question of how far hypertrophy is always preceded by inflammation, properly so called, we are, at least, safe in affirming, that the pathological state of the bloodvessels which attends active increase of growth of any part is so closely allied to the inflammatory condition, that we may securely anticipate that any medicine which has a powerful action in subduing inflammation of the heart, will afford valuable aid against hypertrophy of this organ. And no medicine has a more direct antiplogistic operation on this disease than *aconite*. Were we not in possession of this invaluable remedy, we might justly be blamed for refusing to employ bloodletting, but *Aconite* does all the good and none of the harm of the old fashioned lancet. Professor Arnold found that on giving *Aconite* to a frog the beats of the heart were first increased, and then diminished to such an extent that the auricles contracted twice for every contraction of the ventricle, and an intermittent pulse was produced; and the following symptoms, which were produced in a medical student by taking 2386 drops of the tincture in the course of sixty days, read almost like an acute attack of inflammation of the heart.* After experiencing tearing pains in the knees and elbows for several days, there commenced violent palpitation of the heart twice a day; the pains and palpitation came on in alternation; after the pains ceased a second time, violent palpitation returned, attended with anxiety and oppression of the chest, and sometimes great dyspnoea. In the famous case of the robber who was poisoned by *Aconite*, *Mathiolus* describes that although he spoke boldly and had a look of animation with perfect consciousness, yet the pulse was almost imperceptible, and he complained of great weight about the heart. However, it is not necessary to multiply proofs of the fact that *Aconite* has a powerful effect upon the heart, and we may give it

* *Vide Hahnemann Materia Medica.*

with great confidence as an intercurrent remedy in cases of hypertrophy. We naturally have recourse to Aconite when from any cause there is unusual perturbation of the heart's action from some sudden excitement, either mental or bodily. By the immediate use of Aconite we believe the life of a patient suffering from great hypertrophy may often be preserved, and we should advise that such a person should always have a supply of the 1st or 2nd dilution beside him, that he may immediately apply it on any sudden emergency. Besides its value as an extinguisher of these outbursts, it may be usefully given in smaller quantities and at longer intervals, for a week or two at a time, in the course of the cure. I think we do not give Aconite its due as a deep working medicine, and its high credit in acute diseases has unfairly thrown it into the shade in the treatment of many chronic diseases, of which hypertrophy of the heart is one.

Valuable as Aconite is, there is however no doubt that Arsenic is of still greater importance in subduing organic diseases of the heart. Dr. Wurmb, of Vienna, an excellent authority on all practical points, observes: "We think we do not err if, relying upon our own experience at the sick bed, we maintain that a large proportion of the symptoms connected with respiration we have above described, must be ascribed to the baneful action of the poison upon the heart; though at the same time we are far from denying that they may partly be owing to an idiopathic action on the respiratory organs or spinal cord. Be this as it may, this at least is certain, that symptoms indicative of an affection of the heart generally appear in a very violent degree at the commencement of poisoning by Arsenic, and are rarely absent." This fact is so well known to the old school by the excellent work on poisons by Professor Christison, that the only marvel is, how, knowing Arsenic to produce palpitation and irregularity of this organ, they can yet agree with us in prescribing it as a proper remedy for a condition in the sick which they acknowledge it produces in those who are well.

From among the writers of the homœopathic school who have directed attention to Arsenic, we may quote an observation by Dr. Black, whose authority in practical matters, like that

of Dr. Wurmb, stands deservedly high: "In organic affections of the heart," he says, "especially where there is dilatation or valvular disease, it is *the best remedy*; and it is worthy of note, that under its use the various pains, the distressing palpitation, the dyspnoea, are relieved in a marked manner, and that while the organic change remains unchanged." As far as my experience goes, I fully concur in all that is said of the value of Arsenic in the treatment of organic diseases of the heart; not only do the pains frequently subside by the use of this medicine, but the most formidable symptom we have to contend with—the tendency to anasarca—is often arrested by a persevering administration of this remedy.

I cannot say so much for the next medicine we find generally recommended, I mean Baryta carbonica. I have tried it several times, but never saw any good done by it; and I think a careful study of the proving will shew that it is only useful in cases of sympathetic palpitation. The following are the chief heart symptoms given in Hahnemann's *Chronic Diseases*: "Throbbing with stitches in the left side of the chest, proceeding outwards from the pit of the stomach. Palpitation on lying on the left side. Occasional strong palpitation. Palpitation of the heart, increased by thinking of it, she then had a feeling of anxiety; chiefly after dinner." Now, in hypertrophy of the heart there is never absence of palpitation, nor is it produced by thinking of it or by eating, whereas, nervous palpitation, with sympathetic relation to the stomach, especially in a female, is commonly brought on by these causes. It seems of consequence to point out this inaccuracy, as it is by such hasty inferences that serious errors become stereotyped in our practical works, by far the greater number of which consist of uncritical reproductions of the matter contained in the earlier manuals. Noack and Trinks very properly confine their recommendations of Baryta to palpitation of the heart, especially of chlorotic and hysterical females.

Digitalis being the great stand-by of the old school in heart diseases, our patients have generally had enough of it before they come to us, and it is not easy to specify the exact character

of the cases for which it is useful. I should say from my own observations that it does most good when there is great and sudden oppression of the heart with hypertrophy. But I look upon it more as an intercurrent remedy to get the patient out of an immediate embarrassment, than as one available for the radical cure of the disease. And on the whole I agree with Dr. Black, when he says, "the diseases of the heart in which it is indicated are those in which the action of the organ is disordered and depressed. In simple hypertrophy, where there is increased power and energy of the heart, it is contra-indicated, but promises to be useful, especially in simple dilatation, and moderate hypertrophy with dilatation; the more so in cases where the dilatation is a primary disease dependent on deficient energy of the heart, and not on the pressure or obstruction of the circulation."

Of Lachesis I do not think it necessary to speak, because I am now quite satisfied that the poison of *Naja tripudians* or *Cobra di capello* will entirely supersede its use in our future practice. It possesses this immense advantage over Lachesis, that we can get it, whereas the single drop of Lachesis launched by Dr. Hering into the homœopathic world, must in the course of time be exhausted. I do not think it is possible to exaggerate the utility of the *Naja* poison in the treatment of organic disease of the heart, whether of hypertrophy or of valvular affections. This was the chief remedy I employed in the case of the lady whom I described as having been rescued from apparently inevitable death. In her case there was no possibility of deception; the disease was as well marked as any disease could be, and the improvement beyond doubt or denial. Nor is this the only case. I am at present treating a very bad one of valvular disease, of fifteen years' standing, and once or twice the limbs have swelled to double their natural size, and been reduced by giving the *Naja* poison. It seems to exert a direct action upon the heart. About two years ago I injected a grain of the poison dissolved in oil into the facial vein of a rabbit; the operation did not last a minute, and before it was over the animal was stone dead. On dissection the oil was found in the abdominal vessels, shewing it had passed freely through the

lungs; so the death was not owing to suffocation. As far as my observations go, and I have now made a good number, both on myself and others, it is a great mistake to consider the poison of the *Naja* as a strong poison. A careful investigation of the history of all the recorded cases of poisoning, along with experiments upon rabbits and dogs, has convinced me that it requires a very considerable quantity—as a general rule, probably, at least twenty or thirty drops—to be inserted into a wound, in order to produce a deadly effect, and even a larger quantity might be taken with impunity by the mouth. I have myself taken the $\frac{1}{10}$ th of a grain morning and evening for a week, without any serious inconvenience, and I have frequently given it to patients in as large a dose, and in no instance have I seen any bad consequences. I can therefore strongly advise a bold administration of the 1st, 2nd, or 3rd trituration or dilution of *Naja* in all cases of simple hypertrophy of the heart, and I feel quite confident that the result of the experiment will justify our most sanguine expectations.

The next medicine on whose beneficial action in hypertrophy of the heart we can confidently reckon, is *Spigelia*. Among its well marked symptoms we find, “unusually strong beating of the heart—the beating could be seen externally through the clothes. Palpitation of the heart and anxious oppression of the chest. Palpitation of the heart early in the morning after rising when sitting, with anxious oppression of the chest, the heart seems to be in tremulous motion. The palpitation of the heart increases by sitting down and by bending the chest forward. The anguish increases during a deep inspiration, and when arresting the breathing; he has then palpitation of the heart and oppression; the heart beats more violently and he feels the pulsations of the heart when laying the hand on the pit of the stomach.” Noack and Trinks recommend it in chronic affection of the heart, particularly valvular disease, hypertrophy, and dilatation of the heart. This medicine stands by common consent at the head of our remedial list against acute carditis and pericarditis; and whenever the symptoms of a chronic organic disease assume an acute character, we may safely consider *Spigelia* as well indicated.

We find Tobacco mentioned in this catalogue by some writers, but I think this medicine is more suitable for functional nervous affections of the heart, than for those in which there is a change of its structure.

Besides having a store of what may be called sieging munitions to reduce by slow and steady operation the disease within the citadel of life, we must also be provided with means to check the sudden sallies of the enemy, which often threaten instant death. Some months ago I was sent for to see the patient whose case I have described as having been much improved by Naja, I found her bent nearly double upon the sofa, her face and lips deadly pale; although scarcely able to speak, she complained of a dreadful pain extending downwards towards the loins; on attempting to feel her pulse, it was almost gone, it felt like a thread, and there was great dyspnœa. I confess I expected to see her expire before my eyes. I gave her two drops of the Tincture of Camphor, every five minutes, and in the course of twenty minutes she was better; under the continued use of this remedy she gradually recovered her old standing ground. In another case of great valvular disease, in which the patient is awakened at night by a sudden sense of oppression of the chest, and feels himself in the agony of death from want of breath, I have found Camphor give constant relief. Indeed, so satisfied is this gentleman of its value, that he is never at ease unless he has a bottle of it in his pocket to apply to when these paroxysms attack him, for now they do not occur only at night, but frequently during the day likewise. On these grounds, then, I can recommend Camphor as the best remedy in the sudden attacks of suffocation or paralysis of the heart, which threaten to terminate instantaneously the remains of life left to the sufferers from far advanced organic disease of that organ.

Pericarditis.

Perhaps in the whole range of medicine there is no disease more trying to the skill, sagacity, courage, and decision of a practitioner than pericarditis; for it is obscure in its symptoms, perplexing by its complications, rapid in its course, often fatal

in its termination to the life of the patient, and still more frequently fatal to all comfort in life. Even now, when so much has been done to facilitate its diagnosis, it often escapes detection till too late, and from many causes the most skilful treatment may prove unavailing. It is a comfort to us, however, that there is no disease in which the superiority of homœopathic treatment is more unequivocally superior, and none in which a careful study of morbid anatomy justifies us in believing that in those cases in which our efforts are unsuccessful, the cause is in the inherent impossibility of the success of any medication.

The term pericarditis is applied to all inflammations of the pericardium, and these are not only very different in intensity and extent, but wholly unlike in their essential characters. The only feature in which they all agree is, that all are attended by some effusion, but the nature of the effusion in each is characteristic, and depends upon the general habit of body, which is plainly beyond the physician's control at the time he has to treat the attack. The sweeping term, pericarditis, in fact, stands for various varieties of diseases, ranging from slight and hardly dangerous inflammation attended with the secretion of absorbable lymph, to those kinds in which the discharge is hæmorrhagic or albuminous, and which almost necessarily end, either directly or indirectly, in death: and hence we should be on our guard to avoid rash inferences from statistical returns, in which one name stands for many very different things. In the first and most common variety there is an effusion of lymph upon the naturally smooth opposite surfaces of the enveloping membrane of the heart. On examination, it resembles butter in colour and consistence, and when the two surfaces are separated, by its partial adhesion it is raised, so as to look like the pile of velvet; and hence, a heart so affected was called by the old writers "*cor villosum, hispidum, hirsutum*;" and in the ante-phrenological era of creation, was assumed to indicate an irrepressible disposition to robbery, murder, and enormities of that sort—doing duty for modern "destructiveness." However, the connection of this villous state of the heart and villany of character is not now generally believed in, and chiefly interests on historical

grounds. This variety of deposit upon the surface of the pericardium is capable of speedy resorption, and may end in perfect recovery. It may, however, instead of being absorbed, undergo a series of transformations, becoming organized, either fully or partially, and ending either in a perfect cellular tissue with independent blood-vessels, or in so-called ossification, although the hard substance into which it is generally converted is not bone, but merely a form of lime. This process of development, consisting of the formation of elementary corpuscles, always begins within four days from the time the deposit has taken place, and distinct cells, from which a whole organized body proceeds, are discernible on the fourteenth day. After this false membrane is once fully formed, it becomes as much a part of the body as one of its natural members, and bids defiance to all art to remove it. All we can do is to lessen the mischief its presence inflicts upon the heart: the worst of this is that it partially paralyzes the muscular fibres of the heart with which it comes in contact, and thus gives rise to the hypertrophy and irregularity which we had occasion to speak of before, and which are often erroneously attributed to the bands of lymph restraining the natural action of the heart's action. This mechanical explanation is only partially correct, the more common cause of derangement being the vital one just adverted to. When the development of the membrane is arrested, and when it is converted into a firm calcareous unvascular substance, then it does less harm apparently and merely interferes mechanically with the free movements of the heart. Instead of fibrinous the deposit may be albuminous, and this, being the matrix of tubercle, is much more dangerous. Albumen may be changed into pus or tuberculous matter, but is not susceptible of healthy organization, so that again we encounter an insurmountable obstacle to recovery or cure. The albuminous deposit takes place when the blood is in what the German writers call the albuminous *crisis*, and is said by Zehetmayer of Vienna, who is one of the best authorities on this subject, to be met with most frequently in children, during the progress of some acute exanthematous disease, when the course of this is anomalous, during the typhus process, in acute cases of Bright's

disease of the kidney, and in drunkards, whose blood has not got so low as to present the scorbutic character. Next in order stands the serous effusion; this is sometimes very great, it may be seven or eight pounds, and it is met with when there is from any cause much poverty of the blood. It is usually attended with dropsical effusion into the other cavities, and is, both in itself, and from its inevitable consequences in displacing and oppressing the heart and lungs, a very bad form of the disease. Lastly, there is the hæmorrhagic effusion, the worst of all, indicating a pronounced dyscrasia of the whole system, for it is only possible when there is a general tendency to dissolution of the blood, and attends diseases of a so-called putrid character, in which the presence of petechiæ, and the ready formation of pus, indicate the hopeless degeneration of the mass of the blood, which is then converted from pabulum vitæ to a mortal poison. Such are the chief primary results of inflammation of the pericardium; upon the secondary, which are also most important, we must here refrain from entering.

As might be expected when an organ of such paramount importance to life as the heart is overwhelmed by sudden and severe disease, the most characteristic feature of the case is the general impression of mortal suffering exhibited by the patient. The face is pale and pinched, frequently the features are contorted and spasmodically contracted, as in chorea, owing probably to the sympathy between the heart and organs of expression, maintained by the pneumo-gastric nerve; the pulse is rapid, and generally irregular; the patient cannot lie on his left side, but only on the back, or he cannot recline at all, but sits up and bends forward, and may even be obliged to seek relief by supporting himself on his hands and knees; the respiration is hurried and often attended with pain. There is also always more or less pain at the region of the heart, frequently sharp and violent, and increased by pressure; on laying the hand upon that place the heart is felt beating tumultuously and irregularly; in cases where there is little effusion the action is powerful, but this is subdued by much fluid in the pericardium; then instead of this sign we have extended dulness. On applying the stethoscope, a rubbing sound is heard, not ex-

actly synchronous with the sounds of the heart, but lingering behind these, and this is the diagnostic difference between pericarditis and inflammation of the interior of the heart; this friction sound is plainer when the patient holds his breath for a moment, and by this experiment we exclude the friction sound being due to pleuritis. When such a collection of symptoms is present, and more especially when it occurs in a combination with rheumatism of any of the joints, we may without hesitation ascribe it to inflammation of the pericardium. Formerly it was supposed that this dangerous affection occurring during an attack of articular rheumatism was due to metastasis of the rheumatic action from the extremities to the centre. This opinion is now abandoned by recent pathologists, who look upon the heart as itself a primary seat of rheumatic inflammation, and it is as commonly affected by rheumatism during the continuance of the disease in the joints as at its termination; and Dr. Acworth, in some interesting observations published in the *Brit. Jour. of Hom.* has drawn attention to the important fact, that true rheumatic inflammation of the heart may occur without involving any other organ, and when this is the case, it is very apt to be overlooked by even a skilful practitioner.

When the disease is once established, its course is sometimes frightfully rapid. One of the most remarkable examples of this is recorded by Andral, and the case is so interesting in many points of view, that I have no hesitation in quoting it in a somewhat abridged form. It will be found at p. 416 of his second volume on diseases of the chest. "The patient was a man of 31 years of age—the age we may observe when pericarditis is likely to assume its most violent character—he had suffered for a fortnight previously from rheumatic pain in the various joints, which were red and swollen, attended with much fever. This was in the month of August, 1822. He was twice bled and the clot was much cupped. On the following day there was no improvement, and he was bled again and again the next day. On the fourth day, in spite of the four previous bleedings, the joints on the left side were red, swollen, and painful: twenty leeches were applied to the knee. On the

fifth day there was no change. On the sixth day he was bled a fifth time, and a dozen leeches applied. During the day he seemed to be much better, the redness, pain, and swelling of the joints subsided; at six in the evening the pain was entirely gone." What a testimony in favour of blood-letting, had he gone on to convalescence, but, alas! his improvement only lasted four hours, for "at ten o'clock he was suddenly attacked with a violent pain in his left side:" it continued all night, and in the morning we find the patient in the following state. "He was screaming from pain about the region of the heart; the pain was not increased by pressure, by cough, or by respiration or change of position; the joints were quite painless. There was no abnormal sound connected with the respiratory organs. The beats of the heart were frequent, tumultuous, irregular, and intermittent. The pulse corresponded in character with the heart, it was small, and disappeared under the finger. The face was pale, pinched, and expressed the utmost anxiety. The extremities were cold. The patient appeared so weak that it was not thought prudent to bleed him again. Thirty leeches were applied to the precordial region, and sinapisms to the limbs, but all was unavailing, and the patient died that evening, just twenty-nine hours after the invasion of the pain at the heart. On examination after death, the whole internal surface of the pericardium was covered with a soft and yellow membranous exudation, and the pericardium itself was of a bright red colour. There was no effusion in its interior. All the other organs were perfectly healthy."

It is impossible to read this remarkable case without being haunted by the reflection, of how far the remedies employed were beneficial or injurious. That at the best they were powerless, is plain enough, and knowing as we do the wonderful effect of Aconite in such inflammatory attacks, we cannot but think, that had Andral, instead of lending his powerful name to the slovenly and stupid experiments on homœopathy made in his wards, given a fair trial to our medicines, even in so acute an attack as this, he might have had the satisfaction of saving his patient's life, instead of merely ascertaining the correctness of his diagnosis. I cannot resist the temptation of

quoting, in contrast to the fatal success of the renowned Andral, the following case, which was treated about twelve years ago by Dr. Drysdale, at a time when he was only beginning to put to the test of personal experience the system which Andral so haughtily rejected.

N. J., æt. 14, of lymphatic-sanguine temperament. Five years ago had a severe fall on the head, since which time has been subject to nervousness and irritability of the heart. Five months ago had an attack of pericarditis, for which he was bled to a considerable extent, and otherwise allopathically treated; he recovered, however, according to report, perfectly, except that he has since been liable to short breathing and palpitation on running fast, but only then. About two months ago he had another similar attack, for which he was treated in the same way; the local symptoms were subdued, but the general health and strength had not been completely restored.

12th April, 1842.—Yesterday he was seized with shivering alternating with heat; pain in the region of the heart; quick pulse, &c. These symptoms continued to increase till I saw him: he had received three doses of Aconite 6. The symptoms observed by me were, violent pains in the region of the apex of the heart, stretching through to the back and up to the left shoulder; tenderness on pressure over the apex of the heart; action of the heart irregular; pulse hard and jarring, ranging from 126 to 140; great oppression of breathing, respiration rapid and anxious; rheumatic pains in the knees without swelling; skin hot and dry; much thirst; tongue furred; urine high coloured and scanty; great restlessness.

Physical Signs.—Rubbing sound heard at the base of the heart, chiefly along with the second sound; bellows sound in the left ventricle at the first sound (this was so marked that it most probably was the effect of structural change remaining from the previous attacks, in which the endocardium had been likewise affected).

Prescription—Aconite 3rd dil. dissolved in water, and a dose given every three hours.

18th—Has passed a very restless night, and, as reported, had

no sleep at all; could not lie in one position for any length of time, but was constantly tossing about; was obliged to have the shoulders raised high in bed. Great thirst; the pain in the heart greater, and more felt internally between the sternum and scapulæ, and towards the left; anxiety and dislike to be left alone; since morning is quieter; less heat of skin; some perspiration; pulse 126, but not hard; less dyspnœa; bowels opened once.

Spigelia, 9th dil. Bryonia, 8rd dil. alternately, a dose every three hours.

14th.—Better in every respect; slept a good deal; pulse still 126, but quite soft and regular; pain at the apex of the heart gone; less pain in the left side of the chest, but a good deal of pain felt in the right shoulder and pectoral muscle. Physical signs the same, and in addition some increased dulness on percussion over the region of the heart.

Continue Spigelia 3, and Bryonia 3, alternately every three hours.

16th.—Much improved; pulse 98, soft; no pain in the left side of the chest; some pain in the right pectoral muscle; urine scanty and high coloured; perspiration; tongue foul; no appetite; no stool. Physical signs the same, but the rubbing sound no longer heard.

Mercury 2, and Spigelia 3, alternately every three hours.

18th.—Pulse 70; symptoms nearly all gone; convalescent. A few doses of Nux vomica, Arsenic, and Digitalis restored him within eight or ten days to perfect health, except that the bellows sound in the left ventricle at the systole remained the same as (it most probably was) before this attack.

By far the most important remedy in this as in so many other acute inflammatory affections, is Aconite. The following description of the effects of a large dose, given by a medical student, and published in the *Austrian Homœopathic Journal*, reads almost like a case of pericarditis. "Tearing in the legs, knees, and arms for several days, then cessation of these pains and violent palpitations in place of them, that came on at 8, 8, p.m. Two days afterwards the tearing pains in the limbs

recurred, and the palpitation ceased. The next two days the palpitation recurred with feeling of tightness on the chest, the limbs keeping free from pain. The palpitation continued to increase, and was accompanied with great anxiety and oppression of the chest, and sometimes great dyspnœa."

With the exception of the case I have quoted, I find few examples of unequivocal pericarditis in our literature. There is one published by Rothansel, in the *Hygea*, as pericarditis, but from the presence of a bellows-sound during the systole, and the absence of friction-sound and irregularity of the pulse, I am inclined to look upon it as endocarditis rather than pericarditis. Of the cases published in this Journal by Dr. Laurie, in 1847, in No. 1, besides other deficiencies, there was "total absence of pain in the region of the heart." No. 2 is certainly a very puzzling case, and probably there was some inflammation of the membranes of the heart, but as the pain in the side was much aggravated by breathing, I am disposed to regard it rather as a case of pleurisy with cardiac complication. The medicines employed by Dr. Laurie were Lachesis, Arsenic, and Colchicum, and most benefit is attributed to the last. No. 3 is much the best marked of the lot. In this there was loud friction-sound over the cardiac region, strong, and very abrupt impulse; there was also a grating murmur with the sounds of the heart; the expression of the face was painfully anxious; there was great restlessness; a full, strong, rapid and regular pulse. These symptoms supervening in a lad of fifteen upon an attack of acute rheumatism, may be considered as establishing the case to be one of pericarditis. The medicines employed were Aconite and Spigelia till the acute symptoms subsided, and then Arsenicum and Lachesis till the convalescence of the patient. I have again to regret the great dearth of well described cases of acute disease in our literature; the deficiency must be a source of much anxiety to young practitioners who have to encounter dangerous attacks of such dreadfully rapid and distressing affections as those of the heart, surrounded by opponents eager to catch them tripping, and by the incredulous and often officious relatives of the patient.

Next to Aconite we come to Arsenicum as a most important

remedy in this affection, and as a rule it may be selected in preference to all others, in that form of pericarditis attended with effusion of serum into the cavity, while Aconite is preferable for cases characterized by the preponderance of fibrinous depositions.

Of Bryonia it is difficult to speak with confidence. Certainly there is nothing in the proving of that medicine which coincides with the symptoms of pericarditis; this, however, may be in part owing to such symptoms being masked by its action on the adjacent pleuræ. It is said, by Professor Zlatarovich, to produce injection of the pericardium and redness of the heart in animals poisoned by it; but we all know how fallacious such appearances are. On the whole I should be inclined to reserve Bryonia for cases complicated with pleuritic inflammation.

Nor do I see any proof of Lachesis or Naja being suitable for the acute stage of inflammation of the heart or its membranes, although I believe they are of immense value in treating the consequences of these affections. I have at present under my care an elderly lady, who has had pericarditis at some former period, which has entirely wrecked her health. The action of the heart is strong, irregular, and tumultuous, but not attended with any abnormal sound, nor is it much increased in size; she suffers constant pain in the cardiac region, and is subject to severe headache with dreadful depression of spirits, almost to the extent of true melancholia. In this case I have found great benefit from the Naja, and I have given it for months at a time without any bad consequences, and steady relief of all her sufferings.

The only other remedy on which I would place reliance in such cases is Spigelia. The relation of this powerful medicine to the heart is so well marked and so universally acknowledged, that it is not necessary to enlarge upon its suitability. In the few cases of pericarditis I have treated, it has done all that medicine could do, and I have the utmost confidence in it, and I would give it alternately with Aconite every hour or two hours, according to circumstances, and in the first dilution, in cases of acute pericarditis. It is a singular thing and worth noticing, that in the proving of Spigelia by Hahnemann him-

self, there is no indication of its having any effect upon his heart. This shews that to determine the qualities of medicines, we must submit them to experiment on the persons of many individuals, for the most important indications may not appear when tested by the best observers, if they happen not to be susceptible to the action of the substance; and we should from this learn not to disallow a medicine on account of merely negative evidence brought against it by experiments on healthy subjects. I confess it was with some surprise I read in Dr. Sharp's last tract what seemed to me a most unscientific and unphilosophical use of the authority of a scientific giant to bear down Hahnemann. I refer to the testimony of Faraday against the physiological influence of the magnet.*

How far we should trust to Mercury is rather a difficult question. There is nothing in its pathogenesis warranting great confidence in its power over inflammation of the pericardium, but knowing as we do its great value in affections of a similar character of other serous membranes, and having the strong assurances of the best observers of the old school as to its value in checking the plastic exudation, or hastening its absorption, I should feel strongly disposed to place it after Aconite and Spigelia in acute pericarditis of robust subjects; and I would venture upon the general observation that without letting down our testimony in favour of the absolute necessity of the proving of medicines, and the general sufficiency of the homœopathic law, yet it is quite manifest that not only Hahnemann but all the most successful practitioners among his followers, are always keenly alive to the importance of remedies, which have been tested and approved by empirical practice.

The only auxiliary which it is well to employ in treating

* Neither Faraday nor Scoresby is in the habit of making physiological investigations, nor did either of them institute a series of experiments upon this particular point, and if we are to accept of such casual negative evidence we may give up our *Materia Medica* at once. Suppose we were to address a letter to Messrs. Hunt, Stanfield and Prout, asking these gentlemen if they ever felt any peculiar effect from the *Sepia* they were constantly handling, and they replied that they never had, should we then proceed to expel *Sepia* on the strength of the autographs of these celebrated artists?

this disease is cold water applications over the region of the heart, and even these are not applicable after the first two or three days; at a later period there is a danger of these lowering the vitality of the heart too much. Acute endocarditis presents so many points of resemblance, both in its symptoms and treatment to pericarditis, that it is not necessary to recapitulate the diagnostic signs or the remedial appliances common to both. Suffice it to say that one of the most distinctive differences is absence of pain, and this suggests the extreme care which should be taken by the practitioner to ascertain the existence of this insidious disease, which, susceptible as it is of rapid and speedy cure if recognized at once, if overlooked, lays the foundation for those dreadful morbid alterations of the valves, which once established, generally remain for life a source of constant discomfort and anxiety, and ultimately of sudden and premature death. In the last number of the *Brit. Jour. of Hom.* Dr. Acworth has published a most instructive example of this, where the disease was not recognized till medical aid was too late and unavailing. The following case published by Dr. Huber is a good illustration of the successful treatment of endo-carditis.

Franz. Rad, æt. 19, a weaver, feeble, of sanguine temperament, has been free from disease since he was a child. Three weeks ago he was affected, without known cause, with shivering, then heat, violent shootings in the right side of the chest, and strong palpitation and dyspnoea. He thinks he must have been working too hard. The shooting pains in the right side diminished in the course of these three weeks, but the dyspnoea and beating of the heart increased so much as to keep him from his work, and he began to cough and spit up, but only for a few days.

Feb. 21st.—Present state of the patient: Head free from pain; yesterday evening epistaxis from right nostril; tongue clean; much thirst; natural appetite and taste; the pit of the stomach and region of the liver are rather tender on pressure; fæces and urine normal; no cough; heavy oppression of the chest; difficulty in breathing; shooting pain in the right side of the chest when lying on that side; constant palpitation,

with anxiety; weight on the heart, making him sigh frequently. On percussion, the dead sound indicating the subjacent texture of the heart was found, on one side as far as the middle of the sternum, and on the other side over an unusual extent of the left side of the thorax. The impulse of the heart was very strong indeed, striking against the ear with violence; in the left ventricle, instead of the usual sounds, there were blowing and rasping sounds accompanying both the systole and diastole. The sound which was heard with the diastole was particularly loud over the aortic valves, and was distinguishable, with diminished intensity however, along its arch. The sound heard over pulmonic valves was particularly sharp. The skin was dry and hot; pulse much accelerated, beating 100 in a minute, full, strong, and bounding against the finger; sleep disturbed by frequent crying out; very anxious, timorous state of mind.

Treatment—Aconite 1, a drop every two hours in water.

In the night of the 21st February, he had the first good night's sleep he had enjoyed for some time. On the morning of the 22nd the impulse of the heart was felt to be much less, and does not lift the ear during auscultation. In the afternoon his nose bled a little; auscultatory signs as they were. Night's sleep good.

Feb. 23rd.—Much the same; treatment the same. All night the patient slept peaceably, and perspired strongly.

Feb. 24th.—The heart-stroke is much softer, and abated in strength; at night sweating and good sleep.

Feb. 26th.—No change of any kind.

Feb. 27th.—He has nothing to complain of; the breathing, action of the heart, and pulse, are quite natural. The noise over the aortic valves is gone; there is only a little blowing murmur still heard over the mitral valve during the ventricular systole, but much feebler than before. The skin is cool, and all the functions normally performed. The same medicine was continued.

March 2nd.—The mitral murmur has also disappeared over the left ventricle; the clicking sound accompanying both movements of the heart might be distinctly heard. The valves

acted perfectly. The patient is beginning to be hungry again. The medicine continued.

March 8rd.—On percussion I found the dull sound over the heart to be of normal extent. No medicine. In four days more the patient was well enough to resume work.

This was probably a case of inflammation of the serous membrane which lines the heart, and forms by its reduplication and combination with the fibrous tissue the valves of that organ ; and the cause of the murmurs in this and similar cases may be owing to a partial paralysis of the muscles by which these valves are stretched, for we know that this is a common effect of inflammation in contact with muscular fibre. If this be the true explanation, it is easy to understand the rapidity of the cure, and it disposes of the assertion of some able writers that endocarditis once established must go on to permanent alteration in the structure of the valves. True, if the inflammatory process involves the fibrous as well as the serous tissue, and there induces a deposit of calcareous matter, or an organized metamorphosis into true cartilage or bone, in such a case the structural change in the valve is necessarily permanent and irremediable. But this is by no means a necessary, although a very frequent termination of endocarditis, and it is of the utmost importance to detect this affection and treat it vigorously in time, so as to prevent this dreadful catastrophe. By far the greatest number of true heart diseases depend upon this cause. The inflammatory action once set up in the lining membrane, extends over its whole surface, and the fine margins of the valves are converted into hard edges ; the whole valve is contracted and unable to prevent the return of the blood from the vessel or cavity whence it comes, and thus the progress of the current is partially arrested, and all the dismal consequences of derangement of the entire circulation ensue. Modern science has done much to enable us to detect with almost unerring certainty the nature of lesions of this kind, and it is of much importance, both in reference to prognosis and treatment, to be exact in determining the particular valve affected. As a general rule, the valves on the left side of the heart undergo organic changes twenty times

more frequently than those of the right, whether owing to the great muscular strength of that side, the greater irregularity of the general as compared to the pulmonary circulation, or the quality of the blood, or a combination of all these causes, has not yet been ascertained. Suffice it that such is the fact, and that in nineteen cases out of twenty where we find some organic disease in the heart it begins in the left side. The mitral valve is most commonly at fault. In disease of this valve the pulse is almost always small and irregular, and when we find a small and irregular pulse, combined with a preternaturally powerful impulse over the region of the heart, we may almost certainly assume that this is owing to disease of the mitral valve. On applying the stethoscope to the region of the heart, instead of the teek-tak of health, we hear a confused blowing sound. There are various varieties of these murmurs, but it seems an over refinement to classify them; for all practical purposes it is enough to ascertain that they arise from some organic change, and are not merely functional. In certain anæmic states of the system the blowing is heard, but the test by which we distinguish these from organic sounds is a very simple one. If the blowing be from the state of the blood, as in chlorosis, then it is loudest in the arteries, and becomes fainter as we approach the heart; the reverse is the case if it arise from organic disease of that organ. Besides, the pulse of anæmia is soft, while the pulse of mitral disease is sharp and jerking, indeed so peculiar that after it has been felt once or twice it can hardly be mistaken. Disease of the mitral valve, if moderate in degree and not attended with hypertrophy of the heart, may go on for many years without materially affecting the health of the person. There are examples of men living to 70, and even 80, with this affection. If there is hypertrophy, which is the natural consequence of imperfection of this valve, then the chances are much worse, and the health is always impaired and the life generally shortened. Hence the immense importance of judicious treatment in this class of affections, so that the consequences of an irreparable injury may be delayed as long as possible. Sometimes there is no pain, although there is great organic disease, but this is the exception, and as a general rule when the valves are affected,

there is violent stabbing pain felt frequently in the heart. It is not easy to account for the severity of the pain, and I feel disposed to attribute it to spasm of the muscles, for it is of a spasmodic character, both in its severity, uncertainty, and duration. I have seen it cured permanently by Lachesis, and I have great confidence in this and Naja in relieving the sufferings from disease of the mitral valve. I have at present under my care a gentleman who has suffered for 15 years from this complaint. There is very great irregularity of the pulse, which is like a thread, with violent action of the heart; he suffers dreadful pain at the heart, and the limbs often swell. He has found great relief from Naja continued for some months, and it is a curious fact that he should derive benefit from homœopathic medicines at all, for he takes a wine glassful of Laudanum every day. He has done so for many years, and will not or cannot leave it off. Once he tried to leave it off, but the most dreadful diarrhœa set in, and nothing checked it till he resumed his laudanum. Of course we must take patients as we find them, and we cannot refuse a case because the patient has a bad habit which we cannot check. I certainly did not expect that the homœopathic medicines would do so much as they have done in this case.

Insufficiency of the mitral valve implies regurgitation of the blood from the left ventricle into the left auricle, and hence there is an obstacle continually presented to the free discharge of the contents of the pulmonary vein. The consequence of this is obviously a state of repletion of the lungs and a constant risk of œdema of these organs; and as the blood can no longer pass freely through the lungs it is not sufficiently arterialized, but retains more or less of its venous character. Hence we find a tendency to venous congestion of various organs, and especially of the liver. It is a most important discovery of modern pathology that this supervenosity of the blood is incompatible with the formation or growth of tubercle, and whenever we find disease of the heart of such long standing and of such a nature as to produce this state of the blood, we may be quite certain that tubercular phthisis cannot exist, or if it exists, that the process of the development of the tubercles is cut short. Rokitansky

was the first to direct attention to this important fact, and I have frequently found a knowledge of it of great service in cases of difficult diagnosis. Any state of the system in which the blood is venous gives the same immunity, even curvature of the spine when it is so great as to impede the movements of the chest. And as it is sometimes difficult to distinguish spinal curvature and irritation, attended with cough, pain, and hæmoptysis, from phthisis, this fact is of great diagnostic value. I have known a case treated by the most celebrated physicians of the old school as phthisis, for years, which I was able confidently to declare to be free from all tubercular disease on the strength of this observation, and the course of the cure justified the confidence.

Next in frequency to disease of the mitral valve is disease of the semilunar at the orifice of the aorta. When this exists it is generally attended with a small and intermittent pulse, but not so irregular as in mitral disease. The blowing noise may attend only the first systolic sound of the heart, if the margins of the valve are only rough; if, however, there is imperfect closure, there is a murmur heard during the heart's dilatation, as well as during its contraction, from the regurgitation of the blood into the left ventricle. It is important to know that recent pathological investigations have established the fact that this form of disease is very frequently associated with an albuminous state of the urine, and we should be on the watch for this complication, as, of course, it impairs the chance of the patient's restoration, and will modify both our prognosis and treatment. We are indebted for this observation to Dr. Hammernjk of Prague.

Insufficiency of the tricuspid valve is very rare, and when present can be readily detected by the pulsations in the gorged jugular vein being synchronous with the contractions of the heart and arterial pulse. It is almost always combined with disease of the mitral valve, hypertrophy, and other organic changes, which preclude any hope of recovery.

In regard to the treatment of organic valvular diseases of the heart we must be content with very vague and general directions. We do not know, nor are we likely ever to discover, the finer relationships of the medicines to the tissues of the heart, for it

is not to be expected that experiments will ever be pushed so far as to induce irremediable mischief to the experimenter; and very serious changes may go on in the structure of the heart without any definite sensations by which they can be recognised by the sufferer. It is however very satisfactory to know that much relief may be given by homœopathic medicines, especially Aconite, Arsenic, Lachesis, Naja, and Spigelia. I have at present under my care a case of aneurism of the arch of the aorta. The first thing that directed my attention to the seat of the disease was the preternatural strength of the pulsations of the carotid artery. On examining the heart I could find no material enlargement, but there was a peculiar sound over the top of the sternum, and a sense of weight there, with difficulty of breathing on making any exertion, or on lying down. Dr. Black, who saw the case with me in consultation, confirmed the diagnosis. The medicine which seemed to me to give most relief here was Digitalis, given in doses of 2 or 3 drops of the first decimal dilution daily. Of course in such a case cure is out of the question, but it is well to know that even in these incurable cases relief may be given by such doses of medicine as we are in the habit of employing, and I have little doubt that the life of this patient, who is now about 65 years of age, will be prolonged by steady perseverance in homœopathic treatment.

On the whole, to conclude these desultory remarks upon diseases of the heart, we may safely say that if we take the trouble to master the diagnostic rules laid down by allopathic writers, and to attend to their directions on matters of diet and regimen, we may be able to surpass them immeasurably, both in the cure of those inorganic and troublesome affections of the heart, and of all the curable organic ones; and that when we, like them, can only deplore our incapacity to hold out hopes of restoration to health, yet even in this vestibule of death we may do much more than they to mitigate the sufferings we cannot remove, and to tranquillize and prolong the life we cannot save, without resorting to those baneful drugs which give immunity to pain only by stupifying the senses, deranging the intellectual powers, and extinguishing all the natural affections.

ADDRESS DELIVERED AT THE CONGRESS OF
HOMŒOPATHIC PRACTITIONERS,

Held at Leamington, on the 10th August, 1854,

By WM. HENDERSON, M.D.,

Professor of Pathology in the University of Edinburgh.

THE place which we occupy among physicians, the truths which it is our peculiar task to propagate and defend, and the relation in which we and our principles stand to the disciples and the doctrines of the older and more ordinary school, furnish numerous topics that would be suitable for an occasion like the present; yet, both your time, and my own ability, render it necessary that I should select but a few subjects on which to address you, from the many which present themselves. And first, I propose to glance at the relation subsisting at the present hour between pathology, or the knowledge of disease, on the one hand, and, on the other, the practice of physic, or employment of remedies. I am induced to select this as one subject for a few remarks, not simply because of my own position and habitual studies as a teacher of pathology, but because it is one, in connection with which great misconception exists among many of our opponents, and much misrepresentation, especially of the relation of homœopathy to pathology, has been made. You are no doubt aware that among our allopathic brethren the opinion prevails that pathology is a science which is intimately connected with the practice of medicine which they profess and cultivate, but has no corresponding place in the practice of homœopathy, and is therefore a branch of medical science which, as professional men, we neglect and ignore. That there is a difference between the two systems in their respective relations to a part of what is included in pathology is certain, but it is equally certain, and very easy to prove, that this difference exists only in relation to that part of so-called pathology which is merely speculative, conjectural, and undetermined. In order to explain and justify this statement, I would remark that there are two

senses in which pathology is conjectural, or, rather, that there are two kinds of conjectural pathology, and one, only, in which the measure of knowledge regarding the nature of diseases, and the facilities for determining during life the existence of diseases, are such as to constitute it a pathology in which, though there may occasionally be room for doubts and difficulties, and diversities of opinion, in its application to individual examples of disease, there is so much that is certain and provable as to distinguish it very widely from the other two, as specially the *practical pathology*. Of the conjectural kinds, the one is that which affects to pronounce upon the intimate and essential nature of diseases, by starting from such particulars as happen to be ascertained, and endeavouring to ascend higher, and nearer to the first deviation from the healthy state, by such a footing of mingled hypotheses and facts as to the theorist may appear the best suited to bear the weight of his speculations. In themselves, and apart from all purposes of a practical nature, reasoning and theorising appear to be quite as defensible in pathology, as in any other science, and pathologists are no more to be expected or required than other students of nature to resist the impulse which is common to reflecting men, to give an orderly and connected form to their knowledge, even although their object cannot be attained without from time to time supplying by hypotheses the want of facts, and perhaps assuming principles which are not yet, if ever, capable of being proved. Rational beings cannot remain satisfied with bare facts, and mere observation, their mental constitution compels them to compare, and combine, to seek for a cause to every effect, to think of the probable and the possible, as well as of the known. When "practical men," as some delight to term themselves, affirm that pathology is of questionable utility (and this has been done in our own times by allopathic authority of no mean note), it is to this description of pathology that their condemnation refers; and the "utility" which they mean is the utility for practical objects and intents; for to the merely practical man, not only is "beauty" not "truth," as the poet avers it to be, but even "truth" is not "beauty," any farther, or in any other sense, than as it is capable of yielding a

substantial result. But, it is not only among the merely practical men, who profess to despise whatever lies beyond the immediate sphere of experience and observation, that examples occur of disapproval of speculations and theories in pathology; we have numerous instances among physicians of another class, of such as condemn or speak lightly of these fruits of ingenuity and meditation. There is however this great difference between the two classes of commentators on theoretical pathology, that the latter reprehend it only when applied to practice,—only when it is made the guide to the prescription of remedies. It was in reference to this employment of theory, that Sydenham, though he had not refrained from theorising, thought it due to himself and his practice to observe—“I have directed my efforts to illustrate the treatment of diseases, fully persuaded that he who should give the means of curing the most trifling affection should merit much more from his fellow-men, than he that should make himself celebrated by the brilliancy of his reasonings, and by those pompous subtilities which are of no more service to the physician, in the cure of diseases, than music to the architect in constructing an edifice.” Dr. Abercrombie, also, with all his caution and rigid rules for the investigation of nature, admits that even in pathology there may be “legitimate hypothesis, or anticipation of principles,” where proof is not yet possible, but in practice he condemns the custom of assigning the symptoms of disease to a cause which is hypothetical, “and then assigning to particular remedies the power of removing this cause.” And Professor Christison, whose position as a lecturer on the ordinary *materia medica* necessarily imposes on him some attention and deference to theories both of disease and of the action of remedies, expresses himself thus in reference to a theory of consumption, and of the action of cod-liver oil—“Dr. Bennett’s theory is a very pretty theory as it stands, and it is to be hoped for Dr. Bennett’s sake that it would stand; but, for his own part, he believed that the practical good would remain long after the theory was forgotten:” a sentence which implies, if I am not mistaken, a gentle but significant rebuke to those who seek a guide or sanction for their practice in the *speculations* either

of pathology or of therapeutics. Thus far, therefore, we have the authority of men, whose opinions have weight with practitioners of the old school, for the conviction which is universal among us, that theories regarding the nature of diseases, hypothetical doctrines respecting the proximate causes of morbid phenomena, are not worthy to be esteemed safe and rational grounds for the selection of remedies. If all physicians of the common school do not concur, on this subject, with us, and those of their own body to whom I have referred; if, for instance, one, as we have just seen, thinks the employment of a supposed remedy for consumption needs to be recommended by a theory which traces the malady to certain imperfections in the process of the assimilation of food, and if a colleague of his regards as scientific reasons for recommending chloroform as a remedy for tetanus, that this disease "essentially consists of an exalted or superexcited state of the reflex spinal system," and that "chloroform in sufficient doses acts as a direct sedative upon the reflex nervous system",—we may reasonably excuse ourselves from following their example, on the ground, in the one case, that we agree with Dr. Christison in thinking that the theory is destined for the "tomb of all the Capulets;" and, in the other, that however satisfactorily the medicine has succeeded (to employ expressions quoted from Bacon by the patron of chloroform) in "the facilitating and the assuaging of the pains and agonies of death," it has not been found capable of performing a more desirable part in actual practice, whatever it may do in theory. In justification of this last assertion, I may observe that Dr. Lawrie, of Glasgow, has tried chloroform, or Ether, in nine cases of tetanus, all of which, with the exception of one, in which the affection was limited to trismus, died; a result not materially different from what is usual under all varieties of the ordinary treatment, which is calculated at seven deaths out of every eight cases of the disease. Similar objections, I need scarcely add, may with equal justice be made to all the other instances in which mere hypotheses regarding the essence of disease are adopted as the foundations of practice.

The second kind of conjectural pathology is of a less ambitious description; it does not aim at determining the essential

nature of diseases; it merely assumes the existence in some examples of disease, of conditions known to exist in others. It does not deal with the transcendentalism of pathology, but restricting itself to morbid conditions which are not in their nature, or rank, beyond the sphere of observation, it is *conjectural* only when it affirms, as it often does, of diseases which have not yet undergone adequate investigation, or of individual cases of disease on inconclusive and questionable grounds, that they belong to this or that class of maladies, which are distinguished by certain sensible changes in the organs or fluids of the body, and from which changes the several classes of pathological states derive their separate designations, as inflammatory, congestive, tubercular, and so forth. Such pathological states, no doubt, exist in nature, but it is sometimes impossible to ascertain their existence while the subjects of them are alive, and sometimes equally impossible to determine what particular tissue or organ is the seat of the unknown disease which may be present. When, therefore, such cases are treated on what are termed pathological grounds, they are necessarily treated by *guess*; and we need no other reason than this for declining to adopt such a method in preference to our own, which, while it leaves us at liberty to form what opinions we choose regarding the nature and seat of a disease, supplies us with a rule for selecting a remedy for that disease,—if it be remediable by art,—whatever may be its seat or nature, and even though its seat and nature be unknown.

The kind of pathology to which I have been just adverting, is, as I have said, hypothetical in two respects: it is so, first, when it affirms that certain genera or species of disease, which have their places as such in nosology, have certain pathological conditions as the sources of their phenomena, although those pathological conditions either have not been ascertained to exist in connection with those nosological diseases, or groups of phenomena; or, though known to occur in connection with them, have not been proved to be the sources of them; as, to give but two illustrations, when hysteria is said to be a congestive affection of the nervous centre, and puerperal convulsions to arise from disorder of the kidneys. The patho-

logy of both of these diseases is still obscure, and the doctrines on the subject are yet hypothetical. The pathology to which I have been adverting is hypothetical, secondly, not in regard to genera and species of disease,—which it may be in the privacy of the study,—but in regard to individual cases in the course of practice, when it regards them, on insufficient or questionable grounds, as examples of a class or of classes of disease, of which the pathology is well known. It is, properly, the *diagnosis* which is the hypothetical element then; and, as a mistake in diagnosis must be quite as momentous a misfortune, as a mistake on any other point of pathology,—if an accurate conception of the nature and seat of a disease is necessary to successful practice, it follows that a conjectural diagnosis is not a safe guide to the physician, and should never be trusted, if, as we allege, a better can be had. Fortunately the difficulties of diagnosis, which, at a period not very distant, were so great and so common as to render a true experience in the treatment of diseases for the most part impossible, have in later years been very much reduced,—an observation which brings me to the last head of these remarks on pathology—to the consideration of what may be justly regarded as the practical pathology, the pathology which is of real service in the treatment of disease.

There are certain groups of appearances and symptoms, of objects and phenomena, which physicians agree to distinguish by particular names, as different forms of disease; and each distinctive appellation suggests to the mind no more, generally speaking, than the phenomena or sensible characters which by common consent are meant to be specified. Thus all are agreed respecting the local and constitutional symptoms and conditions which shall be included under the name of inflammation, of one organ or another; and the same remark applies in a great many instances to a multitude of other diseases of the congestive, tubercular, carcinomatous, and febrile classes (not to make the list needlessly tedious), respecting each of which some anatomical or chemical particulars are known, by which they are distinguished from all other diseases, on grounds more tangible and constant than mere symptoms, and by which

also, some of the signs or symptoms of disease are accounted for, in some measure, in accordance with one or more of the principles of physics, chemistry, physiology, or toxicology. These latter particulars, it is, which compose the pathological part of each disease, or example of disease; they are definite objects, ascertainable by observation, and the reasons of their existence, and of their separate characters, are subjects apart and distinct; questions, no doubt, for hypotheses, speculations, and controversies, which, however, affect in no measure the general agreement on the existence and characters of the sensible conditions themselves. When, therefore, the pathology of a particular instance of illness has to be specified, it is considered enough to be able to say that is an inflammatory, congestive, tubercular, or carcinomatous affection of one part or another, as the case may be. In one instance, the pathology may be cancer of the pylorus, in another, tubercle of the lungs, in a third, inflammation of the pleura, in a fourth, urea in the blood owing to diseased kidneys, and so on; what is recognized in each case of the anatomical and other morbid states of individual organs, and of the chemistry of the blood, constituting the pathology of each. The researches of the last thirty years have done a great deal for pathology of this rank and quality, and, by so doing, have afforded the most precious opportunities of usefulness to the practitioner of medicine. By careful and laborious clinical observation, with instruments previously unknown, or rarely employed,—by the habitual use of the stethoscope, the microscope, and the test tube,—in a word, by a more discriminating study of all the phenomena, subjective and objective, presented by disease, together with anatomical researches more minute, intelligent and systematic,—the localities, and, in a certain conventional sense, the *nature* of internal diseases, have been rendered discoverable during life with a precision previously unknown and inconceivable; and thus such remedies as are found to be effective against particular kinds of disease have better opportunities of being employed in circumstances known to be suitable to their powers. Fresh observations and disclosures are being constantly added to this kind of pathological knowledge, means

are ever in progress of forming nicer distinctions among morbid states previously confounded together, and with every such accession of capacity to discriminate one disease, or variety of disease, from another, an additional opportunity is afforded for a *better*, because a more exact and direct, method of treatment. It is thus that pathology does its part in reference to practice; to select the cure for the special malady which claims the services of the physician is the business of another, and a distinct department of medicine—of therapeutics, or the practical application of the *Materia Medica*. How this should be cultivated by physicians, is not a question with which I need to detain you; it may be enough for me to remark, that while we hold that the proper method is to ascertain by experiment what are the effects which medicines are capable of producing on the anatomical, chemical, and physiological conditions and phenomena of the body, with the view of learning to what morbid phenomena and pathological states they each stand in a homœopathic relation, our allopathic brethren are contented to employ medicines in practice according to the reputation with which they have descended to them from periods more or less remote, whatever may have been the reasons for their original employment; or according to the recommendations with which new drugs are ushered into notice for particular diseases, whatever may be the principles on which they are said to operate,—or lastly, they too determine by experiment, on healthy living persons or animals, some of the more striking pathogenetic effects of medicinal substances, and thus add a new purgative, sedative, or anæsthetic, to their list of each class of remedies: but with them, as with us, the remedies they receive from their predecessors, or discover for themselves, are retained on account of the “good” they are believed to produce, and not on account of any theory of their action; and when employed by the guidance of pathology, with them as with us, the pathology which is sought as their guide is that practical pathology merely, which I have endeavoured to describe, however “pretty”—to use the expression of Dr. Christison—the theories may be which are employed by a few to explain or enforce their methods of treatment.

Leaving this subject of pathology, I would next congratulate you on the very remarkable change which homœopathy has been instrumental in producing in the general practice of medicine, within the last few years. Ten years ago, no one could have ventured to anticipate so great a revolution in so short a time, in the estimate entertained among ordinary physicians of the importance of general blood-letting in the treatment of inflammatory diseases. *Then* it was universally held to be by far the most important and indispensable of the means in common use for the subduing of such maladies, whereas now, by a large proportion of allopathic physicians, general blood-letting is either tacitly forsaken or openly discouraged. You are all familiar with the celebrated article, in which Dr., now Sir John, Forbes, in 1846, admitted that the treatment of acute inflammations, by Fleischmann, without venesection and the other heroic expedients of the old school, was successful "in a fair proportion"; that not merely were all the "slighter diseases" thus cured, "which most men of experience know to be readily susceptible of cure, under every variety of treatment, or under no treatment at all, but even all the severer and more dangerous diseases, which most physicians, of whatever school, have been accustomed to consider as not only needing the interposition of art, to assist nature in bringing them to a favourable and speedy termination, but demanding the employment of prompt and strong measures to prevent a fatal issue in a considerable proportion of cases." And you also know how candidly he acknowledged the trustworthiness of Dr. Fleischmann, in his reports of the cases he had treated in the Vienna hospital, and how courageously he stated that he had the private testimony of a physician, opposed to homœopathy, of the favourable results of the homœopathic treatment of acute inflammation of the lungs, in examples which he had watched throughout their course, while under Dr. Fleischmann's care, and which he testified to have recovered "within a period of time which would have appeared short under the most energetic treatment of allopathy." This article, in the *British and Foreign Medical Review*, may be justly regarded as commencing a new era in the general practice of medicine in this

country. Though the allopathic part of the profession were as much surprised by its unexampled confessions and admissions as we were, who had been accustomed to hear all homœopathic facts denounced as delusions or inventions, the initiative having been thus taken, by a man whose opinions and character were habitually respected, in questioning the propriety of the depleting practice commonly followed to so great an extent in England, many other allopathic physicians seem, as their journals and other publications of the last three or four years attest, to have begun to reconsider the subject of blood-letting, and to have arrived at conclusions identical with ours regarding it. Among those whose conclusions upon this subject are specially entitled to notice, is my respected colleague, Professor Alison, who, in the following passage from a clinical lecture published by him in 1852, admits the share which the results of homœopathic treatment had in convincing him of the change which was necessary in regard to the employment of blood-letting in inflammatory diseases. "When," says he "I first became convinced of this fact, from my own observation as well as from the reports of others, particularly of physicians visiting different parts of the continent, *witnessing the practice of homœopathic hospitals, of Fleischmann's hospital at Vienna, &c.*, it seemed to me probable, that the internal inflammations, treated with so little evacuation, would be very apt to leave permanent lesions of the parts affected, often scrofulous, sometimes malignant; and the part of the statements of those witnessing such practice, which I was most inclined to distrust, was the assertion, that the convalescence of the patients thus treated was usually more rapid than that of patients with inflammatory complaints treated by fuller evacuation. But, on watching the progress of cases of the kind, such, for example (as two referred to in the lecture, in which blood-letting was not practised), I have been satisfied that the observation is correct,—that the absorption of the inflammatory effusion in such cases, even when very extensive, having been often effected with remarkable rapidity, and the subsequent rapid recovery of strength having indicated that the blood, although it must have undergone a change in the course of the inflammation, had quickly

recovered its natural properties." In these, and similar observations regarding the advantage of dispensing with venesection in the treatment of pneumonia and other acute inflammations, Dr. Alison adverts not to exceptional and occasional examples of such diseases, but to inflammatory diseases as they commonly occur in this and other countries, which he now believes do not require the active depleting measures which he once thought to be necessary and was in the habit of employing, but are better left to a merely expectant practice. Thus he remarks in another passage: "These observations may be applied to the treatment of pneumonia by various means, which have little or no sensible effect on the body;—*inter alia*, by inhalation of Chloroform, as lately recommended in Germany, and stated to have been employed in above 200 cases of acute pneumonia by Waucherer and Baumgärtner, and by Varrentrapp simply by inhalation, repeated at intervals of from two to four hours, with remarkable success. * *"

In making these important admissions regarding the inutility or danger of general blood-letting in inflammatory diseases, Dr. Alison contends that the change in his views has been occasioned by a change in the character of those inflammatory diseases, which are now, and have been of late years, as he thinks, different from what they were thirty years ago, in being of a less severe or sthenic kind. On this point I am not qualified to decide, nor is it at all necessary that we, as homœopathists, should discuss the question whether the assertion be just or not. We have nothing to do with the nature and characters of acute diseases as they occurred thirty or forty years ago, or in the days of Cullen and Gregory, to whose descriptions of pneumonia in particular, Dr. Alison refers, as contrasting remarkably with such descriptions as would apply to the disease in later times; although it is quite certain, and, indeed, admitted by Dr. Alison himself, that they were incapable of distinguishing pneumonia from other thoracic inflammations. What we contend for is, that since homœopathy came into extensive use, that is, within the last five-and-twenty years, it has proved very much more successful in the treatment of acute inflammations than the common practice (which during the same period has generally

included the employment of venesection) has done; and it ought to satisfy us, that this most important fact is virtually admitted by Dr. Alison, although his explanation of it is different from ours. What makes this admission of Dr. Alison's the more valuable, is that it is opposed to the elaborate attempts of some of his own party to prove that the common practice, with its general blood-lettings, is still the preferable practice. The party is indeed very much divided, and in a very singular and uneasy condition in regard to this subject. You all know how Professor Skey, of London, denounces the depleting practice, in the lectures which he published in 1853, "On the prevalent treatment of disease," and many of you may have observed how the *Edinburgh Monthly Journal*, the *Association Medical Journal*, and the *Lancet*, which, together, may be regarded as representing a large proportion of the allopathic party, have concurred with Professor Skey in his practical precepts. The second of these periodicals affirms, that "bleeding is now rarely practised," and contends that all that Mr. Skey announces and recommends had been anticipated by "the professional intellect of this country," though "few great and learned authorities have laid down general laws subversive of ancient faith on these points in medical practice." And the *Lancet* (forgetting its own suggestive title) says of the lectures, "the medical practitioners of the present day have been grossly insulted therein," when they are accused of practising depletion to a notable extent,—as if medical men, now, were a company of Sangrados. The *Edinburgh Journal* expresses itself in the following terms: "The great object of these two lectures (by Professor Skey), is to point out the evil effects of bleeding and antiphlogistics in practice; and the advantages resulting from a supporting and tonic plan of treatment. Most judicious practitioners," it is added, "are now thoroughly alive to the fact, that lowering remedies have been carried too far, and readily admit that they seldom use the lancet. The reason for this revolution in practice we do not purpose entering upon, although it has already excited much speculation." Nor is it my purpose to enter upon such an enquiry at present, farther than to remark, that the first and

strongest advocates, among allopathic writers, for the omission of venesection in the treatment of acute inflammations, expressly mention the results of homœopathic practice as having been, partly at least, the reason of their first doubts regarding the propriety and safety of the evacuating treatment, which was usually employed. Among those writers I need mention the names merely of Forbes, Alison, and Dietl, the last of whom published his well-known researches on blood-letting in pneumonia, in 1849, and refers as explicitly to the results of homœopathic practice as either of the others, and in terms which signify as plainly as theirs, his recognition of the success of that practice, though, like them, he regarded it as more successful because of its being, as he asserts, merely an expectant practice. Those express references to the favourable results of homœopathy in acute inflammations, in terms which imply that these results had been known to them prior to any such experience of their own as convinced them of the propriety of omitting venesection in those diseases, and the admitted influence of that knowledge on their conclusions regarding that operation, seem to me at variance with the opinion that the characters of inflammatory diseases had become so much altered from what they had formerly been, as to have been likely to have led to the change of practice, irrespectively of the facts furnished by homœopathic physicians. And what strengthens this belief, is, that some of those allopathic writers who take no notice of homœopathy, and appear to be ignorant of its results in acute diseases, bestow the same encomiums on blood-letting as were customary in former times. In evidence of this, and as the authority is held in the highest esteem among allopathists it may of itself suffice to illustrate what I have said, I refer you to the following passages from Dr. Watson's lectures. Among the "great instruments" for the treatment of inflammation of the lungs, he says, "blood-letting is the chief." Again, "both reason and experience attest the especial power of bleeding upon acute pneumonia"; and alluding to the effects of it, he says, "when we bleed, we kill two birds with one stone (as the phrase is)." And so little reason did Dr. Watson in 1848 see for thinking the nature and demands of inflamma-

tions different from what they had been thirty or forty years ago, that he adduces the authority of a physician of that remote period, in support of the practice he himself is desirous of enforcing. "The late Dr. Gregory, of Edinburgh," says he "was in the habit of saying, in his lectures, that, provided he was called early to a case of pneumonia, he would be contented to dispense with all other aids than those of the lancet and water-gruel." Finally, he says of blood-letting, "the amount of the best experience, ancient and modern, is strongly in favour of its free, and, I might almost say, its *prodigal* employment." Such are Dr. Watson's opinions, and he has probably still some followers who entertain the same views—so much divided is the ordinary school on almost every important particular in practice; but I have adduced sufficient evidence to prove that our principles in reference to venesection have made great progress among allopathic physicians, and that it is *from* homœopathy that the new and better precepts on the subject have been mainly derived by our allopathic brethren.

Having devoted so much of the time allowed me to a detail of but one of the principal doctrines in practice which allopathists have adopted from us, I can but allude in the briefest terms to a few of the other instances in which they have profited by our example. Many of them, as you are aware, now employ some of our principal remedies very much in the same diseases as we do, and in doses much smaller than the same drugs were wont to be used in allopathic practice in former times; and it appears to be generally understood, that since homœopathy has become so extensively practised in Great Britain, as it has within the last ten or fifteen years, the consumption of drugs in allopathic practice has greatly decreased. The Hahnemannian principle, too, of preventing diseases by the administration of medicines which have the power of curing them when they have actually began, has been practically admitted by allopathists, not only in the many instances in which they have employed Belladonna as a preventive of scarlet fever, but more recently in the use of Quinine to prevent paludal fevers. This practice, indeed, is not new, but it seems to have been neglected or forgotten, until Dr. Bryson, in 1847, directed more particular

attention to the subject. Since that time a considerable amount of evidence has been collected in favour of the prophylactic influence of the medicine. Nor must I omit mentioning another instance of the recognition of Hahnemann's doctrine of prophylaxis by appropriate medicinal substances administered to healthy persons, which is furnished by Dr. Burq, a French allopathic physician. He avers that workers in copper are specially protected from cholera, and, with unusual candour, he acknowledges that Hahnemann had anticipated him in affirming the prophylactic virtues of that metal. From these and other instances which might be adduced, did time permit, we may reasonably indulge the belief, that if homœopathy be not avowedly adopted from Hahnemann and his professed followers, it has every prospect of being *rediscovered* by our present professional opponents.

Before I conclude, it may not be inappropriate to an address on such an occasion as this, to enquire if there be no new principle, or practical truth, brought to light among the other party, which we, as professing disciples of whatever can be proved to be best in the practice of medicine, may be required to investigate, if not to adopt.

I have quoted from Dr. Alison's Clinical Lecture an allusion to the alleged success of Chloroform in the treatment of acute pneumonia,—and as that alleged success is said to have amounted in the practice of Wachern, Baumgärtner, Helbing, and Schmidt, to 95½ per cent. of cures, or nearly one per cent. more than homœopathy has been found to present, it undoubtedly merits our attention. The German physicians to whom I have just adverted are said to have treated 193 cases of pneumonia with Chloroform inhalations, and to have lost of these only nine cases, or 4½ per cent. But if we may judge by the details furnished by Varrentrapp, another experimenter with Chloroform in pneumonia, the cases of the other physicians must be regarded as selected. Now we know that, when cases of pneumonia are *selected*, the mortality of even a purely expectant practice may be made to appear no more than *one* per cent. Of Varrentrapp's cases, Dr. Alison observes that "although he had only one fatal case under the use of Chloroform, (there

were 23 cases thus treated) he admitted (into his hospital) during that time three others which were fatal, and in which it was not given on account of their severity or complications. The true mortality" he adds "in the cases admitted under his care, therefore, was four in 26," or nearly 16 per cent. This is not encouraging when we learn from Dietl that, when left to nature, the mortality of pneumonia is only $7\frac{1}{2}$ per cent. We may, therefore, conclude with Dr. Alison that, at the best, "the Chloroform may be safely regarded as having been only a palliative.

The same substance, Chloroform, has been proposed and employed by Dr. Simpson as a remedy for infantile convulsions, and the instances of its use which have been published appear to be very favourable to the claims made on its behalf. It is brought forward by Dr. Simpson as a new antispasmodic, applicable to those cases of infantile convulsions in which other antispasmodics, such as Zinc, Opium, Musk, &c., have been generally employed "after removing all the traceable sources of irritation" by which reflex, or sympathetic, convulsions might be produced; or even to such spasmodic diseases as are produced "by distant morbid irritations" acting through the "true spinal system." It would thus appear to be thought suitable, on allopathic principles, to "undue excitability" of the spinal system, and to cases in which, without any evidence for such a condition being present, there is some distant morbid irritation considerable enough to excite convulsions through a spinal system *not* unduly excitable. Tetanus, as I have already mentioned, is placed, also, in the former of these classes, and we have seen how little encouragement the use of Chloroform in that disease holds out of benefit from the drug in undue excitement of the spinal system; the effect of it seems to be but palliative and fleeting; and I think it must be very difficult, or rather, impossible, to say in what instance of infantile convulsions the symptoms do *not* proceed from some distant morbid irritation, not curable by the inhalations, so that in this disease the action of Chloroform may be asserted, on rational *a priori* grounds, to be *necessarily* but palliative, as it is ascertained by experience actually to be in the other disease. Still the pallia-

tion, or suspension, of the infantile convulsions may be sustained so long by the persevering use of Chloroform as, in some instances, to outlive the "distant morbid irritation" which is the source of the spasmodic symptoms. This, I think, is the utmost that has been proved on the subject, and I cannot regard the result as of any importance to us as practitioners of homœopathy; for though we cannot make the spinal cord of children insensible to morbid irritations, we have means of removing these morbid irritations themselves, and by doing so proceed much more scientifically in the treatment of the malady, and avoid any danger, present or future, which may attend the toxic action of Chloroform. To illustrate these remarks I may refer to the principal particulars of some unpublished cases in which Chloroform was employed. In one instance, an infant about three months old was the subject of the treatment. The child had been a sufferer from its birth, apparently from pains in the bowels, and had been in the almost constant habit of crying, as is usual from sufferings of that kind. I was asked to see it in company with Dr. Wielobycki several days after it had become subject to frequent convulsive attacks,—and the usual homœopathic means which were agreed upon were followed in a few days after by the disappearance of the fits for the time. In ten or twelve days, however, they recommenced, and at another consultation my advice was to change the nurse, as it was very plain that the milk in use did not agree with the child,—the crying being continued as formerly after the first period of convulsions had ceased. The advice was not followed, and Dr. Simpson was sent for. Chloroform was given in the usual way, and with the usual result of causing insensibility to pain,—thus stopping the crying,—and of suspending reflex action,—thus stopping the convulsions. Under this system the infant was kept pretty constantly for a week, the medicine being discontinued from time to time to allow of suckling; and at the end of that period the convulsions no longer returned, when the administration of Chloroform was interrupted. The inhalation was now therefore given up altogether; a day or two after, an erythematous eruption appeared on the nates of the child; and in a few days more the nurse was changed. The convulsions

never returned. Now in this case it is obvious that the cause of the convulsions was a degree of irritation additional to what appeared to be customary in the child; that, in the first attack, this subsided while the homœopathic treatment was pursued; that, in the second attack, a renewal of this excess of irritation had occurred, which was prevented from causing convulsions as long as the influence of Chloroform was kept up, and which subsided in a week; and lastly, it appears quite clear that the second attack would have soon disappeared had the nurse been immediately changed, as was recommended, and that to this change, ultimately adopted, the exemption from future-convulsions, and other sufferings, is to be ascribed, and not to the Chloroform.

In a second case I was consulted by Dr. Laurie of Edinburgh, who gave me these particulars of his patient's state and history. The child was three years old, and had been suffering for several weeks (under allopathic treatment) before his attendance was required, from frequent convulsions. Among the means adopted for affording relief was Chloroform, of which many ounces had been inhaled, and with the usual consequence of suspending the fits while the insensibility produced by the inhalation lasted; but as soon as the immediate effects of the Chloroform subsided the convulsions returned with increased violence. When Dr. Laurie was called to attend, the child was strongly convulsed and unconscious, the face much flushed, and the breathing stertorous. Aconite and Belladonna were given for one day in alternate doses frequently repeated, and the day after Chamomilla and Ignatia. The first medicines produced partial amendment—the second were soon followed by great relief, and by a complete removal of the attacks in twenty-four hours. Dr. Laurie adds in his notes to this case, that he has recently attended four other cases of infantile convulsions, of which three speedily recovered under the use of the same remedies; while the fourth, having been placed in his absence under the care of an allopathic physician, had Chloroform administered, and died not long after in the state of insensibility produced by the drug. This patient was a child aged one year, suffering from irritation of the bowels and teething.

Every homœopathic physician who has had considerable experience must have met with examples of infantile convulsions which have readily yielded to the means we commonly employ, among which Belladonna, Chamomilla, and Ignatia occupy the chief place ; and I can say for my own experience on the subject, that I have not yet witnessed a single instance of a fatal issue of such cases, where there was no important inflammatory disease within the abdomen to account for the result,—apart from the irritation propagated to the nervous centres, and thus exciting the convulsions,—or within the head itself ; and I think few even among allopathic physicians will contend that such cases as the latter can be safely treated by Chloroform. It is to cases of convulsions in which the spasmodic phenomena form the principal symptoms, and in which the primary irritation which produces them is known to be not of itself serious, that the palliative influence of Chloroform may, with some show of reason, be defended as suitable. But the difficulty of acquiring this preliminary knowledge of the true pathology of the convulsive affection must be often great, or insurmountable, and when a mistake does occur on the subject the consequences must be disastrous. I have heard of two cases in which such mistake appears to have been made, for I presume that no physician would recommend Chloroform in such affections as those I am about to mention, if he had only known their actual pathology. In the one case there was acute disease of the kidneys, in the other acute disease of the ventricles of the brain, as ascertained after death in each ; and yet, since convulsions were among the prominent symptoms, Chloroform, according to the deplorable fashion of the day, was exhibited to both ! I need not say how much wiser and safer that practice is which seeks by the guidance of all the symptoms of disease to reach the primary seat of every malady, and there to exercise its remedial energies, instead of vainly smothering the symptoms by drugs which merely prevent their expression, but do not remove their cause.

Another disease in which the employment of Chloroform has been strongly recommended is hooping-cough. Regarding its employment in this affection, however, details are wanting. It is not enough to say that it succeeded in a few cases, for we must know that the great majority of cases of hooping-cough may

recover in a moderate time without any treatment at all; it is not enough even to adduce instances in which pretty severe paroxysms have been speedily mitigated by the drug, for severe paroxysms occur in very many cases which are not on that account dangerous, or even serious, and when such paroxysms are rendered more moderate by Chloroform, we have merely evidence of a palliative action. We have no evidence whatever that the *mortality* of hooping-cough is lessened by Chloroform, and no ground whatever for believing that the inhalation of it can exert any beneficial influence on the local diseases which are liable to complicate hooping-cough, and are the chief causes of its mortality. I know of only one family in which Chloroform was employed (and by an allopathic physician of course) among the children affected with hooping-cough. There were three patients, of whom two were said to have done extremely well under the use of the inhalations, and one died. Whether this last case was treated by Chloroform, or was regarded as too severe and complicated for the employment of that substance, it equally illustrates, so far as it goes, the failure of the medicine where its services would have been desirable.

With one additional allusion to the novelties observable in the practice of allopathic physicians, I shall conclude. You are probably aware that the operation of rubbing oils and fats into the surface of the body has become a not uncommon method of imparting those nutrient, or respiratory, matters to the system, in diseases of debility, more especially scrofula. That the practice is of signal advantage, I can testify from personal knowledge, and, in urging its claims on your attention, I may be permitted to remove any reluctance which some of you may, not unnaturally, feel, at the idea of borrowing anything of a practical nature from those who have too generally mingled their hostility to our principles with much bitterness and injustice, by stating that the practice to which I advert is not an allopathic one, but, if priority in employing it constitute a claim to it by either party, beyond all question a *homœopathic* practice; for it was resorted to ten years ago by myself in a case (No. 69), of which the particulars were published, in 1845, in my "Enquiry into the homœopathic practice of medicine."

AN ESSAY ON THE ALTERNATION OF MEDICINE.

BY S. M. CATE, M. D. *

BEFORE the time of Hahnemann, it was the custom of physicians to administer their medicines in a compound form.

From two to many hundred different substances were combined together in the same prescription, according to the theory or fancy of the practitioner. And, though the absurdity of such a course was apparent to most reflecting minds, it was not abandoned, because such a confusion in prescribing was only a natural result of the confusion pervading the whole field of therapeutics.

But when Hahnemann established the law, *Similia Similibus Curantur*, the necessary result of it was to compel the administration of but one medicine at a dose. The mixing of different drugs in the same prescription was one of the cardinal prohibitions of the new doctrine.

At no point do the shafts of Hahnemann pierce the armour of Allopathy with more deadly aim than that of mixed prescriptions, and there is none on which he felt so impatient at the dereliction of his disciples. Now sixty years have elapsed since the Sage of Coethen first hurled his anathemas at the hydra, Allopathy, and the administration of but one remedy at a time still holds as one of the cardinal practical doctrines of his disciples. But, though medicines are not compounded by those of the new school, there is a practice somewhat prevalent among them of giving more than one medicine in the same disease. In other words, the alternation of remedies is so common among the Homœopathic school, that being opposed, as many think, to the letter and spirit of the Organon, it threatens to subvert the fair structure of the system, and engulf its pureism in a vortex of refined Allopathy. Many cannot see, in the alternate exhibition of Aconite and Belladonna, any great remove from the administration of these two drugs in the same dose, while those who administer them in alternation, point to practical result in justification of the course pursued.

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While it is evident that the alternation of medicines is sometimes attended with good and sometimes with evil results, it must be apparent that there is some principle which underlies the whole question, competent to reconcile the whole matter with the apparently contradictory facts.

In discussing this question, it would be weak, indeed, to attempt any conclusion but such as a true philosophy shall seem to demand from the facts at our command, and no authority, however eminent, should be deemed sufficient to bar further discovery.

The explanation given by Hahnemann of the *modus operandi* of medicine in the cure of disease: that the medicinal disease, being more powerful than the natural disease, supplanted the former, and as the action of the medicine was transient, soon subsided of its own accord, presupposes that disease is always a unit, or has but one centre of germination, growth, and irradiation, the which is but to be successfully attacked, and the battle is won. I think all the facts bearing on this point may show that both these hypotheses may be false in the sense in which they are generally understood, and it will be a chief part of the business of this paper to examine these points.

Any extended view of disease, in all its pathological aspects, would be beyond my limits, but I will attempt to bring together facts enough to throw some light on the subject.

Man, as an organized being, is constantly subjected to a variety of influences, or stimuli, either the excess or deficiency of which will act as an exciting cause of disease.

In other words, the forces acting on man's susceptibilities in a certain degree produce health, when either the excess or deficiency of these will produce disease.

Heat and cold, within certain limits, afford healthy stimulus to the body, but an excessive application or deficiency of heat is inconsistent with a healthy action, and even with life. Food, when taken in proper quantities, affords the required nutritive stimulus, but an excess or deficiency may be equally detrimental to a healthy action. Joy and sorrow each has its action in the human economy, and in as far as each is confined within certain limits, are conducive to man's physical well-being, but the ex-

cess of either may produce all grades of disease, from slight ailments to sudden death.

Physical effort, within certain limits, is highly necessary to man, but the pressure of salutary labour on the palm may be increased until the arm is paralyzed or the flesh bruised from the hand. When we leave the field of natural stimuli, common and necessary to man, for the accidental and poisonous influences with which he is liable to be thrown in contact, the account is very much extended. Here we have influences which man strives to avoid, but which he can only imperfectly escape. Miasms, and the specific poisons, (and these last would comprise the poisons that produce epidemic disease, as well as those substances that destroy life more or less rapidly, both when applied to the skin and when taken internally), come in for a very large influence in the production of disease.

When we take into consideration the many directions from which these assaults on man's system are liable to come, I think it will be but a fair presumption, that more than one part of the system may be attacked with disease at the same time, and with disease, too, varying as widely as the causes which may conspire to produce them.

I think the settlement of this point will have a great influence on our notions of the diseased action, and, of course, on the question under discussion.

That a man might freeze his foot, and while there was inflammation from such a cause, take a quantity of mineral acid into his stomach sufficient to burn its surface, and produce inflammation there, all must see at a glance.

That a man might swallow a bit of cantharides with his food, which might produce inflammation of the bladder, and while the bladder is so inflamed, have a fit of anger that might affect the concave surface of the liver, and biliary sac and ducts, and produce jaundice, may not be so apparent at first view, but still be as true as the former assertion. A man, from exposure to cold, or other cause, may contract inflammation of the lungs, and while the lungs are so inflamed, might get a wound in the abdomen, opening the peritoneal cavity and producing inflammation there.

A man with phthisis—if the disease is not very far advanced—or with almost any chronic disease that is not very severe, will certainly contract the itch, if a number of the *Acarus Scabiei* are colonized under the skin.

Hahnemann asserts that “when a person, with a chronic disease, is attacked with some acute disease, the treatment of the chronic disease should be suspended until the acute attack is cured with appropriate medicine,” clearly admitting the existence of acute and chronic disease in the same system at the same time. And all pathological anatomy shows this to be true.

Persons will die of Typhus, Cholera, and many other acute diseases, and autopsy will reveal the existence of tubercles, of chronic disease of the liver, mesentery, uterus, ovaries, or any other organs.

The speculum will show the existence of an inflammatory ulcer of the os uteri, which was caused by laceration in the preceding labour, and the lochial secretion passing over the lacerated surface, preventing its healing, until now we have inflammation, with abrasion of the surface. No one, I think, would consider such a person less liable to an attack of Influenza, Pleurisy, Pneumonia, or many other diseases that might be mentioned, than she would be if there was no such uterine disease.

But if we take a single acute disease, and suppose it to attack a healthy system, I think we shall find it to present, in some cases, phases of action that do not belong to its original seat, and, it may be, to the kind of action peculiar to the original disease. Suppose we take a case of Pleurisy. A healthy man is exposed to cold, the action of which (perhaps revulsively), produces, first, a constriction of the capillary vessels of the pleura, which is followed, more or less rapidly, with dilatation and collapse. Here, then, we should have the pleural membrane red, hot, and swollen, and, most likely, painful on motion. From this membrane there would be an increase of its natural secretion, serum, or preternatural as lymph, or pus, poured into the pleural sack. The difficulty arising from this secretion would be in proportion to its bulk. As a product of disease in the pleural cavity, according to its amount, it would compass

the lung or lungs thereby diminishing their expansive power, obstructing the flow of blood through the lungs, and thus prevent its due oxydation. This in its turn, would affect other parts, as the skin, producing erysipelalous inflammation there, and, also, in the same case, a kind of diseased action on the brain, which should alter the functions of the nervous force given off to the kidneys, which should so alter their action as to cause elimination of sugar from the blood instead of urea and the other usual salts. And in such a case (and I have seen such), though the effusion had begun to subside when the other diseased action began to exhibit itself, the diabetes proceeded rapidly to a fatal termination. If, in such a case, any other hypothesis is taken to explain the different developments of diseased action, the bearing upon the question at issue would not be altered. For if the inflammatory action of the pleura acted revulsively on the skin, the brain, and the kidneys, the inflammatory or other action there set up, at once becomes, of itself, a diseased action, modified by its own tissue, and the peculiar function of the organ attacked, and the action would be trifling or important, according to the intensity and kind of diseased action that is set up.

Or, if we vary our example, and suppose a child, who has a predisposition (why one should have such a predisposition more than another, is not within my plan to inquire), to inflammatory action of the larynx, is exposed to certain atmospheric influences that produce inflammation of the larynx. The inflammation set up in the larynx may, and almost always does, act by sympathy, on the skin, producing first a constriction of the capillary vessels, followed more or less rapidly by a collapse and distention of these vessels. Then the larynx would not only be red, hot, and swollen, but the skin also. With the termination of the original trouble of the larynx, the skin may have an increased secretion (sweat), which may be followed by the return of its vessels to their natural state, when health would be established there also. But in some cases where the predisposition to inflammation of the skin is very great, this might not happen, but the inflammatory action of the skin, when once set up, would last as an inflammatory fever of more or less intensity and dura-

tion, and though it might terminate of itself in time, would still be a troublesome, and, through its revulsive effects, perhaps dangerous difficulty, if not cured by some appropriate course. For such an inflammation of the skin would certainly act on the heart, increasing the frequency and force of its action, and both skin and heart would react on the croup, if still existing, and if that was subdued it might reproduce it.

If we again take the same case of croup (with or without the inflammatory fever), and suppose that as the vessels were returning to their natural state, the stimulus now imparted by these vessels to the lungs would be new, and though natural in health would now act as preternatural, and induce in the vessels of the parenchyma of the lungs, first a constriction, followed by a collapse and distention of the vessels there. Then we should have an inflammation of the lungs, while the croup was cured. But the inflammation of the lungs might, in its turn, affect the larynx, and then we might have a reproduction of the croup in connection with pneumonia.

In these various examples of its complication, it is evident that there is much connection by sympathy between the organs that become successively affected, but still I think it does not follow that all these organs have the same specific that will affect them all alike. Though I do not deny but that such a correspondence may sometimes be found, still I think I may with safety affirm that there are cases which have no correspondence in any single remedy.

But we will vary our example again, so as to take into consideration but a single organ and its various tissues. Let me suppose a case of inflammation of the mucous coats of the colon, with the attendant symptoms of dysentery. Now, whether the inflammation travels by continuity of tissue, or by acting revulsively on the muscular and peritoneal coats, these last may likewise become inflamed. And the inflammation on the external coats of this intestine may differ not only in tissue but in the kind of inflammatory action set up; as, while the increased secretion on the internal surface is blood and mucus, on the external it may be plastic lymph and serum; and while it would be fortunate if we could find a medicine that would correspond

to the double diseased action, if we could not find such a medicine we should have nothing left but to let the disease progress, undisturbed, in one tissue, while we were curing it in the other, or else we must give two medicines corresponding to the two kinds of action in alternation. When I have had such cases, and Mercurius corros. seemed to correspond to the mucous inflammation and Sulphur to the peritoneal, I have given them in alternation with the best result.

In the treatment of inflammation of the membranes of the brain, with present or threatening effusion (?), I have always obtained effects from Bryonia and Helleborus nig., in alternation, that I have never obtained from either singly; and whether such a result is because one of the medicines acts on one tissue of the brain and the other upon some other tissue, or from some other reason, I will not attempt to decide.

There is yet another view of the subject to consider. When the inflammation is confined to a single set of vessels (you will pardon me for again recurring to the phenomena of inflammation), there may still be propriety in alternating remedies. If we should have a case of inflammation of the mucous surface of the stomach (to vary a little the figure of another), the capillary vessels would be enlarged and distended, but it seems well settled that the first step in the process was (from the action of some stimulus, mediate or immediate) a constriction.

If we should represent one of these capillary vessels, for the sake of illustration, as of an inch in diameter when in a state of health, then we may suppose the stimulus that has caused the inflammation, first constricted this vessel to the diameter of half an inch; as this constriction could not last, it was followed by a dilatation as much beyond the line of health as the constriction had been above it, that is, to the diameter of an inch and a half. According to the law *Similia* we should wish to select some medicine that could produce a like state, which would be a like constriction, followed by a similar collapse and dilatation. The first effect of such a medicine, no doubt, would be to constrict the inflamed vessels as much as they had been at the outset of the disease, or to bring them up to the diameter of an inch.

If we can find a medicine that will produce, in all respects, a similar state, it must be by passing through the same steps, so that the cure of an inflamed vessel is by the first or direct effect of the medicine. Now, it may happen that the first effect of a dose may spend its force before this vessel will fully return to its natural calibre, and another may be required. But, sometimes the system will soon come to tolerate the stimulus of one drug, so that but little effect will be obtained after it has been repeated for some little time, when, on the other hand, sometimes the repetition will be attended with an accumulative effect, carrying the constriction with such force as to be followed by a collapse and dilatation, or increase of the diseased action. In such a case it is evident that some new stimulus must be substituted, having a close relation to the diseased action. But the new stimulus may be liable to the same objection, either failing of effect or aggravating the disease after a few doses. Then wherein would a true philosophy be violated, by giving a dose of one medicine that should hold the vessels as far as it might, until its force was spent, and then giving another drug, also corresponding to the disease, and so on, in alternation, till the vessels were brought to, and would remain of, their natural calibre.

When there are two distinct diseases clearly established in the system, two courses would be open to the physician; one, to leave one disease to its course, when the urgency of it would allow, while the other was being treated; and the other, when both were of such violence as to demand immediate attention, to give medicine for one disease one part of the day, and for the other the rest of it. Sometimes, no doubt, the treatment may be both local and constitutional, at the same time, as *Urtica urens* to a burned hand, while *Phosphorus* was being taken for a pneumonia; or *Arnica* to a contused vulva, while *Aconite* was administered for the fever sympathetic with the distention of the milk veins. A large class of diseased action, arising from the products of disease, may sometimes come under this head, and though often coming under the care of the surgeon, will, many times, demand the attention of the physician. It is easy to see that the increased secretion from inflammation will sometimes be natural and sometimes be preternatural, and that these se-

cretions are the cause of new inflammation and their consequences. An inflamed mamma may have pus secreted, and the pressure of the pus be the cause of more inflammation, and it would be a question for the physician whether he should open it with a knife, or, more slowly, by the use of Hepar sulph. or Silicea; and while these medicines were given for the product of the inflammation, it might be imperative to give Belladonna, Bryonia, or Aconite, or some other drug, for the original inflammatory trouble, some part of the time.

The contents of cysts, hydatides, and many like growths, being too remote from the original diseased action that produced them, would also come under the classification of the products of disease, which, in their turn, are the cause of new disease. It would be difficult to conceive how medicine could remove hair, bone or worms, from the inside of an encysted tumor, still I will not claim it to be impossible. The direct application of caustic to the cyst would be as much surgical as the use of the knife. Still, sometimes these products of disease may be so situated on parts that will preclude their surgical removal, and the chronic derangement will still be in existence that first produced them, together with the disease that these products themselves have induced. To palliate such a case, we might be obliged to administer a medicine that would diminish, somewhat, the inflammation from these products, as well as for the diseased action that induced them, and if one medicine would not do this, more than one would have to be used. Worms are considered the organization of a secretion from an inflamed surface, but these parasites, when once organized, are endowed with an inherent vitality and power of reproduction. Sometimes that which will bring the surfaces on which they abide back to health will destroy them by robbing them of their nutriment, but sometimes this is not possible while their continued annoyance is present, and a cure is only possible after first practising toxicologically on the worms. If, while medicine was being taken to destroy the worms, dangerous disturbance should be caused by them, who would hesitate to address himself to such a disturbance, the other treatment existing notwithstanding?

Inflammatory, or other diseased action, may be of all grades, from the violence that at once destroys life, to such slight ones

as are observable only by their effects. A peculiar, slow inflammation of the glandular, and some other tissues, is recognized by the name of scrofulous. A predisposition to this disease is acknowledged to be both hereditary and acquired, and some will add, from infection, as through psora. No doubt any cause that will break in upon the harmonious play of the vital forces, may induce scrofula, and that psoric and syphilitic poisons may have their share, but when the scrofula is once developed, the law *Similia* directs us to examine the features of the foe we have to meet rather than the road by which he came.

The so-called "taints," "latent principles," and "humors," do well to conjure up, when a little scientific fog is required to cover our ignorance. They are big bags, from which any amount of explanations may be drawn, to bring stares from the uninitiated, and opiate our own consciences under the weight of deficiencies, but they add no mite to the practical question. But many of these names have become so incorporated with medical science as to be inseparable from it, and it is better to rob them of their mysticism and use them to designate facts.

What, then, are the most marked phenomena of scrofula? In its first stages its subjects exhibit a most full and exuberant health. The red cheek, clear complexion, brilliant eye, and general exhibition of nutrition to all but the practised eye, pass for the most full health. But under all this will be the slow and steady (and to the subject of it, unconscious,) progress of an inflammatory action of certain of the glandular vessels. From this slow and low grade of the inflammatory actions of these vessels will result an increased and preternatural secretion and deposit within its own tissue, known as tubercle. When this deposit has proceeded to a certain extent, the tubercles, acting as foreign substances, produce inflammation of the tissue in which they are situated. Now the disease has assumed a new phase of action, or, rather, a new diseased action is added to the one that existed before. Local and active inflammation, which must be critical by arriving at the terminate point of restoration, or destruction of tissue, has commenced, and with such action the whole system is more or less implicated, as evinced by the periodic heat and chills.

Now if such tubercles are limited in their extent, we can see

that as they suppurate and are discharged, the lesion they cause may heal, and the person recover, *provided* the disease which first caused the deposit is cured ; but when the whole lungs are studded with them, so that crop after crop goes on to suppuration, when they are discharged, the whole integrity of these organs will be destroyed before this product of a former diseased action can be got rid of. These tubercles are wholly beyond the reach of surgery, and the prospect of removing them with medicine, while the diseased action is in operation that produced them, is indeed small. And if such action were removed, it would still seem a most delicate matter to set to work machinery that should cause their absorption and removal from the system. All experience (except of the quack nostrum vendors) shows the difficulty of it. But whether we hope to cure any given case, or only to palliate it and prolong life, it seems to me that two things at least ought to be borne in mind. The diseased action that had produced the tubercle was of a low grade, hardly differing from health, and was of a long, slow, and persisting nature ; while the inflammatory action caused by the tubercle and immediately surrounding them is intense, active, and energetic. A medicine whose action was slow, steady, and persisting, like the former, would hardly correspond to the intense and active action of the latter. When such can be found it will, by all means, be our duty to employ it.

But if we only heed the active phase, or the disease arising from the tubercle, the former action may still be at work producing more tubercles ; while, if we only treat the slow diseased action, the active, the while, will destroy vital organs. Cannot the alternate exhibition of remedies here, sometimes be of service ?

It seems to me that many chronic diseases are diseased actions of a low grade, whose commencement is so gradual, and force so moderate, that they become established before or by the time they are recognized. When such forms of diseased action are to be met, it is evident, not only that the medicinal similar of such action should be mild, but persisting in its effect on the diseased tissue. A medicine that acted on the same tissue producing a violent and rapid action, could have but little affinity to

such a case of disease, for, if given in sufficient doses to affect the system, instead of carrying the inflamed vessels up to the line of health, it would carry them far beyond it, and this would result in a corresponding dilatation, the which, when it had subsided, would leave the chronic disease, to say the least, none the better. Or, if the violence of such action could be avoided by minuteness of dose, the persistence of it could hardly be maintained long enough to retain the vessels at their natural size until the disposition to dilate was removed. That drugs of a less persisting action may afford palliative relief, is easy to understand.

And here, too, we can see that in chronic disease mildness of dose is required, for if the drug is of mild and persisting action, if given in excessive dose it would overreach itself and cause a medicinal inflammation, or if it did not cause a new inflammation the too great constriction of the vessels might, acting as a stimulus to other parts, cause there new inflammations (metastatic action). What the required amount of stimulus is in any given case, would be impossible *a priori* to determine, and a very great number of facts will be necessary to establish anything like an approximative standard.

When there is such a low grade of disease in the system, and some acute attack comes on, many times the acute attack, though an independent matter, rouses or intensifies the chronic action, and here I think the medicine for the acute disease may be alternated sometimes with a medicine appropriate to the chronic disease.

From the foregoing, we should conclude that the cure of chronic and acute disease will be difficult or easy, *ceteris paribus*, in proportion to the extent and nature of the complications, and especially will it be so in chronic disease, where a long-continued and persistent action is required to effect a cure.

But I do not wish to be understood as advocating a blind and universal alternation of medicine. It is impossible for me to determine in what proportion of cases such alternate action may be required and advantageous. That there are many cases of disease which have so much of a common centre, from which all other parts irradiate, that if the common centre is removed

the rest will subside of themselves, I have no doubt. And when such are met, more medicine than is necessary to remove the disease at the central point, will, not only not facilitate, but really retard the progress of cure, and hence the alternate or successive administration of two, three or four medicines in the same prescription, because we cannot tell which of the four is best adapted to the case, but hope some of them will act right, while we politely ask the rest of them not to interfere with the office of this one, is a proceeding too slovenly to come from scientific hands or bear a philosophical scrutiny.

The examples that I have adduced to support the points that I have attempted to sustain, are necessarily brief. To have proceeded on a different plan and examined the whole field with minuteness of detail, would require volumes instead of an essay. But I think enough has been adduced to show that the alternation of medicines is not only often attended with good results, but has substantial reasons to sustain it, and also that the alternation is often practised with no good but without good results, and only because the practitioner hopes to hit the mark with grape, feeling sure that he has no great hope of success from any accuracy of aim he may attain with a single ball.

THE SWEDISH MEDICAL GYMNASTICS, OR THE
TREATMENT OF DISEASES BY MOVEMENTS,
ACCORDING TO THE SYSTEM OF LING.

By M. ROTH, M.D.

A FEW HISTORICAL NOTES ON GYMNASTICS.

WHOEVER is acquainted with the history of medicine, knows that gymnastics have been used from the most ancient times for the cure and prevention of disease. The history of medical gymnastics teaches us, that at various times this science has been considered more or less important, as a means of cure in certain diseases, and especially valuable as a preventive or prophylactic. It is impossible to enter fully into the history of this science; pages might be filled with the names alone, of ancient and modern works on gymnastics; but I may mention

that the list of gymnasts begins with Æsculapius, who was thought to have been the inventor of bodily exercises, and includes Iccus of Tarentum, Herodius of Selymbra, his pupil Hippocrates, Galen, Celsus, Avicenna, Oribasius, and all the celebrated ancient physicians. Mercurialis, collected in his treatise *De arte Gymnastica*, published in 1569 at Venice, all the most important passages in the ancient authors, on the subject of gymnastics, and his book was the source from which many authors of the seventeenth and eighteenth centuries derived their knowledge. The great Sydenham is known by his advocacy of gymnastics; riding on horseback as a remedy in incipient consumption came into vogue greatly through his recommendation, and when dying, he consoled those who complained of the loss of the great physician, by saying—"I leave behind me three great and most important means, viz., air, water, and exercise, which will compensate for the loss of my person."

Fuller and Pugh must be named amongst the English authors on, and advocates of, medical gymnastics in the last century.

The educational part of gymnastics, which is at the same time a preventive of many diseases, has been cultivated by Guthsmuths, Pestalozzi, Jahn, Salzmann, Nachtigall, and others, to whom much of the development of this science is due.

SOME NOTES ABOUT LING.

There is no doubt that Ling, who was the originator of what is now called the Swedish system of gymnastics, knew the works of his predecessors on the science, to which his attention was first called in consequence of his being considerably relieved from an attack of rheumatic paralysis in his arm while fencing. Having previously received a classical education, he set about studying anatomy and physiology, and thus originated his rational system, entirely different from the gymnastics both of ancient and modern times. Ling was much versed in many other sciences; having previously studied theology, he lectured on history, and the mythology of the northern nations; he was a great poet, and one of the limited number of members of

the Royal Academy of Sweden, and knight of the Polar Star. He was born the 15th November, 1766, died the 3rd of May, 1839. I mention these facts, because some reviewers, unacquainted with Ling's great ideas, and successful scientific gymnastic researches, have spoken of Ling with contempt, saying that he was only a fencing master, and consequently unable to invent a system of gymnastics based on anatomical and physiological principles.

THE ONENESS OF THE HUMAN ORGANISM, AND THE HARMONY BETWEEN MIND AND BODY, AND BETWEEN THE VARIOUS PARTS OF THE SAME BODY, CONSTITUTE THE GREAT PRINCIPLE OF LING'S GYMNASTICS.

The development and preservation of the harmony between mind and body, as well as among the various organs of the body, is the object of Ling's system with regard to healthy persons, and this is the educational or prophylactic part of the system, while the restoration of the disturbed harmony of the different organs produced by disease, forms the subject of the medical part.

GYMNASTIC MOVEMENTS.

The means by which this harmony is preserved or developed in the healthy, and restored in the diseased body, consists in *gymnastic* movements, aided by all the rules of a sound regimen with regard to food, drink, sleep, dress, care of the skin, healthy habitations, mental influences, &c. and in many cases by appropriate medicines.

Gymnastic movements differ from movements in general in this—that though the latter require space and time, they do not require a determinate space, and a determinate period of time, and degree of force. It is this settled and definite amount of space and time in which the movement is to be done, as well as the determinate degree of force with which it is done, that enables us to influence the whole or a single part of the body in the manner necessary for the special purpose.

“To raise the arms from a hanging position, in a loose, random way without thinking, and to stretch them in the air,

can have little corporeal effect, and certainly no mental one; but to stretch the arms in a manner and direction, and with a velocity and force all previously determined, and exactly prescribed, and then to move their different parts (upper and forearm, hand and fingers) precisely as determined and commanded, this is a *gymnastic* movement." To make a friction along the course of a certain nerve, vessel or muscle, on a whole limb or any other part of the body, with a gradually increasing or diminishing, or constantly equal pressure, in a slow or quick time, more or less frequently repeated in shorter or longer intervals in a determined form, &c. according to a previously prescribed manner, is another instance of a *gymnastic* movement.

VALUE OF ANATOMY AND PHYSIOLOGY IN GYMNASTICS.

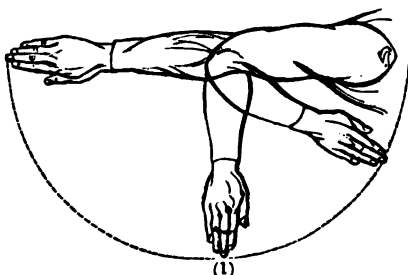
This indispensable precision in the execution of the gymnastic movements in all their relations to space, time, and force, makes it necessary that the gymnast, or person entrusted with the superintendence or direction of such movements, should know at least the elements of the anatomical structure, and the physiological functions of the various organs.

The value attributed to anatomy and physiology in gymnastics by Ling, is seen in the following quotation from his writings:—"Anatomy, that sacred genesis which shews us the master-piece of the Creator, and which teaches us how little and how great man is, ought to form the constant study of the gymnast. But we ought not to consider the organs of the body as the lifeless forms of a mechanical mass, but as the living, active instruments of the soul."

The professional man prescribing such movements must add to his store of knowledge, a knowledge of the theory as well as practice of the gymnastic movements; although this is a task which is more difficult than appears at first sight, he will be amply repaid by the cure of many chronic complaints which may have baffled his previous skill. The practical exact execution of gymnastic movement being indispensable to a successful treatment, and the professional man being unable to execute alone all the movements required, he is obliged as long as there is no training institution for gymnasts, to train his own assis-

tants, and consequently must know how to operate like a clever surgeon, whom Ling used to call "an armed gymnast."

COMMENCING, INTERMEDIATE, AND FINAL POSITIONS.



Every movement, that is gymnastic movement, has:

1st, *A commencing position* in which it begins, and which is assumed either by our voluntary power alone, or by the

help of external mechanical means, or by the help of one or more persons; in fact it is the position from which the succeeding movement originates.

2nd, *Intermediate positions*, through which the whole or a part of the body passes, and which lie in the direction of the movement from its commencement, to its end, which forms the

3rd, *The final position*, in which the moved body, or part of the body, returns to a state of relative rest, and where the movement ceases.

The engraving, illustrates a movement where the arm is to be bent at the elbow (forearm-flexion). The stretched arm represents the commencing position, the forearm bent at a right angle with the upper arm is one of the intermediate positions, and the forearm forming an acute angle is the final position. When an extension is to be done, the previous final position is the commencing position, and the previous commencing position becomes the final one; the intermediate positions remaining the same in both. The arm is drawn from above, in order to show more distinctly the three positions.

DIFFERENCE OF ACTIVE, PASSIVE, AND HALF-ACTIVE MOVEMENTS.

Space does not permit me to enter into the differences, of the visible, or invisible, of the intentional, customary, reflex, sympathetic, emotional and other movements, which are mentioned

in my more extensive theoretical and practical exposition of Ling's system, but the differences of the gymnastic movements with regard to the moving power must be mentioned, especially as the terms chosen to express the power, are often misunderstood, and consequently lead to confusion.

ACTIVE MOVEMENTS.

As the effect depends in all cases upon the power which produces the movement, we must observe, that with regard to this moving power, there are three great classes, viz : *active*, *passive*, and *half-active* movements.

Active movements are those in which the body, or a part of it, is moved by an internal force, acting from within outwards. The action is originated and determined only by the will of the patient himself, and executed by vital contractions of muscles, subject to his will, and motory innervation; the action begins from within, and is propagated outwards, and the will of the patient not only gives the moving power, but determines also the direction, form, and time of the movement.

PASSIVE MOVEMENTS.

Passive movements are all those in which the whole or a part of the body is moved by an external force, a force acting from without inwards, which in the gymnastic movements must proceed from another person, or several others (the medical man or gymnasts) by whom the action is also originated and determined; the whole or a part of the body is moved only by other persons (gymnasts); the action begins externally, and is propagated inwards, and no vital muscular contraction takes place in any part of the patient.

HALF-ACTIVE MOVEMENTS.

Half-active movements, which I call *combined* movements, because they are the result of our own action, as well as that of one or more other persons, are those in which the will of the patient is not permitted both to give the impulse to the movement, and also to determine the direction and time. The

patient either gives the impulse and moving force, while another person (the gymnast) who resists, determines its direction, time, &c. or while the gymnast gives the impulse and the force to the movement, the patient resists and determines the direction, time, &c.

In an active movement the will acts with its entire influence, gives not only the impulse and force to the movement, but also determines *alone* the direction and time of the movement, and this will explain why Ling on physiological grounds only called the movements of the third class *half-active*, not thereby meaning that they are *less active*, an erroneous, though very general idea; on the contrary, these movements are, with regard to the muscular action, and other physiological effects, stronger than the merely active movements. I wish it to be clearly understood that the word *half* is used by Ling not to express a smaller quantity of action, but only to show that the will of the patient influences the movement only partially; in the half-active movements, the will of the patient, and the will of the gymnast act, in the intermediate positions in opposite directions, although there is a mutual understanding between them, that the one or the other will gradually give way to the opponent's increasing action. There is a kind of wrestling between certain groups of muscles of the patient, and of the gymnast, and it is previously prescribed which group, although resisting, is at the end to be vanquished.

ACTIVE-PASSIVE MOVEMENTS.

The so-called half-active movements are divided into *active-passive* and *passive-active* movements.

In using the term "*passive*" in these compounds, reference is invariably made to the *force* of other persons (the gymnasts). *Active-passive* are those half-active movements, in which the impulse, force, or innervation, proceeds from the patient, who is prevented, by the force of the gymnast, from determining the direction and time of the movements; and such a resistance is expressed in the prescription by placing after the desired movement the letters (G. R.) in a parenthesis, which means that the gymnast resists.

PASSIVE-ACTIVE MOVEMENTS.

Passive-active movements are those in which the impulse, force, or innervation necessary for the movement proceeds from the other person's (the gymnast's) will, and the patient determines only the direction and time of the action: this is expressed in the prescription by placing after the movement the letters (P. R.), which means that the patient resists.

There is in both classes of half-active movements a constant resistance during the intermediate positions, a resistance which begins at the commencing, and ends with the final position.

PHYSIOLOGICAL DIFFERENCE BETWEEN ACTIVE-PASSIVE,
AND PASSIVE-ACTIVE MOVEMENTS.

The different places of the word "*active*" in the compounds *active-passive* and *passive-active*, indicate also that the physiological changes resulting from active movement, viz., increased motory innervation (or increased influence of the will on the motory nerves), increased arteriality (or more copious afflux of arterial blood), and vital muscular contraction, take place during the *active-passive* movements in those organs (muscles, tendons, &c.) which produce the movements; while in the *passive-active* movements, the innervation, arteriality, and muscular contraction take place in the organs which act antagonistically to the movement.

The different places of the word "*passive*" in the half-active movements, indicate that the physiological changes following the passive movements, viz., increased stimulus on the sensitive nerves, increased venosity (increased quantity of venous blood), and, according to the various forms of movements, either a mechanical tension, a mechanical relaxation, or compression of the muscles and other organs, take place in the *active-passive* movements in the organs acting antagonistically to the movements, and in the *passive-active* movements, in the organs corresponding to the movement.

ILLUSTRATION OF THE VARIOUS MOVEMENTS BY
ENGRAVINGS.

The following diagrams will serve to illustrate and to convey a more exact idea of the various movements on which I have dwelt *in extenso*, because they are a most essential part of Ling's system, in which it differs from all previous gymnastics, where the *half-active* movements have never been used for medical purposes; while the *passive* movements have been used only in a general way, without knowledge of their physiological effects, and with no view to their specific application to a single nerve, vessel, or muscle.

Active forearm-flexion.



(2)

The diagram (2) represents an *active right forearm-flexion*; the motory innervation, the impulse to the vital contraction of the flexor muscles (especially of the brachialis internus and biceps brachii) is given by the will of the patient, the direction or space through which the forearm moves while in the intermediate positions, is determined by the patient, and the duration, or time during which the movement lasts, depends also upon himself. The increased afflux of blood takes place in the flexors of the forearm, the transversal diameter of which increases, while their longitudinal axis diminishes; during the contraction, the course of the blood is momentarily retarded in the flexors, and immediately after the cessation of the contraction, the arterial blood is conducted with more energy, to all parts surrounding these muscles; in the extensor muscles and their tendons (triceps brachii and anconeus), and in all their surrounding parts, a mechanical tension is produced, which, with regard to its intensity, is in proportion to the more or less intense flexion. I do not enumerate the other physiological effects produced by the commencing position, which is called *right-yard-left-wing-right-k-standing* position, because the left hand is placed on the

left hip, while the right arm is extended outwards and sideways, and the right foot placed in a determined distance from the left foot; the bent forearm shows the active flexion in the elbow.

Passive forearm-flexion.



(3)

shows the commencing position, figure 4 the final position of the *passive right forearm-flexion*;



(4)

in the first the gymnast places his left hand above the patient's left elbow, and fixes the upper arm by his grasp, while he bends with his right hand placed above the wrist joint the forearm of the patient, as in the position shown in the fourth illustration. The effects of this movement are, a high degree of mechanical tension in the extensors of the forearm, and in the external part of the fascia of the upper arm; the circulation of venous blood is retarded in the parts compressed in the bend of the elbow joint during the movement, and is afterwards increased; the sensitive filaments of the nerves are influenced; tightness is felt on the outside of the elbow joint, and pressure on the inside.

Active-passive forearm-flexion.

(5)

The patient is in a half lying position with the feet placed apart on the floor, the left arm stretched outwards, and sideways, and determined to bend his forearm ; the innervation of the flexors proceeds from the patient, the direction and time are determined by the gymnast standing sideways, who fixes the patient's left upper arm, and resists, during the intermediate position ; he seizes the lower and anterior part of the upper arm, near the elbow joint, with his right hand, while he resists with his left hand placed on the inner and lower part of the patient's forearm, near the wrist joint.



(6)

This diagram shows the final position of the movement, when the patient's forearm is at the greatest degree of flexion, while the gymnast is still endeavouring to resist, which is expressed by the bent position of his body, and the increased activity of his left arm.

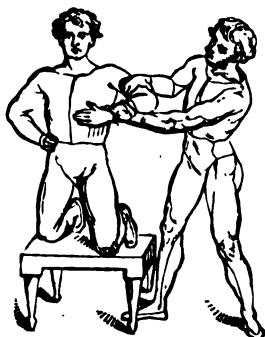
The motory innervation, increased arteriality, and vital muscular contraction, take place in a higher degree than in the active movements, especially in the biceps brachii, and brachialis internus, while a feeling of tension is perceptible, in the extensors of the forearm, and in the back part of the fascia of the upper arm.

Passive-active forearm-flexion.

(7)

The arm of the patient is slightly stretched, the gymnast stands beside him, fixes his left upper arm with his own right hand, and places his left hand on the external and lower part of the patient's forearm, which he presses forwards, while the patient resists.

In order to shew the reader another commencing position, the patient is seen in a kneeling position with the left knee forwards, similar to that of a foot when walking, and on an elevated level, therefore the name, "*Left-walk-high-kneeling*," and as the right hand is on the hip, and the left arm extended outwards, the names of these arm positions, *right-wing*, *left-yard*, are given. The gymnast who has to bend the patient's forearm, gives the impulse to the movement, while the patient resists by an active contraction of



(8)

the muscles, which are antagonistic to the forearm-flexion, especially the triceps brachii, in which also the effects of activity, viz: arteriality and motory innervation, and vital contraction, are increased. The diagram 8 shows the final position of this passive-active movement.

Dr. Neumann* uses the term "*duplicated*," instead of *half-active*, and for *active-passive*, the term "*duplicated concentric*," because the muscles producing the movement are

* Mr. Rothstein and Dr. Neumann are the most zealous advocates of rational gymnastics in Germany; the latter is the only author, besides the writer of this paper, who has hitherto published a practical, although far from complete treatise on the medical part of Ling's system. Notwithstanding the acknowledgment of us both that we have in a great measure compiled what we have published, animated by a desire to relieve the suffering and to call

in a greater state of contraction, and the points of origin and insertion approach each other more nearly. He calls "*passive-active movements*," "*duplicated excentric*," because the points of origin and insertion of the muscles antagonistic to the movement, are removed from each other.

Active forearm-flexion with assistance.

There is another forearm-flexion, where the patient, notwithstanding his will to make the movement, is unable to bend the forearm, and consequently must be assisted by the gymnast: the patient is either too weak, or his motory innervation not powerful enough to produce the vital muscular contraction necessary to an active movement. I do not find this class of movements mentioned in Ling's system, but as I have had occasion to make use of them in some cases of incomplete paralysis, or local weakness of muscles and tendons, I have thought it right to call the attention of the reader to this class of movements, which can be described as an active movement with assistance.

TERMINOLOGY OF COMMENCING POSITIONS.

Every movement must be done from a definite commencing position, in one of the five principal positions, viz., lying, sitting, kneeling, standing, or hanging; the arms, legs, and body, may be in many different positions, which have either particular designations, or must be defined by a more circumstantial description. The term describing the position of the arms is placed first, then that relating to the trunk, then that

the attention of the profession to scientific medical gymnastics, we are assailed by those who call themselves the chosen trustees of Ling's system, and who boast of an experience and practice of more than twenty years, but who yet publish nothing of really practical utility. Surely it is not following out the designs of Ling to retard the development and propagation of his system, so beneficial to the healthy and the sick. I make these remarks in the cause of humanity and science, and not from any personal feeling towards those whose duty it was and is to make use of the press in spreading a knowledge of Ling's practice.

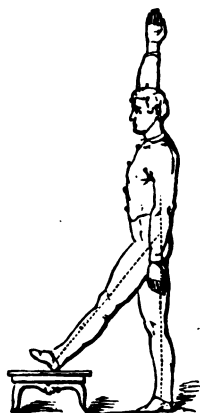
which refers to the legs and feet, and finally that indicating one of the five principal positions.

I have selected the following diagrams of some commencing positions to illustrate the nomenclature.



(9)

Stretch-position is a position of the arms as shewn in the diagram 9: the upper arms are kept firm at the side, while the forearms are bent up, as shewn by the dotted line of the figure, and then the arms raised near the head parallel with each other, and stretched upwards with the palms of the hands directed toward each other. If only one arm is to be in stretch-position, it is expressed by *half-stretch* or more correctly



(10)

by *right* or *left stretch-position*. The engraving (10) represents *right-stretch-left-heel-support-standing-position*.



(11)

Oblique-standing-position is a position of the trunk. The body is bent sideways in such a manner that the head, neck, and trunk, are simultaneously moved, and in one straight line, while the lower parts of the body, from the hips, down, remain immovable. The flexion proceeds from the lowest part of the vertebral column, and may be continued till the fingers touch the external side of the knee joint.

Walk-standing position (12) is the usual position of the legs in walking, in which one foot is placed forwards at a distance corresponding to once or twice the length of the person's foot, measured from heel to heel. The feet are placed either at an angle of 90° or 60° , the latter is generally the walking angle.

The combination of these three positions in one is called *stretch-oblique-walk-standing position*; if the left arm only is to be stretched, and the



(12)



(13)

right hand to be placed on the right hip, the body to be bent in an oblique position to the right, and the left foot placed in walk position, as in the figure 13, it would be called, *right-wing-left-stretch-right-oblique-left-walk-standing position*; but if we wish this position done on both sides, one after the other, the name would be *right-wing, left-stretch, oblique, left-walk-standing-position*; in this case the body would be bent first on one side, and then without change of the position of the left arm and left leg, on the other.

INSTANCES OF COMMENCING POSITIONS.

The following descriptions will convey to the reader an idea of commencing positions, the number of which amounts to several hundreds. I have made use of Neumann's book in the verbal part of these descriptions of the commencing positions; but the drawings are original, as are those of the positions for different movements, which last were drawn from the life at my institution by an eminent artist. My object in publishing these drawings of commencing and final positions for the various movements, is not only to render clear the various operations which, as far as I know, has never yet been attempted, but also to induce my colleagues in England and abroad, engaged in this medico-gymnastic system, to co-operate with me in endeavouring to popularize this treatment by similar iconographic publications.

THE FIVE PRINCIPAL POSITIONS.

FIRST PRINCIPAL POSITION.

Straight, or upright-standing position.

The feet are placed with the heels close together (in the prescription this is called *close position*), and the toes placed so far apart that the feet form a right angle, (*rectangular position*)

the inner surfaces of the legs and thighs up to the pubis are close to each other and form a straight line; the head and trunk are held upright, so that the spine assumes its natural form, namely, that of an elongated S, coming forwards in the region of the cervical and lumbar vertebræ, and convex backwards in the region of the dorsal vertebræ.

The chest protrudes, the shoulders are directed backwards and towards each other, which form is distinguished by the name of *arch-standing* position. The hands hang down freely at the sides.

The following are varieties of the simple straight standing position:—

1st. The *free standing position* in which the body does not lean on either side, but stands freely.

2nd. *High standing*, and 3rd, *low standing position*, the two latter being distinguished by the patient standing upon the floor, or else on an elevation, such as a small bench or chair. This distinction is important, in order that the gymnast may know at once where the free standing position should be assumed, because on a wrongly chosen place, the movement to be executed is often rendered more difficult or impossible.

4th. *Opposite standing position*.

5th. *Lean standing position*. The body leans with the anterior side, (*opposite*) or else with the posterior surface (*lean*) on a fixed object.

The resting of the side surfaces of the body against such an object, is also termed *leaning*.

In the prescription, the part of the body on which the patient chiefly leans, or that instrument against which he leans, is generally specified.

By *opposite-standing* position, without naming any part of the body, we understand leaning on the pegs of the rack with extended arms and grasping hands. (See position of the arms, fig. 22, page 622.)

6th. *Bound-standing position*. The patient leans with the stomach or the abdomen on a padded post, bound with a broad girdle, so that he cannot move his lower extremities and pelvis during the movements of the trunk.

7th. *Ledge standing position.* The patient stands with the feet fixed between two parallel ledges fastened on the floor, with a little cushion between the ankles, to prevent their pressing against each other.

SECOND PRINCIPAL POSITION.

Kneeling position.

The head, arms, and trunk are kept as in the standing position, and when we add the word "*arch*" to "*kneeling*," we mean that position in which the trunk is kept particularly upright and the chest brought forwards; the lower extremities are bent at the knees, at a right angle, the weight of the body is resting on the knees, which are on a little elevation, in order that the feet may not be stretched too much; the legs with their inner surfaces almost in contact.

In the kneeling position we have the following varieties: *the free—the close—the opposite—the lean—the high—and the low—kneeling positions.* In the low kneeling position, a large cushion is generally placed on the floor, while the gymnast, who stands on an elevation behind the patient, executes the movement.

THIRD PRINCIPAL POSITION.

Sitting position.

The head, throat, trunk and arms are in the same position as in the standing one, the thighs forming with the trunk a right angle, with the legs a similar angle, and the feet and legs a third right angle; a chair supports the whole length of the thighs, the feet rest on the floor. If we wish the trunk to be kept straight in the sitting position, we add the word "*arch*." The *high, low, free, and opposite sitting* position, are similar to the standing positions. *High* and *low* designate the high or low chair on which the patient sits. By *opposite sitting* is meant the position in which the gymnast stands before the sitting patient, who leans upon him. The term *lean-sitting* is seldom used, because the sitting positions with support on the back are also called *half lying* positions.

FOURTH PRINCIPAL POSITION.

Lying position.

The body of the patient is extended at full length on the back, even the head of the patient not being supported by a cushion. This position is assumed on the moveable part of the operating chair, to which, if not long enough for the body, a small chair is added for the feet to rest on. As in the standing position, we might specify the *opposite* and *lean-lying* positions, but we prefer to add to the word "*lying*," the name of the part of the body upon which the patient lies, and instead of saying *opposite-lying* we say *forwards-lying*, which means lying on the anterior surface of the body.

Head-and-heel-lying signifies resting only on the back part of the head and on the heels, while the body is unsupported.

Shin-lying, calf-lying, thigh-lying, thigh-forwards-lying, leg-chine-lying, leg-arms-lying, and leg-forwards-arm-lying position, signify the resting on the specified parts upon the operating table, or upon the moveable part of the operating chair, while the rest of the body is unsupported.

FIFTH PRINCIPAL POSITION.

Hanging position.

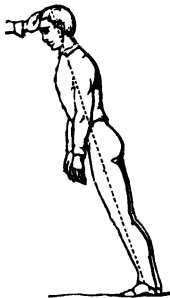
The body of the patient does not touch the floor in any part, but is hung on the stretched arms, while the hands grasp a bar fixed horizontally at a suitable height. The thickness of the bar must be such, that the arms are parallel to each other while stretched above the head.

Simple standing positions.

These are divided into such as relate to the trunk, and in which the legs are in a straight position, while the arms hang down freely, or when the hands are placed on the hips, into those where the legs are in different positions while the trunk is kept continually straight, and into such as relate to different positions of the arms, while the trunk and legs remain straight.

TRUNK POSITIONS.

The feet are not always at a right angle, and with the heels placed together, but are sometimes placed side by side, and at other times several inches distant from each other. They must not be removed too far apart, because that constitutes the *stride-standing position*, which belongs to the limb positions. The arms do not always hang down freely, but are placed in such a way, with the hands on the edge of the hip bone, that the thumb is directed backwards, and the other fingers forwards, the joints of the elbows are strongly bent, and in the plane of a longitudinal section of the trunk, rather a little backwards than forwards. This position of the arm is called the *wing-standing position*.

Inclining position (fig. 3).

This consists in an inclination of the whole body forwards, which is kept perfectly stiff, bending only at the foot joints.

The position is called *half inclining* position as long as the body is able to keep itself from falling by its own muscular power without any support; *fully inclining*, when the angle of inclination becomes so acute that the body must be necessarily supported. This last position is called *head, chest, thigh, leg* or *instep-inclining position*, according as the support is given—on the forehead, on the chest, on the thighs, on the legs, or only the instep.

Inclined-standing position.

This differs from the inclining position, inasmuch as the head, neck, and trunk, as far as the hips, are inclined forwards, while the legs remain in a vertical position. The back is not bent, the shoulders are not drawn forwards, but kept back, and the chest thrown forwards; when we remain long in this posi-

tion, the lower extremities are slightly arched, the concavity being directed forwards, so that the knees are more than usually flattened.

There are also *half or fully inclined standing positions*, according to whether the inclination of the trunk forwards is slight, or so considerable that a support is necessary; in the latter case there are the *head, chest, stomach, thigh, leg* and *instep inclined standing positions*.

Crooked-standing (fig. 15), *deep-crooked* (fig 16), and *acute-crooked* (fig. 17) positions.



(15)

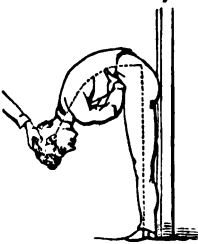
The first (fig.15) differs from the inclined standing position in this, that the body is bent forwards, the shoulders fall forwards, the thorax is pressed in, and the lumbar vertebræ protrude backwards.

When the curvature of the back increases so much, that the trunk and legs form a right angle, of which one line is naturally crooked, in which case the position must be executed over fixed bar, supporting the abdomen, we call it *deep-crooked position* (fig. 16).



(16)

When the curvature is so great that the trunk and the legs form an acute angle, we call it *acute-crooked position* (fig. 17). This last position is generally done in a lean-standing position, with the posterior surface of the legs leaning against a fixed post. A variety of the crooked standing position is the *relaxed-standing* which is like it, except that the action of the muscles is restrained as much as possible in the trunk, throat, head, and arms, in consequence of which all these parts hang down entirely relaxed, in a somewhat forward inclined position; the arms are never kept in wing position.

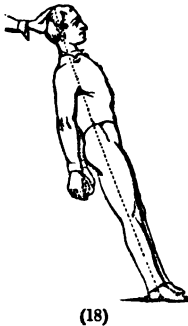


(17)

FALLING POSITIONS, FALLING OR FALL-STANDING, RECLINED-STANDING, AND RECLINING POSITIONS.

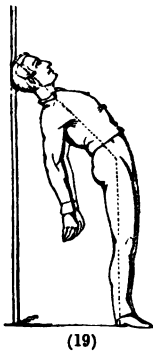
For these movements the body is bent *backwards*, as in the inclined and crooked positions it is done *forwards*.

Falling or fall-standing position (fig. 18).

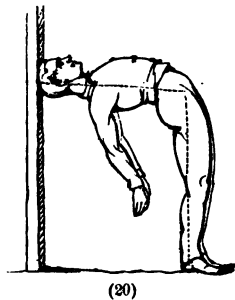


Is similar to the inclined position, with this difference, that the body is inclined backwards. The *half-falling*, and *fully-falling positions*, are similar to *half*, and *fully-inclining* positions, according to whether the position is kept up with or without support.

Reclined-standing (fig. 19), and reclining (fig. 20) positions.



Both correspond to the *crooked-standing* and *deep-crooked* positions. In the *reclined-standing* position the patient bends backwards, in a concave arch, as far as he can without support, or at all events with no more support than leaning the back part of his head against a post behind him, without wanting the assistance of a gymnast. The *reclining position* (fig. 20) consists in so considerable a bending of the trunk backwards, that even the leaning of the head against the post is only possible with the assistance of the gymnasts, who cross their hands on the chine bone of the patient, and thus support him.





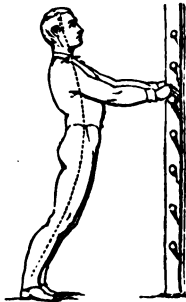
(21)

The patient stands in the *reclined-standing* position, with the heels at least a foot or more distant from the post, and in the *reclining* position, the distance is 3 to 4 feet.

Sideways-falling position (fig. 21).

which is also designated, as *right* or *left falling*, consists in an inclination of the whole body, which is kept perfectly stiff on either side; when the inclination is considerable, it is necessary to give a support, in the lateral direction, that the body may not fall.

Opposite, inclined-reclined-standing position (fig. 22).



(22)

This is, as the name implies, a combination of the reclined standing and inclining positions. It is executed by leaning towards a high object which the patient grasps, with his arms extended forwards (*opposite standing position*). The position is *inclined* as regards the lower extremities, which are stretched at the knee joints, and inclined forwards, so that the hip joints are further forwards than the feet, and it is a *reclined position*, as regards the trunk, which is bent in a concave arch backwards. The lumbar vertebræ and the chin are very concave, and the abdomen convex.

Oblique-standing position. (See fig. 11.)

This is a bending of the trunk sideways, and is either *right-* or *left-oblique-standing* position.

The trunk, the head, and neck, are moved in the same lateral direction. The lower extremities remain perfectly straight. The arms either hang down freely, or the hands are placed on the edge of the hip-bone. If the expression *oblique-standing* is prescribed, without the word *right* or *left*, then it means that the patient places himself in two positions, one after

the other, first to one and then to the other side. If the word *right* or *left* is added, it means that the position is oblique-standing only on the side mentioned.



(23)

Turn and twist-standing positions (fig. 23).

The first consists in a turning of the head and neck towards one side without moving the rest of the body, which is in a straight direction (*turn-standing position*). If the body as well as the neck and head are turned it is the *twist-standing position*. If the right side of the head, and the right shoulder come forward, the left side of the head, and the left shoulder backwards, we call the position *left-twist-standing*—or *twist-standing to the left*. If the contrary direction, it is a *right-turn*, or *right-twist-standing position*, or *turning to the right*. If in the prescription there is no addition of “*right*” or “*left*” to the expression *turn*, or *twist-standing*, then two positions are to be executed, one after the other, on both sides; but if “*right*” or “*left*” is mentioned, then the movement is done only in one direction.

LIMB POSITIONS.

LEG POSITIONS.

Half, balancing, air, kick, swing, step, squat, and jump-standing positions. In all these positions, the head, neck, trunk, and one leg remain as much as possible in a vertical line, while the other leg changes its position.



(24)

Half-standing position (fig. 24).

In this position one foot is placed with the sole on the ground, while the other leg, perfectly stretched at the knee, is slightly raised, and thrown a little forwards in such a way that it does not touch the floor.

Balancing or balance position (fig. 25).

This position differs from the half standing only in this, that the straight standing leg does not rest on the whole sole of the foot, but only on the ball, and generally on a small round elevation (balancing post), upon which the patient balances himself.



(25)

Air-standing position (fig. 26).

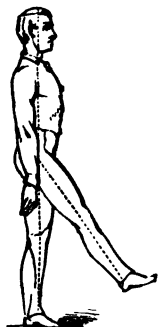
This corresponds to the half standing position, except that the leg which does not touch the ground, is bent at the knee, and the leg and foot directed backwards.



(26)

Kick-standing position (fig. 27).

In this position one leg is stretched and placed forwards in such a way, that the foot is about a foot or more from the floor, the joint of the foot is in a position between flexion and extension.



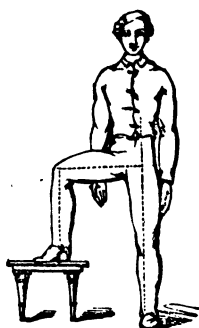
(27)

Swing-standing position (fig. 28).

In this position one leg is placed with the foot on the ground, whilst the other leg is stretched at the hip, knee, and foot joint, and directed backwards.



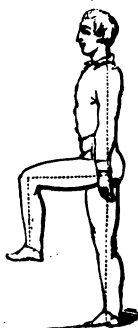
(28)



(29)

Step-standing position (fig. 29).

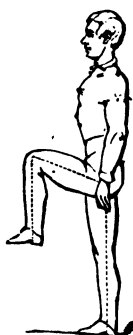
In this position one leg is bent at the knee, and placed on an elevation in such a way, that the thigh and leg form a right angle, exactly sideways to the trunk, kept at the same time in such a direction towards the longitudinal axis of the body, that the thigh forms with it a right angle.



(30)

Squat-standing position (fig. 30).

This position is similar to the *step-standing* position, with this difference, that the knee is not directed sideways, but straight forwards, and the foot has no support, but is kept up solely by muscular power.



31)

Jump-standing position (fig. 31).

This position is similar to the *squat-standing* position, with this difference, that the upper surface of the thigh forms with the longitudinal axis of the trunk, a more acute angle. In all the above-mentioned leg positions, with the exception of the *balance-standing* position, one foot stands with the whole sole on the ground. The names mentioned above, when given in the prescription, always include two positions, because the right or left leg may be raised, while the other is firmly standing.

If these positions are to be executed with one leg, then the word *right* or *left* is placed on the prescription before the name of the position, as for instance, *right-half-standing*, *right-step-standing*, *left-squat-standing*, *left-air-standing*, *right-kick-standing*, &c.



(32)

Toe-standing position (fig. 32).

The patient stands on the toes of both feet, with the trunk and legs kept perfectly straight, and the heels raised from the ground.

Half-toe-standing means, that only one foot remains on the toe, and the other on the whole sole. *Toe-half-standing* is, when one foot touches the floor with only the toe, by which the patient is supported, while he puts the other foot with the extended leg in the *half-standing* position.

Right-toe-standing is, when the right foot is on the toes, while the left is on its whole sole.



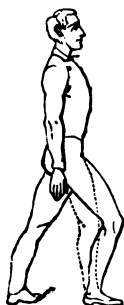
(33)

Stride-standing position (fig. 33).

The whole body is kept straight, the feet are placed twelve to sixteen inches apart, and the toes directed outwards. *Half-stride-standing* means, that one leg is kept as straight as possible, and the other is kept twelve to fourteen inches distant from it, the patient rests with the weight of his body, as equally as possible on both legs.

Walk-standing position, and pass position.

The first (see fig. 12) refers to that position of the legs usual in walking, that is, one leg is placed forwards, while the other is placed backwards.



(34)

The pass position (fig 34) is very similar to this, only the distance between the feet is much more considerable, so that the position is that assumed when fencing. There is a *right* and *left-walk-standing*, and a *right* or *left-pass-standing position*, according to whether the right or left foot is placed forwards: without the word "*right*" or "*left*" the position is done with both successively.

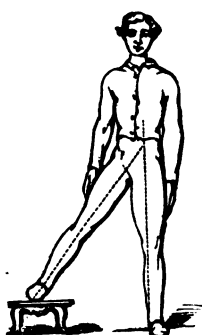
Curtsey-standing position (fig. 35).



(35)

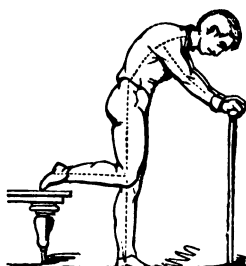
The legs are kept with the heels together, the knees a little bent, and directed outwards as far as possible. The legs form consequently nearly a regular rhomb or square. *Half-curtsey-standing* is, when this position is executed with one leg, while the other leg stands straight, and consequently the leg which is bent touches the floor only with the toes.

Heel (fig. 10), foot-edge (fig. 36), instep (fig. 37), and toe (fig. 38), supporting positions.

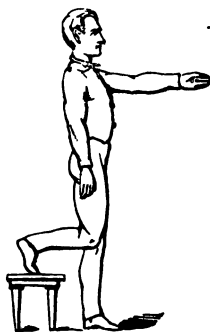


(36)

In all these positions, the body and legs remain straight, only one foot is placed on an elevation such as a high cushion, or a low chair, with the heel, or the inner edge of the foot, or instep, or the under side of the toes, resting on it. In all these positions the word "right" or "left" is used to designate the foot, which serves as a support as for instance, *right heel-supporting position* means, that the heel of the right foot is placed on an elevation; when this word is omitted, the movement is done with both feet successively. Fig. 37 represents *rack-grasp-crooked-right-instep-supporting position*. Fig. 38 is *left-rack-right-toe-supporting position*.



(37)



(38)

ARM POSITIONS.

Stretch (fig. 9), and span-standing positions (fig. 39).

The arms are raised near the head, parallel with each other, and stretched upwards with the palms of the hands directed towards each other, this is *stretch-standing*; but if the hands are stretched sideways,

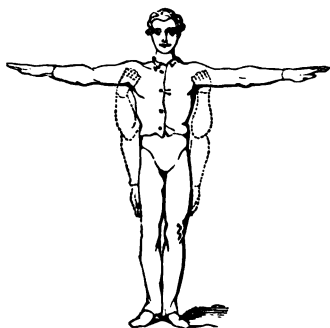


(39)

and upwards, or take hold of two poles, placed on each side of the body, it is *span-standing position*. *Span-lean-standing position* is, when the patient leans with his back against a post, and stretching out his arms grasps a peg which projects right and left from the post. These positions may be executed with both arms, or one alone; thus forming the *double-stretch-standing*, *double-span-standing*, *half-stretch-standing*, *half-span-standing*, *right* or *left-stretch-standing*, *right* or *left-span-standing positions*.

The word "*double*" is not generally put on the prescription, but if we wish the position to be executed, first with one, then with the other arm, the word "*half*" is placed before the name, and if only with one arm, the word "*right*" or "*left*" must be used; this is the case with all arm positions.

Yard-standing position (fig. 40).



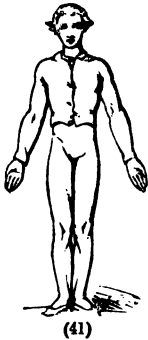
(40)

The arms are extended horizontally on both sides of the trunk, at a right angle with the body, the palms of the hands directed downwards or forwards. There are *half-yard*, *right-yard*, *left-yard-standing positions*. The position *stretch-yard-standing* is, when one arm is in the *stretch*, and the other in the *yard* position, and it expresses

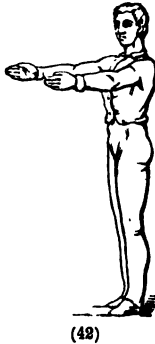
at the same time, that the patient has to make two positions, one after the other; for instance, in the first the right arm is in the *stretch*, the left in *yard*-position; in the second, the left arm is in the *stretch*, and the right in the *yard*-position.

Yard-grasp-standing position.

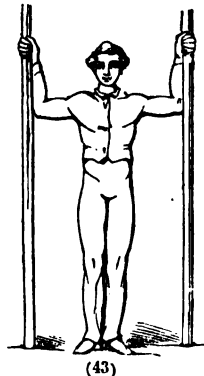
The hands are in the *yard position*, and take hold of two poles, fixed at a convenient distance.

*Speak-standing position* (fig. 41).

The arms are kept with the palms of the hands directed forwards, but considerably lower than in the *yard position*, so that they form, with the sides of the trunk, an angle of fifteen degrees, consequently the arms are in an oblique direction, outwards, and downwards. *Half-speak, right-speak, speak-yard, speak-grasp standing* are varieties of this position.

*Rack-standing position* (fig. 42).

Both arms are raised at an equal height, as in the *yard position*, but the arms are directed straight forwards, and kept parallel to each other. This position is also called *hand-opposite-standing*, or only *opposite-standing*, or *rack-grasp-standing*, when the hands, which are stretched forwards, grasp a fixed object, while the elbow joint is generally a little bent.

*Heave-standing position* (fig. 43).

In the *heave-standing position*, the upper arms are kept as in *yard position*, the forearms bent at a right angle, and directed upwards; if the hands take hold, at the same time of two poles, or ropes, on each side of the body, the position is called *heave-grasp-standing position*.

Shelter-standing position (fig. 44).

(44)

The upper arms are kept on both sides of the head obliquely outwards, and upwards, the forearms are bent towards the head, and kept perfectly above it. The hands are directed with the palms upwards, in a horizontal direction, and the fingers towards each other, a few inches above the head.

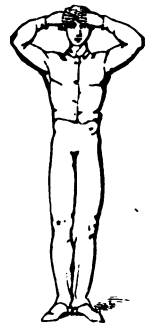
Flight-standing position (fig. 45).

(45)

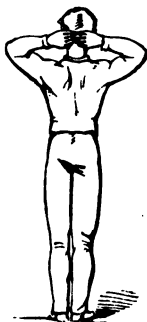
The upper arms are in the *rack-standing position*, the forearms bent at a right angle, and kept as well as the hands vertically, and the palm of the hands directed towards each other.

Think-position (fig. 46).

The arms with the elbows bent, are kept outward, so high that the fingers either touch or cover each other, close in front of the forehead, without touching it.



(46)

Rest-standing position (fig. 47),

(47)

Is similar to the *think position*, but the hands, which cross, or cover each other, are placed on the occiput, the elbows are kept on both sides, outwards, but not forwards.

Cover and angle position.

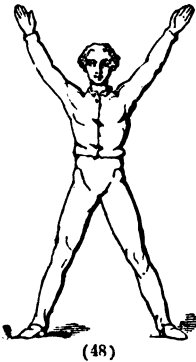
In both these positions the upper arms are placed on the side of the trunk, the forearms and the hands form with them a right angle, and are placed in the *cover position*, transversely on the stomach (see the position of the arms in fig. 63); in the *angle position* transversely on the region of the loins, (see position of arms in fig. 51),

while they cover each other in both cases. If only one arm is in such a position, it is called in the first case, *half-cover*, in the second, *half-angle position*.

Half-rest-angle position, and *half-think-angle position*, designate *rest*, and *think* positions, in which the upper arms are so approached to the head that the elbows are immediately on the back part of it in *half-rest-angle position*, while in *half-think-angle position*, the elbows are very near to the forehead, the forearms, and especially the hands, protrude very far on the other side of the head.

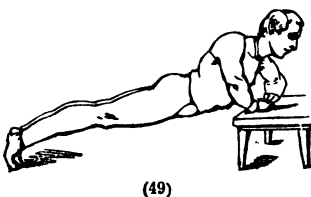
INSTANCES OF COMPOUND STANDING POSITIONS.

These are distinguished in the following ways: those words are placed first which relate to the position of the arms, then those which relate to the position of the trunk, and finally those which express the position of the legs; the adjective "*lean*" or "*opposite*" is placed before the position, and those words which explain it more circumstantially are put in parenthesis.



Star or cross-standing position (fig. 48).

This is a compound of the *stretch-and-stride* standing positions; there is only this difference, that the arms are kept a little obliquely up and outwards, so that the body and limbs form a St. Andrew's Cross.



Tumble-standing position (fig. 49).

The body leans forwards in an inclined, and almost horizontal position, on both arms, bent at the elbows, while the upper arms are directed outwards, as in *yard-position*, and placed in such a way that

the chest protrudes very much. The hands rest on an elevated object, at least twelve or eighteen inches from the floor; the legs are extended, and placed a little apart, and touch the floor only with the toes and ball of the foot. Great attention must be paid to the position of the upper arms, because it is only by so doing that the chest can sufficiently protrude.



(50)

Stride-toe-standing. (fig. 50).

The feet are placed some distance apart, and raised on the toes, the rest of the body is perfectly straight.

Curtsey-stride-standing position.

The feet are placed some distance apart, the knees are turned very much outwards and bent, the rest of the body is straight. (See position of feet and knees, fig. 50, dotted lines.)

Reclined-squat-standing position.

The trunk, with the throat and head, is reclined backwards; one leg is perfectly straight, and rests on the ground, the other is in the *squat-standing* position. If the patient is weak he must be supported by the apparatus, on which he leans with the head or chine, or the hands of the gymnast must give the necessary support.

Right-oblique, left-jump-standing position.

The trunk is bent to the right side, the right leg is kept perfectly straight, the left is in the jump position.*

* If we leave out the word "right" or "left" in the prescription, we then express two, or more properly, four, positions, two of which are executed on one side of the body, and two on the other, with different legs.

The positions would be called *right-oblique-right-jump—left-oblique-left-jump—right-oblique-left-jump—left-oblique-right-jump—standing positions.*

It is therefore necessary in such positions, to express exactly the words "right" or "left," in order to know in what direction the movement is to be done; if this term is omitted, the movement is to be done first on one side

Twist-reclining position.

The body is so far reclined backwards, that it would fall if not supported, either by apparatus or the gymnast. At the same time the trunk is twisted, and as this may be done as well to the right as to the left, this expression specifies that the two positions are to succeed each other, whilst the twisting is made first on one side and then on the other.

Twist-step-standing position.

This position may be done also in four different ways, similarly to the *oblique-jump-standing-positions*; but generally it is so done that the *twist-position* of the trunk, and the *step* position of the legs are on the same side, so that, with the exception of the leg which stands straight, while the foot is directed outwards, the position is a *squat position*. If the *twisting* is done on one side, and the *step position* of the leg on the other, it is expressed by *right* (or *left*) *twist*, *left* (or *right*) *step-position*.

Twist, inclined-standing position.

Twist, kick-standing position.

Right-twist, left-kick-standing position.

Right-curtsey-, stride-standing position.

Oblique-, half-standing position.

Half-stretch-, oblique-, step-standing position.

Balance-, step-standing position.

Oblique-, reclined-, air-standing position.

Crooked, swing-standing position.

Inclined-, squat-standing position.

Yard, deep-crooked-standing position.

Stretch, inclining-standing position.

and then on the other, or as in this instance, the position may be executed in four different ways. If we wish to do two of them, the necessary directions are put in a parenthesis, for instance: *oblique-jump-standing* (*right-oblique-right-jump—left-oblique-right-jump*) position, that is, the trunk is oblique standing in two positions, first to the right, and then to the left, but in both cases only the right leg is to be placed in the jump position.

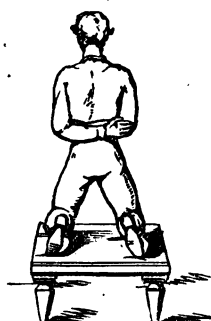
- Wing, acute-crooked-standing position.
 Yard-stretch, fall-standing position.
 Think, twist-standing position.
 Speak-span, reclining-standing position.
 Span-reclined, kick-standing position.
 Opposite-, swing-, standing position.
 Calf-lean-, stretch-, fall-standing position.
 Rest-, thigh-opposite-, twist-, curtsey-standing position.
 Span-yard, sideways-fall-standing position.
 Left-stretch-, right-yard-, right-twist-, right-walk-standing
 position.
 Half-stretch, foot-support-standing position.
 Stretch-, inclined-, heel-support-standing position.
 Speak-, twist-, toe-support-standing position.
 Span-speak-, grasp, oblique-standing position.
 Lean-head-, fall-standing position.
 Half-stretch-, chine-lean-, fall-, oblique-, half-standing
 position.
 Opposite-, inclined-reclined-, stride-standing position. (See
 fig. 18.)
 Left-stretch-, right-yard-, right-sideways-falling-, right-half-
 standing position.
 Span-speak-grasp-, standing position.
 Span-grasp-oblique-standing position.

For the description of these thirty-two compound standing positions, the reader must refer to the description of the single standing positions.

THE KNEELING OR KNEE POSITIONS.

The kneeling positions differ but little from the standing ones: the position of the head, trunk, and thighs is similar to that in the standing position. The compound kneeling—arm—and trunk-positions are also similar to those in the standing.

INSTANCES OF KNEELING POSITIONS.



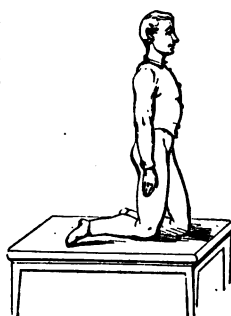
(51)

Stride-kneeling position (fig. 51),

Is similar to the standing position, with the exception of the legs being bent. The arms of this engraving are in the *angular* position.

Walk-kneeling position (fig. 52),

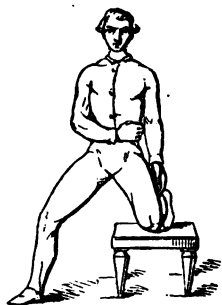
Is similar to the walk standing, and consists in placing one knee forwards, that is, in advance of the other. The figure represents a *left-walk-kneeling* position.



(52)

Half-kneeling position.

For this position only one leg is bent at the knee, and is on an elevated level, while the other leg hangs straight down without touching the floor.



(53)

Half-stride-kneeling-pass position
(fig. 53).

This is composed of a standing and kneeling position; one leg kneels on a chair, and is, with the thigh, directed obliquely outwards; the other leg stands on the floor, a little bent at the hip and knee joints, and directed slightly outwards.

Half-kneeling-, half-sitting position.

One leg kneels, the other is bent at the hip and knee joints, and stands, with the foot, on the same level of the chair on which the other kneels.

Stretch-, fall-, walk-, kneeling position.

The patient kneels on both knees, but one is a little in advance of the other, then the trunk and thighs are reclined backwards, while the arms are in *stretch* position.

Half-stretch-, twist-, half-kneeling position.

One arm is stretched upwards, the trunk turned on the same side, the leg of the same side kneeling, the other standing. (This position may be executed in six different ways.)

Stretch-yard-, reclined-, kneeling position.

One arm is stretched, the other in yard position, the trunk is so much reclined backwards that the back is concave.

Think-, inclined-, oblique-, kneeling position.

The hands are placed before the forehead, the trunk and thighs are inclined forwards, at the same time that the trunk is bent on one side.

Left-stretch-, right-yard-, right-twist-, right-walk-, kneeling position.

The left arm is stretched upwards, the right stretched outwards, the trunk is turned to the right, and the right knee is placed forwards.

Half-stretch-, sideways-fall-, kneeling position.

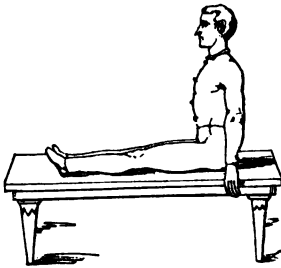
One arm is stretched upwards, the trunk bent on the same side but kept stiff, and the legs kneeling. (This position may be executed in four different ways.)

THE SITTING POSITIONS.

In the sitting positions, the arms and the trunk may be placed in similar, and in almost as many different positions as in the standing and kneeling positions. The designations correspond therefore to the names of the standing positions. In general the patient, in a sitting position, is supposed to sit on some support, such as a chair, &c. There are a few exceptions to this rule, as for instance *toe-half-sitting* position (fig. 60).

INSTANCES OF SITTING POSITIONS.

Long-sitting position (fig. 54).

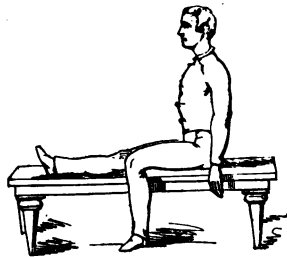


(54)

The fully extended legs of the sitting patient rest with their whole posterior surface on the sitting level of the operating chair.

Half-long-sitting position (fig. 55).

One leg fully extended rests on the sitting level, the other is bent at the hip-, knee-, and foot-joints, and stands with the foot on the floor.



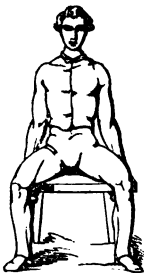
(55)

Short-sitting position.

Only the seat of the patient rests on the chair; the lower portion of the thighs are only partially supported. (See fig. 88.)

Stride-sitting position (56).

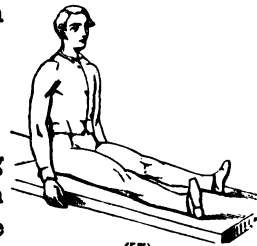
The thighs resting in their whole length on the chair, are some distance from each other; the (lower) legs and feet hang down freely, or touch the floor.



(56)

Long-stride-sitting position (fig. 57).

The legs in long sitting position are separated from each other, and at the same time rolled outwards.



(57)

Horse-end-, sitting position (fig. 58).

The patient sits on the end of a wooden horse, his back is directed towards the longitudinal axis of the horse. Be-



(58)

hind him the gymnast sits on the horse, and keeps him in his position, by placing his hands on the patient's chest or abdomen.

Ride or saddle-sitting position.

The patient is on the horse as in a saddle, while his legs hang down quite loose.

High-, transversal-, sitting position (fig. 59).



(59)

The patient sits transversely on a horizontal support, in such a way that the thighs are placed close to each other, the posteriors on one side, and the knees on the other side of the support, the legs are bent and hang down freely. The patient is assisted by a gymnast standing behind him, in order to keep him in his position.

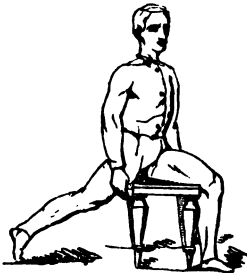


(60)

Toe-half-sitting position (fig. 60).

The patient hangs on the pegs of a post placed at a considerable height, one of which on each side he grasps, and bending one of his legs at the hip, knee, and foot joints, he rests the ball of the bent leg on a low peg, while the other leg hangs freely down by the post.*

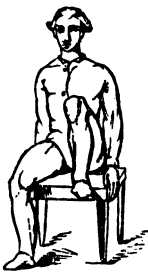
* For the convenience of the gymnast who assists in the movement, he must take care that the hanging leg does not touch the ground, and therefore the patient takes hold of a high peg.

Jump-sitting position (61).

(61)

The patient sits transversely, that is he has the operating chair, on which the movement is generally executed, between his legs, so that one thigh rests with his whole lower surface on it, while the leg reaches down on the side of the chair, and the foot touches the floor with the whole sole. The other leg being turned very much inwards, touches with a few points of its interior and anterior surface only the other side of the chair, and protrudes sideways near it. The back part of the knee and the calf of the leg are turned outwards and upwards, the leg is at the same time inclined obliquely downwards, so that its anterior surface is nearer the floor, and supported by the foot, which rests only with the toes on the floor. The trunk of the patient, in *arch* position, is directed towards the side of that thigh, which is entirely resting on the chair.

If the trunk is turned in such a way that it is directed neither to one nor the other thigh, then the position is called *jump-twist-, sitting-position*. According as the right or left foot touches the floor with the whole sole, we have a *right- or left-jump-sitting* position.

Spasm-sitting position (fig. 62).

(62)

The patient sits with one leg in the usual position, he keeps the trunk straight, and bends the other leg very strongly at the hip and knee joints, so that the anterior surface of the thigh almost touches the abdomen, while the foot of this leg is placed on the sitting level near the other thigh. According as the right or left foot is placed in this way, the position is called *right- or left-spasm-sitting* position.

Stretch-, fall-, stride-sitting position.

The patient sits astride the couch, close to that end from which his face is directed, the legs and feet hanging down on both sides of the couch. The trunk is reclined backwards, while the arms are stretched upwards. A perpendicular line from the arms or shoulders does not meet the sitting level, but falls clear of it. All *fall-sitting* positions are executed in a similar way, at the edge of the high couch, and differ only in this from the *half-lying* or *lean-sitting* positions, that in these last the trunk always leans with the back against a support.

Right-yard-left-stretch-, inclined-sitting position.

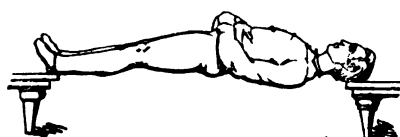
The right arm is in yard-position, and the left in stretch-position, the trunk bends forwards, but is not crooked.

LYING-, OR LIE POSITIONS.

These movements are divided into three classes, namely, the *backwards-lying*, the *forwards-lying*, the *span* or *stem-lying*, positions. Each class might be subdivided into trunk-, limb-, and compound positions. The names of these correspond with those of the standing positions.

FIRST CLASS.

Backwards-lying positions, called also *back-lying*, or simply *lying positions*. The body is lying on the back.

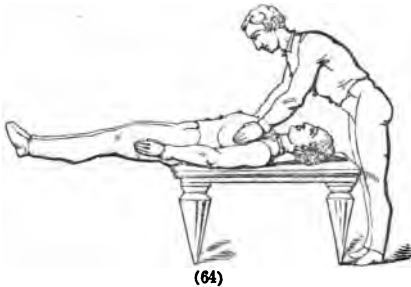
Heel-neck-supporting-, or head-heel-lying position (fig. 63).

(63)

The back part of the head and the heels rest on firm supports, while the body and legs are kept perfectly stiff in the air; the arms are crossed on the abdomen, that is in *cover position*.

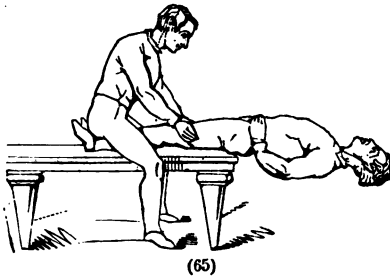
Yard-, head-heel-, lying position,

is the previous position, with arms stretched horizontally.

Trunk-lying position (fig. 64).

(64)

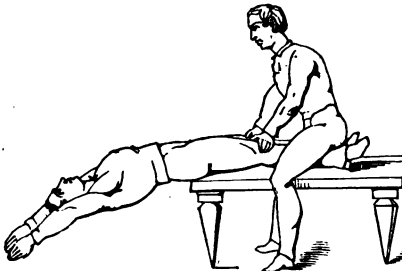
The head and trunk as far as the pelvis are lying on the posterior surface on a firm support, and are fixed by the gymnast: the legs are kept perfectly stiff in the air, and the arms rest close to the trunk on the upper surface of the couch.

Leg-lying position (fig. 65).

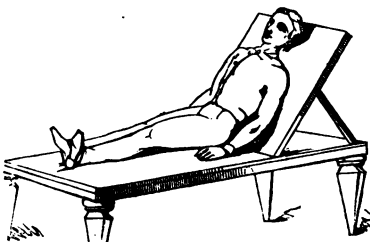
(65)

The lower extremities as far as the hips rest on the couch, the trunk, with the face directed upwards, is kept straight, and without any support: the legs are firmly held by the gymnast. If the patient lowers his trunk a little, so that it forms with the legs an obtuse angle, the position is then called *fall-leg-lying*. If the arms are placed at the same time in the *stretch*-position, it is called *stretch-, fall-, leg-lying position*.

(fig. 66.)

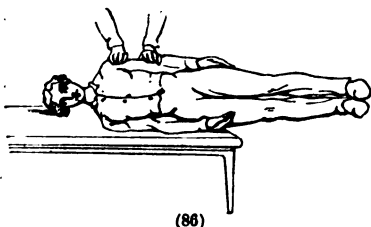


(66)

Half-lying position (fig. 67).

(67)

The patient lies with his back on the moveable part of the chair, which is raised so that the head and trunk rest on an oblique, and the legs on a horizontal surface. The whole body forms an obtuse angle with the legs at the hip-joint.

Sideways-lying position (fig. 68).

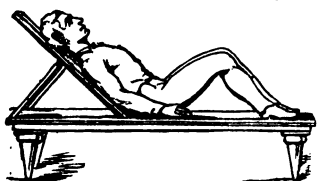
(68)

The body is extended at full length, and rests on one side, and therefore the position is either *right-* or *left-*sideways-lying, and according to the parts which are supported, while the rest of

the body is free in the air, a *leg-sideways-lying*, or a *trunk-sideways-lying position*.

Sideways-half-lying position.

It differs only in this from the *half-lying*, that the body does not rest on the back, but on the side. The flexion of the trunk is more considerable on the high side.

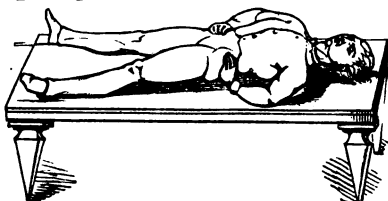
Squat-half-lying position (fig. 69).

(69)

The body is in the *half-lying* position, the legs are bent at the knees, and the feet placed with the soles on a level with the seat on the chair.

Squat-lying position.

The trunk of the patient in this position rests on the horizontal surface of the operating chair, while the legs are in the *squat* position.



(70)

Stride-lying position

(fig. 70).

The patient lies on the back, and his legs are placed apart, (the engraving shows the arms in *wing* position).

Twist-, stride-leg-lying position.

The patient lies with the legs apart on the upper part of two operating chairs, the posteriors are on the long exterior edge of one chair, and the trunk, which is kept in the air in a horizontal position, is turned a little round its own axis.

Wing-, stretch-, stride-half-lying position (fig 71).

(71)

One arm is in *wing-*, the other in *stretch* position, the feet placed apart, and resting in their whole length on the couch, while the body in *half-lying* position is supported by a gymnast. The figure represents *left-wing-, right-stretch-, stride-half-lying position.*

SECOND CLASS.

Forwards-lying-positions.

In all these positions the body lies on the anterior surface.

Forwards lying position.

The whole body lies with the anterior surface on the chair, and for his comfort the patient places his arms crossed in front of the chest, and raises his head a little.



(72)

Leg-forward-lying position (Fig. 72).

The legs as far as the hips rest on the couch, the trunk is kept free in the air, the legs are firmly fixed, for which purpose a gymnast rides on them.

Inclined-, leg-forward-lying position.

The patient instead of keeping the trunk perfectly straight, lowers it obliquely downwards.

Trunk-forwards-lying position.

The trunk rests with the anterior surface on the couch, the legs are kept stiff in the air

Reclined-, leg-forwards-lying position (fig. 73).

(73)

The body rests on the anterior surface of the legs. The trunk is kept free in the air, and obliquely upwards. This position is called "*reclined lying*," because the back forms a concavity: the legs are fixed by the gymnast riding on them.

Stride-forwards-lying position.

The patient lies with the whole anterior surface of the body on the operating chair, while the legs are placed apart.

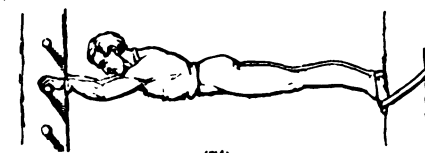
Stride-leg-forward-lying position.

This is the same as the previous one, with this difference, that the trunk hovers freely in the air, and only the legs rest on the chair, and are fixed by the gymnast.

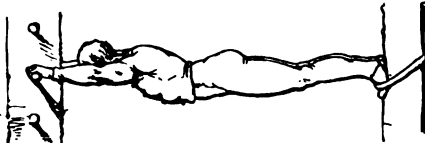
Stretch-yard-, reclined-, leg-forwards-lying position.**Right-oblique-, leg-forwards-lying position.****Stretch-, curtsy-, trunk-, forwards-lying-position.****Squat-, forwards-lying-position.****Half-stretch-, twist-, leg-forwards-lying-position.**

The last five positions will be easily understood by the previous descriptions.

THIRD CLASS.

Span and stem-lying positions (figs. 74, 75).

(74)



(75)

These positions are generally executed in the span-frame, the whole body is suspended in the air, the hands of the stretched arms of the patient take hold of one of the pegs on each side of the post, while the feet are thrust

against the other post, and placed in a concavity to prevent them slipping, or in a strap constructed for that purpose. The gymnasts stand generally near the hips and abdomen of the patient, which they support either with their hands, or shoulders placed beneath him. By these means the body of the patient is raised more upward, and the *span-lying* position becomes a *stem-lying* one; that is, the patient stems towards both parts of the frame. This last position (fig. 75) is in general easier to be executed, and the patient has a surer hold.

Arm-half-stem-, leg-half-stem-lying positions.

The patient lies in the span-frame in the manner above described, he holds himself up either with one arm (*arm-half-stem-lying*) or with one leg (*leg-half-stem-lying*), and stretches the other arm or leg in the air. The position of the arms can also be designated as *stem-stretch-lying*, or *stem-yard-lying* position, according as the arm which is free is in *stretch-* or *yard-*position. By the addition of the word "*right*" or "*left*" to the word *stem*, or to the words "*yard*," "*stretch*," the arm which remains in the spanning frame, as well as that which is in the air, may be easily denoted. The expression, "*leg-half-stem*," includes two positions, because the right or left leg may be stemmed or kept in the air. One leg is generally kept in a stride position, and we can then say *right-stride-*, or *left-stride-stem-lying* position.

INSTANCES.

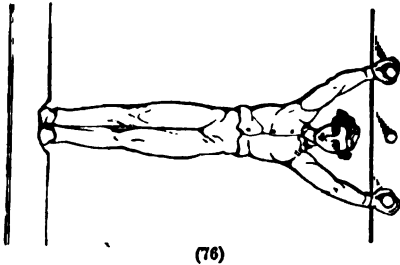
Right-stretch-, half-stem-lying position.—The left arm, and both legs, are in the span frame.

Left-stride-, half-stem-lying position.—Both arms and the right leg in the span-frame.

Right-yard-, left-stride-, stem-lying position.—Left arm and right leg in span-frame.

Right-arm-, half-stem-lying position.—Right arm and both legs in the frame, left arm hanging down freely.

Right-leg-, half-stem-lying position.—Right leg and both arms in the frame, left leg hanging down.

Stem-sideways-lying position (fig 76).

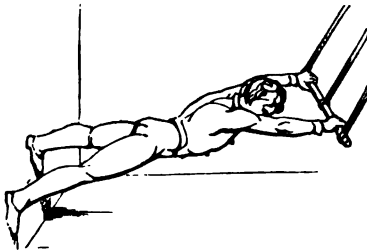
(76)

The patient lies in the span-frame, so that with one hand he takes hold of a high peg, and with the other hand of a low peg on the same side of the post, the legs are lying upon each other sideways, so

that one side of the body is directed upwards and the other downwards. According to the side which is up, we call it a *right-* or *left-stem-sideways-lying* position.

Arch-lying position.

This is a *stem-position*, in the span-frame, in which the anterior surface of the body is convex, and directed up, the posterior side of the body down, and concave.

Star-stem-lying position (fig. 77).

(77)

This position is done on a double ladder, while the feet are stemmed on a fixed object, at the necessary height. Two gymnasts bring the ladder within reach of the patient, who takes hold of one of its lower rounds, with both his

arms kept obliquely outwards (*star position*): the ladder is now slowly removed, so that the patient, who was previously *crooked-standing*, gradually comes into a lying position. When the ladder is so far removed, that the posterior surface of the patient is scarcely at all arched, then the gymnasts place one of their feet before the ladder, and keep it immovable.

HANGING OR HANG POSITIONS.

The body of the patient hangs freely in the air, generally by the hands, taking hold of a fixed object, but sometimes by other parts of the body.

Span-, stretch-, or simply hanging position.

This has been already described as the fifth principal position. The body is allowed to hang down from a beam, or from two ropes, distant from each other a little more than the width of the shoulders of the patient; if the palms of the hands are turned towards the face of the patient, we call it *in-hanging*, and if the palms are in a contrary direction, it is called *out-hanging*; the arms are either in *span-grasp* or *stretch-grasp* position.



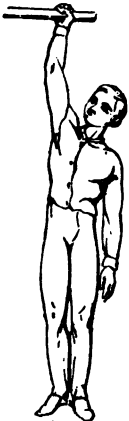
(78)

Roof-hanging position (fig. 78).

The hands take hold of a narrow object, for instance, a rope or a vertical pole, so that the fingers of both hands touch or cross each other.

Heave-hanging and yard-hanging positions.

These two positions are similar to the *heave-grasp-standing* and *yard-grasp-standing*, with regard to the position of the arms, and differ only in the hanging position of the trunk.



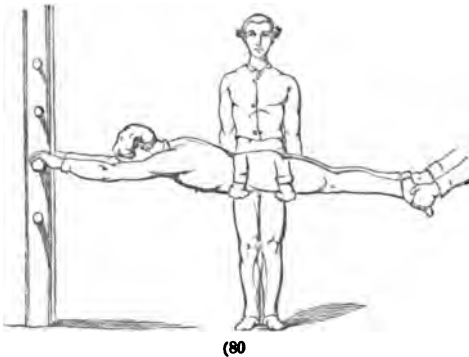
(79)

Half-hanging position (fig. 79).

The patient hangs only on one fully stretched arm, while the other hangs down freely at the side of the trunk.

Walk-hanging position.

Both hands of the patient take hold of a horizontal bar on the two sides, and such a distance from each other, that the arms imitate the position of the legs when walking: according as the right or left arm is the anterior one, we have a *right-*, or *left-walk-hanging position*.

Swim-hanging-position (fig. 80).

(80)

The patient grasps a peg on each side of the post, at a moderate height, the gymnasts raise his legs, which they support, as also the pelvis, and bring the body of the patient almost into a horizontal position, but with the legs a little depressed: the patient is nearly in the position of a man swimming; besides the gymnast on the right of the patient, the engraving shows the arms of a second gymnast who is on the left of the patient, and the arms of a third who supports the feet.

Stretch-swim-hanging position.

The patient hangs only by one arm, while the other is in *stretch-position*.

Yard-, swim-hanging position.

The patient hangs by one arm, while the other is in yard position.

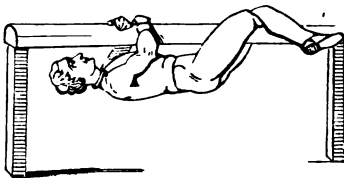
Tumble-hanging position (fig. 81).

(81)

This position is executed between two ropes, which are distant from each other a little more than the width of the shoulders of the patient; the patient takes hold of two ropes, in such a way that the fingers are directed downwards, and the arms in the corresponding position; two gymnasts take hold of the arms and legs, which they put in such a position that the feet are uppermost and the head downwards. The patient is therefore with the head nearest to the floor, and the hands, which hold the ropes, are the points of support. If the movement is to be executed with ladies, the female gymnasts take hold of the

dress, at the same time that they take hold of the ankles, in order to raise the patient into the necessary position.

Bar-hanging position (fig. 82).

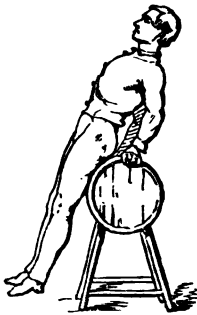


(82)

The patient clasps with his arms, and either with one or both legs, a horizontal bar, in such a way that his body hangs in a horizontal position, face upward.

Equally-, unequally- or obliquely-forwards, and backwards rocking position.

The two first positions are executed on a frame fixed horizontally, of which the two longer sides can be shifted higher or lower, or more distant from each other. *Equally-rocking position* is the hanging of the patient, supported by both his arms,



(83)

placed on two horizontal poles equally high; if the poles are at a different height, the *unequally-*, or *obliquely-rocking position* can be executed. If the patient hangs by his hands, placed on the front and back of the wooden horse, in such a way that his face is directed to the horse, it is called *forwards-rocking*; if the face is turned in an opposite direction it is called *backwards-rocking position* (fig. 83). According to the hand which is the higher, there is a *right-* or *left-*

oblique-rocking position.

Leg-walk-, walk-hanging position.

One leg is placed in the *walk-standing* position, and one hand in the *walk-hanging*. *Right-leg-walk-, left-walk-hanging position*, signifies that the right leg and left arm are placed forwards.

Roof-, left-oblique-, left-stride-hanging position.

The patient is in the *roof-hanging position*, and bends the trunk to the *left*, his right leg hangs straight down, while the left is kept sideways, and obliquely outward, so that only this is in the *stride position*.

TERMINOLOGY OF MOVEMENTS.

The *commencing positions* are themselves used as *movements*, in which case they are called *postures*, but in general they are combined with *half-active* or *passive movements*, or compositions of both. The names of the different forms of movements are made up of the *commencing positions* in which the movement is to be done, which is used as an adjective preceding the substantive that expresses the name of the movement, as for instance, *stretch-stride-standing-*, *trunk-twisting* "*stretch-stride-standing*," indicates the commencing position, and "*trunk-twisting*" indicates the movement itself. There are more than thirty different movements, but as they can be executed by different parts of the body, they receive particular designations accordingly, and consequently their number is very large. Further, as the movements of the different parts may be executed in the majority of positions, the number of possible movements is not easily ascertained. About 2500 have already been collected. The names of the principal movements are *flexion*, *extension*, *felling*, *twisting* and *turning*, *pulling*, *pressure*, *separation* or *abduction*, *bringing together* or *abduction*, *guiding*, *curtseying*, *posture* or *holding*, *walking*, *spanning*, *rolling*, *swinging*, *flying*, *pumping*, *angular motion*, *lifting*, *overturning*, *balancing*, *stroking*, *sawing*, *falling*, *kneading*, *shaking*, *pointing*, *tapping*, *chopping*, *knocking*, *percussion*, &c. Most of these names are used both for half-active and for passive movements, and on the prescription the letters (P. R.) signify that the patient resists, and the gymnast makes the movement; and (G. R.) that the gymnast resists, while the patient makes the movement. The letters are placed in a parenthesis, in order to distinguish the movement as a *half-active* one. By the addition of the words "*active*" or "*passive*" is shown how the movement is to be executed. Those movements which are always *passive*, need no addition to express their form. The *half-active* movements are generally done three times successively, and in case the name of the position implies the possibility of doing it in two directions, as for instance, *twist position (to the right and left)*, then the movement is done three times in one position, and three times in

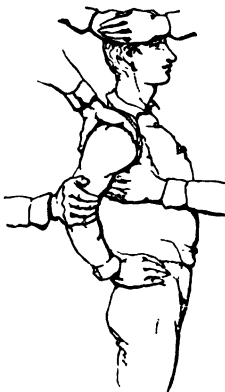
the other, altogether six times. The passive movements are generally done fifteen or twenty times, or more, and repeated at very short intervals. The *half-active* movements are done daily once; the *passive* movements may be done several times a day; the *half-active* and *passive* movements are also used together, and form the *compound* movements, in which sometimes the *half-active* is the principal movement, and the *passive* the accessory, and sometimes the contrary.

Not being able to enter into the details of all the movements, I must restrict myself to the description and illustration of some of them, and I will choose those which occur in the prescriptions for certain cases mentioned in the sequel, and which show the extensive field opened by Ling's genius.

I have mentioned before, that Ling described the surgeon as an *armed gymnast*; I may add, that every gymnast is an *operating surgeon*, who has this advantage, that the operations he performs without a knife, are applicable to the cure of not only external, but also internal complaints, and that the patient, instead of dreading the operation, desires its repetition, especially if, as is often the case, he experiences a feeling of improvement resulting from the first operations.

INSTANCES OF THE WAY THE ASSISTANT GYMNASTS ARE PLACED.

As the gymnast assisting in the operation must assist correctly during the operation, so as to fix the different parts of the patient exactly in the prescribed way, I will endeavour to describe some instances in what manner the hands of the gymnast are placed on the various regions of the body, as seen *e.g.* in fig. 84. On the head, the hands are placed immediately above the ear. The gymnast being supposed to stand on the left of the patient, and to resist in the *right-head-flexion* (*G.R.*), or to pull in the *left-head-flexion* (*P. R.*) *Right-head-flexion* (*G.R.*) means that the patient who is placed, for instance,



(84)

in *stride-standing position* (see fig. 83) bends the head to the right, while the gymnast, standing with his face towards the left side of the patient, resists.

Left-head-flexion (P. R.) signifies that the gymnast, standing as before, pulls the patient's head to the left, while the patient resists. In both the movements, the hands are placed in the same way, and the right forearm of the gymnast rests on the upper part of the patient's left shoulder, though this is not shewn in the figure. On trying the movement with another individual to act as gymnast, you will feel that in the *right-head-flexion (G. R.)* the flexors on the right side of the head assume gradually the highest degree of contraction, while in the *left-head-flexion (P. R.)* the same muscles are put into a state of extension, and a feeling of strain is produced.

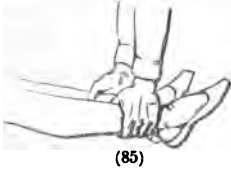
In the same figure (84) is seen upon the patient's right shoulder, the right hand of a gymnast supposed to stand behind him (the left hand on the left shoulder is not shewn in the figure.) This position serves to fix the shoulder, and is required, for instance, in *walk-movement on the spot, (G. R.)*, where the patient raises alternately the right and left knee, as if walking, but places his foot down again on the same spot it stood on before, the gymnast pressing on both shoulders.

In the right armpit of the same figure is seen the left hand of a gymnast, supposed to stand in front of the patient, in the *commencing position of standing-trunk-right-flexion (G. R.)*, where the patient bends his body to the right, while resisted by the gymnast, or in *standing-left-trunk-raising (P. R.)*, where the patient, who is in *right-oblique* position, (as in fig. 11) resists, is to be raised by the gymnast.

A little above the patient's right elbow, is the right hand of a gymnast, supposed to stand behind the patient, as, when the gymnast wishes in the movement *wing-standing-, arm-back-guiding (P. R.)*, to bring the elbow backwards, while the patient resists, or in the movement *wing-standing-, arm-forwards-guiding (G. R.)* when the gymnast resists, while the patient brings the elbow forwards, with his hands on the hips.

To derive any advantage from this paper, the reader should imitate the described or illustrated positions and movements,

and he will soon find that the greatest exactitude is necessary in order to produce the desired effects, and he will be conscious from his own sensations of the various effects produced.



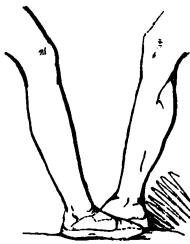
(85)

Fig. 85 exhibits the gymnast taking hold of the patient's legs above the ankle-joint, while the patient in a *half-lying* position, wishes to separate the stretched legs which protrude beyond the couch, as done in the movement, (fig. 86) *half-*



(86)

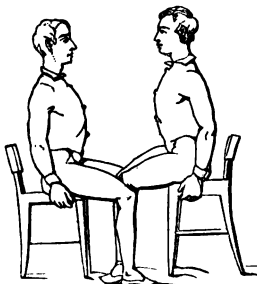
lying-leg-separation (*G. R.*), where the patient separates his legs while the gymnast resists, or in *half-lying-leg-adduction* (*P. R.*), where the separated legs of the patient are to be brought together by the gymnast, while the patient resists.



(87)

It is often necessary for the gymnast to resist or assist with his knee or feet. Fig. 87 is an instance of the latter, where the right foot of the gymnast, placed on the outside of the patient's left foot, which is dotted, prevents it from sliding outwards.

The person to the left is the gymnast, (fig 88), who with the inside of his knees and legs presses on the outside of the knees and legs of the patient during the movement. *Arch-short-close-sitting-, knee-separation* (*G.R.*) The word "*arch*" signifies that the patient's chest is vaulted, and protrudes forwards, while the spine is as upright as possible. "*Short*" signifies that he is sitting with only a part of his thighs on the chair: and "*close*," that the





feet are placed together as in the diagram, (fig. 89), where the inner sides of the feet touch each other; *knee separation* indicates, that the knees are to be separated, while the gymnast with his legs resists. In this movement, the patient feels strong activity of the abductors of the thighs, while the abductors of the thighs of the gymnast are continually resisting.



Fig. 90 represents to the left the patient, who raises the body from the *crooked* position, upwards; to the left are seen only the two stretched arms, and the left leg of an assistant, with his hands on the patient's hips, and his left foot behind the patient's heels; the patient's hips and legs are thus fixed, and prevented from moving in any direction. This assistant is with his body in *left-twist-, stride-standing position*, that is, the left side of his left leg is directed towards the patient, while the upper part of the body is twisted to the left, and his feet placed apart, as the external edge of the left foot must be placed against the patient's heels. The operating gymnast, seen on the right of the engraving, stands in a *right-pass* position before the patient, of whose stretched arms he takes hold above the wrist-joints, and resists while the patient—whose feet are closed, while his thighs are leaning against a transversal padded-bar, and whose body is bent forwards—raises his body, and even bends it a little backwards, as shewn on the left of the engraving by the dotted lines of the patient's body. This movement is called *rack-, crooked-, thigh-opposite-, close-standing-, trunk-raising (G. R.)* "*Rack*" means, that the patient's arms are stretched forwards; "*crooked*," that his body is bent forwards; "*thigh-opposite*," that his thighs are leaning against some fixed object; "*close-standing*," that his feet are touching each other in their whole length; "*trunk-raising*" (*G. R.*), that the patient raises the body while the gymnast resists; but if we wish the gymnast to bring the patient from

the reclined position again forward, while the patient resists, the name would be *rack-, reclining-, thigh-opposite-, close-standing, trunk-forwards-flexion (P. R.)* Those who would like to try this movement, can use the back of a chair, covered with a pillow to prevent the thighs from being injured; the assistant remains immovable in the commencing position, and the operating gymnast must move only in the bend of the back, while his feet remain fixed, and his stretched arms, move as the body moves; the person representing the patient must keep the arms and hands constantly stretched, the chest constantly arched. Persons trying this movement should change places, at one time acting as operating gymnasts, at another as patients.

EFFECTS OF SCIENTIFICALLY APPLIED GYMNASTICS.

With regard to the effects and indications of the movements, I must refer the reader to my works already published, and would here only point out, that the principal parts besides the muscles, tendons, ligaments, joints, &c., on which we can act by movements, are the nerves and the blood. In all *half-active* movements, the influence of the will is increased, more nervous fluid is conveyed from the brain and medulla oblongata to the various groups of muscles which we wish to act upon, the nervous filaments conduct the nervous aura more freely, and consequently additional stimulus is communicated to the capillary circulation, which is always slow and deficient where the patient is wanting in nervous energy. It is a prevalent idea among the profession, that gymnastics act only upon the muscles; it is forgotten that muscular action is accompanied by increased function of the sensitive and motory nerves, by considerable changes in the arterial, venous, and capillary circulations; that the various tissues enclosed in and surrounding the muscles, as well as the points of origin and insertion of the muscles, are influenced in a greater or less degree; changes take place even in the periosteum and bones. The *passive movements* supply a desideratum in all those cases, where the will has no influence on the parts to be acted upon, or where this influence is prevented by dynamical, mechanical or other causes. We must consider the movements as means of deve-

loping the vital reaction of the individual, of increasing nervous action in one part, and of diminishing its excess in another, as the accumulation of nervous action in one part, is always accompanied by deficiency in another; the movements are means of bringing the blood from one part to the other, without any loss of quantity to the organism: if necessary, the animal heat may be increased generally and locally, by increased capillary action, and with the best effect to the rest of the organism. The passive and half-active movements, performed on the patient by healthy persons, undoubtedly influence, not only by the local mechanical action, but also by a vital dynamical agent, transmitted from the healthy to the patient. The various movements produce their peculiar sensation, as giddiness, nausea, fulness, and congestion to various organs, different pains, &c., and if continued beyond measure, there result many morbid symptoms. This is a subject which I cannot here go into, but which would tend to explain the astonishing cures performed by movements, and to which I hope more attention will be paid by the profession, as there is at present an increasing disposition to apply medical science to the prevention, among the working classes, of many diseases, resulting from their occupations, protracted injurious positions and movements, &c.

DISEASES IN WHICH MEDICAL GYMNASTICS ARE TO BE USED.

The chronic diseases in which the movements are used, either as the sole means of cure, or in combination with other remedies, are the following: deformities of the spine and joints, chicken breast, contraction, distortion of the limbs, ruptures, especially the inguinal and umbilical ruptures, chronic bronchial catarrh, tuberculosis in its first stages, bad digestion, flatulency, constipation and diarrhœa, colics, piles, qualitative and quantitative disorders of the menstruation, anæmia, want of colouring substance in the blood, accompanied by chronic headache, and other symptoms of deranged circulation, mesenteric disease, and in general scrophulous affections in their various forms, all kinds of what we call nervous affections, spasms, incipient paralysis, hysteria, hypochondriasis, incontinentia urinæ in children, all diseases which are accompanied by coldness of hands and feet, chronic gout and rheumatism,

consumption, diseases of the heart, with regard to which, Froriep, in a paper on the Treatment of Chronic Diseases by Movements, expresses himself in the following way:—

“In diseases of the heart, cautious, and well-applied muscular exercise must be of considerable use; I do not mean active gymnastics, because every violent effort increases the action of the heart, and consequently the morbid symptoms. By the almost fatal inactivity of the muscular system, which is frequently observed in heart disease, the patient becomes still weaker, the vital process in the peripheric parts diminishes, and the predisposition to internal congestive states, and exudations is increased by the irregular circulation; while on the other hand, a suitable development of the peripheric muscles, and better circulation in the external parts, would prevent or retard the congestions which threaten the internal organs in consequence of the mechanical obstacles present in these diseases. There is no doubt that passive gymnastics, based on anatomical and physiological laws, and directed with the necessary caution, and in certain cases, perhaps also some active exercises, would certainly contribute more to render the circulation uniform, than digitalis, nitre and iodine, endowed as they are, in the eyes of the profession, with magical powers.”

Neumann mentions also morbus Brightii and dropsy, chronic ulcers of the stomach and bowels, chronic inflammation of the membranes of the eyes, chronic diseases of the corpus vitreum and the retina, epilepsy, chorea, and mental diseases, (as long as the patient will apply himself to gymnastics) as belonging to the disorders, which may be improved by medical gymnastics. In the asylum at Vienna, Ling's medical gymnastics have been introduced by order of the government. The introduction of this system into hospitals, and the use of gymnastics during convalescence after various acute diseases, would prevent many relapses, and enable the patient, immediately on leaving the hospital, to return to his usual occupation, often stronger than before his illness. Marasmus senilis, and the morbid symptoms accompanying old age, may be very much retarded, and very often prevented, in the same manner as the diseases to which constitutionally weak infants and youths are predisposed. In asylums for idiots, the use of the old gymnastics is already

appreciated, but the importance of Ling's ideas is not yet recognized, but I am happy to say that Dr. Guggenbühl's repeated visits to my institution, have given me an opportunity of inducing him to try the system, in his institution on the Abendberg. In institutions for the deaf and dumb, and especially those for the blind, rational gymnastics should become a necessary branch of education, especially as the dumb are obliged to express their ideas by movements, and as the blind, through their unhappy state, are too frequently disposed to many diseases. I cannot close this paragraph without the following quotations from Dr. Jaeger's *Gymnastics of the Hellenes*, and from Dr. Melicher's *Second report of his Medico-Gymnastic Institution*.

“ Well regulated gymnastics are the best and indeed the only real and natural remedies of the human organism. On observing a human body gymnastically developed, what an excellent architect does the art of gymnastics appear. The framework is firm, manly, square built; the bones compact, and hard, in material and texture; the spine upright and built concave; the chest rises free, strong and arched; the head is thrown back, resting on the proud towering neck, and exhibits the outline of a noble looking profile, beaming with spiritual expression; thus gymnastics not only proves the best architect with regard to the frame-work, but also by its chemical and plastic influence on the tendons, vessels, and humours, gives strength, durability, and manliness. The tendons and muscles become dense, elastic, and swell powerfully; their action and movements betray the highest power and tension; the whole organism is full of life and energy, and the fatty mass produced by relaxation and inactivity nowhere exists. The ligaments of the joints are kept in a state of perfect mobility and elasticity, and are at the same time strengthened so that there results the highest degree of dexterity, accuracy and decision in the movements of the body, and the most admirable power of persistence during fatiguing exertions; the skin becomes firm and fitted to protect the body from injuries, from too violent perspirations, and from disease; the blood becomes thoroughly mixed and actively circulated, by which the vital warmth is increased and

the dead venous blood removed; the nerves are invigorated, rendered less sensitive to external impressions and stimuli, and are thus in their vital manifestations completely under the influence of the will; all the internal vessels are strengthened, developed, and rendered capable of great vital activity and energy, by the condition of energy and vigour with which the body generally is endowed; the senses are invigorated, the bodily wants, requirements, and impulses are simplified and made more subservient to a free and independent will. The effect especially on the sexual organism is worthy of deep and earnest attention; this being the latest of the bodily developments, is always liable to be more precarious and to be wrongly directed in proportion as the body is little exercised and the nerves become more weak and irritable from the want of a vigorous development of body. Gymnastics are here the most powerful and indeed the only means of preventing the bodily and mental ruin which hence originate."

"Gymnastics restore lost health and strength, and improve it when restored; give to the body the capability of long continued labour and exertion, prevent the premature advent of old age, protect the body against disease, and enable it to overcome such disease when contracted. The natural powers are roused, and the whole body kept in a state of permanent strength; and where the strength has from any cause failed, that vital warmth which is prepared within, finding its way to the exterior, endues the joints with new force. It is therefore to be regretted that many persons have such erroneous views and prejudices about medical gymnastics as to believe that to children, weak persons, the paralytic, and those who suffer from chest complaints, medico-gymnastic treatment is less suitable than any other; such persons evidently decide upon a subject, which they do not understand, on a system which they have neither examined nor practised, and the effects of which they have not felt; they are recommended practically to test this system before giving an opinion."

(To be continued.)

REVIEWS.

DR. B. MURE'S *Materia Medica, or Provings of the Principal Animal and Vegetable Poisons of the Brazilian Empire, and their Application in the Treatment of Disease*. Translated from the French, and arranged by CHARLES. J. HEMPEL, M.D.

THOUGH on a previous occasion (vol. vii, p. 530), we gave a cursory notice of the subject of this work, when reviewing the original volume of Dr. Mure, we think it desirable to direct attention to it again, now that it has been added to the English homœopathic literature. We have here a volume of thirty-eight new provings! Is there to be no statute of limitation of the *Materia Medica* passed? Beyond the memory of man, our present collection of the symptoms of drugs already undoubtedly is, and we are threatened with an annual increase from America at a rate commensurate with the extraordinary fecundity of that remarkable continent, and so overwhelming to the slower notions of our European hemisphere, that we feel inclined to take up the complaint of Sydney Smith and exclaim in despair, why should the Americans write books? The natural reply is, why should they not? Living in a region teeming with new and powerful agents for the production and therefore the alleviation of aches and pains and actual diseases, are they not to follow out the directions of Hahnemann, and add to our therapeutic armament? We are bound to confess that they have right and reason on their side, and that the canon of homœopathy is not closed as some on this side the Atlantic would seem to imagine, but that so long as there exist many disorders which defy our efforts to cure, there will be a demand for new provings of new drugs. And we honestly confess that when we consider the activity and energy of our brethren in the West in this department, we feel somewhat ashamed of the small addition we have made to the common stock. While we thus acknowledge our own remissness and the merits due to those who have done so much, it is with a feeling of great regret that

we rise from the perusal of this volume. That it contains much valuable matter it is impossible to doubt. That those who have tested the various powerful poisons must have experienced the symptoms recorded we cannot deny for a moment, knowing as we do that they are all done in good faith, and with a deep sense of the importance of the experiments. But although here and there a group appears which an experienced eye at once recognizes as of great value, yet on the whole there is such a mixture of the frivolous, and so many what we would call whimsical sensations in the register, that we fear in a practical point of view, we shall not derive much advantage from all this labour. We repeat that it is with extreme regret we make this statement, for we hold in high respect any one who devotes himself to the painful and thankless task of testing on his own person the effects of drugs, and we should hardly have expressed ourselves so strongly, were it not from the hope that we might induce our zealous colleagues, by adopting a better method, to increase the value of their results.

Let us seriously consider what we mean by proving a medicine. We have put into our hands a substance, believed to have a powerful operation upon the human economy; how shall we determine all the effects it produces upon the body? It is impossible to overestimate either the importance or the difficulty of this problem. On its successful solution depends the future well-being of our whole race. The obstacles to perfect success are enormous. The body of man is the most complicated and highly developed organism in creation, requiring a vast variety of conditions for the manifestation of its activities, conditions seldom met with, and therefore at the outset we perceive that we can hardly expect to attain a knowledge of the alterations from ideal health in the morbid phenomena presented by any one individual. We must in the great majority of instances make allowance for some perturbations existing previous to the experiment, and from this it follows that we should require an account of the particulars of all the individuals who furnish the results. But not only is it difficult to produce a perfect specimen of a human living body, but even if we succeeded in this we should be perplexed on discovering that this perfect body was

the tenement of a spirit, related to higher intelligences, full of passions, emotions, and impulses, which exerted an incalculable influence upon its motions and activities, and which in its turn was no less powerfully reacted upon by its material associate. While on the one hand sudden and intense joy or sorrow will blight the strongest frame, on the other hand a cup of hemlock will madden the most powerful mind. And we must observe all the effects in this double sphere of bodily and mental suffering and energy! The first and most obvious condition of success in such an experiment, seems to be a sufficient supply of specimens on which to make our observations. Unable to obtain perfect specimens, we must neutralize accidental individual peculiarities by multiplication of the experiment. This will go far towards obviating the first difficulty, for although few persons are sound, the chances are much against the same kind of unsoundness being common to a number of persons, and the peculiar morbid phenomena depending upon a common cause in all, viz., the taking of poison, are thus eliminated. So that we should lay it down in the preamble of our statute of limitation, "That henceforth no proving be accepted, unless it be performed upon at least twenty different persons." And it is quite obvious, that not only should it be tested on twenty different persons at the least, but that, in as far as possible, those twenty should be in similar circumstances. We cannot, by any device, secure perfect equality of conditions, but some we may; for example, we may insist that the experiment be tried by all the twenty simultaneously, so that they shall be under the same general influences of time and temperature. The importance of this seems strangely overlooked: we find, for example, "running from the nose and cold feet," put down as symptoms of a medicine, without being told whether these phenomena occurred while driving in a gig on a winter night, or sitting on an arm chair on a sultry July day. Another important fact to be recorded, which is far too little attended to, is the negative result. If, out of twenty provers, four or five experience no effects at all, it suggests the necessity of a rigid investigation into the reality and accuracy of the reported effects upon the remainder. The scrutiny may end in establishing the positive or the negative,

according to circumstances, but for scientific purposes it is as necessary to detail the particulars of a negative as of a positive. We arrive at a knowledge of the conditions of success by exhausting all the failures. This axiom in science, so far from being acknowledged by some who assume the office of teachers in medicine, has been met by ridicule, exhibiting not only ignorance, but hopeless incapacity on the part of those who have attempted to criticise what they have not attempted to understand.

Another requisite for success is, that not only shall we have a full detail of the effects upon a numerous collection of specimens, but that these effects, so far as possible, shall be related in the very words of the provers. This condition has a double end in view; it secures a faithful reproduction of the full evidence, removing it from the bias of the person who combines the whole, just as in a court of justice the witnesses have to tell their own tale independently of the summing up of the judge, and from the combined result of the two, the jury come (or do not come) to a decision. Besides preventing an overwhelming judicial influence, such as would be were the judge's summary all that was presented to the jury, it affords each individual prover an opportunity of exhibiting his powers of observation and expression, and gives the public jury data for their own inferences, enabling them to make allowance for the over-sanguine temperament of one, and the over-sceptical character of another. So that we may add to our previous clause of the act, "That in every case, all who make the experiments shall be expected to enumerate all the particulars touching the time of day, weather, &c., and that the details afforded by each shall be given in full to the public, in the *ipsissima verba* of the observers."

If it be objected to this, that it is a manifest over-refinement, for we do not find it in the provings of Hahnemann, which, for practical purposes, are quite sufficient, to this we reply, that when we have a Hahnemann upon the bench we shall be satisfied with his summing up, and not insist upon the production of all the evidence on which he founded his judgment; for Hahnemann had qualifications for the task we can hardly ex-

pect to meet with in any of his successors; he was endowed to a degree probably never equalled with the genius of the art of medicine; this enabled him to perceive with unerring accuracy, in the few features of the dim image of diseases presented by the effects produced on himself and colleagues by the drugs they proved, the essential analogy to natural maladies, and he was thus enabled to assume a tone of certainty in recommending remedies proper for special diseases, and the advice he gave, when faithfully followed, may safely be said never to have misled. His prophetic prediction of the value of Camphor in cholera is one of the most wonderful examples of the prescience of genius in the annals of science. But besides the gift of genius, he had also its natural attendant—enormous knowledge. He approached the investigation of the relations of a substance to the animal frame, with a thorough acquaintance with the characters of natural morbid conditions, and was in possession of all that traditional lore had treasured up of the curative efficacy of the subject of his experiments. He thus held in his hand a double clue, and when we reflect upon the value of such an initiation to his investigations, we are hardly surprised at his great success. We perceive an attempt on the part of some modern writers to over-value one of these clues—his traditional knowledge, and to ascribe, as it seems to us, an undue importance to this, making popular testimony in favour of a drug supersede, in some degree, the necessity of a strict scientific examination of its pathogenetic effects: the consequences of this would obviously be a sort of refined and respectable empiricism. While, perhaps, on the other hand, some of our recent provings, admirable in many respects, have leant to the other clue, and the provers have been too much possessed with well-established morbid pictures, to allow sufficient scope to a full and apparently incoherent narrative of the positive effects of the substance they had in hand. But, on the whole, we should, for practical purposes, prefer such provings to those of persons who have no considerable experience in the phenomena of disease, and present us with a crowd of sensations which they have felt, and which they attribute to the effects of their drug, but which bear no resemblance

whatever to any form of natural disease, but are the mere projection of their own personal susceptibilities, caused by anything, or nothing, that sets their tremulous nervous system into a state of vibration. The difference between such provings and those of Hahnemann is that between noise and music.

We have been led much further than we intended, when we began to put down our observations upon the volume before us, and before closing this notice, we should wish to recommend the book to the careful perusal of our colleagues, for although we cannot acknowledge it as canonical, yet some of the medicines, for example, *Hura Braziliensis*, present a collection of symptoms, peculiar and valuable, and if we can succeed by their administration in restoring to health or ease even one sufferer, whose case has baffled our previous efforts, we shall have done more good than in the most elaborate and successful demonstration of the imperfect character of a whole volume. Goethe somewhere says, with his usual wisdom, "That is good by which we are made better."

A Biographical Sketch of the Swedish Poet and Gymnasiarch,
PETER HENRY LING. By AUGUSTUS GEORGII, Professor, late
Lecturer on Anatomy, and Sub-director at the Central Gymnastic
Institution of Stockholm, &c. London: Bailliere, 1854.

We have been highly gratified by the perusal of this short biography of the great modern founder of hygienic and therapeutic gymnastics: our only regret is, that the memoir is so short. We should have liked very much to know, "what hardships he encountered, what temptations he mastered, what dangers he survived," and cannot agree with the author, that this biographical memoir was "not the place to set forth" such interesting circumstances in the life of his hero. We trust the author, or some other companion and friend of the Swedish gymnasiarch, will favour us with a more detailed account of his career, for we are greedy for all the events in the life of a great man that can give us an insight into the mode in which his mind was moulded; and surely the hardships, temptations and dangers he encountered belong to these.

In the meantime, however, we must content ourselves with what is given us, and even from this meagre narrative, we find sufficient

to convince us that Ling was a wonderful man and a great genius, the enthusiastic and undaunted advocate of a method of cure, which was pooh-pooed like everything new and good, by the obstructive representatives of old-fogydom, but which is founded on more philosophical and rational principles than any the old school of physic can boast.

Ling was born in 1766. He was the youngest of six children. His father was a clergyman, and he was designed for the church, but could not be prevailed on to embrace that profession. Sent to school, he was expelled for refusing to betray some of his companions who had been engaged in a mutiny among the scholars. Thereafter he underwent a number of trials and vicissitudes, and completed his studies at the universities of Lund, Upsala, Stockholm, Berlin and Copenhagen: he was present at the naval fight at the latter place, on the 2nd April, 1801. In consequence of the hardships and privations he endured, he had an attack of rheumatism and paralysis in his right arm. It occurred to him to try fencing for its cure. The success of this novel remedy probably gave him the idea of employing gymnastics as a hygienic and therapeutic means. In 1805 he was engaged at the University of Lund in the three-fold capacity of fencing-master, teacher of modern languages, and lecturer on Norse mythology. Here the principles and technicalities of his system were gradually developed. The endeavours to discover a means of arresting or preventing a pulmonary disease to which he was hereditarily disposed, stimulated him in his efforts to perfect a hygienic and therapeutic system of movements; for he seems to have entertained a profound contempt for the ordinary system of medicine. He observed carefully the effects of different kinds of movements, and by persevering labour he was enabled to invent a system of movements whereby he could produce on the human body almost any desired effect at will. It is of course impossible, within the limits of a short review, to give anything like a full account of the principles and *modus operandi* of this important system; nor is that necessary, for our readers will find in another part of this number an interesting paper by Dr. Roth, illustrating its practical working.

Ling's labours were not confined to the development of the system of gymnastics that bears his name: he improved the art of fencing, and introduced a mode of instruction in military exercises that was partially adopted by the Swedish government during his life, and

more fully since his decease. He was an enthusiastic student and expounder of the Scandinavian mythology, and a poet of no mean order. Some of the specimens from his poetical remains, given in Professor Georgii's pamphlet, are of high merit, and we must award great praise to their English rendering.

Ling's restless activity remained with him to the last, and he died in 1839, at the age of 73, four years after his admission into the Swedish Academy, an honour bestowed only on men of eminence in literature, and three years after he had the satisfaction to see his system of gymnastics and bayonet fencing introduced in the Swedish army and navy.

Since his death, his system of *kinesitics*, as we may be permitted to term it, has obtained a wide extension, more especially for therapeutic purposes, and numerous institutions, for the cure of disease by movements, are to be found in various countries of Europe. St. Petersburg, Berlin, Vienna, Prague, Munich, Dresden, Breslau, Cassel, Halle, Graudenz, Dantzic, Stettin, Friburg, Giessen, each possess one or several successful exponents of the system. In Ling's own native country there are three therapeutic institutions in Stockholm, and one each in Upsala and Norrköping. In England there are several institutions of the sort, over one of which the author of the present pamphlet presides.

At page 56, our author indulges in a sneer at those who have endeavoured to spread a knowledge of Ling's system in England, which we cannot pass unnoticed: "Judging," says he, "from what has come under my own notice in this country, it appears to be considered enough to compile, no matter how vaguely and from what sources, a book on the subject of movements, to entitle the editor to attention, and secure him practice as an authority, if not as a master of the art. With equal lack of reason, though perhaps less presumption, might a gentleman in possession of a medical diploma hope for success as a candidate for the baton of a Costa, or expect the ovation of an Ernst, as the consequence of an inartistic performance on the violin, as that any practitioner devoid of information and experience should dub himself professor, or ape the gait and assume the airs of a genuine disciple of Ling. The presumption, I assert, would be less, and the offence more trivial, inasmuch as Ling's character would not be depreciated, his system damaged in the eyes of the public, and, most of all, the welfare of many patients compromised. At the very least, a course of from three to

five years, presupposing a modicum of medical knowledge, is necessary for a man of above an average talent, to attain even a superficial knowledge of the system." All this strikes us as being in very bad taste. Professor Georgii, in his previous pamphlets (*Kinesithérapie* and *Kinesipathy*) informs us that Ling considered Professor Branting and himself to be the only competent representatives of his system among his disciples. Such being the case, it surely became a bounden duty of these two gentlemen, to extend the knowledge of the principles and practice of a system fraught with such advantages to suffering humanity. Professor Branting may, for aught we know, be personally engaged in the instruction of future professors of the art; but no systematic work on the subject has hitherto appeared from his pen. Professor Georgii has written a few popular pamphlets, and has, in conjunction with Dr. Liedbeck, edited *Ling's Principles of Gymnastics* in Sweden. To neither of these gentlemen are we indebted for any systematic work explanatory of the practice of the system. It is to gentlemen who had not the advantage of Ling's personal tuition, that we owe what we know of the practice of the system. It may be that their writings are not so complete and accurate in every respect as is desirable, but what they have learned for themselves, they have freely communicated to their colleagues; and their writings, imperfect though they may be, are the only ones where we can obtain any knowledge of the art. It would better become Professor Georgii to give us a work containing a full exposition of the system he has so long practised, and the results of his vast experience, than to sneer at others for doing their best to supply the knowledge it was his high mission to impart. When Ling pronounced Professors Branting and Georgii to be the only two of his disciples capable of carrying out his scientific views, he surely did not mean that they should make a monopoly of his art. It is a very dog-in-the-manger mode of proceeding on Professor Georgii's part, to vilipend others for doing what he will not do himself. If this be a specimen of the "airs of a genuine disciple of Ling," we can only say that the sooner they are laid aside the better for science and for humanity. We shall hail with delight Professor Georgii's promised "Organon" of gymnastics, but until that appears we shall ever feel grateful to those, who, without having had Mr. Georgii's advantages, have done their best to indoctrinate us in the practice of his master's system. When Mr. Georgii asserts, that a course of instruction, from three to five years, is necessary, in

order to attain a superficial knowledge of the system, he knows very well, that such a course cannot be had in this country, and he thereby insinuates, that none of its practitioners, either here or in Germany, where the same disadvantages exist, have even a superficial acquaintance with the system they practise; and yet in his former work (*Kinesipathy*), he alludes, in flattering terms, to the labours of some of those gentlemen, and even in this pamphlet, he mentions approvingly the foundation of institutions for the practice of Swedish gymnastics, by others who have not had the advantages of a Stockholm education.

The immense progress made of late years by Ling's system, in almost every country in Europe, shews that its value has been fully appreciated by many. It is impossible any longer to confine its practice to Ling's original disciples; the idea which it took Ling years of patient toil to work out has been eagerly seized on by others, and has been successfully applied by them to the cure of disease. These feel bound to impart to their professional brethren what they themselves know, and their zeal and energy will eventually succeed in bringing the system to perfection, even should Ling's appointed successors continue to maintain their present jealous reserve. We trust, however, that we shall not have long to wait before having the satisfaction of seeing a complete manual of Kinesitics from Professor Georgii, than whom none is more competent to execute the task.

Systematisation pratique de la Matière Medicale Homœopathique.

Par le Docteur A. TESTE. Paris, 1853.

The Homœopathic Materia Medica, arranged systematically and practically, by A. TESTE, M.D., and translated by CHARLES J. HEMPEL, M.D. Philadelphia, 1854.

Dr. Teste is known in medical literature as the author of several works on Animal Magnetism, and of a small domestic work on the Homœopathic Treatment of Children's Diseases. In the work whose title stands above, and which was immediately on its publication done into English by that untiring translator Dr. Hempel, he has selected a more ambitious walk than he took in his first homœopathic essay.

Many attempts have been made to arrange the *disjecta membra* of

our materia medica into something like natural groups or genera ; to classify together those which resembled each other in their pathogenetic effects. Jahr, Trinks, and Bönninghausen have each tried their hands at the work, with more or less success. None of these authors, however, has attempted anything so bold as this labour of Dr. Teste's.

Our author arranges the medicines in our materia medica into twenty different groups, each of which groups has a typical medicine, to which the other medicines in the group are stated to bear a great physiological resemblance.

The following are Dr. Teste's groups :

GROUP I. *Type* : Arnica. *Analogies* ; Led., Crot., Ferr-mag., Rhus-t., Spig.

GROUP II. *Type* : Merc-sol. *Analogies* : Arg-f., Ars., Sulph-ac., Merc-c., Croc., Kreo., Plumb., Stan., Nitr-ac.

GROUP III. *Type* : Sulphur. *Analogies* : Crot., Merc-c., Boy., Æth., Kreo., Lob., Merc-s., Asterias, Cic., Rat.

GROUP IV. *Type* : Arsenicum. *Analogies* :

1st Series. Arg., Merc., Nux-v., Sep., Alum, Ind., Sulph., Verat., Zinc., Lyc., Coloc., Cop., Plumb., Bry., Cin., Lach., Ferr-met., Petr., Carb-v., Bism., Nux-mosch.

2nd Series. Bell., Carb-v., Caps., Cedron, Bry., Op., Acon., Thuj.

3rd Series. Arg., Zinc., Plumb., Caps., Ferr-met., Op., Arnic.

4th Series. Lob., Alum., Sulph., Merc-s., Sep., Ferr., Arg., Merc-c.

GROUP V. *Type* : Puls. *Analogies* : Sil., Cal-c., Hep., Graph., Phos.

GROUP VI. *Type* : Sepia. *Analogies* : Cop., Alum.

GROUP VII. *Type* : Causticum. *Analogies* : Cocc., Coff., Cor-rub., Nux-v., Staph., Ars.

GROUP VIII. *Type* : Ipecacuanha. *Analogies* : Puls., Nux-v., Ars., Chel., Iod., Cham., Phos., Fil., Tart-em., Sil., Dulc., Bry., Spong., Zinc., Ign., Bell., Ant-cr.

GROUP IX. *Type* : Bryonia. *Analogies* : All-sat., Coloc., Dig., Lyc., Nux-v., Ign.

GROUP X. *Type* : Dulcamara. *Analogies* : Sulph., Coral., Bry., Chel., Puls., Calc-c.

GROUP XI. *Type* : Chelidonium. *Analogies* : Caps., Hep., All-sat., Dulc., Dig., Puls., Viol-od., Coral., Cann., Cina., Bry., Sil.

- GROUP XII. *Type*: Acid. muriat. *Analogies*: Agn-cast., Hyos.
- GROUP XIII. *Type*: Lycopodium. *Analogies*: Natr-m., Viol-tri., Ant-cr.
- GROUP XIV. *Type*: Zincum. *Analogies*: Plumb., Samb., Arg., Nitr-ac., Merc-c., Colch., Ars., Dros., Ferr-met., Plat.
- GROUP XV. *Type*: Aconitum. *Analogies*: Cocc., Cham., Dulc., Cann., Con.
- GROUP XVI. *Type*: Conium. *Analogies*: Jat., Phos-ac., Sol-n., Cham., Seneg., Canth.
- GROUP XVII. *Type*: Thuja. *Analogies*: Plat., Canth., Bism.
- GROUP XVIII. *Type*: Chamomilla. *Analogies*: Grat., Viol-tr., Hell.
- GROUP XIX. *Type*: Belladonna. *Analogies*: Agar., Cedron, Op., Arn., Rut., Aur., Cann., Bry., Lach., Stram., Clem., Tab., Camph., Hyos.
- GROUP XX. *Type*: Ferrum-met. *Analogies*: Plumb., Phos., Carb-an., Puls., Zinc., Sec., Magn-m., Rat., Bov., Chin., Bar-c., Cupr.

“ Each of these twenty groups,” says our author, “ represents a series of drugs, or rather drug-diseases, which resemble each other more or less by their course and symptoms, if they develop themselves in physiological conditions that are similar ; or which offer, in certain cases, the appearances of an almost complete similarity, if they develop themselves in physiological conditions that are different. Hence we may infer that diseases occasioned by drugs of one and the same group, may, to a certain extent, be abstractedly considered as the various shades of one and the same malady, the most acute form of which (almost in every group) would be represented by the *type*.”

The first thing that strikes us in this so-called systematisation is the paucity of the medicines admitted into this materia medica. There are only 103 of them. But we would not take exception to the smallness of the number, were it not that we miss in the list so many of our useful well-proved drugs. We shall indicate a few of those omissions: Ambr., Am-carb., Anac., Asar., Assaf., Bor., Cycl., Euphor., Euphr., Guaic., Kal-bich., Kal-carb., Magn-carb., Mang., Meny., Mezer., Mosch., Natr-carb., Nitr., Olean., Ran-b., Rheum, Sabin., Sarsap., Squil., Tarax., Verb. We could accept the author's apology for these omissions, viz., that he did not possess sufficient data to enable him to classify them, were it not that in his list we

meet with a good many medicines for which the data necessary for their classification must be still more scanty—such as *Asterias*, *Allium*, *Cedron*, *Ferrum-magnet.*, *Viola-odorata* and *tricolor*, *Filix-mas*, and some others.

The next thing that impressed us was the extreme difference between Teste's lists of analogous medicines and those of other writers. We need only take one or two groups at random. Compare for instance Teste's analogies of *Pulsatilla* (group v.) with those of Trinks, which stand thus: *Acon.*, *Assaf.*, *Bell.*, *Ferr.*, *Ign.*, *Led.*, *Merc.*, *Nux-v.*, *Sep.*, *Sulph.*, *Thuj.*; or with Jahr's, which are as follows: *Agar.*, *Ambr.*, *Ang.*, *Ant.*, *Arn.*, *Assaf.*, *Aur.*, *Bell.*, *Bry.*, *Cham.*, *Chin.*, *Colch.*, *Con.*, *Ferr.*, *Ign.*, *Ip.*, *Kal.*, *Lach.*, *Lyc.*, *Merc.*, *Nitr-ac.*, *Nux-v.*, *Petr.*, *Plat.*, *Rhus*, *Sep.*, *Stan.*, *Sulph.*, *Sulph-ac.*, *Tart.*, *Thuj.* From this, it will be seen that whereas Jahr's list (the more copious of the two) contains all the medicines in Trinks' list of analogies except *Acon.* and *Led.*; neither Jahr nor Trinks give one of the medicines we find in Teste's list. Neither Bönninghausen nor Jahr give as analogies to *Lyc.* any of those medicines enumerated by Teste (group xiii), and Trinks only gives one, viz. *Natr-m.* We might multiply instances of the extreme difference between the results of our author's labours in the field of comparison, and those of his predecessors, but the above will suffice.

We cannot say that Dr. Teste has succeeded in his endeavours to classify the medicines of our materia medica. In most cases the resemblances of the different members of his groups are very partial, and in some of his groups we can trace no resemblance whatever of the so-called analogous medicines to the type. Of these we shall presently give one or two examples. In very few instances are the resemblances founded on a pathological relationship of the medicines to one another; in most it is merely a superficial symptomatic likeness that is displayed, a likeness that, we will venture to state, might easily be found in much greater degree in many of the medicines not included in the group. But sometimes not even a superficial symptomatic harmony can be traced among the members of some of the groups.

Let us take the group of which *mercurius solubilis* is the type, (group ii). "All" (the medicines in this group), says Dr. Teste, "have the following leading symptoms: Suppression, or more frequently increase, of all the secretions, with putrid alteration of the secreted substances. Foulness of mouth and breath; putrid taste,

like foul flesh in the throat; intolerable odour of fæces, and often even of the pus discharged from the ulcers; fetid smell of the sweat and sometimes of the urine. Bloating and softening of the flesh, with tendency to decomposition; nocturnal bone pains. Softening, interstitial distension, friability, dry caries of the bones. Depression of the vital action; cadaverous coldness, general or partial; apparent or real mortification of the extremities, or stinging heat, followed by profuse sweat. Predominance of action on the left side of the body. Deep derangements of the nervous action; great disorders of the intellectual and moral sphere; weakness of the senses as at the approach of death. Sort of violent oscillation of the vital principle; opposite effects in all the functions; paralytic numbness, or frightful pains with involuntary motions; ravenous hunger, or else anorexia; unquenchable thirst, or else adypsia; comatose somnolence, or else sur-excitation of the whole organism, which absolutely prevents sleep; exaltation of the sexual desire, or else complete extinction of the sexual powers. Production of intestinal worms and other parasites."

One naturally wonders at finding such qualities as the above attributed to *crocus*, which, as far as we can judge from its proving, and from its therapeutic uses, possesses none of the foregoing terrific powers. The only reason we can discover for its introduction into this group is, that the majority of the medicines in the group have the power of preserving organic substances from decomposition, and *Crocus* is also stated to possess a like property. In no other quality as far as we can see, does it bear any resemblance to the other medicines of the group.

Again in group XII, of which *muratic acid* is the type, we find the very mild *agnus castus*. A list of most important and severe symptoms is given as characterizing this group, containing most of the phenomena of typhus fever. And yet notwithstanding this, the author says of *Agnus castus* that he considers it a drug of so little importance, that we might blot it out of our *materia medica* without losing much! * We must record our dissent to Dr. Teste's views, as regards both the resemblance of *Agnus castus* to *Muriatic acid*, and its alleged uselessness.

It is not necessary, however, to cite more instances of the author's ill success in classifying the remedies in what he considers natural groups, analogous to the natural classification of plants by Jussieu. Dr. Teste's system more resembles (except in utility) Linnæus's

artificial classification of plants, by which plants, often the most dissimilar, are linked together from having some insignificant feature in common.

While we cannot accord to Dr. Teste's work as a systematisation of the materia medica the credit of being a successful undertaking, we yet can find much to praise and admire in the book. Regarded as a peg on which to hang a vast amount of agreeable and instructive gossip about our drugs, we can tolerate the attempted systematisation. Though the observations respecting the effects, therapeutic and other, of the medicines are often repulsively dogmatical, and sometimes eminently absurd, we find scattered throughout the work a great deal of truly valuable information, indicative of patient research and diligent experimentation.

We can heartily recommend the work to the attention of the homœopathist, but caution him that he must use his own judgment in estimating the value of the author's individual views and statements, even when emphatically enunciated in capital letters like the following: "with few exceptions, Corrosive sublimate should be given exclusively in diseases of males, and soluble Mercury exclusively in diseases of females"! (p. 143.) With one more example of assertion so totally opposed to experience we shall conclude. Speaking of the medicines in group IX, consisting of Bry., Alumina, Lyc., Dig., Nux-v., Coloc., Ign., he says: "These drugs may safely be struck from the list of those that are required for the diseases of horses, ruminating animals, and the gallinaceous tribes, and they will have to be reserved for the diseases of carnivorous domestic animals." (p. 385.) Our veterinarians and cow-doctors will be astonished to find themselves thus prohibited from employing the above medicines, some of which, especially Bry., Nux and Coloc., they have hitherto been in the habit of giving to their equine and vaccine patients, with what they ignorantly supposed to be excellent effects.

HOMŒOPATHIC INTELLIGENCE.

Annual Congress of British Homœopathic Practitioners.

THE Congress was held this year on the 9th and 10th August, at the Regent Hotel, Leamington. The following gentlemen were present: Drs. Black, Cochran, Drysdale, Dudgeon, Fearon, Hastings, Ker, Madden, Pope,

Quin, Russell, Wielobycki, and Messrs. Engall, Gillow, Holland, Joce, Moore, and E. Phillips.

Dr. Quin was called upon to preside—

In the absence of Professor Henderson, who was unavoidably detained in Edinburgh, his address was read by Dr. Madden. It will be found at page 569.

Dr. Russell said he greatly regretted the absence of Professor Henderson, from whom he had received a note, stating that he was absolutely prevented from attending by having on hand three cases requiring his constant care. There could be but one opinion of the merits of the paper. Of its general excellence, the name of the author was a sufficient guarantee; but it had the special merit, as appropriate to the occasion, of being both general and particular. Besides enunciating propositions undeniable, but of which it was well to be reminded, it went into detail on topics it was of immense advantage to have in view. The two principal points were, the possibility of treating acute cases of disease in the most dangerous form, without venesection, or other depleting measures, and the use of chloroform in tetanic and infantile convulsions. He hoped these points would be thoroughly discussed by the Congress. During the last year he had had one or two instances of the former kind. The first case was that of a child of seven years old, a little boy, who was attacked with enteritis. He treated the case with *aconite*, 1st dilution, and the 1st trituration of *mercurius*, alternately, at first every half-hour, and afterwards at longer intervals. Under the use of these two medicines and *arsenicum*, the child got gradually better, and in ten days was quite recovered. As to the exhibition of chloroform in infantile convulsions, he perfectly agreed with Dr. Henderson. He could not conceive it likely to be of permanent use. In a case of simple irritation from intestinal derangement, it was more judicious to give medicines reaching that cause, and if they did not succeed, he considered it not so dangerous as the administration of a powerful remedy like chloroform continuously, perhaps for a week together. It was impossible at the outset of many attacks to say whether they were owing to sympathetic irritation or idiopathic. He had lately the case of a girl of eight, in convulsions; the teeth clenched, and the hands and arms drawn up. Soon after giving *belladonna* she got better. Her friends attributed the fit to a mere derangement of the bowels, but he warned them that it might be the beginning of a serious cerebral affection; and his prediction turned out true. In the course of a week the girl had another convulsion; determined symptoms of hydrocephalus followed, and the case went on to a fatal termination in about five weeks. The administration of chloroform would have done no good; the chances were it would have hastened the catastrophe. He did not wish for any other remedies than they had. For the most part, their treatment of these cases was highly satisfactory (hear, hear).

Mr. Holland doubted very much whether in chloroform they had not a decidedly useful remedy in convulsive affections; indeed, he thought it a

valuable and perfectly homœopathic medicine. A curious case had occurred to him at Rochdale. Scarlet fever prevailed in the town. The mortality, under Allopathic treatment, was great in the extreme; but, he was thankful to say, under homœopathic treatment he had not lost a single case, out of fifteen hundred or two thousand. The case to which he referred had this peculiar feature. It began with measles; there was sneezing, coryza, an immense amount of febrile action, pulse 130, and the chest and body covered with a measly eruption. The next day delirium ensued; there was a peculiar fœtor from the mouth, and the throat he found to be as black as his coat. The third day he was surprised to find the Scarlet fever rash all over the body except the chest, and the delirium aggravated; cold supervened, with a good deal of convulsive action. He took his friend Dr. Phillips to look at the case. They agreed to give *arsenicum* and *opium* in low dilutions. The next day the delirium passed off, the pulse lowered, and the surface of the body warmed, but there was still the same fœtor. They continued *arsenicum* and *opium*. The Scarlet fever passed off, but the measles reappeared; delirium set in worse than ever; and the evacuations were involuntary. They thought the child could not recover; but, on the contrary, after a few doses of *veratrum*, recovery commenced. It was very unusual for scarlet fever and measles to co-exist in the same person.

Mr. Gillow had observed, that during the prevalence of an epidemic, other diseases often took on some features of the epidemic. During an extremely malignant epidemic of scarlet fever at Clifton, cases of measles took on many of the symptoms of scarlet fever, and had to be treated as such. He had wished to have brought with him a written narrative of a case of organic disease of the heart; but he could only state the leading facts. It seemed to be thought that organic disease of the heart was incurable; that a man subject to it was to walk about with the fear of death always before his eyes; and that it had no other cause but rheumatic fever. A few years ago, a young woman in Clifton was seized with violent pain in the left side, and her breath became painfully short. Allopathic practitioners used depleting means to the greatest extent, and told her there was inflammation of the heart, and she would probably die in a week or two. Wonderful to say, she lived in spite of the prediction. When he first saw her, the symptoms were painful to witness. He imagined she had had rheumatic fever, but she assured him that she had never been ill before. He treated her with success; she had had another attack, so acute that suffocation seemed impending. She had not only recovered from this, but was enabled to resume the avocations by which she formerly earned her livelihood. *Arsenicum* was the great medicine in this disease for acute attacks, and *Calc. carbonica* in chronic stages of the complaint. He had had, also, a case of intermittent fever, in a child living in a low, unhealthy part of Bristol, but free from organic or hereditary disease. The child was in a state of violent fever, and had

been in that state six weeks when he first saw him. He suspected the existence of scrofula, and prescribed accordingly, and the child wonderfully improved. But on a subsequent visit, he found that the tepid ablutions ordered had lost their action, and the child had relapsed. He gave *Arsenicum*, and found the case one of pure intermittent fever. The *Arsenicum* had not been in the child's body twenty-four hours before the attack ceased; and he had since become perfectly well.

Dr. Madden said he had been struck, like Mr. Gillow, by the tendency of epidemics to impress their type on other forms of disease; he had particularly remarked it during epidemic attacks of influenza. As to diseases of the heart, he had had under his care, at the dispensary, two labouring men, who were clearly suffering from insufficiency of the valves of the heart. In the one case he only knew that he had given relief, as the man had disappeared; in the other case, the cure had so far progressed that the poor fellow, who could at one time scarce hobble into the dispensary, now went about his laborious work as a hedger and ditcher, summer and winter; just sending to him for the old medicine when he felt any return of the disease. In both cases he had given *Bryonia* and *Pulsatilla*. In cases of infantile convulsions, he had used *Zinc* with a success that, if not astonishing, was highly gratifying. He preferred in these cases, the sulphate of zinc to the metallic zinc.

Dr. Dudgeon had had a case precisely similar to that narrated by Dr. Holland, in which scarlet fever supervened on measles, whereupon the measles disappeared, and returned after the scarlet fever had ceased.

Dr. Black mentioned the case of a lady subject to hysteria and catalepsy, and who always recovered from rigid convulsions by two drops of chloroform, in a cup of water. But with a girl of ten years of age, who had had teeth drawn under the influence of chloroform, it brought on pneumonia. There was as much reason to claim chloroform for homœopathy as for allopathy. As to venesection, frequently, in the treatment of inflammatory cases, immediate relief to pain and dyspnoea was given by the abstraction of blood, without arresting the disease; of which he gave two instances in cases of pleurisy.

The Chairman, in concluding the conversation of the evening, said he echoed the eulogium that had been passed on Professor Henderson's paper, and suggested a formal resolution, expressing their high sense of its merits (a suggestion that was unanimously adopted). Dr. Henderson had quoted an eminent authority as saying that pneumonia had changed its character. However that might be, homœopathy had succeeded in the treatment of these cases as well before the assumed change took place, and when venesection was practised, as now. At a time when in England the man who bled the oftenest and the deepest was the most looked up to, homœopathy was effectively treating pneumonia on the Continent. He agreed with Professor Henderson and the gentlemen who had spoken, as to the non-reliability of chloroform in cases of infantile

convulsions; it only masked the disease. But there were indications that it might be found hereafter a valuable remedy; and he thought the information scattered over periodicals should be collected and tabulated. The testimony of Burq as to Hahnemann's prophylactic doctrine could scarcely be taken as a recent gain to homœopathy, inasmuch as Burq was already half a convert, of which Professor Henderson was probably not aware. The rubbing-in of oil was practised by himself (Dr. Quin), twenty-four years ago, in Italy, and on the shores of the Mediterranean, where it, and even the use of oil-baths, had long been known as a valuable resort, when the stomach could not bear the internal administration; he feared, therefore, it could not be claimed as one of the discoveries of homœopathy. Passing from the address to the discussion it had occasioned, he must say his own experience did not warrant the alternation of medicines every half-hour, as had been done by Dr. Russell in the very interesting case he had described. He was sorry to say, he had not had the success or good fortune of Dr. Holland; he (Dr. Quin) had lost many cases of scarlet fever. But he could confirm the observation of that gentleman and of other gentlemen as to the influence of epidemics; it had often occurred to him to find scarlet fever or influenza stamping their own character on other complaints. In cases of disease of the heart, he had found *Spigelia* and *Arsenic* useful. He believed that in women, hysteria often put on the symptoms of organic disease of the heart; but in the case of the old men mentioned by Dr. Madden, hysteria could of course have had nothing to do with the disease.

The conference then adjourned to the next day.

On the morning of the 10th, at half-past eleven, the Congress reassembled. Dr. Quin again took the chair.

The first business was to arrange the time and place for the next Congress. Dr. Black stated that there was a general feeling that, since the increase of homœopathic practitioners, and the greater facility of intercourse, these conferences were less necessary. He proposed, therefore, that they should adjourn till the first week of August, 1856, and that they should meet in or near London.

Mr. Gillow moved an amendment in favour of an annual Congress. After considerable conversation, the amendment was carried, and it was understood that London should be the place of meeting.

Dr. Pope then rose, as requested by the American Provers' Union, to bring before the Congress the existence of such a Society, whose object is to prove new drugs, and to reprove drugs imperfectly known. Its officers included a number of corresponding secretaries, who sought to form branch associations in all parts; and he hoped such would be one of the results of this Congress. The Society, since its formation in September last, had issued a pamphlet, fixed on the iodide of mercury for testing, and had already collected considerable materials. One of the rules required every

member to prove in the year at least one of the medicines selected by the Society for proof. The Association which he proposed might be independent of the American Association, in communication but not in connection with it.

The Chairman thought that the proposition should not come before the Congress formally; but that gentlemen who felt disposed to do so, should put themselves in private communication with Dr. Pope. It seemed to be felt, however, that at least an expression of interest and sympathy was due to the American Society, and it was agreed that the secretary of the Congress should write to the Union to that effect.

There being no other business before the conference, Dr. Madden invited a renewal of conversation on the value of rapid alternations of medicine. In acute diseases, he had tried rapid alternations with great success; and he could not yield up a valuable result of experience in obedience to a theory.

Dr. Drysdale said, that the reasons for alternating medicines, seemed to him to be purely of a practical character. The great majority of acute diseases were not susceptible of cure with one medicine, but the different phases of the morbid state that presented themselves at different stages of the disease required to be met with different medicines. No doubt it would be better if the medical man could always see the patient before changing the medicine to meet the expected change in the symptoms. This, however, frequently cannot be done unless medical men confined themselves, like nurses, to one patient at a time. In private practice they must unavoidably leave the patient often for many hours, and therefore they were obliged to calculate upon the changes of the symptoms, and thus give two medicines in alternation to meet them. The practice may be considered to have received indirectly the sanction of Hahnemann* in his directions for the treatment of purpura miliaris, by the alternating use of Aconite 30, and Coffea 3. Still it should be used with great reserve, as it undoubtedly gave a handle to slipshod practice and could only be justified by necessity.

Dr. Wielobycki, at the instance of Dr. Russell, gave his opinion on the use of chloroform in cases of infantile convulsions. He had seen it given repeatedly, with no permanent benefit, but the contrary. Chloroform had no remedial power at all. As to the alternation of medicines in acute cases, it was found beneficial; but in chronic cases, it was quite unnecessary.

Mr. Phillips mentioned cases of infantile convulsions which were due to latent scarlet fever, as belonging to a class of cases which he could not trust to one medicine. In cases of convulsions depending on dentition, he often gave *aconite* and *chamomilla* in alternation. He was called to see a child in fits, resulting from the presence of something indigestible in

* *Reine Arzneimittellehre*, vol. i, p. 15. [Eds.]

the stomach. He administered *nux* and *belladonna* alternately, just putting the globule or drop on the tongue; the child came out of the fits and recovered. He had had seven cases of scarlet fever in one family, four of which passed into dropsy, from exposure to cold; in one case convulsions came on. He found it necessary to give brandy as a stimulant, before the medicines proved of use. In all these cases the medicines were given in alternation, at intervals sometimes of even twenty minutes or a quarter of an hour.

Dr. Wielobycki added, it was easy enough to stop the fits without touching the cause. Mothers gave baths which recovered the child; but the fits became periodical. He had seen a child in a fit which he had attributed to disease of the kidneys. After death, he found the stomach absolutely filled with a quantity of undigested cheese. In another case of convulsions, in which the cause could not be ascertained during life, there was found after death, complete atrophy of the left kidney, the other was larger than a tumbler. It was organic degeneration that had led to the fits.

Mr. Moore was in the habit of alternating medicines in cases of acute disease. If the skin were attended to in cases of scarlet fever by sponging or the wet sheet, the cure not being considered complete till natural secretion and perspiration were restored, dropsy would not follow; that he had observed ever since he attended to the skin. *Bryonia* and *mercurius* he had found the best medicines in such cases of dropsy. In cholera, he alternated *arsenicum* with *veratrum*.

Dr. Fearon said, as diseases reacted upon each other, it could not be unscientific to counteract them by alternating medicines.

Mr. Gillow believed that if tepid ablutions were freely used in scarlet fever, dropsy would not follow. Chloroform in convulsive cases is very dangerous if the child was of strumous constitution. Such a child he and Dr. Black had been called in to visit. The child died in three hours. Had chloroform been used, the death might fairly have been attributed to that. On examination they found effusion of blood upon the ventricles of the brain. Another child, who had been in such prolonged convulsions that it was actually thought dead, was recovered by the employment of a stimulant. In this latter case, chloroform could not have been employed without great danger.

A discussion on Bright's disease of the kidney now took place, in which most of the members joined.

The Chairman said, there had been some important cases related, and by men whose experience entitled them to respect. Still, he could not give in to the opinion that it is wise or judicious to alternate rapidly. Some of the cures related, he believed, might have followed the employment of a single medicine, especially as they appeared to have been selected with great judgment. His feeling was in favour of keeping to one medicine, not, of course, to the exclusion of changing that medicine, if the necessity for

another curative agent were indicated; as, for instance, when any violent symptoms arise. Had Dr. Russell adopted that principle in the remarkable case that had led to this discussion, he would have known at the close of the case to what medicine the cure was due. The great point was to ascertain the best medicine to give, and then to steadily continue its employment. Hahnemann had met the question by allowing what he called intermediate medicines to be given during treatment. In his own experience as a homœopathic practitioner, he had certainly not found his treatment more successful in deviating from Hahnemann's rule. The early homœopaths never alternated; it was a modern practice. In saying that, he did not mean to depreciate it; for we might, no doubt, improve upon the practice of Hahnemann. But all the earlier successes of homœopathy had been won without alternations. Having read of many cases of successful alternation, and being of course only too ready to adopt it, if any advantage could be gained, he had tried it for some time. His experience compelled him to return to the more ordinary practice. In some cases of neuralgia, he found a success from alternating medicines he had not obtained without; but in these cases his alternations were at much wider intervals than his friends here had mentioned (the medicines alternated were *Aconite* and *Arsenicum*). But, looking back on his whole practice, he must say, conscientiously, he could not give reason sufficient for deviating from his early method. Every man must be guided by his experience, and he must, on the whole, differ from the opinion that seemed prevalent, that the rapid alternation of medicine was better than the simpler mode of keeping to one medicine, till there was reason to be dissatisfied with its action.

Dr. Black next related the following case of hydrocele, treated by himself and Mr. Wilkins at the Clifton Homœopathic dispensary. W. L., 40, admitted Nov. 26, 1853, suffering from a large hydrocele of the left side, this had existed six months. He can assign no cause for its appearance. Graph. 6 and 3 were administered to the 16th of December, with intervals of two to three days without any medicine. The report was then, "the swelling rather smaller." On the 30th, the diminution appeared to have ceased; *Silicea 6* was then given, and continued at certain intervals, with visible improvement up to the 20th February, when the report was, "reduced one half." He then took *Sacch. lact.* for a fortnight, when *Silicea 3* was administered. March 17, reduced two thirds. The same medicine, 6 and 3, with occasional powders of sugar of milk, was continued to May 8th. After this, no medicine, and on June 2nd, he was dismissed cured.

Mr. Engall said that he was glad that the subject of hydrocele had been introduced, as it afforded him the opportunity of publicly thanking Dr. Black for the publication of some cases of cure of hydrocele which had enabled him (Mr. E.) to put to the test of experiment the medicine which Dr. Black had found successful. The first case in which he

(Mr. E.) had tried it, was one of hydrocele, the result of a blow. Pulsatilla was the first medicine tried, 6, quarter minim dose daily for fourteen days. At the expiration of that term, there was no change. He then determined to try the medicine which Dr. Black had found so successful, namely, the Graphites. He prescribed a half minim daily of the 6th dilution for fourteen days. At the expiration of this term, there was no change. The same medicine was repeated, a quarter minim daily for twelve days. There was no result. Was this due to the want of power in the remedy? or to its want of homœopathicity? To settle the first point, he determined to increase the dose, and gave two minims a day of the 6th dilution. On the next visit, the hydrocele was much smaller. Then Graphites was given, mixed with spirits of wine, of which five drops were taken three times a day; it was repeated fourteen days longer, and topically applied, at the expiration of which time, the whole of the fluid was absorbed, and all that remained was a thickening of the coat of the tunica vaginalis testis. This case he had frequently seen since, and there was no fresh deposition of serum in the sac, which continued thickish, and the patient was quite contented with the change which had been wrought. Another case which he had treated was one of hydrocele of syphilitic origin. In this case the graphites was given and repeated in the large doses. After the second visit, he saw no more of the patient, but heard casually that he was quite well. Before closing his remarks, he should like to introduce to their notice a third case. This case was that of a doll maker, whose hydrocele was so large, that it prevented his holding the dolls between his knees. In this case, Arnica was tried, on account of the traumatic origin of the disease, but with very slight success. After a perseverance of some duration, the patient absented himself from the hospital. He was somewhat benefitted by the treatment, so that he could hold his dolls between his knees; but for some time before he ceased attendance, the improvement was stationary. Whether the Graph. would have been as successful in this case as the other, he (Mr. E.) had not the opportunity of trying, as the patient only had it once, and then with uncertain benefit, and its further perseverance in was prevented by his ceasing to attend; but he entertained great hopes that with the aid of the additional remedy mentioned by Dr. Black, these cases were in a fair way of being brought within the reach of medical art.

Mr. Holland mentioned that he had cured a case of hydrocele radically by merely puncturing it with a fine needle.

The members of Congress sat down at 5 o'clock to dinner. After dinner numerous appropriate toasts were given and responded to, and the company separated at a late hour. Every member seemed highly gratified by the proceedings of the two days. The Congress was pleasant and profitable as an interchange of friendly and professional feeling, though no business of importance was brought forward, nor is much to be ex-

pected from such meetings. For the above report we are partially indebted to the *Homœopathic Times*, the alterations and additions we have made to that report being from our own notes, and from corrections furnished to us.

Meeting of the Central Homœopathic Union of Germany.

The annual meeting of this important body was held this year on the 9th and 10th of August, at Weimar, under the presidency of Dr. Goullon. The following homœopathic physicians were present: Dr. Goullon, of Weimar, Dr. Götze of Weimar, Dr. Blau of Gotha, Dr. Blau of Langenberg, Dr. Bürkner of Dessau, Dr. Böhler of Plauen, Dr. Cramer of Wengelnupnitz, Dr. Elwert of Darmstadt, Dr. Faulwasser of Bernberg, Dr. Gruber of Merseburg, Dr. Hartlaub of Reichenau, Dr. Hirschel of Dresden, Dr. Horn of Weimar, Dr. Käsemann of Lich, Dr. Keil of Naumburg, Dr. Krapp of Weimar, Dr. Kroll of Erfurt, Dr. Müller of Leipzig, Dr. Roth of Magdeburg, Dr. Reil of Halle, Dr. Roth of Erfurt, Dr. Rummel of Magdeburg, Dr. Steinert of Jena, Dr. Zopyf of Schwanden in Switzerland, Mr. Lappe, apothecary, of Neudietendorf, Mr. Mönch, veterinary surgeon, of Arnstadt, Mr. Petters, apothecary, of Dessau.

At the meeting on the evening of the 9th, the medical officers of the Leipzig Dispensary, Drs. Müller and Meyer, were re-elected for the ensuing year.

Dr. Rummel stated, that it was determined that the interest of the sum remaining over from the collections for the Hahnemann monument (about 600 thalers—between £80 and £90), should be devoted to an annual prize for the best essay on some homœopathic subject, the subject to be left to the writer's discretion, the only condition being, that the essay should contain the clinical results of at least one proved medicine. Essays to be sent in by January, 1856. The judges to be appointed at the meeting of the Union in 1855.

A letter from Dr. Watzke was read, requesting that the meeting next year should be held in Vienna. It was resolved that the meeting should take place in Vienna next year, with Dr. Watzke for president, unless any political or other circumstances occurred to prevent it, when Dresden would be the place of meeting, with Dr. Wolf for the president.

It was resolved to have a ceremonial at Meissen, Hahnemann's birth-place, on the centenary of his birth-day, 10th April, 1855. The arrangements were entrusted to Dr. Hirschel of Dresden.

On the evening of the 10th, Dr. Goullon read an address from the Chair, which was replete with interesting matter. After which Dr. Müller read the report of the Leipzig Dispensary.

Dr. Rummel read a paper illustrating the fallacies of those who sought to engraft certain physiological doctrines on homœopathic practice.

Dr. Käsemann read the report of two cases of tailors' cramp, cured by *Secale corn.* 2, although they continued at their work. Drs. Hirschel and Reil spoke of the action of *Secale* on the spinal chord, in reference to pollutions.

Dr. Hartlaub detailed what had been done by the New Proving Society since its appointment last year. They were at present engaged in proving *Colchicum*, and the result of their labours would soon be published.

Another Homœopathic College in Philadelphia.

If America whips all Europe in the matter of Homœopathic Colleges, certainly Philadelphia whips all America. Not content with a flourishing and popular homœopathic college, which has its able staff of professors, and counts its students and graduates by hundreds, it is proposed to establish another college, and indeed, its projectors have already, as it seems, obtained a charter from the Government for its incorporation. The principles upon which it is to be conducted are explained in the following prospectus:

Announcement of the Independent Medical School of Pennsylvania, chartered on the 8th day of May, 1854.

Homœopathy, in its practical bearing, has freed the physician from old, inherited, partly erroneous, or entirely false doctrines; it has given him liberty; shown the way of advancing the healing art. Its great founder, Hahnemann, has taught the world the art of ascertaining the effects of drugs; he has taught the world how to develop the healing power of these drugs; he has, by proving drugs on the healthy, made it possible to apply, with accuracy and skill, a principle of cure known as long as there were physicians, but only at times crudely applied.

The mind of physicians, the true friends of the sick, having been delivered from the trammels of the old, false, and absurd notions, it now behoves the true disciple of the great Hahnemann, to teach his doctrines, and, in teaching them, to free the student of medicine also from all former absurd, old, and false restrictions; to introduce into his education a state of freedom, corresponding with that which Hahnemann has given to the profession in a practical direction.

The frequent requests made by medical students, the desire expressed by the friends of progress for the introduction of the *voluntary system of instruction* in a medical school; the demand which the spirit of progress makes upon the world, induced a number of physicians and their friends to petition the Legislature of Pennsylvania, to grant them a charter which will enable them to accomplish this much desired purpose.

Notwithstanding a strong opposition on the part of the existing medical schools, clinging with desperate pertinacity to inherited, absurd, and false notions in regard to medical education; denying the free-born

citizen of this republic a right which the monarchical and despotic governments of Europe have granted their academical citizens for centuries, on the 8th of May, 1854, the legislature of this State, with a praiseworthy liberality, granted a charter to the applicants for the establishment of the *Independent Medical School of Pennsylvania*.

The incorporators having met on the 3rd day of June, and after mature reflection, having formed themselves into a body politic, and adopted such by-laws and regulations as were in accordance with the spirit of their charter, and necessary for the attainment of its objects, have the pleasure of announcing to the profession, to medical students, and to the world, that *The Independent Medical School of Pennsylvania*, located in the City of Philadelphia, will receive medical students; commence lectures on the second Monday of October, 1854; and confer degrees at the end of the session to all such as shall have complied with the regulations of the Institute. The great feature of this Institution is the liberty given to the student of medicine of selecting his own teachers and his own examiners.

Every graduated physician will be permitted to lecture in the institute, on whatever medical subject he may choose, and can obtain such permission by applying to the board of directors. The student will thus be allowed to obtain his information, and conduct his studies, under the direction of such teachers as he may prefer. And after having studied medicine for three years, and attended two courses of lectures on the principal branches of medical science, chemistry and other natural sciences, anatomy, physiology, pathology, materia medica, surgery and obstetrics, either in this or any other medical school, and upon becoming a candidate for examination, he shall, after making application and handing in his thesis, have the right to choose in the different branches of medical science out of the number of examiners, appointed for that purpose by the corporation, by the governor of the state, and other medical schools, such as he may desire, and after having been duly examined, by the board of examiners, and given satisfactory evidence of his abilities, he shall receive his degree as doctor of medicine, signed by his examiners and the officers of the institute.

The advantages which the medical student obtains in this college are immense. He can pursue his studies, and obtain his knowledge as he may think best, at the same time that the institute offers him all that is necessary, and much more. He is left to his own choice and inclination, particularly in regard to the higher branches of medical science. He can arrange his plans better and pursue his studies more methodically, so that he shall not be under the necessity of studying during the same four successive months, fundamental sciences like anatomy and physiology, &c. but also the practical branches, founded on the former, such as surgery and midwifery.

Connected with this institute will be constant clinical instructions in a dispensary and a hospital.

A prospectus containing a list of lectures and other particulars will be issued in time.

Applications for further information can be made to the committee.

DR. C. HERING and

DR. AD. LIPPE.

Philadelphia, June 5th, 1854.

Philadelphia P.O., Box 453.

These are certainly the strangest principles for conducting a College we ever heard of. They are briefly these: no professors apparently are elected, but any doctor may lecture on any medical subject he likes; students may select what teachers they like, or pick up their information how and where they please, and what is still more odd may choose their own examiners. How this system will work in America, we know not; we should despair of its success with us, attached as we are to precedents, vested rights and formalities.

Homœopathic treatment of Cholera in France.

Dr. Ginestet has shewn me a letter from his friend Dr. Perrussel, who has lately been in the south of France, attending to the poor villagers who have been suffering from sweating sickness and from cholera. The mortality under his treatment has been from 5 to 7 per cent., under allopathic treatment 90 per cent. This will no doubt be published, as Dr. P. was sent by the Préfet of the department, and we cannot but think the authorities must take cognizance of such facts. The place where he practised was Poulaines, Département de l'Aube.

The half-brother of the Emperor of the French, Mons. de Morny, has just had an attack of cholera, and, with God's blessing, recovered under homœopathic treatment; all such facts should be carefully gathered up and made public at the time. They advance the cause more than all abstract theories and reasonings, however true.—(*Extract of a letter from a French correspondent.*)

Homœopathic Treatment of the Cholera in London.

When the cholera broke out so violently in the neighbourhood of Golden Square, the wards of the London Homœopathic Hospital were emptied of all the ordinary patients except one of typhus, which was too ill to be moved. The patient when convalescent took cholera and died in a few hours. Some 36 cases or upwards had been treated up to the 19th of September in the Hospital and its immediate vicinity, and the number of deaths has been 8. The Government Inspector has visited the Hospital three times, and expressed himself satisfied that the cases were genuine cholera of a very virulent character. Upwards of 1200 bottles of Camphor have been distributed amongst the poor, who flocked in crowds to the

Hospital for it. Although it is impossible to ascertain the exact amount of benefit conferred, it is certain that in many instances the disease has been arrested in its incipient stage by the medicine given.

MISCELLANEOUS.

Variolous Inoculation to supersede Vaccination,

By Dr. BOSSU.

Our contemporary, the *Journal de la Société Gallicane*, gives an extract from the *Revue Médicale* relative to this subject, which is at present exciting some attention in France. We here present our readers with the article.

Under the auspices of M. Bouchacourt, a thesis has just been published, entitled: *Essay on lacto-variolous Inoculation, as a substitute for Vaccination*, by Dr. Bossu, Interne of the Lyons Hospital.

In this thesis, which is divided into two parts, we first find the motives which led the author to undertake his experiments, then some reflections upon the nature and the degeneration of vaccine, and lastly the two kinds of processes intended to regenerate it.

As regards the motives for the experiments, they are justified by the fears which are generally entertained relative to the efficacy of vaccination; as regards the reflections on the degeneration of vaccine, they are already familiar to most of us by the lectures delivered last year by M. Trousseau, at the Hôtel Dieu; and finally, as regards the processes proposed for the regeneration of the vaccine, they are also very well known. It has been attempted to do this: 1st, by inoculating cows or human beings with the disease of young horses called *caux aux jambes* (grease?); 2nd, by inoculating cows with the variolous poison without wounding the skin, that is to say, by means of enveloping the animal in the blankets of a human being who has died in the suppurative stage of confluent small-pox—this is called the process of Dr. Sunderland of Barnew; 3rd, by inoculating cows by means of a wound in the skin with vaccine matter, in the hope that the virus would thereby recover its primitive activity; 4th, by inoculating cows by means of a wound with the variolous matter, under the notion that the variolous virus would thereby lose all the qualities that render it formidable to man, and regain the innocuousness of cow-pox.

As a result of all these experiments, M. Bousquet, the reporter to the permanent Commission of Vaccination of the Academy of Medicine, the most competent authority on the subject, came to the conclusion that vaccine lymph is always the virus preferable to all the others, and that the only way to effect a real regeneration was to employ fresh vaccine, or to renew it from time to time. One difficulty only presented itself; cows

were subject to a true and a false cow-pox, and the most attentive observation does not enable us to distinguish the true from the false. M. Bousquet, unable to settle the matter otherwise, says we must employ the matter contained in the pustules we find on the animal, whether they be the true or the false cow-pox.

The problem, we conceive, demands a different solution, for what, as Dr. Duché d'Onane well remarks, is to become of vaccination if we know not when we have true, when false cow-pox; in other words, if we know not when our patient is protected from the small-pox?

In speaking of the labours of those who have sought to regenerate the virus through the medium of the cow, we should be guilty of injustice were we to omit alluding to the incessant researches of those who have sought to regenerate it without that medium. We refer to those who have sought to modify the human variolous virus itself, so as to enable us to use it without danger for the purposes of inoculation. Among these the most distinguished is Dr. Brachet of Lyons. In 1852 this gentleman addressed a letter to the Academy of Medicine, in which he detailed the practical results obtained from an inoculation made with variolous virus mingled with cow's milk. In this letter we find an account of the remarkable observation made at the Hôtel Dieu of Lyons in 1853. A whole ward full of patients was seized with an epidemy of small-pox except three children, whom the professor had inoculated with a mixture of variolous virus and cow's milk. It is then to M. Brachet, not forgetting Dr. Thielé of Cassan, and Dr. Robert of Marseilles, that the author of the thesis under consideration awards the glory of a method which is more nearly allied than ordinary vaccination to the nature of the disease it is designed to preserve from. In the employment of the cow's milk we notice that it retains some analogy with the cow-pox, which is, as is well known, localized on the cow's udder.

We may now allow Dr. Bossu to speak for himself:

"Nature and conditions of the inoculated mixture.—This mixture consists of nearly equal portions of the variolous virus and milk. But why, it may be asked, this preference for milk above all other fluids? Has it any particular influence on the variolous virus, or is it that we only diminish its activity, as that of many acids is lessened by diluting them with water? Milk appears to us preferable, because it is, like the variolous poison, a product of animal secretion, that, like it, it is easily absorbed. But saliva, tears, the serosity of the blood, are also animal fluids and easily absorbable. It would doubtless be useful to try these fluids, and others also; their effects would perhaps justify the preference given to milk, by demonstrating that this fluid possesses a modifying action on the variolous virus.

"As regards the variolous virus, it was always taken from fine large isolated pustules, having still the variolous character and distended by a slightly opalescent serosity. It was never taken from the pustules when

the fluid begins to get opaque and milky, when the pustule begins to shrink, to become depressed on the top, and to dry up.

“The variolous children from whom we took the virus, were two little girls and a boy; neither had been vaccinated, and the disease in them seemed to have been developed spontaneously and without contact.

“The three children had previously enjoyed good health, and seemed to have good constitutions. The youngest girl, aged 17 months, and the boy, aged 7 years, presented a variola of the most beautiful appearance, but discrete. In the second girl, aged 3 years, the variola was confluent, and presented more serious symptoms, locally and generally. This remark is perhaps not without importance for the results obtained from the inoculation, and we shall afterwards recur to it.

“*Mode of operating.*—In every case of direct inoculation, the pustule selected was opened by an ordinary lancet; a drop of the virus was received upon the point of the instrument, placed on a glass plate, and mixed with a nearly equal drop of milk; then, immediately, by means of a very clean lancet, the inoculation of the mixture was performed in the same way as in ordinary vaccination. Six punctures were always made on each arm, and six pustules were always produced. As regards the inoculation by transmission, they were performed in the usual manner.

“*Age and number of children inoculated.*—We have as a rule only had an opportunity of inoculating very young children; thus eight were only two or three days old; six were from five to seven months; four from one year to eighteen months; two from three to four years; one was eleven years old. The whole number of children inoculated was 21. All appeared to have good constitutions and robust health. Two only had been vaccinated some months previously without apparent result, with ordinary vaccine. The mixture produced in them large pustules.

“All these inoculations were not performed directly by means of the lacto-variolic mixture. Most of them, on the contrary, were effected by transmission. The following is a general statement, without distinction of age or sex. 1st. Five children were inoculated at different periods with the mixture of variolous virus and milk. 2nd. Three were inoculated with the fluid contained in the pustules obtained by the first inoculation (first transmission). 3rd. Three were inoculated with the fluid obtained from these last (2nd transmission). 4th. Four were inoculated with the virus obtained from the second indirect inoculation (3rd transmission), and with equal success. 5th. Three were inoculated with the virus obtained from the pustule obtained by the first transmission, kept for a week. 6th. Two were inoculated with the original mixture kept for eleven days. 7th. One was inoculated with the fluid in the pustules produced by this last experiment.

“I. *Local phenomena.*—The local and general symptoms were in general so uniform, that it would be useless to enter on separate details of each experiment, which seldom differed from the others except in the age

and name of the child inoculated. As regards the punctures, the following is the result of the examination made from day to day by means of the magnifying glass and the naked eye.

“ First day. With the exception of the instantaneous and transient redness observed surrounding the punctures, and the small clot of blood closing the wound, nothing is perceptible, either to the eye or the touch.

“ Third day. A slight elevation is perceptible to the finger and the eye at the position of each puncture. The rose-coloured areola is still very pale, but visible to the naked eye. The little depression at the apex of the elevation is perceptible, as if it were a wound, the borders of which were swollen by inflammation.

“ Fifth day. All the above phenomena have become rapidly developed. The central mark is enlarged; the pellicle has become whitish, and the fluid it seems to enclose seems more transparent and abundant. The areola is of a bright rose-colour, and the finger perceives at its circumference a considerable infiltration.

“ Sixth day. The redness is intense and extensive. The infiltration is deeper. A vesicle containing a limpid serosity is formed.

“ Seventh day. The vesicle has become larger and more prominent; the surrounding red areola is more extensive, it has the appearance of a pustule.

“ Eighth day. The pustule is depressed; all around it is an elevated margin, hard, unequal, and red; the inflammation is active; the erysipelatous areola of each pustule is confounded with that of the others.

“ Ninth day. All the above characters are more perceived; the pustules exactly similar in form to those of cow-pox, differ from the latter in size; those caused by vaccination now-a-days seldom exceed three or four in number after six punctures, whereas the pustules in our inoculations were always equal in number to the punctures made.

“ Tenth day. All the symptoms are lessened; the pustules are collapsing and softening.

“ Eleventh and twelfth days. The pustules grow yellow, then brown and dry; the inflammation has almost quite disappeared.

“ Thirteenth and following days. There is a dry scab on the site of each pustule. This scab soon tumbles off spontaneously, or by being rubbed, and leaves a cicatrix of a rose-red colour.

“ Such are the phenomena we have observed in eighteen subjects inoculated directly by the mixture, indirectly by transmission, by means of the same mixture kept for some days, or by the fluid gathered from the pustules produced by previous inoculations, and similarly preserved in tubes well closed with Spanish wax. The external characters, the course and the termination of the pustules, were all almost exactly similar to those of the cow-pox.

“ However in three cases we observed some exceptional phenomena, which, although they are of only secondary importance, deserve to be

recorded. In two of the newly born infants two or three of the six pustules were, about the sixth day, surrounded by several small umbilicated and reddish pustules, not exceeding in size an ordinary pin's head. These disappeared at the same time as the larger ones, and caused no modification of the course of the latter. It is by no means rare to meet with similar small pustules around the ordinary cow-pock. We have only alluded to this circumstance in order not to omit any thing. We may moreover remark, that in the two infants the general symptoms seemed to be somewhat more intense, but not so much so as to cause any alarm. In one child of the age of five months, and of excessive sensitiveness, the local and general symptoms were somewhat more severe; about the sixth day not only were the smaller pustules observed surrounding the larger ones, but four others appeared, distributed over the right shoulder and the lower part of the neck. These additional pustules were small, vesicular, not umbilicated, and filled with a whitish purulent looking fluid. They disappeared at the same time as the inoculation pustules. The rest of the body showed no traces of any more pustules. The general symptoms were of such intensity, that for one day the child refused its food and lost its usual liveliness. We should state that in this child the inoculation was made by means of the virus taken from the little girl affected with confluent small-pox. Its health, we may add, was rapidly and perfectly restored.

“ II. *General symptoms.*—Nothing remarkable was observed up to about the fourth day. The health was perfect, the appetite good, thirst normal, sleep tranquil. About the fifth or sixth day the children displayed a little anxiety; the skin got hot and dry; the sleep was slightly disturbed and more frequently interrupted; the appetite diminished and the thirst increased. About the eighth or ninth day the intensity of the symptoms commenced to diminish. The normal state was gradually re-established, and about the twelfth or fourteenth day the health was completely restored. All these phenomena, far from giving us any uneasiness, only appeared to us to indicate that the inoculation was successful.

“ Such are the local and general symptoms, with their rare complications, observed by us. They are precisely those that accompany a good vaccination. Let us now reply to the question that naturally presents itself to the practitioner, viz. :

“ *Does the lacto-variolous inoculation protect from the small-pox?* The proofs we can offer of the preservative virtue of the lacto-variolous inoculation consist in the fact generally admitted, that an individual who has been the subject of small-pox, cannot, for some time after having had this disease, be successfully vaccinated, or attacked a second time by small-pox; and conversely, that an individual successfully vaccinated, cannot, for a certain period, be attacked by small-pox or successfully revaccinated. Each of these diseases consequently acts as a preservative against itself, and they mutually preserve from one another.

“ Eight or ten days after the disappearance of all the phenomena produced by the lacto-variola inoculation, we inoculated two children from the arm of a child in whom the cow-pox was properly developed ; and on both occasions at the same time and with the same lancet, we inoculated with the virus obtained from the same cow-pock, two children about the same age, who had neither had small-pox nor had been vaccinated. On each occasion there appeared on the fourth or fifth day on the arm of the children not previously vaccinated the regular cow pocks, which ran their ordinary course ; whereas on those two which had been subjected to the lacto-variola inoculation, there did not occur the slightest trace of a pustule, nor even the least sign of inflammation. Finally, we inoculated with the mixture a child which had been previously vaccinated in the ordinary way, and which presented the characteristic cicatrices on the arms. The negative result confirmed our anticipations. Thus the vaccinae virus and the lacto-variola virus reciprocally neutralize one another, and may be used as substitutes for one another, which is the most important point of the question.”

There remains for examination a series of questions which demand answers ; M. Bossu, the author of the thesis, passes them in review, and answers them in a most satisfactory manner. We shall here give a resumé of them.

“ I. *What kind of variola is the best whence to obtain the virus for inoculation ?* Answer : Discrete variola from an individual who has never been vaccinated. We have seen, among the twenty-one cases we have recorded, the exceptional character of the disease in the child inoculated with the virus of confluent small pox. It is hardly necessary to say that the constitutional health of the subject that furnishes the virus should be irreproachable. If we have the power of choosing, we should select a subject whose age is about the same as that of the child we wish to inoculate.

“ II. *At what period of the inoculation of the variola pustule should we take the virus for inoculation ?* Answer : At the period when the pustules are still vesicular, and filled with a serous and limpid fluid.

“ III. *What is the best age, and what are the general indications under which we should perform the lacto-variola inoculation ?* Answer : All ages ; but considering the natural predisposition of infancy, we ought by preference to perform the inoculation in the first year of life. As regards the conditions requisite, they should be those of perfect health ; there should be nothing in the interior to counteract the desired reaction, nothing on the surface to complicate the cutaneous eruption.

“ IV. *Can the fluid contained in the pustules produced by the lacto-variola inoculation be successfully inoculated ?* Answer : Yes. In all the cases of transmission we always obtained as many pustules as there were punctures. The virus may even be kept, and may, as we have shown, be used successfully for inoculation, at the end of a week.

"V. Can the lacto-variolous mixture be also preserved? Answer: Yes. We employed this mixture after it had been kept for eleven days; it retained all its original fluidity, and all the inoculations were successful. The mixture may even be made with variolous virus which had been taken a long time before."

Prophylaxis by Inoculation.

Dr. Willems a practitioner of Hasselt in Belgium, maintains (*Neue Med. Chir. Ztg.*) that the epidemic disease of the lungs to which cattle are subject may be eradicated by inoculating the cattle with the fluid contained in the diseased lungs. In the town of Hasselt and the neighbouring country, where cattle are bred largely and the disease almost never ceases to rage, all the cattle have been inoculated, and the disease has, it is stated, completely disappeared. The Belgian government appointed a Commission to enquire into the truth of Dr. Willems' assertions on this subject, for if the inoculation now be proved to be a real preservative if generally practised, it would be a saving to the cattle breeders of Belgium, Holland, and the Rhine provinces alone, of from six to seven millions of francs per annum.

In a subsequent number of the *Zeitsch. f. hom. Klin.*, from which the above is taken, there is an analysis of a work on the same subject by Dr. Lüdersdorff of Berlin, who made a journey to the Rhine provinces and Belgium for the purpose of ascertaining the correctness of Dr. Willems' assertions. The following are the principal facts he elicited.

There were inoculated 247 head of cattle. In 132 of them the local effect of the inoculation was manifested. The earliest appearance of the inoculated disease was the 5th day, the latest the 45th. In the greater number it showed itself between the 14th and 20th day. Ten beasts died of the effects of the inoculation, so that it is not quite so harmless as some have asserted. Of all those inoculated, 16 were afterwards affected with the natural disease. In none of those which took the disease had the inoculation produced any local effect. It should also be remarked, that the inoculation was always ineffectual in those which had previously had the disease. Dr. Lüdersdorff believes from his observations that when the inoculation manifests its local effects properly, the animal is protected from the natural disease, and that it prevents the further development of the disease in an animal already affected. Only one case was observed by him where after successful inoculation, the natural disease occurred. He is of opinion, however, that the inoculation will not be successful if the lymph be taken from the lung of an animal that has died or been slaughtered in the first stage of the disease, and that it may be apt to produce too severe a disease if the lymph was taken from the lung of an animal in whom the disease was too far advanced. The first circumstance may be the reason why in so many instances inoculation was followed by

no result; thus, at one time, of twenty beasts inoculated, only one was affected. The latter circumstance may account for the six deaths following inoculation.

A report of a different character to the above is to be found in the *Vienna Weekly Medical Journal* by Dr. Röhl. We shall give a brief abstract of this. It appears that the fatal epidemic to which cattle are liable, called by the Germans *Lungenseuche*, by our veterinary surgeons pleuro-pneumonia, first appeared in Belgium in 1820; in Holland it was first known in 1832; in England in 1842; in Sweden in 1847; in Denmark in 1848; in Finland in 1850. It is scarcely known in Austria, except in the Tyrol and Salzburg. The pathological character of the disease is interstitial pneumonia, generally with plastic exudation in the pleura. The course is very slow; the incubation period often being weeks or months. The mortality ranges from 30 to 50 per cent., and in addition many die of secondary diseases, sphacelus of the lungs, purulent infiltration of the lungs, &c.

The history of Dr. Willems' adoption of the inoculation is this. His father is a distiller, and has in his stables always about 100 head of oxen, of which a goodly portion always fell victims to the plague. This circumstance led Dr. W. to perform his experiments. Believing the disease depended on a contagion, he resolved to try the effect of inoculating the pulmonary exudation in the skin. He had a diseased ox slaughtered, forced the fluid out of the diseased lung, and in the usual manner inoculated it at the root of the tail. In from ten to fourteen days there occurred such a swollen state of the tail, together with exudation into the abdominal cavity, that the first subjects of the experiments died. Afterwards Dr. W. inoculated the animals at the end of the tail with two incisions, after removing the hair from that spot. Swelling of the tail usually occurred after these inoculations, but it was not so severe as in the previous ones. All the inoculated cattle remained free from the disease. Of 100 inoculated not one took the disease. Of 50 not inoculated, 17 became affected. Calves so inoculated remained unsusceptible of the disease. Other animals are not susceptible of the inoculation.

The Belgian Government, as before related, appointed a Commission to enquire into the matter. Their report refers to observations made from 21st May to 15th July. During this period 189 head of cattle were inoculated. Of these, 129 were put into stalls where there had previously been diseased cattle, the rest were put into stalls where no diseased cattle had been. The inoculation did not take effect in all; in two beasts, which had not had the disease, it did not take; five died from the effects of the inoculation; in several gangrene of the tail occurred; in calves a local affection ensued; in one of the inoculated cows the natural disease occurred. Another experiment was made on the 18th of August. Eight healthy cows were inoculated by Willems himself, and placed in a cow-house along with several diseased beasts. Up to the 28th of October the

inoculated cows remained free from disease, but so also did some of the healthy cattle that had been placed there at the same time and had not been inoculated. At this period the disease had ceased to rage epidemically. The total number of inoculated was 5301; the inoculations took in 4325; 86 died of the inoculation; 378 lost their tails; 66 which had been successfully inoculated got the natural disease.

The conclusion drawn by the Commission from their observations was to the following effect. That the inoculation with the fluid obtained from cattle affected with the pleuro-pneumonia is not an absolute preservative; that the inoculation may take effect and yet the disease occur; and finally, the question whether and for how long the inoculation is preservative, is not yet answered.

Dr. Röhl's own opinion is that this inoculation of the disease is of no great practical value. Others differ from him on this question. Thus Dr. Widra in Bohemia made a trial of the inoculation during the prevalence of the disease, and came to the conclusion that it is a prophylactic, and that when the inoculation does not succeed, it is owing to the cattle having previously had the disease. Dr. Joh. Ellinger, also, of Pohlritz in Moravia, expresses himself favourable to the inoculation of the disease, and practised it on a considerable number of cattle.

We know not if this mode of preserving cattle from a disease which has, we understand, committed fearful ravages among the stock of our farmers, has as yet been practised in this country; if not, possibly the results obtained by some of the observers above quoted may lead some of our extensive cattle breeders to give a trial to a method which certainly has the merit of plausibility, though the conflicting testimony we have recorded leaves us in some doubt as to its actual value.

Poisoning by the Meloe majalis.

A child two years of age, which had been bitten by a rabid dog, got, in the course of an hour, the whole of one of these insects (which are popularly used as preservatives from hydrophobia) in honey. In the course of two hours there occurred violent pains in the bowels, constant screaming and tossing about, frequent passing of urine, strangury, bloody urine. After a second dose of the *Meloe majalis* the symptoms increased to a great extent, the face grew pale, the abdomen tympanitic, the pulse small, rapid, the pupils dilated. Camphor emulsion removed all these symptoms in the course of the following day.—(*Med. Ver. Ztg.* No. 52.)

Nux Moschata in Contusions and Sprains.

In a recent number of the *Zeitschrift für hom. Klinik*, Dr. Hartlaub directs attention to a passage in Seume's *Spaziergang nach Syrakus*, where the author says: "My left foot, which, on account of an old contusion, cannot bear much, was bruised and somewhat sprained by a fall

with my donkey, when the beast fell upon me, on the way from Etna, and when I got back to Catania I was quite lame." A doctor in Catania gave him some nutmeg oil (doubtless for external use), and, says he, "it got better immediately, and now (a few days after the accident) I can walk pretty well." Dr. Hartlaub directs attention to some of the symptoms of *Nux moschata* in Helbig's proving of it, which plainly indicate its use in injuries from external mechanical causes.

Homœopathy in Cretinism.

Every one has heard of Dr. Guggenbühl's noble philanthropy in devoting his life to the restoration of those unfortunate beings the *cretins* of Switzerland. His institution on the Abendberg near Interlacken, at a height of 3500 feet above the level of the sea, has been visited and described by many, and the success that has attended his efforts to remedy the hideous bodily and mental defects of these pariahs of his fatherland, has been attested by numerous witnesses. Until a recent period the only curative means he has availed himself of were the natural favourable situation of his institution, the fine mountain air and pure water, a simple nutritious diet, regulated bodily and mental exercise, the employment of frictions, bathing, insolation, &c. The allopathic remedies he employed were usually of the simplest character, the magnet, walnut leaves, iron, phosphorus, cod-liver oil, rhubarb, &c. Some years since when he was in England, we remember to have earnestly advised him to use some of our homœopathic remedies to assist him in the treatment of his patients. We are glad to observe from a recent publication of his,* that since that period he has seriously directed his attention to homœopathy, and he records some cases in which he found advantage from the employment of some of our remedies.

At page 77 of the work alluded to, in relating the case of a cretin girl very defective in mental and bodily organization, and "frightfully emaciated," he says: "The homœopathic medical attendant of the family desired to make a trial of *Lycopodium* in high attenuations, and this medicine seemed to have a greater effect on the emaciation" (than the previous treatment); "and there is no doubt that no remedy was so efficient in removing the obstinate constipation as *nux vomica* given every other morning," also in a high dilution.

In another case of a boy 7 years of age, affected with imbecility, emaciation, chronic ophthalmia, (he could never open his eyes,) Dr. G. says (p. 78-79): "In this case also I tried the homœopathic method (sulphur and calcarea alternately), and I had the satisfaction to find, that in the course of six months, the child was able to open his eyes, the face

* Die Heilung und Verhütung des Cretinismus und ihre neuesten Fortschritte von D. Med. J. Guggenbühl.—Bern & St. Gallen, 1853.

was not swollen, and the numerous glandular swellings had disappeared. This happy change for the better has continued for three years with only occasional inflammatory irritation of the eyes, especially on a change of weather. Some distinguished physicians, such as Dr. Marshall Hall of London and Dr. Stilling of Cassel, to whom I showed the boy, attributed the improvement to the influence of the mountain air and the diet and regimen; but I cannot agree with this opinion, for I treated with the same remedies and with an equally happy result several scrofulous but not imbecile children in the valley of Interlaken, where they had not the advantage of the mountain air or regimen enjoyed by the other patient. The mental condition of the boy was also improved in a satisfactory degree; he understands what is said to him, can also pronounce short sentences, has become attentive and cleanly in his habits."

In another place (p. 79,) he says: speaking of an idiotic girl 5 years of age, "in order to subdue this periodical excitation, which threatened to pass into mania, I have found the best effect from small doses of belladonna."

We trust that the success that has attended Dr. Guggenbühl's practical employment of homœopathy in the treatment of cretinism, will induce him to give it a more extended application in his institution, and though of course we could not expect it to supersede the excellent regimimal and dietetic arrangements which have hitherto enabled our benevolent friend to achieve such a brilliant success, we believe he will find homœopathy to be a powerful auxiliary to his treatment, and that it will enable him to dispense altogether with the allopathic means he has hitherto employed with, as he expresses, a somewhat doubtful result.

Summary of the Allopathic treatment of Cholera in the London Hospitals, during the present epidemic.

The methods of treatment which have been resorted to in the hospitals have been diverse to a degree, but between these methods and the proportions of the recoveries and deaths, there cannot be traced any very obvious relation. We believe it may be stated, that the impressions most prevalent, among those who have had extensive opportunities of observation during the past month, are those of scepticism as to the usefulness of any of the more violent medications which have been advised. Almost all report favourably as to the effect of emetics in rallying the patient from extreme collapse, and nearly the same uniformity of opinion prevails as to the propriety of allowing ices to be sucked *ad libitum*. On all other points, however, the utmost discrepancies in the reports of experience exist. The circumstance that an unusual degree of mortality has not resulted in the practice of those who have given purgatives, seems to prove, that the necessity for arresting alvine evacuations is not so imperious as had been supposed, while it cannot as yet be held to prove

more. That the frequency of the consecutive fever has been less since the comparative disuse of Opium in the treatment, seems to be established.— (*Med. Times & Gazette*, Sept. 9, 1854.)

Homœopathy in Vienna.

We have before us a pamphlet by Dr. Eigenbrodt, an allopathic physician, written with a view to shew the nullity of the treatment pursued by Drs. Wurmb and Caspar, in the Leopoldstadt Hospital in Vienna. We understand Dr. Wurmb is about to publish a reply. When we are in possession of the answer, we shall give a *resumé* of this important controversy.

Homœopathy in Paris.

Dr. Tessier's services have now for a year been transferred from St. Margaret's to the hospital Beaujon, one of the best regulated hospitals in Paris. His wards, male and female, include upwards of 100 beds. Dr. Tessier now gives two clinical lectures a week, immediately after he has visited the wards. We are sorry to learn that the cholera has, in his wards, as well as in the other hospitals in Paris, shown so malignant a type. One great cause for the increased mortality in all the hospitals, as compared with last epidemic, is the decidedly contagious character the disease has manifested. It thus spreads from bed to bed, and attacks patients already suffering from serious diseases.

The French edition of the *Organon* being now out of print, we are glad to hear that Dr. Simon is engaged in preparing a new edition, to which is to be added a commentary on the works of Hahnemann.

BOOKS RECEIVED.

Journal de la Société Gallicane.

Philadelphia Journal of Homœopathy.

Quarterly Homœopathic Magazine.

The Diseases of Married Females, by DR. PETERS, New York, 1854.

The Homœopathic Treatment of Acute and Chronic Diseases, by E. KREUSSLER, M.D. Translated by C. J. HEMPEL, M.D. Philadelphia, 1854.

DR. B. MURE'S *Materia Medica*; translated by C. J. HEMPEL, M.D. New York, 1854.

A Biographical Sketch of P. H. Ling, by AUG. GEORGIUS. London, 1854.

The Scottish Review.

Announcement of the Independent Medical School of Pennsylvania, 1854.

NOTICE TO CORRESPONDENTS.—A letter from Mr. Phillips came to hand as this last sheet was going to press, consequently too late to receive attention in this No.

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