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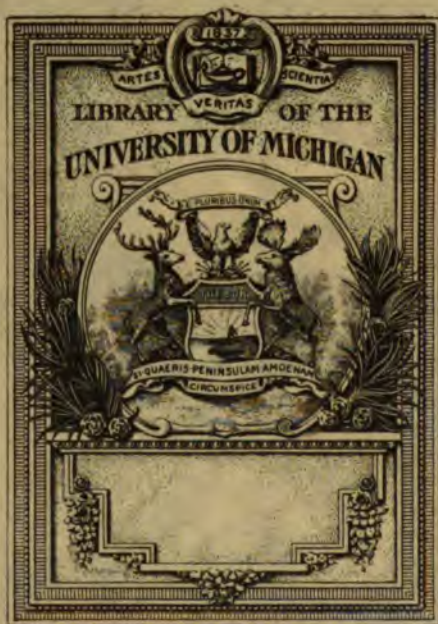
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THE  
BRITISH JOURNAL  
OF  
HOMŒOPATHY.



EDITED BY  
J. J. DRYSDALE, M.D., R. E. DUDGEON, M.D.,  
AND  
G. ATKIN, M.D.

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VOL. XVIII.

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THE  
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ON THE LAW OF CURE.\*

By MR. J. B. HICKSON, Melbourne, Australia.

I CONCEIVE that the following is the course of enquiry to be pursued in the philosophical development of the law of cure: Science, in her chemical revelations, has discovered in the human body the existence of a large variety of minerals, with their binary and ternary combinations, which still elude the precision of analysis and the discernment of the microscope; instance lime in the bones; alumina in the teeth; magnesia in the skin; potassium in cartilage; titanium in the renal capsules; iron in the blood and hair. These metals must necessarily have been introduced into the system in an infinitesimal form, for their assimilations and combinations are carried on in the minutest ultimates possible. How far from the truth must it be, then, to supply these elements in the gross and unreduced form, when Nature herself teaches so demonstratively that she can only carry on her operations with infinitesimally diminished elements, and that excess would clog and interrupt her processes?

\* This paper has been forwarded to us from Australia. We willingly give it a place in our columns, without committing ourselves to the author's views, which are not so original as he seems to think. We believe that advantage may occasionally be derived from knowing the views entertained of our doctrines by intelligent non-medical men.—[Eds.]

The starting-point in the enquiry is, to determine, as far as possible, the ultimate constituents of every tissue of the body, in the material, not the gaseous form; also, of every individual organ of the frame, for their different form, colour, and function demonstrate that they vary in composition or in proportion. It is also necessary to determine what are the phenomena that would follow the excess, diminution, or absence of any necessary element of the tissue under consideration. It is also necessary to continue the observations of chemical science in reference to the composition of all the vegetables in use, and of all that may be eventually drawn from the vegetable kingdom around us, and enlisted in the attempt to harmonize the functions of the body; for it will be seen, that the closer the parallel in chemical constituents is between the vegetable and the tissue or organ to be treated, the better the remedial adaptation will be. When the analogy between the nature and wants of the body and the capabilities and powers of supply in the vegetable kingdom is established, then, and not till then, the right track will be entered upon towards reducing to certainty and law the science of cure, or physical harmonization.

It is also necessary to determine what transformations or repulsions take place in the system. It has been demonstrated beyond contradiction, that the introduction of one metal into the body has caused the deposition of another in the excretions, especially in the urine; and this has erroneously been called a transmutation. With the least reflection, we must be satisfied that one metal cannot be changed into another. If, on the introduction of iron into the system, copper is deposited in the urine, it must be that the tissues, having an affinity for copper, had a greater for the iron, and repelled the atoms of copper, which consequently were excreted. Instances are on record in which large doses of zinc have been given, and amongst the metallic products no traces of it have been found, whilst iron and other metals were; one case, a woman, produced a large quantity of copper every time she took full doses of zinc. Any one organ or tissue has an affinity for one element more than another; and food may have been supplied in which a certain metal was in excess. It is probable that the tissues in some portions of the body had an affinity for both zinc, copper, and

iron, and that in the event of there being a deficient supply of any one of the number, the quantity would be made up by an excess in the other minerals, which had a nearly equal power of determination to that point; in this case, the administration of a suitable material would cause the expulsion of the proportion of the other minerals in excess. Many diseases no doubt owe their existence to the presence of an abnormal quantity of copper, or some other mineral or earth. We know that in rheumatism there is an alteration in the proportion of phosphorus and carbonate of lime, and that this disproportion of elementary constituents is manifest in the absence of the normal quantity of the alkaline salts. The deficient alkalinity of the blood in this disease is known to every intelligent physician.

When it is ascertained which elements each organ in the body has a specific affinity for, the disturbance in the functional harmony of the same will be known to be regulated by the nature of the element in excess or deficiency; and carefully conducted examinations will soon determine which element has the power, when in abnormal quantity, to produce the phenomena which we call disease.

The analyses of the different tissues of the body have been, until this time, but imperfectly conducted, and nothing like the whole of the elements entering into their composition have been determined, nor the local arrangements of them in the several portions of the system. It is true, so far as I can learn at this distance from the scene of immediate scientific action, that calcium, magnesium, silicium, aluminium, potassium, sodium, phosphorus, fluorine, sulphur, chlorine, iron, manganese, titanium, arsenic, copper, and a few others, have been determined as existing in the several tissues of the body.

As I remarked before, casual notice has been given to the local existence of these elements, showing most distinctly that independent affinities exist, and that the law of separate affinity determines all the secretions and organic phenomena of the system. No progress can be made in discovering and controlling the at present occult laws which produce such infinite modifications in the animal organization, until we are convinced, as a fundamental basis in our reasonings, that the entire phe-



nomena of life, health, and disease depend on magnetic polarity amongst the particles composing the tissues of the body. If this be received and understood, we shall be able to demonstrate the physical absurdity of allopathic or material medication, and seal the truth of the apparent anomaly propounded by Hahnemann in the aphorism, "*similia similibus curantur.*"

If we suppose any viscera of the body to have affinities for any six elements (which may be determined by scientific research). then, in the event of food being of that nature that it shall supply five only of the elements required, there will certainly be abnormal phenomena, organic or functional, more or less, according to the disturbance in the balance of secretion, the temperament of the subject, and the average tonicity of the organ itself. The phenomena of disturbance must follow, either in morbid secretion, inflammatory action, or alteration in volume. Hence physiological and pathological science will never be perfect until these phenomena are recognised as depending on the alterations in the magnetic affinities of every atom of every organ and tissue.

It is apparent that the deficient supply of any one of the elements required by the local affinities would produce disorder of that part, the evidences varying according to the quantity or quality of the defect. Hence, in the event of any tissue being diseased, from the deficiency of one element or excess of another, the supply of any medicine containing the required product would of course be in accord with the homœopathic law in practice; and the results would be similar, but not identical, with respect to all the constituents of the tissue. If iron, alumina, lime, copper, enter into the composition of any tissue, the irregular deposit of any one or two would be sure to disturb the function or processes of the tissue. The iron might be wanted, and the others would be necessarily in excess; supply the iron, and the balance will be restored. The excess or deficiency of any one element will produce disease in the tissue concerned; by supplying the absent one, you administer a similar, inasmuch as it, or any of the constituents of the individual tissue, would produce similar abnormal changes. In this sense, "like cures like;" for the one we supply as a curative agent would, in excess, be equally efficacious in pro-

ducing similar abnormal symptoms. If any of the special elements entering into the composition of the liver should be wanting, the others would be in excess, then there would be irregular phenomena of that viscus, and the variations produced would depend on the character of the absent material required, or the nature of those in excess; still, in reference to the organ itself, there would be a constant *similarity* in the diseased conditions, whichever constituent should be deficient or in excess. In this direction will be found the solution of the difficulty involved in what are called the primary and secondary effects of medicine. And I may here remark, that if medicines are administered with regard to this law or hypothesis, we shall have only the *primary* or *curative* effect; whereas, if we administer medicines in the crude and speculative form, we shall have only erratic, ill-defined, and mischievous operations, because the vital forces would be disturbed by the unnatural application of materials which are either in excess, or in so crude a condition as to be impossible of assimilation. The secondary effects of large doses of calomel and opium, go to show that more has been administered than the diseased tissues required, and that they are distributed rudely and mechanically in other localities that do not need their presence. The primary action of all medicines is to cure—the secondary, to kill; as the primary action of food is to supply and sustain, whilst, when in excess, its secondary is to injure and produce disease. The really curative proportion that restores the equilibrium is the infinitesimal, and the operation is the primary; no other can perform it.

While I contend for special and particular polarities in each separate tissue, I do not hesitate to recognise the fact that there is also an electro-magnetic agency controlling the body generally, which is derived from the atmosphere, the earth, and the food we eat, and that it is necessary this general equilibrium should be preserved; for if the body become too positive or too negative, then there would be a derangement of the central affinities immediately. But this external electro-magnetic influence principally and directly affects the mucous and serous surfaces, whereas the tissues enveloped therein are regulated more by the magnetic polarities remaining independent in them.

Very often, by the use of water, the positive condition of the body has been lessened, when in excess; in the same way, the too negative state has been rectified; and when this equilibrium of the larger general surfaces has been accomplished, the central affinities have been again harmonized, and a cure has resulted. This hypothesis will often explain the philosophy of hydro-pathic success, especially in mere functional disorders.

If the foregoing reflections are well founded, they satisfactorily explain all the disasters which follow not only the monstrous crudities of the allopathic school, but also the aggravations of homœopathic practice, amongst those gentlemen who adhere to the lower potencies, and especially in the minerals and earths.

The philosophic student must see, that the further scientific research proceeds, the more evidently it becomes us to be dissatisfied with observing only the grosser and sensuous phenomena, and that we should endeavour to penetrate the primary and elemental operations in the human microcosm. Hahnemann, in the discovery of the potential influence of his triturations, was naturally led to conclude that the mechanical and chemical theories of medication were erroneous, and in his perplexity called them spiritualization and dynamization, which in no sense meets the requirements of scientific induction. Had he survived to learn the later revelations of chemistry, which have carried us so much deeper into the arcana of nature's workings, he would no doubt have abandoned the ambiguous theory which at present stands in the way of his great discoveries. His discernment of the appropriateness of the law of similars was no greater in importance than his conclusions with regard to quantity. Potentialization, though by many of the homœopaths themselves ignored, will ere long be found as great (if not a greater) product of his genius as the law of similars, and, indeed, a necessary concomitant; for he could not discover the one without being driven to the other. Medicines, even when appropriately selected, would be so injurious, that he must either have returned to the antipathic and derivative processes, or commenced a reduction in his quantities, until he discovered the point where the secondary action or aggravation would cease.

It must be conceded that we should not introduce into the

system anything which is not necessary for the purposes of assimilation; hence the administration of poisonous materials is an unnatural treatment of the living tissues. The aphorism of Hippocrates, that the "physician should only administer what may do good, not what can do harm," is absolutely physiologically true, and in unison with common sense. All the elements of organic life are to be found in the food we eat; it is the pabulum from which the mysterious analysis of nature eliminates all she requires to build up the physical structure. Most of the metals have been detected as the constituents of the food we eat, but they are never supplied in the crude form. Nature has developed the vegetable kingdom as the great workshop in which she could infinitesimalize or prepare the mineral kingdom, and fit its elements for entering into the more delicate and wonderful microcosm of animal life. That is the actual use of the vegetable kingdom in a progressional point of view. Animals could not feed on the crude earth, although their bodies are composed of it; hence the divine arrangement in the previous elaboration of the vegetable kingdom. If man is diseased, it is because he suffers from the irregular supplies of these components of his system, also from the magnetic and electric disturbances of the atmosphere in which he lives. Nature has taught him, whether he will heed it or not, that the minerals, salts, and earths which compose his body must be supplied in infinitesimal proportions; hence, to attempt their introduction by crude drachms and grains, is in utter violation of a universally-written law, and productive of legions of maladies to the human race. If this truth which I propound were systematized and legitimately applied, derangements of the vital functions might be remedied by alteration in diet, as is frequently known to be the case by accident, especially where the patient removes to a distance, so as to ensure a change. This alteration in location is often beneficial, because, as the vegetables are modified by the soils in which they grow, there may be in the same vegetable at one place, a greater proportion of a necessary element than at another. Soon science will enable the intelligent physician to point out the locality in which a patient labouring under any ordinary disease would meet the elements of physical organization.

But although, as a rule, in minor diseases, and even in many chronic ones, scientifically-regulated diet would unquestionably restore the equilibrium of the system, yet there may frequently be such a condition of the assimilating or alimentary organs, that even if food were given containing the element wanted, the stomach could not deal with the bulk containing it, in such a way as to eliminate it; hence the aim of the administration would be missed. In these cases it is of immense advantage to know the material required, and supply it in the potentized form, without the accompanying fibrous or extraneous matter generally associated with it in a natural state.

I am persuaded that the mineral kingdom is the base of animal tissue, as it is the support and basis of the vegetable; and that it is in the due distribution of these mineral elements that we can maintain the equilibrium throughout the animal organism, and that we can keep in order the several functions of the body. But these minerals must never be administered save in the vegetable form, or in such a state of infinitesimal diminution as shall bear a close analogy to their state in the vegetable.

Very much has to be said upon the several bearings of the subject under consideration, but the paper would be lengthened to a tedious degree. In a future paper, I hope to amplify and illustrate the hypothesis I have broached, and in the meantime hope that the subject may attract serious consideration.

I have endeavoured to show that the infinitesimal administration of medicines is in unison with nature's universal organic processes; that by no other means can there be assimilation.

I have also sought to show that all alterations in the vital processes are dependent on the magnetic polarities of the atoms of every tissue of the body, and that each tissue has peculiar affinities of its own for special elements.

I have suggested, that before any certainty can attach to medical science, we must learn the primary elements that enter into each organ and secretion of the body, also the connection between the elements concerned and the varieties of diseased phenomena that may occur.

I have explained what I conceive to be the primary and secondary influences of medicine, and the incorrectness of the ordinary opinions.



## THE REPERTORY AND TRUE HAHNEMANNISM.

By DR. DRYSDALE.

DR. HERING, who represents—and we hope may long continue to represent—that noble band of the immediate friends and successors of Hahnemann, has hit the true note which inspired us in the task of making the Repertory;—in expressing the hope that it may prove the turning point in the practice of homœopathy in this country, by leading us back to the more diligent study of the *Materia Medica*.\* It has long been my conviction that that study was neglected, partly from the want of a proper guide or index to the *Materia Medica*, and also partly from erroneous notions that it may be more or less superseded by various short-cuts to the homœopathic remedy through means of pathological or clinical, or still undiscovered modes of getting at the kernel of the action of the medicines without all the trouble of studying the mass of symptoms, which some are pleased to consider little better than useless husks. To meet the former of these obstacles, this Repertory has been constructed; and in explaining some of the difficulties of it, I shall have occasion to touch upon the latter.

Although only a small part of the Repertory has made its appearance,—and, in fact, scarcely enough to form an opinion upon as to its practical utility,—yet it has already been judged by different persons so variously as to indicate a vast difference in the preconceived ideas of people on the subject.

Some have declared that the work was the greatest that has appeared since the original *Materia Medica* of Hahnemann, while others look upon it as quite unintelligible and useless. The critics in the homœopathic journals, whose opinions are necessarily more intelligent and responsible, have noticed it favourably in proportion as they are true followers of Hahnemann—only one, viz., Dr. Hirschel, having opposed it. Dr. Joslin appreciates the plan, and accepts at once the cypher as the necessary alternative of condensation, though he warns his readers that if Jahr has chastised them with whips, we have with scorpions. Dr. Hering, as above said, hopes great things

\* *Amer. Hom. Rev.*, vol. i. p. 11.

from it, though he dissents in word from our reasons for the greater success of the earlier homœopaths. As we are agreed in the main, it is unnecessary to argue that point further than to observe, that what we said about the older homœopaths having no repertories, is merely a mode of expression indicating that they were not led away from the study of the *Materia Medica* by the abuse of imperfect repertories. Dr. Meyer, of Leipzig, has received it in an enthusiastic, and to us, flattering manner, declaring that its conception and execution indicated an amount of ingenuity, assiduity, and perseverance, almost peculiar to the English race; and the German Central Verein has formed a special committee for adapting it to the German homœopathic practitioners.

Such a reception from competent judges is of course highly satisfactory; but at the same time, it cannot be denied that a certain feeling of disappointment has been felt by the general body of practitioners. They have a vague feeling that a repertory should bring before them, in a comprehensive form and small bulk, and with no trouble, all the elements of deciding at once on the best medicines for every case—and, in fact, the decision ready-made, and each disease ticketed with its proper medicines. Now, though the thing cannot be done in that style, of course, yet it must be said, this portion is as yet only a fragment, and till it is finished, and especially the general chapter appears, it cannot be of full value as a guide to the pure *Materia Medica* even; and till the therapeutic department comes out, it has no pretensions to a complete system of practice. But even independently of its unfinished state, a vast variety of faults have been found, and many proposals made for its supposed simplification. Now, I may state, that though I have naturally listened with great attention to all that has been said, I can truly say that not one remark has been made, not one difficulty started, and not one remedy proposed, that had not been previously considered in the working committee before the plan was fixed; and that, in fact, the real cause of that vague feeling of difficulty and disappointment is, that now, for the first time, practitioners are *brought face to face with the Materia Medica as it is, and see its vast bulk and variety, its endless repetitions and apparent superabundance, but real*

*incompleteness.* This is the real truth of the matter. The great bulk of homœopathic practitioners have been so long accustomed to talk about the beauty of the homœopathic law, and the facility of discovering the specific power of medicine by studying their pure symptoms, that as long as the want of an index furnishes an excuse for not verifying the thing in daily practice, the excuse is readily accepted, and they go on in a routine manner, trusting to nosological lists and general indication for the use of those specifics which the labour of Hahnemann and his earlier followers discovered by close and minute study of the pure symptoms. When, therefore, by a comprehensive index they see exactly the whole that the *Materia Medica* contains on any special point, and endeavour to apply the homœopathic principle minutely in detail, they are surprised at its incompleteness and fragmentary state, and are inclined to vent their disappointment on the Repertory, for giving so much trouble for so little use, as it often appears. Now, it so happens, that in the committee every suggestion that could be thought of was brought forward and considered, for making an easy guide to what would be the really useful part of the *Materia Medica*; but it was found that those suggestions differed so remarkably, that joint work would have been impossible; and in fact, every one regarded the matter from his own point of view—a sufficient proof that any such plan would have had a very limited use to the public, and in fact, that all such repertories had their basis in physiological or pathological theories, which, right or wrong, were not universally understood or adopted. Therefore, the conclusion was unanimously come to that the Repertory should avoid all speculative views whatever, and consist purely of an *index to, or catalogue of the symptoms in the Materia*—which in fact it is, neither more nor less. It plays the part in our system that Cruden's Concordance does to the Bible. That work can be used equally by all parties in theology; and so can ours by all in homœopathy. It may be used or abused by all parties; and even may form the basis for all kinds of nosological, theoretical, practical, or fanciful repertories or vade mecum; but it certainly can in no way be confounded with them, though, oddly enough, it has been objected to on the ground that we have more than enough of those helps to

practice—an objection that has, however, only come from Dr. Hirschel, and some of the correspondents of *Allg. Hom. Zeitung*, who evidently had never seen it, and who have a ready-made store of wrath always on hand, to be discharged on anything bearing the name of repertory.

Our Repertory being, then, merely an index to the *Materia Medica*, and only to be employed as facilitating and leading to the use of the latter, it may be well to consider how far the want of it has already made itself felt. Fundamentally, the homœopathic system is the medicine of indications, based on the pure effects of medicine on the healthy body, in contradistinction to those of the ordinary methods resting on the *usus in morbis*; therefore, Hahnemann was quite consistent in rejecting the *usus in morbis*. It was, ere long, found, however, that he had gone too far; and that valuable aid, in giving the true value to the pure symptoms, is derived from the use in disease. To this extent only is the *usus in morbis* admitted by the more philosophical of our body, viz.: that it forms the key to the meaning of the pure symptoms, and that any medicine given solely from experience in disease, without our possessing the corresponding pure symptoms, is employed by us empirically, and as yet, under protest, till the proving is more complete. If, therefore, we are making progress in our art, it will naturally be expected that unceasing diligence is exercised in the direction of improving the *Materia Medica*, and that in the ordinary exercise of our art we are daily and hourly in the habit of going back to the *ipsissima verba* of it as the *ultima ratio* in our prescriptions. But what is the fact? If Hahnemann erred on the one side, have not the present generation gone too far on the other? If he did not hit the golden mean, have we any reason to suppose the others have? Will any one tell me that genius is less likely to hit that point than mediocrity? I repel the idea; and I venture to say that few will now dispute that Hahnemann was right in despising the pathological theories of his day, and rejecting them as a basis for a system of specifics. In our day things are certainly altered, and so much of real progress in pathology has been made, that he would doubtless have modified his tone considerably; and it is remarkable that the earliest converts to our system among the men of mark

in the medical schools, have been the best pathologists. At the same time, no one has rightly understood the *Examination of the Sources, &c.*, nor the *Spirit of Homœopathic Doctrine*,\* who can imagine that the time has come, or can ever come, when clinical experience can supersede the pure symptoms as the final indication for specific therapeutics. Nevertheless, the tendency of the many is to go to this extreme; for if we look through the homœopathic practical literature, both standard and periodical, we find that nine-tenths of the indications are merely clinical, and no pains is taken to bring out the correspondence of the pure symptoms. Whither is this tending? Let us see. Allopathy, now-a-days, is a very different thing from what it was—mainly, I think, from the indirect action of homœopathy upon it, and also from the borrowing, directly from us, many specifics which are used often in a simple form;—also, the use of specifics is partly acknowledged as a desideratum, and partly adopted practically under the names of tonics and alteratives; but the indications are always purely clinical and empirical. Now, in as far as we rely on clinical indication alone, wherein do we differ from the ordinary school? In no way—except that, being superior in numbers, and having the command of more men of talent in hospitals, they will beat us with what were originally our own weapons. Our only resource, then, is to go back to the more diligent cultivation of our special field, viz., the *Materia Medica*. There we have scope enough to recover lost ground, and get again far ahead; for, granting all that pathology and clinical experience can teach us—and I would of course avail myself of it to the very fullest extent—how far does that bring us in determining the one right medicine required in a system of specifics? A very little way indeed. Very often it offers us a free choice of twenty to fifty medicines, all equally eligible—a kind of liberty and equality, for which we may spare our thanks, as most likely only one or two of them can be specific. Let any practitioner seriously think over the cases that present themselves in one day's average practice, and tell us how many are well pronounced examples of pure inflammation of the large organs, or other well-defined diseases whose course is definite, and symptoms sufficiently fixed to enable us

\* *Hahnemann's Lesser Writings*, pp. 696 and 748.



to fix the specifics *ab usu in morbis*. A very small number it will be ;—and applying this to practice of medicine at large, we come back to Hahnemann's proposition : that no two cases are exactly alike—a fact that strikes at the root of all attempts to perfect a system of specifics by experience in disease. But this is a fundamental axiom!—and can it really be necessary to insist upon it again ? It is even so : for latterly so little has been done—in England, at least—towards the cultivation of the *Materia Medica*, that attention requires to be directed to it. In fact, beyond the spread of numbers, and the emancipation of practitioners from the trammels of sectarianism, almost no progress has of late been made here ; and little is to be expected as long as pamphlets, and “ Domestic Guides,” and other popular and semi-popular writing constitute the staple of our literature. The present generation of converts through such books in England has been found wanting, and therefore our hope for the future must be in new converts to our ranks, who are men of talent, and who will study the original works of Hahnemann, especially the two above-named. Nor, if pathology is found wanting, can we hope much from the progress of pharmacodynamics towards reducing the number of symptoms to a few characteristic ones, easily retained in the memory. In no science, in or out of medicine, does the number of known details decrease by progress, but the contrary ; and however a better knowledge of the medicines may enable us to classify them according to general pathological laws, yet still the number of individual symptoms observed must and will increase with the progress of provings. Therefore our chance of greater ease in handling the *Materia Medica* must lie in improvements in the mode of access to the individual symptoms, in as far as these are still necessary both to the general and intimate knowledge of the medicines.

For these reasons I think it well to recall attention to the mode which Hahnemann recommended. But first, for fear of misunderstanding, I must state that I by no means belong to what have been called ultra-Hahnemannists—but which I think ought to be called *pseudo*-Hahnemannists—viz., those who have made of homœopathy a sect, by exalting into dogmas the minor points of his opinions and practice, especially those of his old

age. On the contrary, I have from the first repudiated all idea of sectarianism, and maintained that the homœopathic principle must take its place in medicine without the smallest pre-eminence or exclusiveness, beyond what can be proved to be its due by the ordinary rules of science. The real glory of Hahnemann remains in his being the discoverer of the law of specifics—undoubtedly the most important discovery for practical medicine that has ever been made; and his personal merit is his having been the first and best—as yet unapproached—cultivator in the new field he opened up. It is to his labour and diligence in proving medicines, and to his skill and conscientious painstaking in applying them to practice, through the minute adaptation of the law of similarity, that I would give the name of *true Hahnemannism*, and which I would invite all to imitate, at such distance as our several capacities enable us.

As many have forgotten, and some have probably never read the model cases, it may be well to quote here the first of those (from Vol. II. of the *Reine Arzneimittelehre*, p. 81), and illustrate thereby the remarkable facility given by the new Repertory for carrying out Hahnemann's instructions.

#### HAHNEMANN'S CASE.

“Sch——, a washerwoman, about 40, of strong frame, consulted me on the 1st September, 1815, having then been ill, and unable to earn her bread, for three weeks.

“1. By every movement, especially by each step, and worst by a false step, there is a shooting in the epigastrium—out at the left side, as she says.

“2. In lying down she is quite well, and has then no pains, either in the epigastrium, side, or anywhere else.

“3. She cannot sleep longer than till 3 A.M.

“4. She relishes her food, but after eating has nausea.

“5. Then flow of water out of the mouth, like waterbrash.

“6. She has frequent empty eructation after every meal.

“7. She has a violent, irritable temper. When the pains are violent, sweat breaks out all over. The catamenia were regular, and in other respects she was healthy.

“Now, as regards sympt. 1, it is true Bellad., Chin., and Rhus cause shooting in the epigastrium, but none of them only

on motion, as here. Pulsatilla has, indeed, stitches in the epigastrium by a false step, but only as a rare alternative symptom, and has neither the same digestive derangements as at 4, 5, and 6, nor the same mental disposition. Bryonia alone has in its chief alternative action, as the whole list of its symptoms prove, pains produced by movement, and more particularly shooting pains, and also stitches below the sternum on raising the arms; it also excites shooting in other parts on a false step.

“The negative sympt. 2 suits Bryonia especially. With few medicines the pains go off completely with rest and lying down, but among them Bryonia is the chief.

“Symptom 3 is to be found under several medicines, and also with Bryonia.

“As far as the nausea after meals is concerned, sympt. 4 is to be found under several medicines (Ign., Nux, Merc., Ferr., Bell., Puls., Canth.), but partly not so constantly, and partly not conjoined with the relish for the food, as is the case with Bryonia.

“In respect to sympt. 5, several medicines produce it as well as Bryonia, but they do not suit the other symptoms so well.

“The eructation of air after meals (sympt. 6) is found with few medicines, and with none so constant and violent as Bryonia.

“Sympt. 7. One of the chief symptoms in disease is the mental state; and as Bryonia displays also this symptom in complete similarity, it follows that it is the medicine to be chosen before all others, as the homœopathic curative agent.

“Now, as the woman was very robust, and therefore the power of the disease must have been very great, to keep her from work by reason of the pain, and also as her vital powers were not weakened, I gave her one of the strongest homœopathic doses, viz., a whole drop of the pure juice of the bryony root, to be taken immediately, and appointed her to return in forty-eight hours.” \* \* \* \* It is unnecessary to quote the remainder of this history, nor the second case analysed in the same manner. He concludes: “For the purpose of treatment, the practitioner requires only to note opposite each symptom with a few letters (*e. g.*, Ferr., Chin., Rheum, Puls.) all the medicines which produce pretty accurately similar symptoms, and to mark in his mind under what conditions, among

such as might influence the choice, and thus note with each of the remaining symptoms what medicine each would be excited by, for the purpose of extracting from this list which medicine among the whole number can cover homœopathically the most of the morbid phenomena present, more especially the most peculiar and characteristic; for this is the desired remedy."

On this, the first remark that strikes us is, that Hahnemann is by no means satisfied with a verbal correspondence of the local symptoms; for though, as he says, Bell., Chi., and Rhus cause shooting, and we find in the Repertory that Ana., Ery., Spi., Pul., and Ver. have shooting pains by movement, and also we find at Condition 32 of the Stomach—Pains "by a false step," that Pulsatilla is the only medicine that has the exact symptom; yet Hahnemann considers all these subordinate to Bryonia, from its strongly-marked general action.

Sympt. 2 he also decides, on the general grounds, for Bryonia, without specifying his reason. But on turning to page 366 of the Repertory, we find, under "pains better by lying down," Can., Sep., Spi., Ter., Baryt., Chi., Sil. Of these, we see at a glance, none have shooting pains, better on lying down, except Spigelia, which does not suit in other respects.

Sympt. 3 is not in the parts of the Repertory as yet published.

Sympt. 4. In the list of "nausea after meals," at page 329, will be found those medicines mentioned by Hahnemann, among many others, and in addition will be found, *verbatim*, at the end of it, the exact variety produced by Bryonia.

Sympt. 5. Bryonia will be found at once, under "pyrosis," at page 313, with many others, and more specially, *verbatim*, at page 314.

Sympt. 6 is also found to be met by Bryonia.

Further to illustrate this matter, let us quote sympt. 2 of Hahnemann's second case: "During the night (2 o'clock) sour vomiting." On this Hahnemann remarks: "Nux and Stram. produce sour vomiting, but not, as far as we are aware, in the night. Valerian and Cocculus produce vomiting in the night, but not sour. Iron produces vomiting in the night, and can also cause sour vomiting, but not the other symptoms. But

Pulsatilla not only causes nocturnal sour vomiting, and nocturnal vomiting in general, but also the other symptoms."

How long it took Hahnemann to find out all this we don't know; but on turning to "vomiting at night," page 327 of our Repertory, you find twenty-two medicines, and of those you see at a glance that only Calcarea, and Pulsatilla have the sign of sour. We find also in that list Ferr. and Valer., without the sign of "sour." And on looking at "sour vomiting," on the opposite side of the page, we see among others Nux and Stram., but without the sign of "at night." Thus we have exactly the kind of information required by Hahnemann, done to our hand. We see also here recognised by Hahnemann, the importance of finding two or more conditions or qualities in the same symptom, and the immense facility our Repertory gives for detecting that. It is true, that at times a medicine may be homœopathic, though the conditions may be found in two different symptoms; but this cannot be relied on, and is merely exceptional, and probably when both are independent symptoms and fragments of larger groups, which, if further developed, would have both shewed both conditions. If, however, it is desired to know if a medicine has two conditions or other qualities, not in the same symptom, of course this Repertory is just on a par with ordinary ones.

Before leaving those model cases, I would make one remark on the dose, viz., to remind those of our body who think they can, by giving (comparatively) big doses, escape the trouble of searching for the truly homœopathic *simile*, that the dose of the above first case was the pure tincture—so they have nothing to hope from that; and also, that those have nothing to fear from (comparatively) big doses who dread aggravation, when the medicine is thoroughly well chosen.

Most persons will agree, that it is well to recall to our minds those model cases, when there is in question a mode of saving even the fully occupied practitioner from relying solely on general and clinical indications, as many no doubt regret being obliged to do.

After eighteen years' practice, one may be expected to have gained somewhat in knowledge of disease and practical tact;

but for my part, I can say that I feel as much, if not more, now the necessity of recurring to the *Materia Medica* incessantly, than at the outset of practice. At first, an inexperienced practitioner may make many mistakes by directing too exclusive attention to a verbal correspondence of the symptoms with those of the *Materia Medica*; but when a man of experience first directs his whole attention to the pathology of the case before him, and fixes on the treatment by regimen and all other means not incompatible with specific treatment, and if he then, and not till then, searches out the medicine most homœopathic, he will find his trouble amply repaid by the result. And with respect to the practical value of the work in question, I may state, that since possessing the parts of the *Repertory* already come out, I do not fail to use them with satisfaction daily, and almost hourly, and at the same time to miss painfully the want of a similar one for the rest of the body; and also, that since that time the sphere of medicines from which I prescribe with success is *very much enlarged*, and many medicines formerly hardly, if at all used, are now in frequent employment.

Let us now examine the difficulties that have been met with in the use of the *Repertory*.

The first and greatest qualification of any scheme, or piece of mechanism, is, that it serves its purpose—or, in short, that it will work; and the next is, that it will do so with the least possible difficulty and drawback beyond what is essential to its very nature; and in estimating those, it is necessary carefully to discriminate whether the objections made are not essential and common to all possible machines that really perform the work. For example,—the steam-engine really performs the vast and wonderful works anticipated by its inventor; but it has many drawbacks—such as cost of fuel, heat, noise, smoke, weight, and the like, which have caught the attention of a variety of schemers and projectors, who are quite eloquent against these drawbacks, and in praise of their own proposals to obviate them. But to the pertinent demand to furnish practically a machine that will do the work without these, no one has yet answered. In like manner, we have a right to demand from those who complain of the difficulties of our

Repertory, that they should produce a plan that will effect its object without them, otherwise the complainants must be held to confound the essential with the removeable difficulties. Hitherto, no one has done, or attempted this, but objectors have confined themselves to vague suggestions, such as amateurs are so prolific in. That this Repertory answers its purpose as an index to the *Materia Medica*, is proved by the tests to which it was subjected. It is also recognised as such by Dr. Meyer, in the following words (*Allg. Hom. Zeit.*, vol. lix., p. 1):—  
 “Assuredly that Repertorium is the best that has hitherto been attained to in this field: it escapes all the defects and faults under which all our repertories labour, more or less, and offers in a small space such a degree of completeness, that it may in reality be termed a true and faithful copy of our *Materia Medica*, in which any individual symptom can be found in its totality with the greatest facility.”

The single drawback, however, Dr. Meyer finds in the cypher; and this he considers so great as practically to militate seriously against its utility;—so much so, that he proposes the German Society should endeavour to supersede it by some other plan; and, in fact, soon after he brings forward one for their consideration.

In discussing Dr. Meyer's proposed amendment,—which I hope he will permit, as is meant in all courtesy,—the opportunity will be given of entering into the radical difficulties of the subject.

#### DR. MEYER'S PLAN.

In the general arrangement he substantially follows ours, and all the changes from the ordinary plan are taken from ours, and justified by the same reasons; but he makes some changes from ours which I think unfortunate, because not absolutely necessary, while uniformity has many advantages. For example: in the abbreviation he adopts the plan of reducing them to three letters; but instead of *aco. nx-v. and pul.*, as we made them, he writes *acn. nx-v. pls.* Why this? Surely in this matter there ought to be a common speech through all the homœopathic

world. If he had begun with *acn. nx-v. pls.*, we would most undoubtedly have followed that mode, for the sake of uniformity. Then the sections are changed. I. is like ours; II., *Concomitants*; III., *Conditions*; IV., *Conditions as respects time*; V., *Anatomical*; VI., *Course and direction*; VII., *Complicated and characteristic symptoms*. Surely there is no advantage in these arbitrary changes; and the dividing *Conditions* into two sections is a positive disadvantage. With respect to the carrying out of his plan, as he only tried it on three medicines, it is impossible to judge, because any plan is good enough for so few. The difficulties begin as the number mounts up, and he will find the affair quite another thing with fifty times that number. But as far as it goes, I don't find any provision for about one-third of our modes of analysis, and I do not know that he has as yet felt the difficulties that led to their invention. In one point he positively goes back, and restores the old vague heading of the *Pains* instead of the *Collectives*, thus giving the prominence to the worst-proved medicines. For example: under "*Tearing pain*," he will enter *Pulsatilla*, if it was so stated in the *Materia Medica*; but if it was better described, and with other elements, he would not enter it at all under the head of "*Tearing pain*."

With respect to his mode of avoiding the use of the cypher, I have considered it further down, and have only to add, that his calculation that two volumes would do for such a plan, is, in my judgment, quite erroneous.

I hope Dr. Meyer will excuse any appearance of offering advice; but as we have worked for six years at this subject, I may state my opinion that the members of the Central Verein who are to form the working committee of the German Repertory, ought to have ample time and full materials for forming a judgment, and for this purpose ought to have a literal translation of one or more chapters of our work in their hands long enough to let them find out, practically, the difficulties, and the modes we adopted to overcome them. There is nothing more to be regretted than that men of science should have to go over the same ground again when that can be spared by knowing the steps traversed by their predecessors.



With respect to the cypher, which seems to have been the chief stumbling-block in the way of the use of the Repertory, I may say, that it is by no means the chief, nor the most important part of the work, though it is the one that seems to catch all the attention of superficial observers. In the first place, it is not the groundwork at all; for to begin with, three of the sections are not in cypher, viz., the III<sup>d</sup>, the concomitants have merely the region of the body indicated by the Greek letters, and the symptom is there given *verbatim*. The IV<sup>th</sup> and V<sup>th</sup> sections must be *verbatim* from their nature. Then, it was not intended there should be any cypher used in those symptoms or regions containing only a small number of medicines—about ten or twelve. Accordingly, these are entered in the manner of Rückert, viz.: a simple list, with the symptoms *verbatim*, in alphabetical order. Likewise in the larger rubrics, only the well-marked varieties, which can be expressed with one word, are put in cypher, and the less common varieties are given *verbatim*. Unfortunately, in some of the chapters, the cyphering has been carried out rather too minutely; but that will be avoided in future. These, then, form a very considerable deduction from the cypher. There remain, then, only the common symptoms, which are very numerous represented: to them the cypher is applied for the following reasons.

The object being to construct an index to a vast book, it may be compared to the making of a catalogue of a library, with this remarkable difference,—and therefore vastly increased difficulty,—that, comparing a symptom to the title of a book, the former, instead of being one single sentence which reads only one way, is composed of from two to seven or more parts, any of which may be read first, and therefore every title must be repeated entire under the place of each separate part. Now, the principles on which such a catalogue can be formed are few and simple. First,—it may be printed simply in full—a plan totally impracticable from the size of the book; second,—it may be printed, still in full, but with self-interpreting abbreviations of the spelling of words; or third,—it may be printed with the symptom in full, with or without abbreviations, at one place, with non-meaning figures of reference to that, merely, at

all the other places ; or fourth,—it may be printed in full in cypher.

As regards the second, it will be considered while discussing the cypher. The third is that proposed by Dr. Meyer. It is one that was proposed in our committee in even a better form, and decided against for the following reasons. It consists simply in printing *verbatim* (with abbreviations that form fearfully uncouth words, such as “worse by cold air, with swelling” —“wrs. by old. air, w. swlg.”) in the first section, under the alphabetic order of the symptoms and pains, all the symptoms of the medicines, with a running number prefixed to each. Then, in the other sections, only as much as refers to that section is printed, and reference made to the first by the number. This is much the same, only not nearly so good, as if we affixed a number to the *verbatim* symptoms in the “Pathogenetic Cyclopædia,” and then added our full repertorial analysis with numbers referring to the *verbatim* part.

The first objection to this is, that it fails to comply with the cardinal requisite of our Repertory, viz.: that each rubric should contain all that the *Materia Medica* contains on that subject, so that consulting it supersedes the necessity of turning to anywhere else. This is quite fatal to its being a mode of rapid comparison, as a single example will convince any one : *e. g.*, in the symptom “evening”—suppose we have fifty medicines, and to each of these is attached one *or more* figures (running to beyond 500) indicating where the rest of the symptom is to be found,—who can spare the time to search through all those ? Again : second,—even if it were a feasible plan, let us recollect that the finishing the “Pathogenetic Cyclopædia,” on its plan, would have extended to thirteen volumes of a like size ; and if our more minute analysis was added, that would run to two volumes more. There remains, then, the only alternative,—viz., second and fourth,—that is, printing in full, with symbols having a meaning—*i. e.*, either self-interpreting abbreviations, or arbitrary cyphers. Now, unquestionably, if practicable, the self-interpreting abbreviations would be preferable, as requiring no previous study. But when you come to look into the matter more closely, you find that

any advantage from abbreviation is purely one of degree. Suppose you abbreviate, so as to be intelligible, with an average of half the number of letters—as the work in full would run to 48 volumes, you would get down to 24 volumes! Who would like that? Likewise, in using the book, if many rubrics in full would run to two pages, would it mend the matter to have it compressed into one page of tedious repetition of uncouth words? Again—if you push the abbreviation to its extreme limits, what do you get to but a bad kind of cypher?—*e. g.*, if morning was reduced to *mg.*, that might certainly be held to stand for morning, but it would no longer be self-interpreting, for it might just as well stand for moving; and so on through other words.

We are thus, by exclusion, compelled to fall back on the cypher as the only practicable plan; and as there is a natural harmony in all conclusions reached by following natural laws, I maintain (so far from using an apologetic tone) that it is not only the only one practicable, but it is positively the best, and easiest, and quickest way of searching through a mass of symptoms that have all something in common. In the first place, with fixed symbols you have no chance of making mistakes, as with self-interpreting abbreviations; and next, you do not require to interpret, or in fact, read any more of the sentence than exactly what you want—*i. e.*, you merely put into cypher the symptom you want, and search through the list for that cypher as a cypher, which is vastly less troublesome than reading and comparing the whole list of symptoms written out in full.

Suppose we wish to find “Weariness, eructation, nausea, and pressive pain after meals,” let us turn to the rubric “Weariness after meals,” at p. 301, and then put the remainder of the symptoms into cypher, thus: **W. D. V<sup>10</sup>**; then run your eye through the list, and you find (in 25 seconds) that Arsenic is the only medicine in the *Materia Medica* having that symptom. Can any plan do better than that?

It is quite true, that to use this machinery with ease and rapidity, it must be done in the right way; and the first requisite is (I am almost ashamed to utter such a truism), that to get a

proper answer, you must at least know exactly the question you are asking. Unfortunately, this is too often not the case; and some (I hope not many) practitioners, to escape the trouble of following Hahnemann's directions, always to write down the symptoms, begin to search for the medicine before they have finished getting the description of the symptom, and try to supplement it by asking again,—was it this kind of pain? or that?—or in the morning or evening, etc.?—putting leading questions, till the patient admits it might be like a “camel,” or a “weasel,” or at last, “very like a whale!” If they then go maundering up and down through twenty or thirty lines of half-understood cypher, looking for something “very like a whale,” who wonders that they will end by voting the Repertory a bore?—and for that matter, also Hahnemann a bore—and medicine a bore—and work of any kind a bore?—and doubtless, they will themselves be voted something more than a bore by the unfortunate patient!

The cardinal principle, as before said, is that each place should be complete in itself, so that on referring to any part where a symptom is to be found, all that the *Materia Medica* contains on that particular point ought to be found also there complete, so as to spare the necessity of searching for further information anywhere else. This is the reason of the apparent complications and tedious repetitions. They are so only to the desultory reader; but to the practical man, really seeking information, there are no repetitions, for he only requires to look once for the required symptom, and there he finds all he wants; whereas, in common repertories, he must really look for what he wants repeatedly, under different heads. The fact is, no real worker will complain of completeness of the plan, though all will feel any defect in carrying it out; and no doubt there are too many instances of that—the difficulty of keeping in mind the necessity of constant repetition is so great in entering the symptoms. At times we cannot resist a feeling of impatience, and omit some apparently unnecessary repetition; but I have never done this without regretting it afterwards. In the very instance selected above for example (from p. 301), I find the full symptom has not been entered in the collective list of

"Eructations after meals," p. 296, apparently on the presumption that people would not look to such an unimportant head for a characteristic group. Nevertheless, it was wrong to omit it; for any one who did happen to look there first, would have been misled on the faith of the completeness of every part. Likewise, to show the inconvenience of any omissions, I may notice "Twitching in the eyes," at p. 10. This should have been a complete list of all the circumstances attending that symptom in all sub-regions of the eye; but though entered with great accuracy under the different regions in Section VI., it has been forgotten to enter them also collectively at p. 10, in Section I. The consequence is, that to find any particular condition of twitching, you would need to look through all the regions of the eye, just as in the old repertories. However, those omissions are easily corrected with the pen; and as they are detected, and also as new provings are published, we shall not scruple to give full lists of errata and addenda.

The only two departures from the strict cataloguing of the symptoms of the *Materia Medica*, viz., the collectives and selects, are not complications, but simplifications, and are added to save the reader an immense labour, by doing once for all what he would have to do almost every time he consulted the *Materia Medica*; and those who do not appreciate the advantage of them show, though involuntarily, that they are not in the habit of consulting the *Materia Medica*, as Hahnemann recommended, before prescribing. The collective headings are constructed thus:—In every rubric containing several varieties, with adjuncts, and conditions, and concomitants, each symptom is set down in full, in its proper place; but as all varieties *a fortiori* include the fundamental symptom, and as in practice we often can get no detailed description, but merely the bare symptom, often joined with another in the same organ, to meet this the whole rubric is gone through in its varieties, and a collection is made of all the medicines producing at the same time any other symptom in combination with it, in the same chapter. Thus the collective performs the same function within the chapter as the concomitants do for symptoms occurring in a different part of the body. For example, in chapter "Throat."

we have "Cistus, *sensation of dryness* and itching in throat; Kalmia, *dryness with thirst* and painful deglutition; Angustura, *dryness without thirst* and roughness." Now all these constitute three varieties of dryness, and therefore those medicines must *a fortiori* have dryness simply, in addition to the other throat symptoms. Therefore, to save the practitioner the trouble of searching through all the varieties for the medicines which have other throat symptoms combined with dryness, all those are gathered together in a *collective list*, in which the above medicines, for example, appear simply as "dryness and itching," "dryness and painful deglutition," "dryness and roughness."

The same principle is applied to the select rubrics. For example, at page 363, "shooting pain in the stomach" has so many medicines, that only the best are selected, and among those are all medicines that have any other stomach symptom along with the shooting pains, because the circumstance of the two occurring together becomes a point of distinction, *e. g.*, we have "Aconite, shooting and pulsation; Coffea and Staphysagria, shooting and distention; Erythroxylon, shooting and emptiness," &c.

As another example of the saving of labour by the repetitions and minute analysis, let me refer to the section, "Eruptions on the face," page 110. Not only are the eruptions arranged according to their nosological terms and localities, with the complete description in cypher, but as some qualities are common to all kinds, *viz.*, itching and pain, we have complete lists of all eruptions that are itching or painful, with all their other qualities, in cypher. And as some parts of the description of an eruption are narrative, and therefore unsusceptible of being expressed in cypher, these are added *verbatim*, in an alphabetical list, in the order of the medicines, at the end. Thus, if "painful" is a characteristic of the eruption wanted, we look under that head, and afterwards the *verbatim*, when required. If the full symptom is "painful red mattery eruption, afterwards desquamating," we find Cicuta is the only medicine having exactly that description; while we see at once that Nit. ac., Nux vom., Rhus, Tarax., and Verat. have "painful mattery

eruption," and are thus the nearest, as far as the *Materia Medica* goes in its *ipsissima verba* of the local symptoms.

#### ON DR. HIRSCHEL'S CRITIQUE.

Dr. Hirschel (in the *Zeitschrift für Hom. Klinik*, August, 1859) has a short notice of the Repertory, the half of which is taken up with objections to repertories, and also to the *Materia Medica*, which he substantially implies is so imperfect, that any trouble bestowed upon an index to it would be thrown away! With one holding such opinions, it is of course useless to discuss a matter of this kind. Dr. Hirschel has been in a state of feud with Dr. Meyer, on account of a well-merited rebuke administered to him by the latter a year or two ago, for the indifference he displayed on occasion of a discussion on the fundamental truth of the homœopathic principle. Whether this, and the contempt he still has for the *Materia Medica*, have tempted him to prejudge the question, I cannot say; but he has come to his conclusion with very little trouble in examining the subject. With respect to the plan of the Repertory, though he says the work shows a bee-like diligence, and the arrangement is natural, logical, and intelligently thought out, yet the difficulties of the cypher more than counterbalance the advantages. He has, as above said, however, evidently only given the subject a most superficial consideration, as he fails to see that the cypher is only a part of the plan; and even his mode of estimating that is an incorrect one. It is to print the first head, viz., "Appearance," at page 5, alongside of a translation in full of the first five lines, in which he makes a mistake (writing lah.  $\eta^3$  for lah.  $\chi^3$ , which naturally he could not find the interpretation of). The time occupied was, he states, half an hour; and from that he argues the trouble of the abbreviation does away with the good of it. How much of that time was consumed by the mistake we don't know; but, at any rate, that is not the way the cypher was intended to be used, as he might have found had he read the directions. It is not meant for desultory reading, but simply for finding one distinct symptom, as before explained. In fact, Dr. Hirschel's way is the same as if he

by *Dr. Drysdale.*

took up a directory to find the word Brown, and amused himself in reading all the B's till he came to it, instead of beginning at once at the Br's.

Dr. Hirschel adds, that rather than be troubled with reading the cypher, he would refer to the *Materia Medica* at once. This, even without the statement noticed above, I am sorry to say, compels me to doubt if he really ever does refer to the *Materia Medica* in the way recommended by Hahnemann. Let us see what it amounts to. At page 365 of our *Repertory* we find, under "Pains in the stomach in the morning," a list of thirty-seven medicines; at page 367 we find, under "Pains in the stomach by walking," twenty-five medicines. Now, to find what medicines have both these conditions in the same symptom, we have merely to find the cypher for "morning," and by looking through the second list, which is the shortest, we find, in thirty seconds, that *Nux vomica* is the only medicine that has that symptom. Now, to look through those twenty-five medicines in the *Materia Medica*, would cost probably an hour or more. Am I to understand that Dr. Hirschel is in the habit of devoting so much time to obtain that piece of information, or that he would prefer continuing to do so to availing himself of our method? If so, I venture to assert he will find very few to agree with him. Perhaps he will think of the subject more thoroughly some other time, when Hahnemann's *Materia Medica* is sufficiently improved for him to think it worth consulting!

With respect to some remaining difficulties that have been found in this country, I may notice the impatience expressed by some, of the perpetual repetition of the conditions and other adjuncts, which they say bother them and give trouble, even to omit reading them, when merely the bare symptom is wanted; and for this they would rather have a common repertory in other respects, however like ours for rapid reference. This forcibly reminds me of the Bœotian squire, who made a big hole in his hen-house for the big hens, and a little hole for the little chickens! But seriously, the omission of the cypher deprives us of a large portion of the minuteness of analysis, as well as of all the advantages of completeness, and therefore no book-



seller would venture to publish an imperfect book, when the facility for doing the thing ill may be got by merely not reading the additional information.

As to the use of the conditions at all, we have already spoken on that point in the introduction, and admitted the great need of their revival by re-provings. But no one can undervalue the use of conditions in the diagnosis of disease, without betraying want of reflection. For example, unsteadiness, and disposition to fall in standing or walking, is common to most kinds of vertigo; giddiness in the dark, or with the eyes shut, may be a variety of ordinary vertigo; but disposition to fall while standing or walking in the dark, is a symptom almost pathognomonic of incipient wasting of the spinal marrow.\* Some people have been inclined to ridicule the minute attention to conditions; but the necessity for it did not escape the sagacity of Hahnemann, who set us the example of extreme care in recording them, which we have been bound to follow in the Repertory.

In conclusion, I do not say, be it remembered, that the *Materia Medica* is perfect enough to enable us to cover the rational signs in all cases.

Nor, if it were, would that suffice in all cases.

Nay, even in many cases we might cover the rational signs, and yet the medicine not be homœopathic at all.

I do not say we can dispense with the physical signs.

Nor that we can dispense with pathology, nor with the clinical experience.

But I protest against onesidedness, one way or other; and I do say, that after we have availed ourselves to the fullest extent of all the aids of pathology and clinical experience in each case, those who then cover the rational signs best, are the best practitioners of the art of healing.

In like manner, I do not assert that this Repertory is the best possible as an index to the actual symptoms in the *Materia Medica*; but it is such an index, and one capable of being worked with facility, so that the busy practitioner has now a chance of applying the homœopathic principle to practice, in the way Hahnemann intended.

\* Romberg, vol. ii. p. 396.

## SYPHILIS.

BY JOHN DRUMMOND, L.R.C.P.E., &c.

THE following cases are intended as an appendix to the article on this disease, published April, 1858, in this *Journal*.

CASE 1.—J. S——, æt. 18, consulted me in February, 1858. Three weeks previously, from impure intercourse, he contracted a chancre on the under surface of the glans penis, and had undergone no special treatment; a fortnight after he first noticed it, a second one made its appearance, close to the frænum præputii, and he has since experienced some pain in the left groin, aggravated by motion or pressure. The chancre first contracted is circular in form, its surface is covered by an ash-coloured slough, and its base is distinctly indurated; the one near the frænum is more like an abrasion, very superficial, but secreting pus freely. The left inguinal glands are enlarged, but no decided bubo is forming as yet. Gave him two grains of Merc. sol. A three times a day, with Bell. 1 every two or three hours, and a black wash as a local dressing for the chancres. Advised him to keep the recumbent position as much as possible, and to foment the groin with hot water two or three times during the day.

Feb. 20th.—The Merc. sol. has been taken for six days with evident benefit to the chancres, but to-day he complains of griping pains with diarrhœic stools, which obliges me to discontinue it for a time. The pain in the groin has subsided, but the glands continue enlarged. To take no medicine but the Bell. 1 for two days, and then to have Merc. sol. 1, in grain doses, three times daily.

March 4th.—The secondary chancre quite healed; the indurated character of the other one is lost, and its surface is covered by granulations, which, however, are rather large and fungoid. To have Ac. nitr. 1, and to apply the following lotion locally:—Rj. Argent. nit. gr. iv., Aqua puræ ʒ iv., solve et fiat lotio.

March 20th.—The chancre is quite cicatrized, but the in-

guinal glands continue enlarged. To have grain doses of Merc. iodidi a three times a day, and to cover the glands with Empl. ammoniaci cum hydrargyro.

April 4th.—Quite well.

This was the first case of primary syphilis that I treated homœopathically. I saw the patient six or eight months after he discontinued the medicine, and he told me he had remained quite well. This was contrary to my expectation, as he had had a true Hunterian chancre for three weeks, with evidence that the inguinal glands were specifically irritated by the poisonous matter absorbed from the sore, before undergoing any treatment whatever. I ought to mention, that he took the compound decoction of Sarsaparilla for six weeks, of his own accord, after leaving me; but I do not think this would have any power in protecting his system from secondary ailments.

CASE 2.—In October, 1858, Mrs. ——— brought her daughter, aged two years, to the Manchester and Salford Homœopathic Dispensary. The child when born appeared perfectly healthy, and continued to do so until it was six months old, when it was vaccinated. The mother was a strong, healthy-looking woman, and, as far as I could learn, the father was a steady man, and in the enjoyment of excellent health. She has two children older than the patient, and an infant three months old, all of whom are said to be perfectly well. She says that when the child was vaccinated, the vesicles were never well formed, and a week after the doctor took the matter away, the scabs fell off, leaving three sores, which secreted an immense quantity of matter, that irritated the skin, and caused the arm to become inflamed to the wrist. She took the child to the doctor, who gave a lotion and some powders, and told her it was erysipelas that had followed vaccination. The sores gradually enlarged, until they coalesced into an indolent ulcer, which has never cicatrized. About six weeks afterwards the child broke out "in a rash" over its body, and has never since been well. At the present time there is an eczematous eruption on the scalp, face, arms, back, and nates. The ulceration on the arm is very superficial, and can scarcely be distinguished from the eruption surrounding it. On the

thighs and body there are several copper-coloured blotches, where the eruption has previously existed. The child is much withered and emaciated, and for the last month has had diarrhœa, five or six watery stools daily, attended with pain. Ordered Merc. cor. 1, and Arsen. B, alternately, every two hours. This treatment was continued for eight weeks, when the child was apparently cured, and the mother discontinued her attendance. Three months afterwards, however, she returned with the child, which had relapsed into its former state, with this exception—the absence of diarrhœa. The eruption, however, was dry and scaly, and presented the character of psoriasis. The same treatment was resumed, and steadily continued for three months, during which time the child regained a plump and healthy appearance; and I have not since heard of it.

This case is interesting, inasmuch as it demonstrates the results which may follow vaccination, if care be not taken in the selection of good lymph from a healthy child. I should, in many cases, hesitate placing much reliance upon the testimony which the mother might bear, concerning the connection between an eruption and vaccination. Either from a wish to deceive, or a willingness to be deceived, it appears to be almost the second nature of the parent to assume, that any eruption which appears after vaccination is necessarily dependent upon bad matter, whereby that blessing is far too frequently brought into disrepute. The evidence, however, in this case is so unequivocal, that no doubt can exist that the disease was engrafted upon a previously healthy infant, by vaccination; but this may have arisen without the manifestation of any carelessness on the part of the surgeon, for we must remember that a child inheriting the taint may appear quite healthy, and if vaccinated, the vesicles may be perfectly formed, and yet the lymph from such a subject would very probably poison the blood of a child vaccinated with it.

CASE III.—In October, 1858, Mrs. M——, a young married woman brought her child, aged eighteen months, to the Manchester and Salford Homœopathic Dispensary. She stated that the child was perfectly healthy when born, but a few days after

birth it had inflammation of the eyes, followed by an eruption over the whole body, "like measles." It was then treated by her medical attendant, and was, comparatively speaking, quite well in a few weeks; and although it has never "thrived fast," but has always appeared a poor delicate thing, yet it has required no medical attendance beyond an occasional visit to a woman who keeps a druggist's shop in one of our leading thoroughfares, and who is looked up to as a great authority in the diseases of women and children by the working classes. She affirms that her health is very good, and has always been so, both before and since her marriage. She looks pale and haggard, and says she has lately suffered from much leucorrhœa. She has been pregnant once before, but the child was born at the seventh month, dead and decomposed, and the midwife who attended her said it had been 'dead two or three months. About the condition of the father I could gain no particulars: he "ailed nothing that she knew of." Six weeks ago the child had some few spots on the thighs and nates, which have continued to grow worse, and have formed "sores." There is an ulcer, measuring two inches and a half in length, and involving the vulva and groin of the left side; in the groin the ulceration is deep, and has laid bare the inguinal glands; at its upper margin is a pultaceous-looking slough; the edges are thick and circular, as though the integument had been removed by repeated pinchings. The right labium is not ulcerated, but there are several pustules, with inflamed areolæ, over its surface. Between the nates there are several small unhealthy ulcers. The child is exceedingly pallid and emaciated; it has only cut the two upper incisors, which are already decaying; the anterior fontanelle is very open. The child has never made any attempt to walk. The abdomen is tumid, and painful upon pressure. The bowels have been much relaxed for a fortnight, the stools very offensive, dark green in colour; and to-day the child screams whenever the bowels are relieved, the motions consisting of little else than blood and mucus. Merc. cor. 1, Acid. nitric. 1, alternately, every hour.

Oct. 24th.—No improvement; the dysentery continues. Merc. cor. 1, Acon. B. ℞ Acid. nitric.  $\Phi$  gt. vj., Aquæ  $\mathfrak{z}$  iv. ft. Lot., with which the ulceration is to be dressed.

Oct. 25th.—The dysentery better. The ulceration is extending, and the child is much weaker. Acid nit. I, Arsen. B, alternately, every hour. Black wash to be applied locally.

Oct. 27th.—Convulsions occurred during the night, and the child died this morning.

CASE 4.—R. S—— called upon me on the 4th of November, 1858. He had contracted syphilis a month previously, and had been treated by an allopathic practitioner since. The chancre is situated on the under surface of the prepuce, and is a soft granulating sore. Applied Nitrate of silver freely to its surface, and ordered warm water dressings. A tablespoonful of the following mixture three times a day:—

℞ Acid. nitric.  $\Phi$  gt. vj.  
Aquæ  $\frac{3}{4}$  vj. m.

Nov. 11th.—The chancre is not healing satisfactorily; its surface is covered by granulations, which are disposed to be fungoid. A weak solution of Nitrate of silver to be substituted for the water dressings.

Dec. 8th.—He has continued the treatment to the present date, and appears quite well.

Jan. 11th.—To-day the patient has again placed himself under my care. A syctic excrescence has appeared on the site of the old chancre, which he accidentally discovered in the early part of the day. Nitric acid lotion to be applied locally, and two grain doses of Cinnabar A, three times a day.

This patient received an appointment in the navy soon after the last date, and I have not since seen him. I received a letter from him last May, telling me he was quite cured by the last medicine I had prescribed.

CASE 5.—M. T——, æt. 17, a fair-complexioned girl, with strongly marked strumous diathesis, was treated in November and December, 1858, for gonorrhœa, at the Manchester and Salford Homœopathic Dispensary. She was then living in a brothel; and there is every reason to believe the treatment was of little use, and very much neglected. Through the influence of the Rev. C. H. Wainwright, she was removed to the Man-

chester Workhouse, but dismissed herself in three weeks, in order to gain admission into the Ardwick Refuge. As she was evidently deeply diseased, she was placed in private lodgings, to be under my care until she was in a fit state for admission into the refuge. She complained of a purulent discharge, with scalding, and which she believed was gonorrhœa. Upon examining her, there was a crop of condylomata around the os vaginæ, and a circular ulcer, about half an inch in diameter, on the anterior lip of the os uteri. There was no chancre discoverable about the vulva or on the walls of the vagina. There were a few circular patches of psoriasis on the face, neck, and arms. She complained of sore throat, and I found erythematous inflammation of the fauces, and enlarged tonsils, but no ulceration. The submaxillary glands of both sides were enlarged and painful. As far as I could learn, she had taken no mercury, but had been treated in the workhouse by injections, and iodide of potassium. I applied Merc. sol. A to the ulcer on the os, and to the condylomata, and gave her two grains of Merc. præcip. rub. A, three times a day. Ung. iodidi was used as a local dressing for the submaxillary glands. This treatment was continued for five weeks, when the syphilitic symptoms were quite cured. Whilst in the refuge the cervical glands suppurred, and although she took Hep., Silic., Acid nit., Bell., Bary. carb., Calc. carb., Iodine, and Rhus, and had the advantage of three weeks at Southport, they were not quite well when she left the refuge to take a situation in the country.

CASE 6.—James B——, æt. 48, a painter, applied at the Manchester and Salford Homœopathic Dispensary on the 27th December, 1858. He is married, and states that his health has been moderately good for many years—indeed, since his marriage. A month since, he experienced a smarting sensation in the throat, especially when he took highly-seasoned or salted food, or drank stimulants, which has increased until, at the present time, deglutition is very difficult. The pain has slowly extended downwards, and he feels a rough, scraped sensation in the larynx; and for the last four days he has been harassed with a loud, ringing cough, and loss of voice. He complains

also of anosmia, with a thick, mattery discharge from the nostrils. The nasal bones are pushed prominently outwards, giving a broad and flattened appearance to the feature, and its outline is suggestive of the presence of polypi—none, however, can be discovered by careful examination of both anterior and posterior nares. On examining the throat, there is extensive ulceration of the velum pendulum palati; the tonsils are enlarged, but not ulcerated; his breath has a most fœtid odour. On the forehead there are a few spots of lepra tuberculosa; some of these, which are larger than the rest, have assumed an annulated appearance, with depressed centres, which is very distinctive of syphilitic eruptions. He denies having had syphilis recently, and positively affirms that it is fully twenty years since he contracted the only sore he has ever had upon the genitals. He was then ill for a length of time, was profusely salivated, and suffered also from secondary ailments; but he has believed himself quite cured for the last twelve or fourteen years. He states that his wife is in good health; and all his children have been born healthy, and have continued so. His youngest child is a month old. Bell. A, Hepar 3, were prescribed alternately every two hours. The case was attended to by our late house-surgeon, and Tart. em., Kal. bichrom., and Merc. precip. rub. A were administered. He again came under my notice on the 29th January, 1859.

Jan. 29th.—The soft palate is perforated by the ulceration, and the uvula hangs suspended by two bands of mucous membrane, one on each side of the perforation. A small node now exists over the left eye, which is very sensitive, and he complains of pain on the right instep, which has obliged him to cut his boot for ease. Every night, for several hours, he has an attack of severe neuralgia, affecting the left side of the head. He is very much depressed in spirits. Acid. nit. 1, Sulph. 1, alternately every two hours.

Feb. 5th.—The neuralgia is partially relieved, but the ulceration of the palate is extending. A node is forming on the instep.

℞ Acid. nitrici,  $\Phi$  gt. xij.

Aquæ  $\frac{3}{4}$  vj ft. mist.  $\frac{3}{4}$  ss. ter in die.



Feb. 26th.—The neuralgia quite gone. He complains of the foetid odour of the nasal discharge, which consists of pus and blood. Lycop. ʒ, Aur. mur. ʒ, alternately, every two hours.

March 12th.—Appears better on the whole; the nasal discharge less offensive. The throat improving. The pain in the instep is very severe, and at night extends into the shins, preventing him sleeping. To continue his medicine, and to have the following mixture:—

℞ Potas. iodidi ʒ ss.

Aquæ ʒ vj. ft. mist. ʒ ss. ter in die sumend.

March 26th.—He is improving in all respects. He has brought his wife and youngest child to see me; both are suffering from syphilitic eruptions, for which I prescribed Merc. cor. ʒ.

April 13th.—The nodes have almost entirely disappeared. He again complains of neuralgic pains in the head. The throat is nearly well, and the cough, which is still troublesome, appears to arise from the irritation occasioned by the uvula. Acid nit. ʒ, Aurum mur. ʒ.

June 25th.—He discontinued attendance for five weeks; the last medicine relieving the head pains, he believed himself cured. The node on the instep has returned, and he wishes to resume the treatment. To continue the Nitric acid and Aurum, and to take five grains of Kal. hydriod three times a day.

July 9th.—Very much better. Cont.

July 29th.—Thinks himself quite cured. I proposed to snip off the uvula, but he declined to submit to the operation, although his cough continued troublesome. On the 15th October his wife consulted me for bronchitis, and she tells me he continues quite well. I shall not detail the particulars of her case, or that of her infant; the outbreak was confined to the skin in both, and yielded to Merc. cor. ʒ.

If the account which this man gave of the history of his disease be reliable, it furnishes us with a very interesting case, demonstrating the pertinacity with which the syphilitic virus clings to the system. Whilst the disease remained dormant, he appears to have been incapable of transmitting the poison to either his wife or children; for although he had been married

nine years, his wife considered herself healthy when he first submitted himself to treatment, and his children were also healthy. During the course of his treatment, she, however, presented herself and infant, with well marked syphilitic symptoms, and she then owned to having noticed a few spots on her skin when she was last pregnant, but she had taken no notice of them, and they passed away; it is therefore probable she was infected during her last pregnancy, through the medium of the diseased fœtus in her womb, and that contamination had proceeded from the father a short time previous to the outbreak of symptoms in himself. The maintenance of apparent health in the father does not invariably prevent the contamination of both mother and child; many cases are on record, which distinctly demonstrate that a father who has had systemic syphilis, but who has no evidence of its presence at the time of his marriage, may impregnate his wife with a diseased fœtus, through which she secondarily suffers. M. Diday asks the question, "Will a man who has had syphilis, but exempt at the time of marriage from all symptoms of disease, procreate a syphilitic infant?" We cannot give a positive reply. The case before us shows that he does not necessarily do so. As the patient had been profusely salivated for the primary sore, I regarded his case as one of syphilis combined with mercurial poisoning, and consequently abstained from mercury. For three weeks in the early part of his treatment, merc. præcip. rub. A was given, but evidently with ill effects, for when he again came under my notice the palate was perforated, a small node appeared on the frontal bone and on one of the metatarsal bones, and his nights were disturbed by neuralgic pains. The Nitric acid was of very great benefit, and speedily relieved the neuralgia in January and February, and again in April; the Aurum muriaticum and Lycopodium appeared to have the most salutary effect on the ulceration and the ozœna; the Kali hydriodicum was chiefly useful in relieving the nodal pains and enlargements.

CASE 7.—Hannah R——, æt. 30, living at Newton Heath, near Manchester, married two years, came under my notice on the 4th June, 1859. She stated she had not been well since

her marriage, and miscarried about three months afterwards. She again became pregnant, and went to her full time, and had a fine healthy-looking girl, which is now eleven months old. Whilst pregnant she had an eruption on the thighs and body, followed by sore throat, which has never since been quite well. At the present time her nipples are excoriated, and she says the infant's mouth is also very sore. There is a copper-coloured eruption on the arms, neck, face, and body, some redness of the fauces, but no ulceration. She has never had any sores on the genitals. So far as she knows, her husband is in good health. Nitr. acid. ʒ, three times a day.

June 28th.—The same in all respects. She has weaned the child, by my recommendation, but she tells me an eruption is coming out on its body.

R̄ Merc. iodidi ʒ, gr. j ter in die.

July 2nd.—Aphonia, with soreness over the larynx, and cough; aching pain in limbs. Otherwise same. To continue the powders, and to take Acon. ʒ three times a day.

July 13th.—The aphonia better; the eruption also improving. Still complains of pain in limbs. Bry. ʒ, instead of Acon. ʒ.

July 16th.—The pains relieved; otherwise same. Merc. cor. ʒ, gr. ʒ, four times a day.

July 20th.—Dry pricking sensation over the larynx; skin symptoms much better. Continue Merc. cor. ʒ; Kal. bich. ʒ also, three times a day.

July 27th.—Very much better; no laryngeal dryness or pricking. Cont.

August 6th.—Nearly well. She is leaving town; but I have requested her to continue the medicine, and to write if there are any new symptoms. I have not heard from her, and conclude that she was cured.

CASE 8.—Mary Ellen R——, æt. 11 months, the daughter of the last patient. The child has a cachectic appearance; its mouth and tongue are covered with white patches. The whole body is more or less covered with small copper-coloured tubercles, raised about the eighth of an inch above the surface of the skin. Pil. Merc. cor. ʒ; Borax lotion for the mouth.

July 12th.—The bowels relaxed. The upper incisors are causing a good deal of pain; the two lower incisors were cut about a month since. The child is very restless at night, and cries out suddenly, as though in pain. The head is thrown back, and rolled about from side to side. Lanced the gums, and ordered Merc. cor. 1 and Bell. 1 alternately, every two hours.

July 16th.—The lancing relieved the child; the teeth have not come through, but it appears better. Cont.

July 20th.—The restlessness and screaming have returned; the child is feverish. The stomatitis quite well. The eruption is better; the coppery tint has disappeared, but the hard tubercles can still be felt. Acon. 1, Calc. c. 3, alternately, every three hours.

July 27th.—The teeth are through, and the child is very much better. Half a drachm of mercurial ointment to be spread on a flannel binder, and put round the abdomen, changing it daily.

August 6th.—Very great improvement. To continue the inunction for a fortnight. Not heard of since.

Unfortunately, the last two cases did not remain under treatment for a sufficient length of time, and we are left in doubt as to the ultimate result. Rigid homœopaths will regard with horror the mercurial inunction; but I can very confidently affirm that I never witnessed more rapid improvement than that which resulted from the application, during the ten days the child was under notice. It appeared to create no disturbance whatever in the system, and the child improved in appearance—lost in a great measure its cachectic appearance—whilst the eruption declined daily. It was suggested to me by Drs. Walker and Harrison, who place more reliance upon Mercury administered in this form than in any other. Sir B. Brodie, in his surgical lectures, states, that in his opinion inunction alone eradicates the poison, and places the child in a safe position, and free from the dangers of relapse.

CASE 9.—Edwin W——, æt. 18, a mechanic, had been treated for two months by a druggist, for a primary sore, but

without any benefit, and he applied to the Manchester and Salford Homœopathic Dispensary on the 22nd September, 1858. He cannot draw back the prepuce, owing to phimosis; and such is the accumulation of filth beneath it, that when he syringes it there is profuse discharge of pus. He has a bubo coming on both sides; there is fluctuation in that of the right groin. A few spots of lepra exist on the forehead. Opened the right bubo; the other one to be poulticed. Ordered him to obtain a syringe, and with warm water to cleanse the discharge from beneath the foreskin. Merc. sol. A, gr. i. three times a day.

Oct. 5.—The other bubo has burst spontaneously. Can now draw back the foreskin. The glans and internal surface of the prepuce one mass of chancres. Zinc lotion to be used as a local dressing. To continue the Merc. sol.

Dec. 8th.—Quite cured.

This patient contracted a fresh chancre on the 12th January, 1859, for which he was again under treatment for a month.

CASE 10.—Ruth C——, æt. 8 years, became a patient at the Manchester and Salford Homœopathic Dispensary, after being under allopathic treatment for six months. She has a large condylomatous-looking mass near the anus, which appeared six months ago as a small pimple. There are several small warts on the perineum, and one on the labia interna. There is no evidence of hereditary taint, and the only clue which can be given as to the origin of the disease is, that she slept, twelve months ago, in the same bed with a male lodger. Thuja  $\phi$  to be applied externally, and Thuja 1, with Merc. cor. 1, alternately, every three hours.

April 21st.—Same. Cont.

May 12th.—No improvement. The growth appears to enlarge, and is exceedingly painful. The mother says the child screams when she applies the Thuja. Cin. A, gr. j. ter in die. The mass to be moistened with lot. Chlor. sod.

May 19th.—No improvement. Dusted the growth with Calomel, and desired the lotion and medicine to be continued.

May 26th.—The same. Half a drachm of mercurial ointment

to be well rubbed into the thighs every night. Calomel again dusted over the growth.

June 2nd.—No improvement whatever. By mistake, the mother applied the mercurial ointment to the growth. The inunction to be continued, and ung. Sabinæ to be used locally.

After this date the patient was lost sight of. The history of the case is obscure; but there can be no doubt that the disease was of syphilitic origin. The Thuja did not appear to be of the least service, for the growth enlarged, in spite of its use both externally and internally; and as yet I have always been disappointed with this drug, which I have prescribed frequently, and never with better success.

CASE 11.—Alice L——, æt. 44, applied at the Manchester and Salford Homœopathic Dispensary on the 24th July, 1859. Four months previously she contracted syphilis from her husband, and she then had several sores on the vulva, which were treated by a quack, to whom her husband took her, with washes which made her smart a good deal. She never took any medicine but salts and senna. At the present time she has a copper-coloured eruption on the body and arms, with ulceration of the palate. She complains of a painful swelling, midway between the umbilicus and pubis, which appears to be a phlegmon forming. There are several cicatrices on the abdomen, which she says are the remnants of numbers of boils, which she had a month ago. Merc. cor. 1; a poultice to the abdomen.

Aug. 1st.—Opened the abscess below the umbilicus. To have Hepar 3, Merc. cor. 1, alternately, every two hours.

Aug. 6th.—Better on the whole. The abscess healing satisfactorily; the ulceration of the palate improving. Cont.

Aug. 10th.—Bowels relaxed, with much griping pain; a good deal of ineffectual straining after the bowels have been relieved; no blood passed with the motion; in other respects decidedly better. Acid. nit. 1, Lycop. 3, alternately, every two hours.

Aug. 17th.—The bowels quite well; does not think the last medicines have done her mouth any good. Merc. iod. A, gr. j. ter in die.

Aug. 21st.—Improving rapidly; the eruption nearly gone.

Sept. 1st.—Believes she is quite well. I desired her to continue the powders ten days longer.

Sept. 10th.—No symptoms beyond a feeling of debility.

R̄ Acid. nitr.  $\emptyset$  gt. xij.

Aquæ  $\bar{z}$  vj. ft. m.  $\bar{z}$  ss. ter in die.

Sept. 18th.—Returned her card, and reported herself quite cured.

CASE 12.—Eliz. N——, æt. 20, an unfortunate girl, of respectable and cleanly appearance, was admitted into the St. James's Refuge in July. She had had syphilis since Easter, and for some time had been treated in the Manchester Workhouse, but without benefit. She came under my care on the 28th July, 1859. The vulva is swollen and erysipelatous, and she complains of much pain on micturition and movement. A circular ashy-looking sore, not indurated, on the left labium; a hardened cicatrix exactly opposite, and in contact with it. Around the os vaginæ a circlet of eight or ten small chancres, discharging profusely. On the posterior wall of the vaginal canal there is another sore, about half an inch above the outlet. The inguinal glands of the left side are enlarged and painful—not at all inflamed; those on the right side are painful, but they are not perceptibly enlarged. During the last week she has been very deaf, and has suffered from severe otalgia; there is profuse discharge from the right ear. To foment the groins and ears with warm water, and to take Merc. sol.  $\Delta$ , gr. ij. ter in die. Lint moistened with black wash to be applied between the labia and within the vagina. To remain in bed during the treatment.

July 30th.—Complains of sore throat. On examination, found erythematous redness of the fauces, with enlarged tonsils, but no ulceration. Bell. 1 to be taken alternately with the powders.

Aug. 3rd.—She feels better; her throat is nearly well, and she is less deaf on the left side. The chancres are beginning to granulate. Cont.

Aug. 7th.—The chancres are healing rapidly; the inguinal

glands continue enlarged and painful. For the last two days she has suffered acutely from pain in the right ear, which she says is no longer discharging. The meatus auditorius externus is quite closed by the circumferential swelling. I succeeded in passing a probe a short distance into it, which was followed by the escape of a few drops of pus. Warm water dressing to be applied constantly, and to take Acon. 1 and Merc. protoiod. A gr. ij. alternately three times a day.

Aug. 10th.—The pain in the ear is less, and it discharges pus freely. The deafness has entirely subsided on the left side, but she cannot hear the ticking of a watch on the right. The chancres nearly well. Cont. Merc. protoiod.

Aug. 16th.—Nearly well. No pain or discharge from ear, but remains quite deaf on the right side. Chancres well. Inguinal glands still enlarged, but not painful. Feels very weak. To have a pint of porter daily, and to go down stairs. Merc. cor. 1 ter in die.

Aug. 24th.—She left the Refuge to-day, apparently quite well.

In this case, I believe the hardened cicatrix on the right labium to have been the primary sore, whilst those which she had when she came under my observation had been produced by self-inoculation, and were of a soft, non-infecting kind. From the indurated character of the cicatrix, I have no doubt it had been a true Hunterian chancre: the induration was completely removed by the mercury which she took. The deafness in her case is an interesting feature. Mr. Harvey, in his work on *The Ear in Health and Disease*, observes of syphilis, that "it attacks the tympanum in the form of inflammation of its mucous lining, to which it has extended through the medium of the Eustachian tube, communicating the disease from the throat." The deafness evidently originated in this way, throat symptoms being complained of about the time of its commencement. The left ear appeared to be completely restored, but I believe the hearing on the right side is permanently lost, probably from destruction of the tympanum.

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CONTRIBUTIONS TO THE HYGIENIC TREATMENT  
OF PARALYSIS.

BY DR. M. ROTH.

(Continued from Vol. XVII., page 678.)

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CASE XIV.—*Hemiplegia with Chorea and Lumbar Lateral Curvature.*

Mr. —, 40 years old, of an herculean build with the exception of the head, which, in proportion to the body, appears a little smaller than it should be. He fell, when three years old, from a window which was thirty feet high, and attributes to the shock received at the time his present complaint; although he was able as a boy and youth to walk and run as well as other boys, still he was nick-named in school as the *loose-limbed boy*. He stoops very much, and the chest is flat; the whole right side is much weaker than the left; he is very weak in the lumbar part of the spine, and consequently has not the power of standing or sitting without constantly moving the trunk to and fro, or from forwards, backwards; the lateral and lumbar curvature has the convexity to the left, and is combined with a posterior curve; the head is bent forward, the eyes are turned up when looking at things or persons in front of him, a tremulous motion of the eyeballs is observed, accompanying the usual movements of the eye. Not being able to stand, he tries to lean either with the back to the wall, or with one side, and he assists himself with the elbow and forearm, which is raised so that the hand is at the height of the shoulder; but even when leaning in the standing position the feet are placed apart, the head is always inclined forwards, and there is a constant tendency to raise the forearms, while the upper-arms and elbows are near the body. When he wishes to walk, which

can be done safely only while assisted by a second person, he has no control over the quick and involuntary movements which have frequently caused very serious falls, and, indirectly, a fear of falling, which interferes with his control over the movements; the walk is tottering, combined with an incontrollable quickness of movement, and a considerable flexion of the trunk forwards, similar to the position of the body of persons when ascending a hill. Besides this position, an extra to and fro or pendulum movement of the body above the hips is observed, while the knees fail to stretch. The reader will thus form an idea of the peculiarity of the walk; but when he walks near a wall, or in a passage, he will either lean laterally or totter from one side to another in order to touch the wall with the corresponding forearm; the peculiar position of the bent forearms and the hands on a level with the shoulder, is a compensating action for the weakness of the lumbar part of the spine, and assists in lessening the swaying of the trunk above the hips, which is independent of the tottering walk.

It would be useless to give a description of the various medicines and modes of treatment which he has tried without any effect. The general health was very good, as well as the muscular development. My object in the beginning of the treatment was to increase the power of his right hand and arm, and right leg, which was done while the patient was placed in a reclining position, so that an angle of 45 degrees is formed by the trunk and thighs; he is encouraged to place himself often in this position, which brings the head into the natural position and expands the chest, while it also straightens the spine. After a few weeks the desired effect was produced in the right arm and leg, and movements acting upon the curvature were added to his prescription, which enabled him by degrees to use his arms in a *free* sitting position, that is, without leaning the back. The to and fro movements ceased after this in the sitting position. He left me after three months, went, contrary to my advice, to one of the Malvern hydropathic institutions, and the result of the irritation produced by the too frequent application of wet sheets, douches, baths, &c., was, that he got a number of boils, which were very painful, but did not produce

any further improvement. After this he returned again under my care, under which he is still.

At present he is able to stand for a few minutes *erect* without support, and even to make all arm movements in this position; the head can be kept up; his chest is as good as can be desired; the curvature disappeared, although there is a slight inclination to the right; the tremulous motions of the eyeballs have ceased; and in the sitting position he is as strong as any other person; he is able when a person is near him, *without* being assisted, to make a few paces; this short walk is more easy, and the erect position of the body and head more easily kept up, if he places the hands on the sides of the thighs; there is more control over his movements, and on the whole the quickness of his actions has diminished. To judge from what I have seen of his case, I am sure that he will still improve, but I cannot say to what extent; the great obstacle to his walking is still the fear of falling, which can only be counteracted by a person or a fixed object near him, and that the left toes kick towards the right heel. On the whole there is reason to be satisfied with the results already obtained in this very complicated and grave disorder of such long standing, although the last aim of making him less dependent upon others whilst walking is not yet obtained.

#### PARAPLEGIA.

##### CASE I.—*Paraplegia Rheumatica.*

Mr. —, 36 years old, sent to me by Dr. Hamilton. Two years ago, during the superintendence of some engineering works, he was standing for some time in water, and repeatedly exposed to damp and cold; in consequence of this he lost the use of both legs, could walk only with the assistance of another person, and only when able to see his legs, as he was otherwise not aware of the position of his feet: this was also the reason that he was not able to walk in the dark. He was seen about twelve or fifteen times in the course of five weeks; during this time he had taken about eight or ten Russian baths, in which manipulation and percussion with birch twigs surrounded with

leaves were made upon the legs, and steam douches have been applied locally along the whole length of both lower extremities; besides the special movements applied to increase the strength of the legs and the influence of the will upon these parts, particular attention was paid to increase the power of the lower part of the spine, which was weak although not curved. Circumstances obliged him to interrupt the treatment after the short period mentioned before, notwithstanding some improvement was visible, which is confirmed in a note received from Dr. Hamilton regarding this patient, in which the Dr. says—"the last time I saw him I thought him much improved."

CASE II.—*Paraplegia caused by Turpentine in a person suffering from Tapeworm.*

Mr. —, 39 years old, fair, has always enjoyed good health till he went to Switzerland, where he lived for some time, and suffered, or was supposed to suffer, from tænia. Various medicines have been used to dislodge the enemy without any result; when he returned to Scotland, Professor Miller in Edinburgh prescribed large doses of *turpentine*, and he attributes to this drug his present paralytic affection. He cannot walk slow because he has no power of balancing the body above the hips; when he stands the feet are placed very far apart. An American physician, Dr. Lewis, who saw him walk while under my care, asked whether he was drunk. The power in the back and legs has diminished during the last fifteen months to such an extent that he is not able to take horse exercise. He was under Dr. Duchesne in Paris, but the *électricité localisée* was of no use. The treatment of Mr. Skey, with increased doses of rum, had also no beneficial effect.

After a treatment of ten weeks, which was interrupted after the first six weeks, he improved to such a degree in his general vigour, as well as in the affected parts, that he was able to be on horseback in Hyde Park daily, for one hour to one hour and a half. While with me he had no objection to be seen by medical men, when undergoing the treatment by movements,

and thus Dr. Davenport, and my pupil, Dr. Taylor, had an opportunity of watching the progress of the case.

**CASE III.—*Paraplegia caused by mental anxiety.***

Mr. —, a commercial gentleman, 58 years old, was always in good health. He lost the use of both legs in consequence of mental anxiety, and fear that his affairs were going wrong. The thigh on one side, and the leg on the other side, were more affected than the corresponding parts on the opposite side. Not being able to stay longer than a week with me, he and his servant were instructed to carry out at home, as far as possible, the simple manipulations and movements prescribed; as he suffered from constipation, and was accustomed to take aperient pills, the hygienic means mentioned in this paper were adopted, and if these should fail, small quantities of the mineral waters of Marienbad-Kreuzbrunnen were ordered. A few weeks ago I was informed, in a note from his wife, that the few hygienic means have been continued since I have seen him, which is about a year ago; that he has never taken any of the aperient pills, and that he is on the whole better.

**CASE IV.—*Paraplegia by mechanical injury.***

Mr. —, 34 years old, had lost the use of both legs, and of the middle and lower part of the spine, so that he could move only with the aid of his hands, in a sitting position, on the floor. I had to examine him while on the floor; as he could not sit on a chair without stooping very much forward. My reason for giving the history of his case in his own words, is to show what treatment was pursued before applying to me:—

“In June, 1849, we were reviewed by Prince Albert on Wimbledon Common. Returning from thence, we had to pass over some broken ground. In consequence of the rush that usually takes place when a number of horses are jumping, and my making the horse I was riding leap too soon, she fell on her right side, and with my right leg under, which I could not release, owing to its being entangled with the stirrup. I threw

my left leg over the saddle, and turned on to my back, when, with the assistance of some of the bystanders, I was released. I felt only the shake, and some slight bruises, mounted again, and rode to Hounslow, a distance of eight or nine miles. The next day I found I was very stiff and sore, from the shoulder to the foot. From then till May, 1851, I did duty without any inconvenience or interruption (except from gonorrhœa, contracted between the periods 1849-51, for which I was a patient in the regimental hospital about six weeks); I then began to find weakness in the back when stooping or riding. After stooping I was obliged to place my arm across my back to relieve me, and after riding was obliged to stand a few minutes before I could move off after dismounting, and the right leg would soon get tired, and the thigh ache, after being an hour in the saddle. From this time—*i.e.*, May, 1851, to December, 1852—I always found these symptoms. I then obtained leave of absence, took a passage from Kingstown to Liverpool, and from thence went by rail to Manchester and Sheffield. In crossing the Channel I caught a severe cold by exposing myself, just out of my berth, to a damp foggy atmosphere. From Sheffield I went by coach to Mansfield, where I remained a week or ten days, and arrived in London on the 10th of this month (December, 1852). On the 23rd of the same month, or thirteen days later, I began to have violent pains in the temples, and from the left side of the abdomen to the spinal column, over the left hip. I took a dose of Coogle's pills, and not finding them relieve me, I went to a consulting surgeon, who said I was suffering from 'an affection of the kidneys, touching the spinal cord,' and treated me accordingly. My urine at this time became thick and offensive, with a bran-like appearance on the surface, and a thick mucous settlement, which adhered to the bottom of the vessel. The treatment he prescribed was different medicines, blisters, mustard-plasters, and warm fomentations. From the latter I found great relief. In about a fortnight after I had medical advice, my legs became benumbed down the outside, and gradually lost power, till I was unable to stand. I also lost all power of making water, and was compelled to have it drawn off with a catheter. In another fortnight or

three weeks I began to recover, and was able to walk about the house, which lasted about a week, when I was taken worse, lost the use of my legs entirely—had no feeling in them; motions passed without my knowledge, and could not move myself in bed without assistance. Pains took me between the shoulders, and I could not bear to lay long without a pillow being shook up and placed under them. My feet and legs swelled if they hung down, and pitted upon pressure; occasional shiverings and spasms; the legs would sometimes jump up without my being able to prevent them, were quite cold, and dead to all feeling.

“In March, 1853, my back became sore and sloughed, and as that healed I got better, and have done so slowly until the present time. After I was taken the second time, I was treated for a spinal injury. I complained so frequently of my back, that the surgeon examined it with his fingers, and found very great tenderness on the part pointed out to you when I consulted you. He then said my back had been injured, which was also the opinion of the surgeon sent by the Director-General to examine and report my case before I was discharged from the service. The treatment pursued from that time till the present was counter-irritants and tonic medicines. In September of the same year I was advised by the doctor to try my native air (Gloucestershire), where I continued to get stronger, and was able to move about a little upon crutches, by dragging the right leg, or, rather, swinging it. I took iron mixtures until the next year (1854), when I was induced to try galvanism, with a liniment to rub into the affected part, that produced eruptions—and quinine internally. This did not benefit me, and I then decided to try the Gloster Infirmary, Major Somerset having procured my admission (February, 1855), where I remained fifteen months, taking medicine, principally *mixt. ferri*. and *ol. jecoris aselli*, with leeches, blisters, applications of iodine with a pencil, and an issue between the shoulders, which was open for eight or nine months, and only closed upon my leaving in March, 1856. The whole time I was there I was in bed, with the exception of a few weeks outside with my clothes on; and the only benefit when I left, was better feeling in the legs

as regards strength. I was weaker when I left than when I went in ; could not stand so well ; and I found the issue had so weakened me, that if I turned my head suddenly, it gave me pain about the part. After leaving the hospital I was in lodgings in Gloster, taking fresh air occasionally in a chair, rubbing ointment into the back composed of Hydriod. potass. and Iodine, and the internal use of Sarsaparilla comp."

To make any commentary on the history of this unfortunate case is useless ; but unhappily such treatment is often resorted to, and this explains why the back of many paralysed persons is like a battle-field, where moxas, leeches, blisters, ointments of tartar emetic, setons and cupping instruments have left the vestiges of their ravaging effects.

Pains in the kidneys, accompanied by scalding when passing water, and which have been produced either by the fall or the gonorrhœa and Turpentine which he has taken in large doses, have been relieved by compresses, baths, and a few drops of the first dilution of Tinctura cantharidis : the same dose and dilution of Nux vomica was given in the beginning for the removal of the constipation, and with the exception of these two medicines I do not recollect to have prescribed any other.

The Russian bath, the movements, and the change of diet have improved this young man to such a degree that he was able to stand while dressing, and to walk across the room with the aid of his crutches ; the shaking movements of the legs have ceased, the legs can be moved, and, since the first Russian bath, they have recovered their natural temperature, and retained it since ; the curvature is considerably better ; the power in the spine is increased to such an extent that he is able to raise his arms even while standing. This was his state when circumstances prevented him from continuing the hygienic treatment, during which he was seen by several of my colleagues.

CASE V.—*Paraplegia with Kyphosis caused by caries of the vertebræ.*

Master —, 17 years old, son of a confectioner, was brought to me, in Brighton, encased in one of those spinal



machines which I have mentioned, and as Dr. Davenport was by chance with me, he was examined in his presence. A course of Silicea, Calcareo, and Sulphur, horizontal position and perfect rest of the spine, longitudinal and lateral stroking along and on both sides of the spine, without touching the painful and affected part, daily washing and soaping of the body, and active exercise with the arms while the window was constantly open, were the principal means recommended. The patient was afterwards visited three or four times, and I did not hear anything more of him till about eight or ten months later I received a sumptuous cake of at least three or four feet in circumference, and a letter expressing his gratitude for his recovery, attributing it to the use of the means I have mentioned, which had been continued up to that time. The doctor who was present at the first examination was also a witness of the dissection of the cake.

CASE VI.—*Paraplegia with prevalent rigidity.*

Mr. —, 45 years old, sent to me by Dr. Hilbers, suffered from disease of the spinal chord, which had produced paraplegia creeping on to the abdomen and chest; rigidity of the lower limbs, of the abdominal muscles, and even of the lateral respiratory muscles, was prevalent, and similar in character to the muscular rigidity produced by Strychnine, which, according to his own opinion, the patient had not taken in large quantities, and not for a long time. Morphine, moxas, blisters, and many other medicines, and the water cure, have not arrested the progress of the disease. Having lost, also, sensation in the legs and part of the body, his position was changed after a certain time by his servant during the day as well as during the night, because he suffered from severe jerking pains, which, especially during the night, produced constriction across the stomach and chest; only the head and upper extremities remained under his control. During the five visits which I paid to this patient the necessary instruction was given to the attendant for making some manipulations, with the object of improving the circulation in the skin and legs, of soothing the jerking pains, and of lessening the

rigidity of the muscles and joints. He liked the manipulations, and as he could bear them very well I wished to make a step forward, and to induce him to make more use of the arms, in order to enlarge the chest, and to counteract the jerking pains; he did not complain of any pain when, for the first time, he made, in a lying position, systematically, a few of the most elementary movements of the head and arms; he thought that the following night the pains were more intense in consequence of the slight exertions he had made, and this induced him to relinquish the movements for the present. I was inclined to attribute the increase of his jerking pain to a few doses of Strychnine, which, although in very small quantities, were prescribed without my consent.

#### PARALYSIS OF ONE LIMB.

##### CASE I.—*Paralysis of the left arm caused by Meningitis.*

Miss —, 20 years old, had lost, five years ago, the use of the left arm, in consequence of meningitis, during which disease she was attended by Dr. Dudgeon, who advised her to consult me three years ago; but she, as well as her mother, believing that it was useless to attempt any treatment for the restoration of a paralysed limb, did not follow the doctor's advice. When I saw her the first time she carried the arm in a sling, as she has done for five years; the size and length of the arm and hand did not differ from that of the other arm, only the fingers were a little thinner than those of the right hand; the whole arm was flabby; the temperature, especially of the hand, lower than in the natural state; all these parts are pale, and sensations lost in them. She is not able to grasp or to lift anything, neither light nor heavy objects, with an even or uneven surface, and the limb is useless.

The treatment was first directed to increase the power of the left side of the trunk and of the muscles of the left shoulder, in order to obtain a firm point of support for the movements of the arms; when this was obtained she was assisted in some movements acting on the shoulder joint, and by degrees in all movements of the arm, hand, and

fingers. After the first thirty visits to my institution some improvement was visible; she was under treatment three times a week, afterwards only twice, and lately only once.

The result is that she has the perfect use of the whole limb to the tips of the fingers; she can lift heavy weights, can hang on her arms, and, with regard to the control over, and the power of movement, everything which is desirable is obtained; the sensation returned very gradually, stopped at the wrist for some time, and is at present restored all over the arm to the second joint of the fingers on the back of the hand, but not yet on the inner surface of the hand. As the will has no influence over the sensation, I am at present applying magneto-electricity for the removal of the last symptom, but am not yet able to judge whether I shall succeed; should I, however, prove unsuccessful, the patient and her family are quite satisfied with the perfect recovery of the voluntary movements of the arm, which proves now a very useful limb, being as strong, warm, and well-coloured as the other arm, and Dr. Dudgeon has repeatedly expressed his satisfaction with the result.

*CASE II.—Paralysis of the right arm by mechanical injury.*

The patient, whose certificate for wounds and hurts follows, was sent to me by the late Mr. De Michele.

“CERTIFICATE FOR WOUNDS AND HURTS.

“These are to certify the Right Honorable the Lords Commissioners of the Admiralty that George Young (quality), able seaman, was wounded on board Her Majesty's ship ‘Brilliant,’ by having the little finger of the right hand and part of the soft parts surrounding its metacarpal bone blown away, and the bone so comminuted as to require its removal; also the anterior aspects of both forearms burned by the exploding of a gun which he was loading, on the 30th day of May, 1857, being then actually upon Her Majesty's service, in firing a salute. (Aged 26.)

“Dated the 2nd of July, 1857.

*(Here follow the Signatures.)*

*Note.*—These certificates given to such men only as having received wounds or hurts in the service are thereby rendered incapable of continuing in the service of the ship, &c.”

His arm is hanging down lifeless ; and is from the shoulder-joint downwards, in its whole length, emaciated, flabby, cold ; the hand and fingers blue, livid ; the fingers show almost the forms of the bones ; he has not the slightest power of moving any part of the arm ; the sensation is not distinct, and diminished in the hand and fingers, he suffered very much from pain, for the relief of which Ignatia, first dilution, was prescribed. He was ordered to live soberly, to carry the arm, when walking, in a sling, supporting the whole forearm and hand ; when sitting or lying to have the arm in its whole length supported by a wedge-formed pillow of chaff, so that the hand should rest on the thick end ; several manipulations were pointed out to be made by his relatives, and all other necessary hygienic means named. He had called on me five or six times in the course of eight or ten weeks, and began to make an abduction and attraction of the arm ; since that time I lost sight of him for six or eight months, as he was absent in the country ; six weeks ago he returned again, but had neglected my advice regarding the position of his arm and his hand, which had presented much the same appearance as on his first visit.

At present he can make all the movements of the upper and forearm and wrist, and I observe already some traces of action in the middle finger ; there is all probability that this sailor, if he perseveres in what he is ordered to do, will also recover the use of the hand and fingers, although it may last eighteen months or two years, or even longer, before a perfect cure takes place.

This case proves, also, that the use of special positions, manipulations and movements, is very important for the recovery of voluntary movements, and as soon as the first traces of these are obtained, much more is to be hoped, because the will assists afterwards in increased progression the development of the nutrition and contractility of the muscular fibres.

CASE III.—*Paralysis of the right arm and left leg, caused by tania and turpentine.*

Miss —, 15 years old, very tall for her age, pale and thin, of strumous habits, had taken, when twelve years old, large doses of *turpentine* to expel a tapeworm from which she was supposed to suffer; her mother attributes to the large doses of turpentine the loss of movement in the right arm and left leg.

When I first saw her she had but little use of the right arm; she could raise the shoulder-blade, and bend the arm in the elbow, but the hand fell with the jerk into the position in which she wished to place it. She could only advance the arm from the body a short distance; she limped with the left foot, and dragged the leg in walking; the ankle-joint was stiff. This was the only well developed case of paralysis *cruciata* which came under my observation. She was only forty times under treatment by movements, and was very considerably improved.

CASE IV.—*Paralysis of one leg after myelitis.*

Miss —, 17 years old, was sent to me by Dr. Meray, late of Manchester. She had suffered from myelitis when twelve years old, up to which time she was well; the whole body was paralysed during the attack, but only the right leg in its whole length remained paralysed; the limb was perfectly useless, cold, emaciated, and Dr. Meray, who has been formerly at the head of an orthopædic institution, did not succeed in improving her, either by medicines or other means; walking was only possible with the help of another person, and the aid of a stick, while twisting upon the healthy hip-joint, and swinging the diseased leg round and forwards; the spine had also suffered in consequence of the loss of power in the limb, and showed a lateral curvature.

She remained during three months under treatment and improved to such an extent that she could walk across the room without assistance; at that time I was obliged to interrupt the treatment, in consequence of a neuralgia of the left brachial nerve, which was accompanied by palpitation of the

heart, and although she was, later, prevented by other circumstances from resuming the treatment, she did not fall back, but rather gained. I may mention that, at the request of Dr. Merrey, Sir James Clark called on me to see this patient while under my care, and to convince himself of her progress.

*CASE V.—Paralysis of one leg caused by mental anxiety.*

Mr. —, 42 years old, apoplectic habit, florid, face flushed, eyes injected, hypochondriacal, had lost the use of one leg after the receipt of a telegraphic message informing him that he was robbed of his whole fortune, invested in various ways, but represented by shares and other documents. Although the fortune was recovered, the leg did not improve, and neither medicine nor the water cure had any beneficial effect upon it. The hygienic treatment and the movements soon increased his power, and twice during the treatment he had hypochondriac fits, fancied he would never improve, and wrote to me that he could not continue the treatment; but the next day the depression of spirits having disappeared, he came as usual to my institution, and continued till he was able to walk three miles; and as he was in Brighton he went up and down the hills with much ease, and was very glad to be able to dispense with the donkey-chaise when taking his open air exercise. I saw this patient about eight months later, and he wished again to resume the movements; but finding him quite well, his previously affected leg as strong as the other, no congestion to the head, no injection in the eyes, and the abdominal functions normal, I refused to take him under treatment, but recommended him to observe, as strictly as he has done hitherto, my instructions with regard to his diet, exercise in the open air, daily sponging, and abstinence from spirituous liquors, as his habits predispose him to apoplexy, and consequently to paralytic seizures, which can be more easily prevented than cured.

*CASE VI.—Paralysis of the left leg, with lateral curvature.*

Miss —, 15 years old, a pupil teacher, sent to me by Dr. Madden, lost the use of her left leg when cutting her

first tooth ; was under Dr. King's treatment for six months, and under Mr. John Lawrence for eighteen months, and both said that she suffered from spinal disease. From that time she went on without any advice, and began when twelve years old to feel great pain in the back.

She was first seen by me in April of this year ; she was fair and pale, very weak, had great pain in the lumbar part of the spine, the lateral curvature considerable, the chest very flat and sunken in, the left leg drags along, and cannot be lifted. During the first six weeks she was placed in a horizontal position, and as much rest as possible was recommended ; in this resting position loin stroking, kneading, fulling and gentle pressure on the paralysed limb were made daily twice for fifteen or twenty minutes ; daily washing and rubbing the whole body, constant ventilation of the room in which she was confined, and as she was in Brighton under my care, lying in an invalid chair for a few hours daily on the beach, were prescribed. She did in a lying position the movements of the head known as head turning and head side flexions, flexion and extension movements of the arms, upwards, outwards and downwards, active arm rotation in horizontal direction, and also from forwards, up, out, and down, and respiratory movements. My object in recommending these movements was to obtain an enlargement of the chest and a diminution of the contraction in the muscles of the throat, neck, shoulders and chest, and to improve the circulation by a more vigorous action in the lungs.

After two months I was able to progress with the treatment, as the severe pain in the side and back had perfectly subsided during the last fortnight, and, with the aid of several movements acting specially on the spine and leg, she was soon able to walk with the assistance of two sticks, and at present, after thirty visits to my institution, she is able to stand on the paralysed leg and to walk upright. Her whole appearance is changed, the general state of health improved, and a degree of energy in her movements and actions produced which she had never possessed. Dr. Madden, who has seen her lately in my house, was much pleased with the progress she has already made, and which, I hope, will still considerably increase.

**CASE VII.—*Paralysis of the left leg with lateral curvature and talipes.***

Miss —, 13 year old, the daughter of a medical gentleman in India, had lost the use of one leg during dentition ; the foot is retarded in its development, but the length of the limb was only apparently diminished, which induced several eminent surgeons, who are at the head of the profession, to recommend a high-heeled shoe ; but as their advice was not more beneficial than the plasters and rubbing of a known rubber in Brighton, the mother placed her under the medico-gymnastic treatment. The case was in many respects similar to the previous, and also here the general improvement in health and strength, the diminution of lateral curvature, and increased power of the leg were soon visible. She is able to walk much longer, although with a slight limp, and can, while standing on the paralysed leg only, make all arm movements, and is also able to walk on a balancing pole and move her arms in all directions, which is a proof of the improvement of the spine, as well as of the leg.

**PARALYTIC WRY-NECK WITH LATERAL CURVATURE.**

Master —, 13 years old, sent to my institution by Dr. Lowder, of Ryde, suffered from paralysis of the sternocleido-mastoideus, in consequence of which the head was turned to one side, and considerably bent obliquely forward ; this anomalous position produced a compensating lateral curvature. Besides a hereditary predisposition I could not ascertain a cause, but was told that the complaint had been gradually developed till it attained the present high degree of deformity.

The boy was placed several times a day, for fifteen or twenty minutes, in a horizontal position, with some support under the head ; on the paralysed muscles tapping and percussion was done, and on the healthy and contracted muscles kneading, pulling and stroking ; gentle, passive rotation and pulling of the head, while the trunk and shoulders were fixed, and movements have been used to diminish the stiffness, contraction and rigidity of the neck, and such as bring the



shoulders down; the flexion of the head was for a moment still increased, in order to produce some change in the rigid, contracted muscles, and then the patient was encouraged to stretch the head in the opposite direction, and was assisted during his endeavour to execute the movement. As his power of moving the head in various directions increased, he was placed in other positions while the movements were done, and by degrees I was also able to act upon his spine, and in the course of three months he improved very much; the flexion of the head had entirely disappeared, but the head was still turned, although considerably less, when the treatment was interrupted, as his family left town. Those who have witnessed the treatment by stiff padded collars, or seen the danger accompanying tenotomy of the muscles of the neck, will easily be able to judge how much more rational it is to make use of these hygienic means, which, although increasing but slowly the power of the affected muscles, restore with more certainty the deformed part.

PARALYSIS OF THE RESPIRATORY MUSCLES—CHICKEN-BREAST  
WITH LATERAL CURVATURE.

Miss —, 8 years old, was sent to me by Dr. Madden. In the first four or five years of her life she was fed, according to her mother's expression, by the doctors of the old school, on Mercury, aperients, Iodine, etc., and owes her improved state of health to the abandonment of those drugs and to homœopathy. The child is pale, fair, and listless, the head sinks down, the spine is laterally curved; she has no appetite, does not walk but drags along the room; the serrati and pectoral muscles flabby, and both sides of the chest flat and converging to the triangular form, with the cartilages connecting the right rib with the sternum very pointed, forming what is commonly called chicken-breast; her arms seem like her face, bloodless, and when the arms are stretched the forearms appear almost to drop down at the elbow joints; hands and feet cold.

She had the best air in Brighton, good and wholesome food—consequently nothing was to be changed in this respect; after twenty visits to my institution she was visibly changing

for the better, but at present, when I have seen her about thirty-six times during three months, she is completely changed: the previously listless, quiet child, is at present a noisy one, sometimes even too noisy; she is cheerful and full of fun; the appetite perfect; climbing on ladders, knotted ropes, and rope ladders is her delight; the form of her chest is very much improved; the circulation normal; the muscles of the arms and chest getting much firmer every week.

The movements in this case were, in the beginning, directed principally to the improvement of the strength in the extremities; flexion, extension and rotation movements have been done on the different joints, later, trunk twisting and trunk stride flexions in stride, sitting, and long sitting positions; double arm and forearm flexion (G.R.), and extension (P.R.), in various positions; climbing and hanging movements; hip twisting in span-hanging and many other similar movements, besides several respiratory movements; these are the principal species of exercises used in this case, and with the best result.

#### PARALYTIC INVERSION OF THE KNEES, WITH LORDOSIS.

Miss —, 16 years old, was probably since childhood affected in a slight degree with a paralytic affection of the legs, which produced the turning in of the knees and an anterior lumbar curvature, weakness of the ankles and inversion of the feet; round and high shoulders, with a flat chest, were also present. The mother was not aware of the actual state of the deformity, but considered her only very weak, and sent her for two years into the country, which improved her general health very much. As the mother objected to her being placed in a machine similar to that I have described when speaking of the orthopedic victim (Vol. XVII., p. 653), I was consulted, and although I could not give any hope of a perfect cure, she was, however, placed under the treatment by movements, which, in many respects, were similar to those I have named in the case IV. of congenital hemiplegia (Vol. XVII., p. 670), with respect to the treatment of the inversion of the knees.

The improvement was considerable, although she was seen only thirty-six times ; her whole figure was elongated ; the curve in the spine better ; the knees are turned out, but they are still three inches distant from each other when standing upright with the feet placed in a right angle ; but this distance will diminish when the treatment is continued.

A FEW NOTES ABOUT THE PREVENTION OF SOME PREDISPOSING  
CAUSES OF PARALYSIS IN CHILDREN.

Every mother should pay much attention to her own health, from the moment she is aware that she is giving life to another organism. Neglect of her own health is a frequent cause of constitutional weakness in her offspring ; and thus the predisposition for congenital paralysis originates.

Paralytic affections caused by fits during dentition, by abdominal irritation, worms, and congestion to the head, might to a great extent be prevented, if mothers could be practically instructed to pay more attention to the judicious management of their infants and children, with regard to the quality and quantity of food, as well as to its regular administration ; to ventilation, dress, and in general to their physical development. Whenever the first signs of any indisposition of an infant or child are observed, they should be attended to and removed, either by a change of their usual regimen, or, if hygienic means are not sufficient, by the suitable medicines. Exposure to damp and cold must be avoided, because damp beds, damp linen or dresses, or the sitting on damp grass, predispose to rheumatic paralysis. To diminish the sensibility of infants and children to the injurious influences of damp and cold, they should be accustomed to be well washed with soap and tepid or cold water, before they are put to bed, and to be sponged in the morning with cold water, as soon as they rise. Children whose mental faculties are naturally too much developed in proportion to their age, must have much play and game, to counteract the prevalence of the cerebral development ; they must not be kept close to their books, as the external impressions conveyed through their senses are quite sufficient to give them, without

any special attention, the necessary information, which other less mentally developed children acquire only with difficulty.

Onanism is one of the frequent predisposing causes of paralysis in later years; and this vice is practised to a fearful extent, in public as well as in private schools. I remember a paralysed patient who confessed that, in the school where he was brought up, one of the tutors actually encouraged the boys in this bad practice, which is also not unfrequent amongst girls and adult unmarried females. I had several proofs that nurses and servants teach infants and children to play with the private parts, in order to make the noisy children quiet. This habit of touching these parts is often the inducement to the bad practice. Medical men who inquire into the causes of paralysis, will confirm my statements regarding this vice.

#### PREVENTION OF PARALYSIS IN ADULT PERSONS.

This depends upon the diminution of the causes producing the various diseases I have named (Vol. XVII., p. 377), and which frequently precede paralysis. Whenever mental anxiety, overwork, or excesses of any kind, especially in *Baccho et Venere*, produce giddiness, fretfulness, loss of the usually good memory, hesitation in speech, general lassitude, sensation of dragging in the shoulders, unsteady walk, twitching and numbness in the limbs, tingling in the fingers and toes, sensation of pins and needles in various parts of the body, and similar symptoms, often preceding paralysis, a systematic hygienic treatment will frequently prove beneficial; but it is absolutely necessary that the injurious influences should be removed as soon as possible. Change of occupation and of surrounding scenery will contribute to arrest the disease.

About two years ago I had a lady under treatment who, after having lost two children by diphtheria, was herself severely attacked by this disease, from which she gradually recovered. A short time afterwards, being still very much depressed by her loss, she began to feel numbness in the fingers, and weakness in the feet and legs; and once or twice she fell down. After a treatment of three weeks she had lost the threatening symptoms.

Besides a few Russian baths, combined movements on all the limbs were applied, with the view of producing a derivative effect from the nervous central organs, and increasing the circulation in the capillaries all over the skin, and the innervation in the muscles of the extremities.

In several cases of threatening paralysis, caused by mental anxiety, too much bodily or mental work, spinal irritation, congestion, and other affections of the spinal cord, the hygienic means proved useful; although in some cases the treatment lasted a long time before the perfect use of the limbs, and of the muscles of the trunk, was restored.

The principal rule is to remove the injurious influences, and to apply the suitable means, as soon as the first symptoms show themselves. Every delay is here dangerous, although the patient does not believe this to be the case, and consequently loses the precious time, when there is still a chance of preventing a paralytic affection, which is always easier than its cure.

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## ON FEVER.

By Mr. T. H. WILLANS, M.R.C.S.I., of Liverpool.

THERE are few medical men, long in the exercise of their profession, who do not possess, either in their memories or their note-books, a store of rare and extraordinary cases, the details of some of which might be made profitable to us; but our daily business—the ordinary subjects of our professional care—do not consist of wonderful diseases or astounding discoveries. Each day we have the *same* or similar diseases to treat anew, modified only by some particular circumstance, either in the individual or case. These, therefore, should be our most earnest study: we never can be too intimate with them. They may not excite us by their novelty, nor interest us so much by the exercise of our ingenuity, but they will amply repay us by their vast practical importance. There is a disease, the intimate

knowledge of which is of paramount importance to both the physician and the surgeon. The one cannot treat a single acute affection, nor the other a case of extensive or serious injury, without meeting it as a prominent object of his attention—each as impeding the success of his most scientific means, as demanding the greatest portion of his consideration, as threatening and often entailing destruction upon his patient, in opposition to his best concerted measures. I mean fever; and as continued fever affords us a type of most of the other forms, a sound knowledge of it affords us a valuable guide in those febrile movements which are either essentially or casually present as an important character of so many other diseases.

The subject of idiopathic fever has occupied the minds of men of the finest natural intellect, the most cultivated understanding, and the most extensive practical experience, for hundreds of years; and I fully consent to the fact, that it is lawful and expedient to consider such a disease as existing, to make a distinction in our own minds when teaching or learning medicine as a science, to separate fever from every primary local disease. But where do we meet with such a disease at the bedside of the sick? Where do we witness a case of pure continued fever, which has endured for any length of time, or which is not, and from the outset, frequently marked by some local deviation from health, in the discovery and the treatment of which the skill of the practitioner is not put to the severest test?

We read of fever and we speak of fever as an ordinary disease; and truly, if frequency constitutes it such, it is ordinary enough. But where is the medical man that has not found it no ordinary disease to treat? that, after all the aid of our science, which is much before the old system, fever is still a difficult disease to combat on the scene of action, however confidently we may speak or think in the absence of the enemy?

This conclusion has been forced upon my mind from several undeniable facts, chiefly from what other older and more experienced medical men have told me, and from what I have seen myself, that very few cases indeed of fever do not present some new circumstance of interest to the mind, every time we

are called on to treat it, and that nothing but a familiarity with its different modifications and complications—a familiarity not to be obtained in private practice—can enable us, in urgent cases of fever, to form a just estimate of the state of the disease, or of the measures which should be adopted.

The precise subjects of difficulty which occurred to myself, and which I generally found to be the objects to be surmounted in the practice of others, may be briefly stated as the following:—Where to find the locality of the disease; when to do nothing; and how to distinguish between oppression and debility. Simple subjects when we embody them in words, but of harassing anxiety—of most vital importance—when we come to put them in practice. What! the locality of fever? To give to airy nothing a local habitation and a name!

Fevers may be endemic, or they may be epidemic or contagious—often both, at one and the same time. All which I grant; but when we have given expression to these facts, we are just as far from understanding in what their essence consists. I believe that all our reasoning upon endemic and epidemic fevers—upon contagion and the essence of fever—have as yet profited little, and that, for all practical purposes, we must seek for information from more certain sources.

I do not say that fever of itself could not be fatal, for proof may exist that it can; but I believe I am fully authorised in saying that, in this climate, fever never is fatal, until it has drawn one or more important organs into actions incompatible with life—the injury in which these organs become involved being either directly or indirectly the true cause of death.

If this be true—and that it is I feel very certain—what a view does it open to us, through all false and mysterious theories, to the true treatment of fever. If it be true that, with us, fever never is fatal until it has involved some vital organ in actions incompatible with life, does it not at once direct us to watch, with the utmost attention, the earliest indications of those morbid actions in any of those organs, that we may apply a timely remedy, before the injury has got beyond retrieve? In former days, fever was treated merely by its name—that awful name, often formidable enough under ours, the best treat-

ment, but rendered more so then, by the blind followers of unphilosophical and utterly false theories. Our predecessors fancied that they discovered the essence of fever; and as each teacher had the public confidence and the public ear, this and that theory prevailed, each equally remote from truth—each equally opposed to all attempts at a rational practical application—each equally mortal!

I have stated that fever never—I think I may say never—in these countries becomes fatal, till it has involved some vital organ in actions incompatible with life, and that even then death is the consequence, not of fever, but of the lesion of an important organ. The knowledge of this at once directs us to look to those places in which alone damage can be apprehended; it limits and defines the object of our search, and it gives us full assurance that, however alarming our case may appear to be, no real danger is present so long as those local lesions are still absent.

We are all aware that fever, from whatever cause first kindled—whether from epidemic influence, contagion, or any of the ordinary exciting causes—sometimes runs a course of some days, with a continuance or but a slight increase of symptoms, and terminates, under almost any treatment, in a return to health, sometimes preceded by a marked crisis, more frequently, in this climate, by a steady progression of favourable symptoms. But frequently a remarkable change takes place in all the preceding symptoms, and these changes are manifested usually on the eleventh, fourteenth, seventeenth, or twenty-first days; but these changes—most striking then—are not the work of a day. Far otherwise! I pretend not to say why they should be more obvious on one day than another; I only state the fact to add the warning, that there has been a progressive advance in the work of destruction, in the detection and treatment of which the skill of the physician is put to the test to foresee the enemy—to foil any attempt to injure an important or vital organ.

To the instructed eye, which knows not only *where* to look, but *what* to look for, certain preliminary symptoms announce the approaching evil. Indeed, some can predict with consider-



able certainty, even from the onset, what the course of the fever will be. Pain in the back or pain in the head, becoming early urgent, and followed by intolerance of light and sound, are warnings enough, without waiting for the rending pain of the forehead, the throbbing temples, the injected eyes, the burning heat of head, or still later stage of delirium; we have quite sufficient notice that the head will prove to be the part chiefly to be protected. Sometimes an irritable stomach, a morbidly clean or glazed tongue, a variable state of the bowels—at one time torpid, at the next too sensitive, accompanied by tenderness of the epigastrium, give ample indication that the mucous membrane of the digestive tube must be watched throughout its whole length.

Sometimes a hurried respiration, purple lips, flushed anxious face, deep crimson or purple patches on the cheeks, and a short teasing cough, give due notice of coming evil in the lungs. These, too, may be present in various degrees of intensity and combination—combination which should never surprise, never deceive, though it may perplex us.

The head, the abdomen, the chest, are the seats of those morbid actions—actions which cannot with impunity be suffered to keep their seat for any considerable period. Hence the necessity of early detection, and, if possible, of anticipation; one or two days may cause irretrievable mischief, for, though the morbid action may finally be subdued, the evil already accomplished may remain. Effusion of serum may continue to oppress the brain, after the morbid state of the serous membrane in which the effusion had originated has been wholly subdued. The morbid action which is manifested in the head, lungs, or abdomen, during fever, and which, in every fatal case, has given origin to those changes of function and of structure which have ended in death, has been supposed by some to be inflammation; but it cannot be *pure* inflammation, for it wants some of its decided characteristics, though it presents many points of resemblance.

The difficulty in discovering or discerning the important premonitory signs of coming lesions, arises from the fact, that certain predominant symptoms so urge themselves upon the

attention of those who are not sufficiently on their guard, that they divert the attention from the seat of the disease, and expend the resources of the practitioner and the strength of the patient. Morbid heat of the skin, hurried circulation, parched tongue, thirst, restlessness, &c., are most prominent symptoms; but these are but concomitants of fever—troublesome enough to the patient, but of small consequence in the treatment, for they never yet were fatal. Yet these are the very symptoms which, becoming more urgent as the disease becomes more complicated, mask the unobtrusive but not less insidious symptoms of local lesions, and cause the attendant to shift from one remedy to another, and run an ineffectual circle of medicines, according to the prominence of some symptom, to his own disappointment and the detriment of the patient. Now if, indeed, no other symptoms present themselves—if we have nothing of more importance to treat—we may conscientiously expend our opportunities and measures in allaying troublesome symptoms; but let such never divert our most anxious scrutiny from the true, the only source of danger; let us never allow our energies to be absorbed by comparative trifles, while a formidable action is performing the work of disorganization and of death. Fever patients never die of heat of the skin, nor quickness of the pulse, nor restlessness, nor general uneasiness; but they die of or from disorganization of particular and important organs; and unless we discover in time the organ affected, and employ our remedies applicable to its relief, we aid in the accomplishment of its fatal result.

I say nothing of the proper medicines to give, because the discovery of the part affected, and the nature of that affection, can alone suggest the appropriate homœopathic remedies.

But there is another difficulty in the treatment of fever. A stage arrives—whether we notice it or not—whether our remedies have been active or inert, judicious or injudicious—at which the disease appears to have made a sudden pause; there is an interruption in the train of symptoms, well calculated to deceive the unwary, but one in which every observing conscientious practitioner must suffer more or less anxiety. If we have treated the previous stage with sufficient energy and judg-

ment, we may witness this period without uneasiness. A shock has been given to the disease: it is now at a stand; and this is the period to do nothing.

The judicious physician will gladly avail himself of the present opportunity to give his patient rest, and to allow the disease, undisturbed by him, to develop its future intentions. In any case, *his* way is perfectly clear. Whereas, by want of judgment, if he continues to interfere when no obvious reason is present (as I am sorry to say is the case with most of our allopathic brethren), he harasses his patient with unnecessary measures, and so disturbs the natural progress of the disease, as to leave himself at a loss to know whether the symptoms arise from the progress of the disease, or are not rather the result of his own interference. Unquestionably, there are diseases and circumstances in which the symptoms raised by allopathic treatment are more to be dreaded than the actual disease. We can boast that, if our medicines do no good, they certainly do no harm, and that is a comfort.

In hospitals, no friends or relatives of the sick are present to watch the practitioner with suspicious eyes, to misinterpret his intentions, or attribute false practice to him. He is surrounded by those who, from long experience, have confidence in his judgment as well as his integrity. *There* he may safely leave the patient undisturbed. Under other circumstances, we know that he dare not act so. In private practice, to cease to prescribe for our patient, would appear to many an unpardonable dereliction of duty; any and every future untoward symptom would be attributed to our previous neglect, and even recovery itself would be accounted but a lucky escape from such incompetent hands.

But fortunately *we* are not obliged to injure our patient from a compliance with the prejudices or ignorance of those in higher life. The Sac. Lactis, or unmedicated pilule, furnishes us a sufficient choice for all we can require.

Still this stage must be watched. This calm may be but portentous of the gathering storm. Its issue will pronounce judgment on the efficacy of previous measures, and, if these have not been successful, will introduce a far more complicated

stage. A precisely similar case may be witnessed in acute hydrocephalus, in which, after some days' treatment, the urgent symptoms cease, either because our measures or remedies have overcome the disease, or because the vascular action, not having been relieved by us, is in the very act of relieving itself, by effusion of serum into the ventricles of the brain.

But the last and greatest difficulty remains. How are we to distinguish between oppression and debility? on which distinction often hangs the life of the patient, and that which ever must be as dear to us as our own lives—our reputation.

Whenever the case calls on us to draw this distinction, time is surely precious, opportunities are becoming rare, and matters are coming to a close—a few days, a few hours, are all that remain now—and on the step that we now take depends the result. When the case has been under our own care from the first, or even for some time, so that we can look back on what we have done; when we can review the treatment, and conscientiously assure ourselves as homœopaths that we have not exhausted the strength of our patient by venesection or other barbarous practices, we can easily resolve our doubts; but when called in after another to judge of a case, this is truly a duty beset with painful intricacies.

Usually about the fourteenth or seventeenth day of continued fever, sometimes earlier, all the symptoms undergo a remarkable change. The patient has been irritable and troublesome, now he remains comparatively quiet; he was restless, shifting from side to side, now he lies prostrate on his back, the knees slightly drawn up and inclined outwards, the mouth partially open, the eyes not quite closed, the hearing dull, involuntary stools, constant inclination to glide downwards towards the foot of the bed, difficulty of swallowing, occasional muttering, and a general indifference to all surrounding objects. How shall we pronounce upon the cause of these symptoms? Do they originate in debility or oppression? What course are we to pursue? I was called in some months ago to a similar case as the symptoms I have just cited. I was unable to tell for some time whether those symptoms arose from venesection, the debilitating drugs the allopath previously in attendance had given, or from

oppression. I soon found it was the former. The patient in a few days revived under Ars. alb. and Rhus.

A number of small circumstances, sharply observed and keenly scrutinised, will much help our diagnosis. For instance, if we can find out whether the former medical attendant depleted or used stimulants, how the patient bore them, and which seemed to give the greater relief, still we must steadily bear in mind that we are called to judge, not so much what the case *was*, as what it *is*; not to report on *past*, but to devise *future* treatment; and that this inquiry is not for the purpose of drawing *present* indications from *past* symptoms, but to bring every light to bear upon the case before us. We judge from the evidence of our own senses; from what we perceive at the bedside of the sufferer there before us.

Oppression has some symptoms in common with debility, else there could be no difficulty in discriminating between the two. By oppression, I mean a distended state of the vessels of the head, by which the brain is mechanically compressed, and by which its functions are much disturbed; secondly, and most commonly, from subarachnoid effusion, consequent on the distension of those vessels which cannot relieve themselves otherwise; in fact, that state in which we find, *post mortem*, a pearly opacity of the arachnoid membrane, serum in the ventricles, and a gelatinous effusion between the convolutions of the brain.

By debility, I mean that exhausted state which must necessarily succeed a protracted contest with continued fever, and which is now complicated with the lingering remains of the disease.

That serous effusions into the encephalon are the causes of death in a vast majority of cases of protracted fever, needs not proof from me. If, then, the rending headache, the burning scalp, the bounding arteries, the blood-shot eyes, and the intolerance of light and sound have solicited relief in vain, nature undertakes the work, which she attempts to accomplish by the natural resolution of such affections of serous membranes—effusion of serum: a mode of relief soon the cause of the most imminent danger, and giving rise to that state we have under our view—a state so like debility, as to be capable of

being confounded with it: a mistake which would seal the doom of the patient. Again I ask, how shall we discriminate between them?

In oppression, we have usually satisfactory evidence of the existence of the former stage—traces of a state of arterial excitement not cured—passing away, but not quite gone. We have the flushed cheek, the suffused eye, the hot head; but the rending pain has passed into a dull, confused uneasiness; increased cerebral sensibility is now changed into torpor. The patient can be roused in the early part of this stage (the part of most difficult discrimination), and will even answer questions; but the question must be *brief*, and the *required answer* must be equally so, else he will relapse with the word upon his tongue. He is irritable when roused, yet when questioned makes no complaints, but suddenly sinks into the same indifference—I may say, unconsciousness. Sustenance is not demanded, and when offered is received with reluctance. Food and medicine are alike to the patient; both are swallowed with difficulty, and some is retained, and perhaps flows out of the mouth long after we had supposed it swallowed. Perhaps ptosis of the eyelid obliges us to raise the lid, to examine the eye, the pupil of which may contract on the admission of light, and the patient may feel disturbed, and even irritated, by its stimulus; but he does not direct his eyes to any *object*. When he speaks, it is usually not to convey any train of thought, nor even a connected sentence. The tongue is dry, rough, dark, and often chapped. The breathing is sometimes stertorous, and, in fact, the symptoms are all more of the character of oppression than anything else.

When pure debility is present, it may co-exist with lingering symptoms of the disease. Still we have evidence that vascular excitement has been sufficiently relieved, and that the present change in the symptoms is not the result of effusion. The eye, though languid, is intelligent; though anxious for repose, it will observe and follow an object. The ear may be dull, but the patient is conscious of it, and when roused will endeavour to favour the entrance of the sound, or show the regret that he cannot understand you. Though reluctant to be disturbed,

there is clearly a transition from a state of insensibility to one of consciousness. Though little disposed to receive nourishment, still there is an evident perception of the difference between one thing and another; and though the act of deglutition may be slow and troublesome, the fluid is entirely swallowed. There may still be involuntary stools; but the patient will give some indication that he is conscious of his situation, and often, at the moment, will utter some word or articulate sound, by which we can collect that he is ashamed of or distressed at his state. The tongue, too, at this time, betrays indications of future improvement, for the edges, if touched, will be felt moist. If we can satisfactorily discover many, or even some, of these symptoms, enough at least will be proved that, however feeble he may be, the functions of the brain are unimpeded; in fact, that the present symptoms are those of debility, and not of oppression. We may be quite sure that time and nourishment, with some little stimuli, are all that are required.

Now I did not propose to give a dissertation on fever, because I address gentlemen instructed in the science of medicine. I have not dwelt on treatment, because we are more deeply concerned with principles; I have not referred to the opinion of others, because it was my wish to give my own, not as a judge, but as a witness of the result of a few years' experience, during which time many fever patients have come under my observation.

## FERRUM IN PHTHISIS.

By Dr. CLOTAR MÜLLER.\*

ON the occasion of the report of the Leipsic Homœopathic Hospital, in the year 1852, I made mention of the favourable effects I had noticed from Iron, in some cases of consumption and tubercles of the lungs. Since then I have had frequent opportunities of seeing its efficacy confirmed, wherefore I once

\* From the *Homœopathische Vierteljahrsschrift*, Vol. X., p. 33.

more repeat my recommendations, and will endeavour to set forth the special indications for its use.

At the same time I observed, that the tolerably general prejudice against Iron in tuberculosis, as well as the numerous warnings against the use of artificial and natural chalybeate remedies, in lung diseases especially, had more particularly arrested my attention, and had led me, *a priori*, to a far more favourable opinion of it, than all the praises and commendations of Iron in consumption, appertaining to a far earlier period.\*

Indeed, the manifold evils and injuries recorded of a too general, frequently of an imprudent and unsuitable exhibition of Iron in pulmonary tuberculosis, convinced me beforehand that this remedy must stand in a near and specific relation to these organs and to this disease; inasmuch as this medicine, exhibited in doses for it not immoderate, seldom gave rise to such undoubted bad consequences as those referred to, in any other organ to which it stood in a remote relation. A nearer comparison of the symptoms of Iron so far confirmed the justness of my opinion; and notwithstanding the great poverty of our provings of Iron, still they show a very characteristic and decided conformity with certain symptoms and conditions of pulmonary tuberculosis, so that I could no longer doubt, from the frequently observed evils and injuries—for the most part the consequence of immoderate gross doses, but also, in some cases, the fault of the remedy imprudently selected—that, on the contrary, in doses more appropriate to the occasion, and wherein Iron is specially indicated, it must very often effect a most favourable and salutary influence in pulmonary tuberculosis. During the last few years in which I have constantly directed my attention to this subject, it was to me particularly interesting to observe how that, on the side of non-homœopathic physicians, the bad character belonging to Iron had been again withdrawn; and, indeed, how that many of the followers of the physiological school had declared in favour of its efficacy,

\* It is well known, *e. g.*, that in its time the much-renowned Griffiths' powder, at an earlier period very frequently given as a specific in phthisis, consisted of filings of iron and zinc.



although formerly they had deemed it entirely contra-indicated in pulmonary tuberculosis. This return would seem to have been due in a great measure to the altered views which at this time prevailed in the physiological school on the subject of the krasis in tuberculosis. Whilst, namely, formerly tuberculosis was held to be a fibrinous krasis, a condition which Iron would only nourish and promote, later observations had shown the prevalence of the fibrine to be only relative, since the mass of the blood generally, and also the corpuscles, were diminished. The truly favourable results which have been observed to follow a discreeter employment of Iron, appear to have contributed not a little to the removal once more of the bann pronounced against this remedy; perhaps, also, the present general predilection for Iron and the fashion of regarding anæmia as the general cause of diseases, have had something to do with it. Certain it is, that almost all the leaders of the physiological school now commend the administration of Iron, as the following short compilation will best exemplify:—

Wunderlich: The prejudice to Iron now only rests on the supposition that tubercular formation is always preceded or attended by hyperæmia. But experience latterly teaches that hyperæmia is not always a necessary attendant of the tubercular process, and that, moreover, by the side of tubercles already deposited in the lung, new tubercular products may be deposited, without any accompanying hyperæmia.

Grisolles: As most phthisicals are by nature weak and lymphatic, and many, through various causes, have been reduced to this condition, so is it by far the most advantageous to prescribe for these bitter medicines and chalybeate waters.

Cannstatt: Iron renders unexpected service in tuberculosis, as soon as it only succeeds in overcoming the erethism. And I should wish it known that this divine remedy is not limited to phthisis pituitosa only.

Diel: Anæmia or chlorosis frequently precedes or follows the development of tuberculosis, causing loss of appetite, emaciation, and faulty nutrition of the body, and thereby forwarding the quick development of the tubercles. Whilst, then, chalybeate waters improve the blood and nourish the body, they prevent the development of tubercles. Experience has shown

that the fever is in nowise increased during the use of Iron, and therefore that they can be quite safely used in the excitement of the fever.

Morton recommends chalybeate waters as highly efficacious in the first stage of phthisis.

Skoda holds tonics and Iron indispensably necessary, especially in the advanced stage of the disease.

Naumann, in the Thirty-third Assembly of Naturalists, declared chalybeates in tuberculosis, from experiments made at the Medical Klinik at Bonn, as those remedies in whose favour facts especially pronounce, and he invited all physicians to record their opinions on the subject.

In the hospital at Brompton, exclusively founded for the treatment of phthisis, Iron has been proved to be the most efficacious of all the remedies tried, against the progress of the disease in the first stage; and even in the last stage it has afforded a temporary service.

These commendations of Iron, as the foregoing citations in part show, are, however, far from ascribing its efficacy to any particular operation on the lungs, or upon the quality of the blood; yet they necessarily declare it, thus: that the dyscrasia, the basis of tuberculosis, assumes the character of anæmia and faulty assimilation of the fluids, and that these conditions are best remedied by Iron. They are satisfied with an effect, however unsatisfactory, and that, indeed, not relating to the disease, which they pretend could be accomplished with as great certainty by means of nourishing food and a judicious dietetic regimen. For if the Iron can only remove partially the anæmia occasioned only secondarily in consequence of the lung disease, and the weakened nutrition generally, so will it also, in a favourable case of the disease, leave quite untouched the morbid process in the lung and the disposition to deposits, and at best will but enable the organism to endure the morbid process a longer period. Iron, then, according to the observations of these physicians, must, on the contrary, operate far more favourably in the later stages of the disease than in the commencement, because therein the anæmia and emaciation are more plain and undoubted than in

the beginning, when frequently it appears to be wholly limited to the lung, the organism in nowise participating, or at least apparently not subject to anæmia and emaciation.

In my opinion, on the contrary, Iron does service in phthisis quite regardless of any especial problematical dietetical and iatro-chemical effect, only by its specific influence, which qualifies it, in certain cases of tubercular krosis, on the homœopathic principle of *similia*, to exert a healing influence upon the already active process. But it has also often been doubted by homœopathic physicians, whether in consumption cure and recovery can take place at all, and whether such a desideratum can be brought about by means of medicines. Undoubted as is the fact, that a very great proportion of mankind die of this disease (on an average, one-fifth of all deaths are reckoned under this head alone), yet it is, in my opinion, quite as certain that the cure of this disease is not only possible, but that it not unfrequently takes place; not less often may be effectually attained a temporary cessation and a tardy progress of the disease, or at least an improvement or temporary removal of the gravest symptoms. That this fact of an extinction of the tubercular diseased formation sometimes occurs, is absolutely proved by the convincing evidence of *post mortem* appearances, which indicate the remains of an earlier—often many years old—formation, but wholly dried up and harmless; and far from its being the case that every one affected with pulmonary phthisis necessarily dies therefrom, on the contrary, very many more suffer from the disease than die of it. Finally, that remedies, especially when conjoined with favourable dietetic, climatic, and regular living, in many instances will exert a direct salutary influence toward mitigation, and even cure of this disease, is, to me, at least, an undoubted fact, which frequent observations have confirmed, which neither my own innate scepticism, nor the incredulity of another, can refute. That we shall ever succeed, by homœopathic remedies or otherwise, to render the totally or in great part destroyed lung permeable and serviceable to life, to save the consumptive in the last stage, or to prevent effectually an outbreak of the disease in everyone predisposed or already affected therewith,—these

are considerations which relate to the limits of medical art in general, but in nowise militate against my foregoing propositions.

A clearer explanation of how and in what manner remedies, and especially how Iron, can bring about a healing, or, at least, a favourable effect, in tuberculosis, I am of course not competent to afford. Quite as little can I explain the healing efficacy of any one remedy in any one disease. Suffice it to point out and pursue it through its relations and connections. It happens here, as in every other experiment and every other observation, we attend only to the two extremes in the course of a process—the conditions or the disposing factors, and the final result thereof, their effect; what intervenes in the course of a single event, through which the result is effected, quite escapes our observation; and we can only through induction attain the conviction that one depends and is related to the other in the ratio of cause and effect. When we pour two simple chemical solutions together, we readily observe that, through the action of the one on the other, a precipitate is produced, and thereby a new compound will be exhibited. How this takes place—what lies between the commixture and the production of the precipitate—that wholly evades us, and we never speak of it, because the connection of the two observed terms of the process appears entirely indubitable. The same likewise holds here. We observe the assimilation of the remedy, Iron, the amelioration or improvement of the disease; what lies between, that is, how this healing process proceeds, remains to us quite a secret. But then we have here as little ground to doubt the connection of the causation as there, the precipitate in the chemical solution.

But if required to give explanations and draw inferences as to how the cure of tuberculosis takes place, which naturally would have no higher value than an hypothesis, I think we could do so even more readily in this disease than in many others. Thus, if we may be allowed to consider a dyscrasia as the cause of any disease, we may be permitted to hold it to be the cause of tuberculosis. At least we here find, from many circumstances which make it seemingly very probable, that the

deposition and localization of tubercle in any one organ is actually preceded by a general disordered alteration of the juices, and of the blood in particular, which may therefore be considered the cause of tuberculosis. Hereto belongs, in my view, the fact, that if tuberculosis has an especial preference for the lung, it in nowise limits itself to this organ alone, but also frequently localizes itself in various other organs at the same time, and, for instance, in the so-called acute tuberculosis, in which, in a very short time, a great mass of tubercles (miliary tubercles) will be deposited and spread over a large area; here we can scarcely suppose a pre-existent affection of the various organs, in which tubercles have been deposited, as the lungs, spleen, liver, supra-renal capsules, &c.; but the explanation is much more probable, that this homogeneous mass is deposited simultaneously from the blood in various organs, and that previously an alteration of the blood (*dyscrasy*) had taken place. Furthermore, the course of chronic tuberculosis in some cases favours this view; frequently, indeed generally, the formation of tubercles in the lungs proceeds by successive crops, at longer or shorter intervals. Moreover, it is not unfrequently observed that, after each separate deposition, the system is once more freer and more comfortable, notwithstanding the increased progress of the disease in the lungs; as if the blood, during each new deposition of tubercle in the lungs, had become meanwhile temporarily deprived of its anomalous constituent, until slowly it accumulates again, and finally renders a new deposit necessary. And lastly, there are other cases which favour the presumption of a precedent *dyscrasia*. I allude to patients in whose family pulmonary tubercle is hereditary, and not merely to such who, even from youth, exhibit a plain disposition to this disease by a delicacy and weakness of the lungs, but to such as have matured strongly and developed properly, without—until up to a certain period—showing the least disease or weakness of the lungs. In these subjects, strong and robust, with broad chest and good lungs, a series of slight and changeable ailments develop themselves, mostly about the twentieth year, during which the most careful examination fails to recognise any symptom of disease of the lung. But suddenly, on the cessation of these symptoms,

tuberculosis in the lungs becomes palpably evident; and these unfortunate subjects, who seemed up to this time to have escaped their sad inheritance, are even now in an incurable condition, and fall early victims.

All these facts and observations favour still more the presumption of a dyscrasia, or appear at least to show that pulmonary tubercle cannot always be considered a local disease of the lungs, nor as arising merely from imperfect development or local irritation of these organs. Whether this tubercular dyscrasy is nearly related to scrofula, or perhaps quite identical with it, and selects different organs in childhood and youth—which, indeed, some facts seem to show—needs not to be considered here. If the cause and existence of pulmonary tubercle really depend upon a general dyscrasy, it does not appear wholly inexplicable and improbable that, by remedies, and otherwise favourable conditions, a cessation or even a cure of this disease may be accomplished. If this dyscrasy can be so far altered or removed, as that new depositions of tubercle shall be avoided, the diseased layers already existing can frequently be limited and isolated; their presence may be endured for a long time, without danger or detriment to life, and even without much inconvenience. Evidently, the curability of pulmonary tuberculosis must appear much more dubious and inexplicable, if it be a purely local disease of the lungs, and if a reconstruction and healing up of the affected lung were indispensably necessary to the removal or temporary cessation of the morbid process. That Iron is just such a remedy which, under suitable circumstances, is capable of inducing or originating a favourable change, is very probable, for its whole action shows that it affects in an especial manner the blood, probably by altering the quality and composition of this fluid. This specific effect of Iron upon the blood cannot be attributed either to a mere chemical or a mechanical increase of the Iron-constituents in the blood, as alleged by the physiological school, in consequence of its materialistic views. Upon this specific effect of Iron on the blood, very probably depends its favourable action in pulmonary tuberculosis; and in this and the simultaneous specific action of this remedy upon the lungs and digestive organs,

anyone to whom a special explanation is indispensably necessary, will find a satisfactory one upon the homœopathic principle of cure. But if even this explanation were trustworthy in every respect, it would still avail little or nothing towards the complete elucidation of the curative process of Iron, since the final and innermost process thereof remains ever unexplained, but that it does so, is of as little moment with this as with any other inexplicable event. The inmost connection and final cause is equally concealed from us, whether of organic or inorganic processes; and we answer one question, but a more difficult one remains. In this manner we can come near the kernel, but the innermost being—the essential connection and the cause of the events—reveals not itself to us, and will remain hidden to our search as long as the cause of life itself and the active mysterious power thereof are completely shut out from our view—perhaps for ever!

From what has been said, it would appear that Iron, in particular specially suitable cases of pulmonary tuberculosis, can serve as a remedy and render efficient service; the principles of homœopathy forbid it to be reckoned as a specific, in the sense of the old school, for this disease. Beyond all doubt it is certain that no such absolute specifics can exist, or at most only to a certain degree, in a very few of the most simple and precise diseases. In my opinion, these cases should be more particularly signalised, and the special conditions indicated in which Iron may be judiciously and successfully applied as a remedy. Hence it appears to me most proper to abide strictly by the principles and rules of homœopathy, and above all I must be guided alone by the physiological symptoms of Iron. I shall therefore give a list of the symptoms proper to Iron, which, if our provings and knowledge of the medicinal powers of this remedy are at all distinct and sufficient, must afford a tolerably plain characteristic of the picture for which Iron is suitable. But I must also remark that as our provings of Iron are still rather imperfect, I have been obliged to throw together the symptoms of the different preparations of Iron (as the carbonates, oxides, acetates, metallic iron, &c.). The connexion and comparison leave no doubt that these various preparations

have the same general principle of action, and that the effect is little or nothing modified by the various chemical combinations.

Sense of dryness, diminished only for a short time by drink, and phlegm on the chest.

Short dull cough, without expectoration, and on coughing feeling of want of air.

Dry cough in the evening, after lying down, but expectoration when walking.

Cough the whole day, and also somewhat in the evening, after lying down.

Catarrh and cough, with pressive pain below the breast-bone, high up.

The cough appears more on movement than during rest.

Convulsive cough, going off especially after some food.

Contractive cramp of the chest, and cough only on movement and walking; painful contraction at the pit of the stomach (early in bed); then a sort of convulsive cough after dinner, with vomiting of the food.

Nocturnal coughing of blood, and afterwards increased dyspnoea.

Coughing of blood on rising, early in the morning.

Cough and bloody expectoration, while suckling.

Fatal hæmorrhage from the lungs.

Expectoration of bloody phlegm whilst hawking.

White, purulent, copious expectoration, after slight cough, increased by tobacco smoking and brandy.

Copious purulent sputa, of putrid taste, in the morning.

Copious peculiar purulent expectoration, of nauseous taste, in the morning.

Yellow phlegm expectorated.

Slight, thin, frothy expectoration with bloody streaks.

After the cough, burning in the sternum above.

Hot exhalation ascending from the trachea.

Pain in the chest, and stitches and tension between the shoulders, preventing movement.

Bruised pain in the chest.



Stitch in the side on moving the body.

Rush of blood to the chest.

Palpitation.

Fulness and tightness of the chest.

Oppression of the chest, especially after midnight, rendering sitting up necessary.

Oppression of the chest and weariness of the limbs, usually worse in the forenoon, often relieved by walking, but also sometimes made worse and unendurable thereby.

Asthma; difficult slow breathing, lessened by speaking and walking, or when employed reading or writing, worse sitting idle, still worse on lying, and most especially in the evening.

Contraction of the chest, as if drawn together.

Tightness of the chest, as if drawn together, and difficult anxious breathing, worse on walking.

Difficult breathing, and contraction of the chest, as if pressed upon by the hand.

Difficulty of breathing, even in sitting.

Contractive cramp of the chest.

Loud breathing, as in sleep, while sitting still.

A species of asthma: oppression at the pit of the stomach, hindering inspiration.

Anxious heat about the pit of the stomach, on moving, making lying down necessary.

Great weakness, with emaciation.

Heaviness in the limbs, and great weakness.

Sleepiness, and invincible inclination to lie down.

General debility, excited even by speaking.

Faintness, alternating with anxious trembling.

Walking tires him much, especially in the open air.

Sensation of faintness on walking, blackness before the eyes, ringing in the ears and head on every step, and feeling as if apoplexy would happen.

Frequent attacks of trembling and anxiety, alternating with fatigue and weakness.

Many symptoms appear at night, worse when sitting, im-

proved by gentle movements; especially after food the sufferings are aggravated.

Constant weariness and sleepiness in the day time; only short relief from sleep.

Light sleep, with half-open eyes.

Sleeplessness; long of falling asleep.

Restless sleep, with long intervals of vigil after awaking soon, yet without being tired in the morning.

Sleeps at night only on the back, not on the sides.

Many dreams in restless sleep, with great weariness on rising in the morning.

General coldness in the evening, in bed; shivering without external cold, in bed, before sleep, and all night.

Ebullition of the blood, and heat at night, especially in the hands.

Heat in the whole body, with redness of the cheeks.

Paleness, with red spots upon the pale cheek.

Much sweat by day, especially on walking, and even while sitting.

Night sweats, with weakness.

Morning sweats, for a long time, or on alternate mornings, from daybreak to noon; previous thereto, headache.

Congestion of blood to the head, distension of the veins, slight fleeting heats of face.

Pulse accelerated; pulse scarcely perceptible.

Nose-bleed in the evening, on stooping, oftener from left nostril.

Earthy-coloured countenance, paleness of face and lips.

Anorexia, and dislike for meat, which never agrees.

After food heat and anxiety, drowsiness and slight headache, thirst.

Beer affects the head, and causes heat and anxiety.

Constant disgust and nausea; vomiting of food, immediately after its ingestion.

Forcible vomiting, fulness and severe pressure in the stomach, and abdomen immediately under the stomach.

Frequent diarrhoea, with each stool slime and some blood; prolapsus of large hæmorrhoids.

Copious deposit of fine ruby-red crystals from the urine.

Drawing in the arm; incapability of raising the arms, on account of painful tension between the shoulders and breast-bone; stitches and tearing in shoulder-joint.

Painful cramp in calves of legs, after rising in the morning, and on standing; cramp in soles and toes.

Coldness of the feet, which from weakness can scarcely be moved.

Pulmonary consumption, according to L. W. Sachs' observations from the use of Iron filings to expel tapeworm, by a person suffering from hæmoptysis.

This simple list of the prominent physiological symptoms of Iron contains, as everyone will agree, a tolerably complete picture of those conditions, which are frequently the sole or chief symptoms of pulmonary phthisis. Were our Iron provings yet more copious, particular, and minute, and much less imperfect than in fact they are, they would probably still, in my opinion, lack much for the special and accurate diagnosis of the Iron-indications for the disease in question. It is very seldom we can succeed, by the physiological provings alone, fully to draw out and exhaust the character and sphere of action of a remedy, so that the criteria for its therapeutic application shall be at once evident, and need no further corroboration and proof from clinical experience. Notwithstanding my profound conviction of the absolute necessity of provings of medicines, I am by no means so strict an interpreter and orthodox follower of the teaching of Hahnemann, that I should not freely acknowledge that only second to the physiological symptom-provings are the observations at the sick bed to establish the efficacy of a remedy, and to form a just estimate of its healing power; and I hold it my bounden duty always to interpret and complete our materia medica by the aid of impartial observation and comparison of curative action, and thereby to bring to the vast waste of symptoms of provings order and perspicuity. This is not the place to bring forward the various opinions upon the worth of clinical observation, and to justify them as in full accordance with the prin-

ciples of homœopathy; but this much need only be noticed, that we, without any regard to the curative result, must sometimes find ourselves in great difficulties in diseases to which we can find no analogy in the provings, on account of the gravity and danger of their symptoms. This is but natural, since we have mostly to do with more marked and complete cases at the sick bed than the symptoms and the alterations of health of our provers can show.

I have therefore taken pains, in the case of Iron, whose proving, even more than others, is incomplete, and which is moreover deficient in so-called poisoning symptoms, to use the results of its therapeutic application and of my own clinical observations, for the better understanding and completion of its proving; and I will here set forth briefly the sum of my observations and experience.

The true sphere of action of this remedy in phthisis, I cannot, I believe, better denote in a few words, than if I affirm that it is preferable especially in those circumstances wherein old physicians hold it contra-indicated, and have even found it dangerous. Such are especially cases of young, florid, plethoric subjects, who exhibit a manifest erethism of the vascular system, and a disposition to fulness and congestion of the head and chest. Special symptoms are: easily excited and heated by corporeal exertions and mental affections, in consequence of which palpitation, dyspnœa, cough, sudden and patchy redness of the countenance, epistaxis, hæmoptysis, speedy weariness and nervous excitability. In individuals of this cast, the exhibition of Iron will seldom be without favourable influence. Moreover, it frequently finds its suitable application in such cases in which hectic fever and colliquation, have induced debility and emaciation. It thus appears, according to my observations, that Iron is especially suitable to two different stages of the disease, namely, in the premonitory and the advanced stages.

In the first case, with the aid of other favourable conditions and circumstances, an effectual cure—even a radical removal of the tubercular disposition or dyscrasy—is not unfrequently

observed. This dyscrasy, whether hereditary or acquired, does not militate against the effect of Iron; yet I think I should remark, that those with a hereditary disposition to the disease are far less benefited by Iron, who, from childhood onwards, have shown a backwardness in the development of the system, of the lungs especially—who have, in fact, the so-called pronounced phthisical habit. I have found Iron particularly efficacious occasionally in the individuals already referred to, who, up to the twentieth year of their lives, have shown no apparent obstruction in the bodily development, when suddenly the hereditary germ displays itself. And no careful observer will assert that the disease is disposed to take a less dangerous and rapid course in these than in others.

In the farther advanced stage, in which deposit has repeatedly occurred, or has constantly proceeded, and accordingly the local morbid process has effected great mischief, we can truly expect a real cure as little from Iron as from any other remedy. Even were it possible to remove the dyscrasy, and to prevent new depositions, yet would the condition of the lungs render improbable a restoration of the body, already exhausted by colliquation, and a slow wasting is inevitable; although, in some cases, it is truly astonishing with how little remnant of lung preserved, the body may be capable for a long time of supporting a tolerable life. In spite of this impossibility of a radical cure, it is just in such cases that the favourable effects of Iron are sometimes so remarkable and indisputable. By the exhibition of Iron, I have frequently observed the symptoms of hectic fever to lessen or temporarily to vanish—namely, in cases of a sort of intermittent fever, of a tolerably regular quotidian and tertian type, and attended with marked chill and shivering. Here follows almost regularly, after the administration of Iron, a speedy improvement, or, at least, complete disappearance of these very annoying fever symptoms, although the other morbid symptoms may be little or nothing modified. I also observed, though more rarely, a good result in the dry heat, patchy redness of face, palpitation, anxiety, and restlessness, occurring regularly after dinner. Also on the stomach the favourable

effect of Iron is shown, by lessened anorexia and vomiting, and fulness and discomfort after the meal. An effect upon the night sweats and diarrhœa was seldom observed; for which a far more profitable, if only temporary advantage, may be expected from Mercury or Phosphorus.

As regards the preparation of which I make use in the disease under consideration, I prefer the tincture of the chloride. The reasons for this choice are the following:—In the first place, I hold it generally advisable to employ a medicine in a preparation which, *ceteris paribus* is easily soluble, and is accordingly more liable than a less soluble one, to be properly assimilated by the digestive organs. I prefer Iron in the form of chloride or acetate tincture, to the insoluble metallic or carbonate of Iron, which can only be rendered assimilable by trituration. Now, manifold microscopic observations have shown that there are ever present large pieces of the reguline metals in the second and third attenuations, and in the following dilutions made from these triturations, such metallic pieces appear quite unchanged, or they do not contain the metal at all. The dictum of Hahnemann's, that by trituration the inactive insoluble metallic portions became soluble and dissolved, has been in nowise confirmed. The chloride is preferable to the acetate tincture, because the last in the undiluted state, and even in the first dilution, after standing a short time, shows a deposit of the dissolved Iron, whilst the chloride remains unchanged for a long time. I certainly believe that in regard to their effect upon the animal system, the different preparations of Iron agree one with another in a tolerable measure. Whosoever may be of another opinion will still, by the choice of another preparation, arrive at the same result, because in our Iron provings the different preparations are not properly distinguished. Thus, for example, Hahnemann's Iron provings, for the most part, but not quite throughout, were made with the acetate of Iron; in spite of which, Hahnemann and most others employed metallic Iron for therapeutic purposes. In the present condition of our Iron provings, it appears to me that I am justified in using the chloride, as Hahnemann was in em-

plying the metallic trituration; and the more so as I know that a frequent employment has shown the chloride to possess the pure and unaltered power of iron, and that this preparation is energetic and stable, and not so uncertain as the triturations and solutions of metallic Iron, or the acetates.

The dose I usually administer of the Chloride of Iron in phthisis, ranges between one and three drops of the 1st to the 6th decimal dilution; and I do not think that stronger doses will be found necessary, since such readily give rise to disturbance, palpitation, anxiety, and restlessness—even hæmoptysis in some cases. I am firmly persuaded, as I have already remarked, that in the use of immoderate doses we may find the cause of the ill repute of Iron in phthisis. The late commendations of physiologists are based almost entirely upon unusually small doses, which, in many cases, almost coincide with homœopathic principles. This is the case, namely, where natural or artificial chalybeate waters have been used, and they are certainly preferred in lung diseases. If we consider that a patient must drink 16 ozs. of Pymont water, or even 24 ozs. of Dryburg water, in order to get half a grain of Iron and that for the most part only two or three small cups are ordered and allowed, my assertion will appear quite correct.

## SOME REMARKS ON THE PRESENT STATE OF HOMŒOPATHY,

By DR. HAYLE, of Newcastle-on-Tyne.

It is impossible to contemplate the present state of the medical profession in this country without feelings of the deepest regret. One cannot help feeling that much that is lofty in aim, and beautiful in aspiration, is miserably marred in the execution, and that ignorance, ignorant of her ignorance, is paving an awful hell of human suffering with the very best of intentions.

But this is not the worst we fear. Arrogant ignorance might learn modesty from humiliation, and wisdom from failure. Honesty at last is sure to come right. But what hope can there be when the professional and social position, and an established income, influence the decisions of the judgment, and silence the voice of reason, already overmatched by prejudice. It is not pleasant to dwell on this feature of the case, and yet we should not be presenting a correct view if we omitted to notice how much the spirit of trade is in the way of the true interests of the profession and the attainment of truth.

The discovery of Harvey, we are told, was rejected by all medical men who were above the age of forty. In spite of its tangible character, and its material proofs, that glorious discovery could make no way against prejudice and pride of opinion in that generation. To a man they died in their sins in the wilderness of unbelief. Had his discovery involved an important change in practice, with risks of loss of practice and income, we undertake to say that not one but many generations would have passed away before its general acceptance. To be convinced of this, we need only consider the progress which the discovery of the homœopathic law has made in more modern times. Notwithstanding the increased enlightenment of the age, and the rapidity with which knowledge is diffused, the second generation since Hahnemann made known his immortal discovery to the world is already far advanced, yet who of us is sanguine enough to expect to live to see its general adoption?

We are an acknowledged fact, it is true, and no thoughtful mind can avoid giving to us some attention. Our beneficial action on the practice of medicine in general is, I believe, conceded, though our iconolastic attempts on the respect due to medical authorities bring us under the charge of being corrupters of the public, a reproach we share with Socrates, the corrupter of the youth of Athens, because he poked a little fun at the Grecian gods and goddesses.

Our principles, however, and our faith, are as far as ever from being considered worth attention: our law is a hasty generalization from a few undeniable facts; our posology is humbug, or a fantastic hallucination; our mode of investigating the



disease and selecting the remedy a mere observation and covering of symptoms ; a kind of rule of thumb, about as worthy scientific respect as the knowledge of a Japanese candidate for medical honours, who fills with a needle holes drilled on a wooden skeleton covered with canvas, all lettered or numbered, as they are named by the examiners. As an idea, homœopathy is with the general body of the profession beyond the pale of science, and its professors beyond that of professional intercourse. The proceedings of the medical registration societies are ample proof of this. It is, however, only the sign of the growth of better feelings in the more refined part of the profession that these proceedings are not viewed with unanimous approbation, and have in some quarters been censured. It is becoming evident to cultivated minds that medical practice is far from being in a satisfactory state, and that differences in the details of practice ought not to form a ground of professional estrangement.

These feelings should be met, it appears to me, in a spirit of conciliation and forbearance. It has been our misfortune up to the present time that circumstances have compelled us to assume a sectarian position. Our assumption that the law of cure was exclusively homœopathic, compelled us to assume an antagonistic attitude to all other modes of treatment, and rendered co-operation for practical purposes impossible with any but those who thought with us. Then, again, the nature of the propositions we submitted to the medical world for adoption, such as "like cures like," and "infinitely small doses do, under certain circumstance, cure disease," and the sugar-plum character of our medicinal preparations were not such as to attract respectful attention, or to win for their maintainers a cordial hearing. Thus, what with our exclusive and antagonistic spirit, and the *primâ facie* improbable and repulsive nature of our tenets and practices, no wonder that much ill feeling was engendered, that violent attempts to crush the young sect were made, and that at last excommunication, the last weapon of disappointed power, was mercilessly and devoutly put in force.

We were in a false position : our determined adherence to the homœopathic as the only law of cure made it necessary for us to show that we used homœopathic agents only. If, for

instance, we used hydropathic means, we had to show that they acted according to the homœopathic law. In the same way with cod liver oil;—cod liver oil was either altogether unmedicinal, a simple nutrient,—and this in spite of its containing larger quantities of such powerful remedies as Phosphorus, Bromine and Iodine than we give in our globules, and in spite of its frequently exciting pathogenetic symptoms, and removing similar ones when they existed from other causes,—or it was a medicinal agent, and cured according to the homœopathic law. Galvanism, too, and mesmerism, although we knew but little about its mode of action,—these must be homœopathic agents of course. Kinesipathy had to be apologized for, and even a dose of castor oil has cost pages of explanation and apology. No doubt our position was a false one, and unnecessarily narrowed. We were medical practitioners, and as such had the whole range of medicinal instrumentality at our disposal; but by our assumption of the universality of the homœopathic law, and our condemnation of every other mode of procedure, we limited ourselves to the use of homœopathic means only. A good, a great result has attended this mistake of youthful zeal: we have established the truth of that law as a law of cure by incontrovertible evidence. Just as a reverence for the canon of Scripture has kept the sacred writings separate from all other writing in the world, and guaranteed their authenticity and genuineness, so a respect for the homœopathic law has induced us to treat disease in accordance with it exclusively, and hence a collection of cases and statistics of unquestionable accuracy, quoted and relied on even by opponents; evidence which proves the existence of the law beyond a doubt to any candid and intelligent mind.

Our exclusive adherence to the law in our treatment of disease has thus rendered it impossible to explain away our success by referring it to agents employed on other principles, and it is a singular fact, that another fact which has likewise obstructed the progress of our opinions, and, indeed, exposed us to an infinitude of ridicule, has likewise been of great service to us in the way of proving the truth of our principle,—I mean the smallness of our doses. They have little or no appreciable

effect when given on any other principle than that of being homœopathic to the case in hand. If cases and statistics, then, prove the comparative success of our treatment over drugging or doing nothing, they prove the law; for the means used could have had no effect employed under any other law. It really seems in this instance, as well as in the nobler one, that the weak things of the world had been chosen to confound the mighty, and things which are as if they were not, to confound the things that are.

Cast out by our brethren, we were driven to appeal to the laity, and, by addressing their understanding, to make good our position.

The public, in consequence, have probably, during the last twenty years, heard more of physic than they ever did before. The dangers of blood-letting, of drugging—the injurious effects of blisters and issues, have been abundantly exposed; and the fire of our opponents' ridicule at our doses and our sugar-plums has now been nearly silenced by our merciless *exposés*, and, above all, by our success.

So remarkably has this been the case, that, in the First Annual Report of the Northumberland and Durham Medical Registration Society, published last week (the 28th November), the reason given for our exclusion is not our opinions and practices, but our having “abandoned and reviled” the prevalent medical faith. I give the passage, for it is a distinguished specimen of the wilful blindness of sectarianism and bigotry. It runs thus:—“It should be known, first, that the society has only adopted a rule universally recognised by every similar institution elsewhere in existence; secondly, in excluding the homœopaths from membership, the society was not in the slightest influenced by the consideration as to whether the doctrines of homœopathy are correct or erroneous, or as to whether the practices of its adherents are beneficial or injurious to mankind; it acted on the broad principle that the members of the profession embracing homœopathy have openly abandoned and reviled the medical faith believed in and practised by every practitioner who is at this moment a member of this society—a medical faith, nevertheless, which every licensing medical

board in Great Britain insists that all candidates for legal qualifications shall not only perfectly understand, but shall also openly profess to believe. The society, therefore, unanimously resolved that it was justly entitled to exclude from its ranks men who, morally considered, were no longer members of its common profession, notwithstanding that the law secures them legal privileges." The answer of the homœopathic practitioners of the district, who had previously formed themselves into a medical society for joint action, is based on the principles supported in this article, and may be, therefore, interesting to our colleagues. I therefore subjoin it.

We agreed unanimously "that the Medical Registration Society of this district, by excluding homœopathic practitioners from its membership, not on account of their opinions or practices, but on account of their having 'abandoned and reviled' what it calls the 'medical faith' generally believed and practised, assumes for that faith a unity, a universality of reception, and an infallibility which are ludicrously at variance with the facts of the case, as is evident from the fact that the leading members of the profession avow their disbelief in and denounce the severe but discordant practices of its members in terms which the excluded homœopaths can only humbly quote, but do not pretend to surpass.

"That whereas it is stated every licensing medical board of Great Britain insists that all candidates for legal qualifications shall not only perfectly understand, but shall also openly profess to believe this faith—it is notorious there is no such faith—meaning by this any principles universally agreed on for the treatment of disease, and that even if there were, that it is illegal and suicidal under the provisions of the recent Medical Act for any Board to make a profession of it imperative. That to threaten its members with exclusion for abandoning and attacking an established system, if there were such, is to endeavour to stereotype opinion, to prevent progress, to inflict a Chinese fixedness on all medical affairs, and to enact the part of Mrs. Partington with her mop against the Atlantic.

"That we are no sectarians,—that our society is called a medical society, without any party qualification, because it consists

of members, all at liberty to discuss, adopt or repudiate any opinions or practices that may be submitted to their consideration,—that we therefore invite the co-operation and membership of all lovers of truth in the profession, whatever their medical faith may be, for the purpose of removing prejudice, and affording evidence of the truth of our opinions, at the same time that we also may learn what they have to impart. For these reasons we deplore and protest against the bigoted and sectarian act by which we are excluded from the Medical Registration Society—an exclusion, however, we cannot give up our liberty to avoid, and of the influence of which on the public confidence we have no fear.”

I know not whether the ground we have taken up will appear sound to the rest of our homœopathic brethren, but to us it appears so. I certainly find my heart larger in this attitude than in any other, and to my mind this is a great test of truth. It does seem to me that the true scientific and professional spirit is with us while we occupy this position; for we shut out no light, we utter no infallible dogmas, and are open to receive and adopt every new discovery without inconsistency. Our power of proselytizing, our accessibility to those who differ, is also vastly increased by our modest attitude, and is calculated to blunt the weapons of opposition, if it does not disarm it altogether.

There can be no question, too, that though we are small in numbers we occupy towards the bulk of the profession the catholic, while they occupy the sectarian position.

We are willing to hear them—it is they that wont hear us; we are willing to fraternize with them—it is they that wont fraternize with us. Excluded, we protest, but open our arms; are ready to listen, and offer to reconsider the subject anew.

It may appear, however, that in the course of this paper I have undervalued the homœopathic law. The homœopathic law, to my mind, is the expression of the largest generalization of facts that has ever yet been made in regard to the treatment of disease. It is, however, merely an empirical law, that is a law founded on experience, and not a deductive law, that is a law deduced from a primary law. We, therefore, do not know its limits, or all its necessary conditions. We dont know whether the

by Dr. Hayle.



"likeness" is essential, or whether it is only one condition of getting at the affected part, probably a paralysed part, and stimulating it into healthy oscillation. In such a state of things I am not disposed to limit my freedom of action to a servile observance of its conditions. It is not in accordance with scientific caution to refer every case of cure, because it is a cure, to the homœopathic law as its principle. If the curative agent has been known to produce on the healthy body symptoms similar to those it has removed in the diseased, it is in the present state of our knowledge strictly logical to refer this removal to the homœopathicity as the condition;—and we may fairly go further and assume the homœopathicity of the medicinal agent when it cures, although we may not be able to prove that it has produced similar symptoms on the healthy body.

But the case is widely different when we have to do with a case in which no medicinal substance had been used. When, for instance, violent spasms of the stomach are removed within a minute after my hand has been held over the epigastrium, I may fairly doubt whether this is a homœopathic cure. I feel very sure that the proximity of my hand would never produce spasms. It cannot be said that my will is the agent, for I do not consciously use my will. My mental attitude is this: if there be a beneficent power willing to act through me, here I am, ready to be acted upon. My mental attitude is that of perfect passivity. I do not believe that the proximity of my hand, held for any length of time near any organ of the body, would produce injurious effects, while my mind is in this passive state. When, therefore, under the same conditions, pain and spasm are removed, I logically deny that they are homœopathically removed; or, at least, I deny that we are logically authorised to assert that they are so removed.

In this attitude of mind, and with the use of a few passes down the front of the body, I once had the gratification of seeing violent convulsions, that had lasted eighteen hours after delivery, accompanied with total insensibility, subside in a few minutes into a placid slumber of thirty-three hours. The woman woke perfectly restored, with the exception of sight; she remained blind twelve hours longer, and then was as women

generally are at that period. When I saw her the arms were extended and rigid, and every feature in violent action; she was foaming at the mouth, and appeared near death. These fits had recurred at short intervals from the time of her delivery, since which consciousness had never returned; in fact, when she awoke, she did not know she had had an infant. On my making a pass or two down the left arm, it fell flaccid, and then, on continuing the passes down the front of the other arm, which had still remained rigid, the body fell back relaxed, the eyelids fell over the staring and convulsed eyes, and a deep slumber followed. It was then, and not till then, that I exercised my will. Mentally, and not audibly, I willed her to have no more fits, and to have a good sleep. She slept from noon on the Monday to 9 P.M. on the Tuesday. Now, is it likely that a few passes made by me, without the exercise of any volition, would have the power to produce the state it removed? If it be said that a larger dose might, as happens when an attenuation removes symptoms large doses might have caused, I answer, that no power at all was used consciously by me. I used no will-power at all, but made myself the passive instrument of a higher power, if any such willed to act through me. At anyrate, it is too much to assume that this was a cure on homœopathic principles.

For the reasons above stated, then, I take my stand as a medical man, at liberty to use all means that science may discover for the treatment of disease. I do not wish to be called merely a homœopathist, though perhaps there is not a practitioner in Great Britain who adheres more closely to the law of homœopathy in practice than I do. I deprecate the use of the term homœopathist as a shibboleth of medical union. Our conferences with our medical brethren will have a better prospect of being brought to a successful issue, if we submit to their consideration a law which we have found to prevail in the vast majority of cures, and invite them with us to explore its extent and its limits, at the same time that we are willing to receive from them any modes of treatment which shall be able to bear the test of rigid examination, and be found conformable to the "*cito, tuto, et jucunde*" of the immortal Hahnemann.



## OUR POSITION AT THE ANTIPODES,

By THOMAS MACKERN, L.R.C.S.I., &c.

AT the November meeting of the British Homœopathic Society I gave a detailed statement of what I had seen of the progress of homœopathic medicine during my recent short tour in New South Wales and Victoria, and of the efforts I made in the latter colony to establish it on a higher and more legitimate basis by enlisting the sympathies and assistance of all the friends of the reform I could discover in Melbourne and Geelong, by private effort and public advertisement, proceeding to the crowning action of an organized committee and a general meeting. At the expressed desire of the editors of this *Journal* I will, briefly as I can, state what I saw, did, and left undone in relation to this matter in the colonies, of which Victoria takes the first rank in substantial progress, yet closely followed by New South Wales and South Australia. Quitting England in October of last year, I landed at Brisbane, the chief town at Moreton Bay, the northerly limit of New South Wales, in 27° S. This portion of the country within the year has been declared an independent colony, under the title of Queensland, but the population is yet too limited to offer suitable inducement for the services of a homœopathic practitioner. At the same time it has a special importance in a medical point of view, having for some time enjoyed a reputation among the profession in Melbourne, Sydney and Adelaide as a favorable place of resort for patients requiring a mild equable winter, where persons suffering from the various forms of lung disease may live out of doors, except during the occasional prevalence of westerly winds. This is due to its semi-tropical character—from the neighbouring shelter of the Australian Cordillera which runs along the east coast—an elevated plateau of land, broken at intervals into deep ravines, the highest summits ranging from 4000 to 6000 feet—and mainly, I believe, from the meteorological phenomena that the principal rains fall during the summer months. The hot months are the wet months, the winter almost uniformly dry: the opposite holds good as the rule along the settled districts



bordering the S.E. and southern coasts of the Australian colonies. The great importance of collecting without further delay regular meteorological observations and reliable reports on the conditions of climate fast assuming the same relations to the older colonies, and even India, which Nice and Pau hold toward the continent of Europe, induced me to attempt, with the ardent and valuable co-operation of Dr. Barton, surgeon to the Brisbane Hospital, to form what we called the Philosophical Society of Brisbane, the main purpose being to collect true data on which to establish its real value as a place of resort for invalids, and to gather together materials for an authoritative essay on the climate of the region. The Government President, Captain Wickham, readily gave his sanction and aid, and kindly placed all the government machinery for astronomical and meteorological observation under the direct control of Dr. Barton, from whom I have, since my return to London, received the regular weekly reports printed in the colonial journals. In connection with it we formed a microscopical department—an entomological section under the care of Mr. Diggles, whose collection of Australian insects has been placed in the British Museum. The attention of the Society is also turned to the forests of Moreton Bay, which produce many highly valuable specimens of timber, well suited for ornamental household purposes; for the rest, we hope the society may serve as a point of reunion to all persons interested in the material progress of the colony. I may mention here, as of medical interest, that attention has been for some time directed to the dugong, a species of whale inhabiting the Moreton Bay waters, commonly called the sea-pig, from its thick flattened upper lip. The full-grown male is about twenty feet long, has a thick smooth skin, bluish on the back, with a white breast: the flesh resembles beef, and is eagerly eaten by the natives; but its chief value is the oil obtained from the fat, which is peculiarly clear and limpid, free from all disagreeable smell or taste, and has been for some time introduced into colonial practice as a remedial agent of greater value than cod liver oil. The small supply at present limits it to local uses.

Among the residents of the district now living in retirement

is Dr. Simpson. one of the oldest medical adherents of homœopathy. He held for many years, I understand, the honourable post of Governor and Commissioner of Lands.

On my arrival at Sydney, the capital of New South Wales, I had the pleasure of making the acquaintance of Mr. Bellamy, who occupies the chief position as a homœopathic practitioner in the city, where he commands a very extensive practice among all classes. Mr. Maymott, late of Reading, is a more recent arrival, and is now associated with Mr. Bellamy in the Dispensary, which has been founded on the usual plan of similar institutions in this country. It is open four days in the week, and accessible both to subscribing and gratuitous patients. In the colonies, except among the dissipated classes, absolute poverty is a rare thing; and a movement is now in progress to make all such institutions self-supporting. This effort, I have no doubt, will succeed, and help to wipe away one of the stains of our so-called charitable system domesticated in the colonies. I append the names of the Committee, as a guarantee that the institution will not be of an ephemeral character.

*Sydney Homœopathic Dispensary, George-street, opposite Bridge-street.* President: Honorable W. P. Faithful, M.L.C. Committee: B. Buchanan, Esq., John Keep, Esq., M. Metcalfe, Esq., H. Prince, Esq., S. H. Smyth, Esq. Medical Officers: Francis Bellamy, M.R.C.S., L.A.C., Charles Meymott, M.R.C.S., L.A.C. Hon. Treasurer: S. H. Smyth, Esq. Hon. Secretary: Mr. John Bell.

Dr. Sachs, a Russian, and Dr. John le Gay Brereton, late of Bradford, are more recent additions to the homœopathic ranks in Sydney. I have also much pleasure in making honorable mention of Mr. John Bell, a grandson of Sir Charles Bell. He is the zealous and intelligent homœopathic chemist of Sydney, and the honorary secretary of the dispensary. His establishment is well supplied with drugs, and all needful appliances, together with a stock of the ordinary homœopathic literature.

I lost no time in making enquiry into the position and prospects of homœopathy in the neighbouring colony of Victoria. The accounts I received were so doleful and discouraging of the way it was represented in Melbourne, that I shortened my

stay in Sydney very considerably in order to devote the remainder of the time at my disposal to so important a place.

The gloomy accounts I received at Sydney were not much exaggerated, for, strangely enough, Melbourne, the richest and most progressive city in our southern empire, I found without a single legally qualified practitioner of homœopathy. During the enormous exodus from Great Britain and other countries to Victoria, consequent on the gold discoveries, a large number of students of medicine, and even druggists, went out in medical charge of vessels. The majority flocked to the diggings, and got absorbed into fitter and more profitable occupation than physic; some became shepherds, some stone breakers, some home-sick and left the colony, and a larger per centage than was desirable dubbed themselves "doctors," threw down the "pick," and abandoned the "cradle," to take up the pestle and mortar and attend the bedside of the sick. Melbourne became the hot-bed of humbug—the Eldorado of quacks! Full of interest would be the enquiry into the social results of such an invasion of incapables. Retrace the action of the left-handed imbecility which goes maundering through society, making trade of its most precious things;—philosophy, law, medicine, theology, have each their humbugs, and suffer the injury incident to parasite irritation, against which the sole remedy is a conservative activity of life within and without. This enquiry is, however, foreign to my purpose here, and has no more special reference to Melbourne than London or Paris—no more reference to the pseudo-professors of homœopathy than of allopathy. The newer doctrine has greater attractions in the *parvenu* city, and is good game to the first unscrupulous adventurer who finds the grosser drug-market overstocked, and, with a vague notion that the new mode of practice is a very simple affair—a mild combination of cocoa, sugar of milk, and globules—forthwith falls to work upon the sick and afflicted as a disciple of Hahnemann, to which distinction he has the same claim as that made by La Fontaine's ass to the title of musician, who put his nose to the flute, and finding that he elicited some sound, exclaims, "Moi, aussi, je joue de la flute."

I wish to make no harsh remarks here about the present

illegitimate practitioners of homœopathic medicine in Melbourne—they are in a false position, and appear acutely to feel it. I urged them one and all to seek, at any sacrifice of present profit, legal admission to the rights and duties of medical practitioners—to abandon their falsely assumed titles as medical representatives of homœopathy, both injurious to the permanent interest of the reform in the colony and their own respectability. Two out of the four are anxious to return to England to qualify, and would be glad to vacate in favour of qualified practitioners.

I heartily hope no one in this country will be ill-advised enough to aid their spasmodic efforts to get an honorary diploma from the homœopathic colleges of America. To grant diplomas without examination to men so placed would be highly injurious to those young institutions, and the reform they represent. My sympathies are entirely with them while they seek the legitimate entrance to our ranks—not otherwise.

After some preliminary correspondence, a number of lay friends of our cause met together at my hotel. The result of our conference was the decision to establish, as speedily as possible, a public dispensary, with the ulterior view of founding an hospital by government and private aid—as all religious and charitable efforts have equal claim to public support in the community of Victoria. The Dean of Melbourne, several ministers of the Independent and Wesleyan congregations, about a dozen gentlemen connected with the professions and commerce, formed the committee, of which Mr. Heales, one of the members of the Legislative Assembly, acted as chairman. A public meeting at the Great Hall of the Mechanics' Institute was arranged, and advertised in the chief journals, and, on the day appointed, duly held, fairly attended, and the resolutions favourable to homœopathy and the formation of a public institution unanimously adopted; the names of the permanent committee were announced and confirmed; the decision for immediate action heartily responded to. Newspaper reporting is in a very crude state in Melbourne, and the reports in the morning journals were very imperfect, but they served to attract attention to the movement; and promises of support and subscriptions came in, especially through the agency of a few very zealous members of

the committee. Suitable rooms were taken in one of the best thoroughfares—Collins-street—and all the preliminaries arranged.

Private circumstances at this time made it imperative upon me to return to England, and I was reluctantly obliged to leave before the arrival of Dr. Brereton, of Bradford, on whose services I ventured to rely for carrying out the good work so far well begun, as I hoped he would avail himself of the splendid field for private practice which lay ready to his hand; and in the interval, and under the peculiar circumstances, I felt justified in recommending the committee to entrust the medical service of the dispensary to Messrs. Palk, Berigny, and Hickson, pending the arrival of Dr. Brereton, then daily expected. To this the committee agreed, as no better arrangement could be made; and I sailed from Hobson's Bay about the middle of May.

The letters I have received since my return, from the honorary secretary and other members of the committee, are not of an encouraging character. Dr. Brereton had made his arrangements to take up his residence at Sydney, therefore the essential office of physician to the institution remains unfilled. On reconsideration, most members of the committee refused to recognise the unqualified practitioners, and it was found necessary to keep the doors closed till the "coming man" should make his appearance. I cannot and do not blame the committee for this course, although it seemed to me expedient to advise them to accept at least the temporary services of Messrs. Palk, Berigny, and Hickson, who, in the absence of legitimate rivals, enjoy excellent practices, and hold respectable social positions; for example, the first-named gentleman is the chief magistrate of South Melbourne, and is much respected for his probity and charitable character. But I have no doubt this protest will have a good effect, and, by erecting a high standard, result in attracting to the colony suitable and qualified practitioners, for whom energy and earnest effort will certainly secure a career of usefulness, success, and ultimate honour. I emphatically say ultimate; for in the outset there will be difficulties that will sadden and depress the faint-hearted. All the old

superstitions of the medical craft will be found there—aggressive, active, and not over-scrupulous in attacking those who help to shake down the rotten temple of old physic in which they serve. But the puny efforts of such men are harmless to him who is sincere, steadfast, and thrice armed by truth.

I think it right to add here a few practical points of interest, to those who may entertain the idea of going out to the colonies as medical practitioners. In the first rush to the gold fields, the price of all the necessaries of life was enormous; all that is now fast assimilating to the English standard, with the exception of rent, and a few minor matters; the roads in and about Melbourne are excellent; the means of transit moderate and abundant; suburban railroads are springing up on all sides; and, to a family man, the plan of having a pleasant home in the suburbs, by the sea shore or river side, with a city practice, is perfectly feasible. Medical men of good character hold an influential position in Victorian society, and are liberally paid. I may state, in illustration, that during my short stay in the city, which I only came into for a couple of hours, and without any effort at practice, I received from twenty guineas to thirty in the week for fees. By the time I was about to leave, patients came to me from Adelaide, Geelong, and several inland towns; and from one letter received on my return to London, I beg to give a short extract. The writer had suffered from a chronic rheumatic attack of nine or ten years' date, and reporting himself cured, adds: "Being well known in commercial circles in Adelaide, my recovery has attracted some attention, and has acquainted me with the fact that there are a great many who have faith in the homœopathic system, and who desire the settlement of a homœopathic physician in this colony, and who would support him. This colony contains about 180,000 souls; in the neighbourhood of Adelaide I suppose there are about 25,000, and not one who even pretends to dispense on homœopathic principles."

But that this paper has already extended beyond reasonable limits, I could have added some interesting points on the climate of the country, about which there appear to be no precise ideas in the medical mind of England, if I may judge from the cases

sent out there, and the utter ignorance of the suitable localities for the varying types of disease. All that relates to the phenomena of climate in Australia is of great interest. An enormous island-continent, from north to south stretching upwards of twenty-eight degrees, its eastern shores washed by the wide waters of the Pacific, on the west by the Indian Ocean—none of the great continental divisions of the earth present climates and meteorological influences more varied; therefore, for one of us here in London to order a patient to go to Australia, without further instruction as to the particular locality, would be about as sensible a proceeding as if we told him to go to Europe. I have encountered many cases in the colonies which painfully illustrate this lamentable ignorance. I will only add here a few observations as to temperature, &c., worth knowing, and at a future time I shall be happy to furnish a short paper on the climate. I have induced my friend Dr. Mackenna, a liberal and intelligent physician in Melbourne, author of an interesting *Essay on Diseases of Children in Victoria*, to gather together all available observations for a monograph on the climate of the Australias, to which I look forward as an important contribution to medical literature.

#### NOTES ON CLIMATE, ETC.

The barometer and thermometer were observed at Melbourne from 1846 to 1851 inclusive, and the means deduced from these on the year—barometer, 29·960; thermometer, 59·02. The highest temperature recorded since this series of observations was 109·2, on the 23rd December, 1857, and the lowest 29·7, on the 12th July, 1855.

The mean temperature of the dew-point is approximately 49·0, and the mean dryness is therefore 10°. The total rainfall for 1856, 29·74 inches; for the year 1859, 28·90 inches.

*Wind.*—In autumn and winter, north winds exceed south; spring and summer the reverse. Hot winds frequent in summer, exceedingly dry, and their approach indicated by a sudden and often considerable depression of the barometer. They are considered to be notably deficient in ozone; the west and south-

west (cold winds) are usually considerably saturated with ozone.

TEMPERATURE (MEAN).

	Year.	Winter.	Spring.	Summer.	Autumn.
Melbourne . . .	59·0	50·0	57·0	69·0	61·0
Rome . . . . .	59·8	46·8	57·8	73·1	62·0
Lisbon . . . . .	61·5	52·3	59·9	71·0	62·6
London . . . . .	49·9	38·6	46·6	62·2	50·1

PURE SYMPTOMATIC SELECTION OF THE  
REMEDY AND RADICAL CURE.

BY DR. MEYER.

(From the *Allgemeine Homöopathische Zeitung*. Vol. lix. p. 113.)

WE shall relate the following case from our experience, in which we were solely guided by the pure symptomatic choice of the remedy. We hold such communications not wholly superfluous, especially at the present time, when scepticism, with which the modern science of medicine has been overrun, seems also to have seized a portion of our own body. Though few the number and trivial their influence upon true rational homœopathy, yet we consider the reclamation of these few wanderers a gain not to be despised, considering the smallness of our contingent in general. One feels quite complacent in the limit of homœopathic doses to the third, another to the sixth, while another pleads for the infinitesimals. The question of the dose is still an open one, and upon the subject of its size the most various opinions are held ; which is correct, not prejudice, but temperate experiment must decide. But it is otherwise in the case of one who seeks to undermine the basis and iron pillars of our doctrine with the poison of doubt, who compares the law of similia to a puppet-string, or a nose of wax, disparage our *Materia Medica*—that Herculean work—or calls its value in question. What remains of homœo-



pathy to such a homœopath? Who would assert that it were a waste of trouble to search after the essential cause of the law of similitude, thereby finally to learn whence its origin and its end? But so long as we are ignorant of this, the principle of similia remains as it is, the cardinal point of homœopathy, to put which in doubt anyone styling himself a homœopathist must beware. Moreover, who would deny that our *Materia Medica* contains much which might well be removed without prejudice, even with advantage, and who will grumble at him who insists that such inaccuracies should be rectified? But so long as the ways and means are undiscovered, our *Materia Medica*, despite its faults, constitutes our most precious property, the only basis by which every one who maintains the calling of homœopath is knowingly or unknowingly governed and actuated.

The fact, confirmed by repeated experience, that a certain number of remedies exhibit wonderful healing power in certain often recurring diseases, has unfortunately induced a far too great extension of generalisation. We reserve to another opportunity to examine in detail how, in our opinion, this generalisation comports with the simile. For the present we may be permitted to remark, that by excessive generalization, the advance of our knowledge has been hindered. Many forget that the source of our general indications is no other than our *Materia Medica* and the law of similia; while others, who have resigned themselves to the process of generalising, have declared that the individualising, in a broader sense of the word, is nonsense, and is nothing more nor less than symptom-covering. But what of this? The conscientious homœopath, who is penetrated by the true spirit of homœopathy, will often happen to see his cures branded with this contemptuous name; to him alone it affords the rich satisfaction, that just by such cures the infallible truth of the law of similia, and the many treasures still lying hidden in our *Materia Medica* will come forth even brighter to the glare of day.

Solely with this view we furnish the following example of clinical experience. Perhaps some of our doubters will learn thereby, that the similia is not, after all, as pliable as wax,

and our *Materia Medica* is yet better than their incredulity may have conceived. At least we think we need not fear that our communications will be received with the same shrugging of the shoulders and turning up of the nose which is shewn to those whom they consider as remaining still below the level of the age.

On the 30th July a gentleman presented himself, whose appearance in my study might have excited no slight surprise. I knew him to be not only a diligent reader of the "*Gartenlaube*,"\* but also a true friend and follower of the medical contributors to its pages. He may have perceived my astonishment, and therefore said he took the liberty of seeking my aid, with the apology that he had now betaken himself to the refuge of homœopathy, because allopathic treatment had left him quite in the lurch. I gave due deference to this rational opinion, and declared to him that I knew no reason to forbid the aid of my skill, and that at the worst he would perceive that homœopathy was not worse than allopathy. To my question of wherein consisted his complaint, he informed me that for the last three weeks he had suffered from toothache, daily after dinner, coming on precisely at five o'clock, continuing till eleven, and between seven and eight arriving at its acme. I took pains to make a minute examination of the case, and my patient, not having been used to such minuteness by his former physicians, actually laughed ironically. The anamnesis afforded little guidance, as the patient had always been healthy, and had never suffered from neuralgia. The following circumstance was, however, worthy of notice. The pain begins always at the above-named hour, in the two first lower carious teeth of the right side, as a gentle tearing and dragging. Soon after the pain extends to the right ear, and changes by degrees into such a heavy dragging and tearing, that the patient often has thought that he should become mad. The only relief he can procure is by running backwards and forwards through the room. As soon as he lies down the pain reaches an extreme degree, even after the period of its climax. If this

\* A popular allopathic journal, famous for its virulent attacks on homœopathy.

occur the saliva accumulates in the mouth. From eleven o'clock, lying down has no further influence on the pain, and the patient can sleep quietly. Cold or warm things heighten or lessen the pain but little, as likewise touching the affected teeth. The before-mentioned medical contributors to the "Gartenlaube" had prescribed as remedies *Emp. lyttæ*, *Sinapisms*, *Spirits of mustard*, *Chloroform*, *Morphine*, which were without the slightest result, and the patient found himself no better when, after ten days, he applied to another allopath. Not for a single day was he free from the pain.

How anxious I was to convince this gentleman of the merits of homœopathy I need not say; but I am not ashamed to confess that I myself did not know the remedy which answered the above neuralgia. I requested the patient to retire for a minute to the waiting-room. I took quickly "*Jahr's Repertory*" in my hand, and was at once led to *Sepia*. With joy I found under this remedy the following symptoms:—"Tearing, drawing pain in the teeth from six p.m. till midnight one and two a.m. Sometimes dragging and tearing in the teeth after dinner, after each fourth inspiration; worse on lying; salivation." What could I find more like? I did not further inquire whether the character of *Sepia* stood in relation with the patient's suffering, or whether those symptoms should be considered as belonging to the impurities of the *Materia Medica*, but prescribed this remedy with the greatest confidence in its efficacy; and gave him two powders of only three globules in each, of the thirtieth potency. It was half-past three o'clock, after dinner. I advised the patient to go quickly home, and take one of the powders. Should the fit not appear, or be aggravated, not to take the second powder, but take it the next morning, as soon as the paroxysm should appear, and of the usual severity. For reasons easily understood, I ordered no change of diet.

On the 1st August he paid me a second visit, his countenance beaming with joy. He told me that on the 30th July, after he had taken one powder, the pain came on, at about half-past five, and soon attained such great severity, that had I not forewarned him of the possibility of such an eventuality, he would have cursed homœopathy. But he soon learned better, as this time the fit terminated at eight o'clock, and next day,

31st July, was absent altogether. Happening to meet him on the 6th August he informed me that the cure had been a radical one, and not the slightest feeling of pain had returned.

Wherein consists the scientific explanation of this cure by Sepia? In nothing else than in the infallibility of the simile and the truth of our *Materia Medica*. We did nothing more than cover the symptoms by those of the provings, and the cure was radical.

## REVIEWS.

*Conferences upon Homœopathy.* By Doctor MICHEL GRANIER.  
Translated from the French. London: Leath and Ross.  
1859.

THERE is a story respecting a friend of Cuvier's, which sometimes occurs to us when we hear the explanations of homœopathy with which our allopathic friends favour us. It is said that one of the members of the French Academy one day presented himself to Cuvier, and said, "I am appointed to correct a part of the letter C in our Dictionary, and I wish to submit to you what I have written under the word *crab*. My definition is this: 'The crab is a red fish, that walks backwards.'" "Sir," replied Cuvier, "your definition is excellent; by this description all the crab-eaters, and they are numerous, will not fail to recognise it. I may however add," whispered Cuvier, "between ourselves, that the crab is not a fish, is not red, and does not walk backwards. With these exceptions your definition is perfect. Keep it for the benefit of the crab-eaters."

The English public perhaps is yet as much in the dark as to homœopathy as Cuvier's friend was touching the nature of crabs. The light may not be known; but there is a general feeling abroad that there is no little darkness in the old method of medicine. There are now few quarters in which a growing distrust of the old system is not more or less manifested.

Straws show which way the current runs ; and though there is still unquestionably a strong prejudice with some in favour of the old heroic physicking, a counter-current is as plainly setting the other way, often perceptible in directions where we should least have expected it. The *Times*, whose directors, like practical smiths, are far too wise to lay on the hammer till public opinion shall have brought the subjects they deal with to the working heat, was pleased lately to give the following graphic sketch of the present state of medical science as generally practised by the old school in this country. "When the thirtieth patient," says the *Times*, "has sunk under the regular treatment, the physician retires to his study, takes down his books, reads the cases, and satisfies himself he has not mistaken the symptoms, and that his prescriptions were all *secundum artem*. His patient had every advantage of the present state of science, and died in the orthodox way. It was not his business to light on new specifics. What more could he do?"\*

Now, say that this is caricature,—we wish we could say so, but to us it seems too true a portrait. Yet, regarding it as caricature, how low in public opinion must the old school of medicine have fallen to be the butt of that great time-serving echo of public opinion, the changing, blustering *Times*. The truth is, the experience of many thousands of patients, who have in their own persons derived advantage from homœopathy, and not less the very telling tracts which from time to time have been put forth by various homœopathic writers, have already so far affected public opinion, that there is a strong and rising counter-current of opinion against the old school of medicine throughout the country. We shall be mistaken if the volume before us, by Dr. Granier, which we purpose briefly to notice here, do not, like heavy rains, though falling at a distance from us, give a fresh impulse to that already mighty stream of homœopathic practice, which is daily enlarging its breadth and depth on every side, to be, we trust, a river of life and health to many who have had their life blood drained by the purgings,

\* *Times* leading article, June 3, 1859.

emetics, and blisters of the old heroic treatment. And though it has been said, that if anything can make a routine physician of the old school forget the gentleman and swear, it is an exposition of homœopathy, we must incur this risk, only saying, Strike but hear: judge us, but not till you test our system by experience.

Dr. Granier's book throughout says, Strike, but hear. His first *Conference*, as he terms it, gives a striking resumé of the unnumbered follies which have been perpetrated by *a priori* conclusions on matters which can only be decided by experience. The style is very different from that of most of the medical books which it has been our lot to look into. An extract will shew that the title is no misnomer:—

“I do not believe in homœopathy.” I have heard this said by all kinds of people. First, by medical men, who know everything in medicine, *except* homœopathy; by the learned, who have studied everything, *except* homœopathy; by professors, who teach every subject, *except* homœopathy. I have heard homœopathy denied by men whose whole education consisted in having occasionally passed before the walls of a college, and glanced over the pages of the periodical literature of the day. I have even heard homœopathy denied by ladies, quoting at random the sayings of Labruyère, Pascal, and Montesquieu, and in reality not believing in anything. You do not believe in homœopathy! Very well. But I wish to know, and I have a right to demand, why you do not believe in it. . . . What is homœopathy? What are the principles of this doctrine, and how are they to be examined and estimated? Are you acquainted with its physiology, its method of considering man with respect to his organisation and rank in the general classification of beings?—its pathology, its manner of viewing health and disease?—its therapeutics, what is the general principle upon which turn all the elements of the doctrine?—its *Materia Medica*, how the medicines are studied, examined, and administered by the homœopathic school? Has your examination led you thus far? Have you ever seen homœopathy at work? Have you ever watched its effects in private, dispensary, or hospital practice? Have you endeavoured to collect facts and verify its statistics? No! Why, then, do you disbelieve it? Homœopathy, though still young, has already produced a sufficient number of works to form a valuable library on the subject.

Have you studied those works? Have you ever read a single treatise on the doctrine with candid attention? No. Why, then do you disbelieve it? . . . Think what was said yesterday of steamboats, a chimera!—of railroads, a delusion!—of the electric telegraph, a utopian idea!—of photography, a dream! All these children of progress had well-nigh been devoured by a scepticism more cruel than old Saturn in the fable. Yesterday you denied all these things; to-day you believe them. Yesterday you said, *No*; because every one said *No*; to-day you say, *Yes*, because others do. The *Yes* of to-day no more proves your wisdom than the *No* of yesterday.”

We cannot in an article like this do justice to a book which throughout is brilliant in thought and diction; but we would commend all honest inquirers to the second chapter, in which the author recounts the facts which led to his own conversion to homœopathy. The next chapter, the third of these *Conferences*, deals with the question, why so few of the medical men of the old school accept the new doctrine. With the hand and eye of one who knows the way, Dr. Granier shows how habit, age, and position, or carelessness, or fear, or public opinion, or the loss of professional reputation, which is dear to a man, and which infallibly attends those who give up the old practice, are all so many potent forces in array against the spread of homœopathy. One other force he names, the strongest of all, the assumption and profession of being already right, which hinders all advance. “*Tous les vers sont faits*. Everything, they say, has been discovered. . . Learned corporate bodies have their *amour propre*. If there was anything to discover, as a matter of course *they* would have discovered it long ago. No profane second-hand man could possibly be cleverer than they.”

Having thus cleared his ground, Dr. Granier, after a rapid sketch of the progress which homœopathy has already made, gives an outline of what he calls the “Temple of Hippocrates,” in contrast with which he then proceeds to expound the principle of the doctrine of Hahnemann. These chapters deserve and will receive careful perusal, if only for the mass of curious general information which they contain bearing upon the subject.

Homœopathy is expounded here in a way which all will understand. After which the revelations of the microscope, the facts which of late have been ascertained as to infection and contagion, where the infecting poison or miasma is unquestionably infinitesimal, the observations to the same effect as to mineral waters, the confessions of allopaths, the proofs in a word which are furnished by reason and the phenomena of nature as to the possibility of the action of infinitesimal doses ; and, in addition, the proofs which are furnished by facts, negative, positive, and general, upon the same subject, are grouped here and handled with a richness of illustration very much to the advantage of what Dr. Granier calls, "Poor little Globule." With such counsel, "Poor little Globule" has clearly a good deal to say for itself.

We will not spoil a book worth reading by attempting a sketch of the author's views on the question of dose and potencies, nor can we by extracts give an idea of what he has to say of that comedy always new,—might we not more truly say tragedy,—where leeches, bleeding, evacuants, purgatives, emetics, blisters, cauteries, setons, and such like, play so active a part. Here, as throughout the volume, there is the same richness of illustration, bringing down many a question hitherto judged unapproachable somewhat more within the reach of simple common-sense. An extract here would be like a single brick out of a wall, giving little or no notion of the house from which it has been taken.

We therefore say to our readers, get the book. You will not lay it down without having got something. It is written with genius throughout, and throws light upon many a hitherto dark and sad corner. And surely the light is good, even if it put an end to some sweet but foolish dream ; much more will it be sweet to those whom it awakes from some horrid night-mare which has oppressed them through the darkness.

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## FEMALE HYGIENE.

### *Publications of the Ladies' National Association for the Diffusion of Sanitary Knowledge.*

THE reports and tracts of the Ladies' National Association for the Diffusion of Sanitary Knowledge are before us, and we give them a cordial welcome. This association, which began a couple of years since, in a very small way, now occupies a position of considerable importance in the public estimation; its merits, however, are not yet sufficiently appreciated; it does not command that general support from the sex whom it more immediately concerns, that it deserves. Its objects would seem to be too simple and practical to secure for it that co-operation of our countrywomen, without which its sphere of usefulness must be but limited. It wants altogether that religious element which seems indispensable for the success of any society that proposes to improve the condition of any portion of the human race. Mrs. Jellaby would scarcely have exerted herself so energetically on behalf of the rising generation of Boriboolah Gha, had not the distribution of tracts accompanied the presentation of red flannel petticoats. So the Mrs. Jellabys around us regard with supreme indifference an association which makes no pretensions to a peculiar concern about the souls of its neighbours, but confines itself to the amelioration of their bodies. And yet nothing can be more important to all classes and conditions of women, than a knowledge of the subjects taught by this association. *Mens sana in corpore sano*, and it were vain to secure an observance of the moral laws, while the most essential physical laws are daily transgressed. We have little doubt that actively benevolent ladies would enter with enthusiasm upon the work of this association, provided it was brought before them properly recommended by those whom they usually recognise as their guides in matters of benevolence. And the report now before us, of a meeting held last July, shows us that the association has already obtained the patronage which was, we believe, alone necessary to secure its success with the real working class of ladies. That meeting was presided

over by Lord Shaftesbury, who warmly recommended the association, while the Rev. C. Kingsley, Mr. M. Milnes, M.P., and the Rev. J. Pownall, joined in eulogising its objects and labours. Medical testimony to its value was not wanting either, as Drs. Southwood Smith and Edwin Lankester gave their cordial approbation. With such powerful support, it is impossible but that the Ladies' Association must succeed.

And success for the schemes and labours of such an association is greatly to be desired. Of the 100,000 needless deaths which the Registrar-General tells us occur annually in England, how many are owing to ignorance of sanitary laws on the part of women? Women to whom is confided the rearing of the rising generation, and on whom devolves all nursing in sickness. If they are ignorant, how many babes must perish? how many sick die? For any instruction that is given, in nine cases out of ten, it would almost seem as though it were generally believed that girls had an instinctive or intuitive knowledge of the laws of health. Probably mammas consider that an assiduous course of dolls is the best preparation a girl can have for rearing babies and tending a husband in sickness, besides superintending a household. And yet every girl may one day be thrown into situations where the health, the life of others, depend upon her. If not as a mother, yet as a relative, she may be called to take charge of children or kindred, and the health and comfort of these may often hang upon her acquaintance with some simple hygienic rules.

We thus see how large a share is woman's in sanitary matters. It avails little that men unite themselves in sanitary associations, boards of health, and the like, if women be not included in the work of sanitary reform. Men may write excellent treatises, may agitate for the removal of nuisances, carry out an arterial system of drainage, whitewash dirty rooms, establish excellent systems of ventilation, fit up soup-kitchens, and found hospitals and dispensaries; these are all very useful in their way, and may all be done with scarcely any help from women; but how much will still remain to be done, in order to preserve health and prevent a waste of life, for which men are nearly powerless! What will all these excellent measures avail, for saving the lives of the thousands of infants who perish within a

few months of their birth? what for maintaining the salubrity of a gentleman's or tradesman's house? what for preserving the health of the daughters of the family, who are often sacrificed to mistaken notions of mothers in regard to exercise, dress, and diet?

Women's sphere of work in sanitary matters commences where man ceases. The sanitary laws discovered by men must be acted upon by women, before they can effect all the good they are calculated to do. It is, then, most appropriate—most necessary—that women should recognise the important part they have to play in ameliorating the health of the community, and that they should qualify themselves for their task.

The Ladies' National Association is an admirable commencement of a movement, which we hope to see eventually result in the universal instruction of women in those matters appertaining to hygiene, which it is of so much importance to the world they should know. Every woman is more or less a priestess of Hygea, and according as she serves the goddess more or less intelligently, will be the weal or woe of those dependent on her ministrations.

A knowledge of the most essential rules for the preservation of the health is more important for women than for men, both for the sake of those entrusted to their care and for their own sakes; for in the ordinary course of life, women are exposed to many influences hostile to salubrity, which men almost entirely escape. The active life of boys and men conduces as much to the maintenance of health, as do the sedentary habits to which nine women and girls out of ten are condemned by the conventionalities of society, to delicacy and disease.

In the nursery itself, a marked distinction is often made between the liberty of active exercise accorded to girls and that allowed to boys. From infancy, almost, the girl is checked in the free use of her muscles, by the perpetual reminder that she must remember she is a young lady, and ought not to play about like a boy. In the model nursery of many well-meaning but ignorant mothers, the boys may be seen romping about like wild colts, while the girls are demurely seated, enacting the part of precocious mammas with highly-dressed dolls. The differ-

ence often made in the dress of the children of different sexes, is such as almost to preclude free play to the limbs of the girls, while the boys are clothed so as to enable them to tumble about as they list. The more obedient a girl is to the nursery axiom that young ladies should not romp, the worse it is for her future health; and poor puzzled mamma is often surprised to see that her good, obedient, well-behaved little girl falls sick and pines away, whilst a naughty tomboy, who would play with her brothers and tear her frocks, enjoys rude health. Mamma comforts herself with one of the cut and dry maxims, that assure her that the best are earliest removed, little dreaming that it was the little girl's obedience to her unwholesome advice that brought on disease and death. We have known mothers recount with satisfaction their own hoydenish feats—to which, perhaps, they owed the good health they enjoyed—while they insisted in their own nurseries upon a behaviour of their daughters the very opposite to that which was so successful in their own cases; at the same time, they would congratulate themselves on the great superiority of deportment of the rising generation over the risen, as exemplified in the respective instances of themselves and their children. And the mother looks with pride on her puny, pale-faced, flabby pets, without a spot on their muslin frocks, or a ruffle in their smooth, well-greased hair, or a particle of blood in their cheeks, and she remembers her own childhood, with her feats of active daring, and her torn garments, dishevelled hair, and rosy complexion, and the contrast appears to her all in favour of her sickly little ones, so blinded is she by conventional prejudices in favour of quiet, well-behaved children. She cannot help, perhaps, wishing that her dear girls were as healthy as the boys—that they did not catch cold so readily, and that they were not so easily fatigued, headachy, and stomach-achy—that, in short, they were not so robust as she herself used to be; but she never connects their excessive good behaviour and enforced quietness with their delicacy and weakness. Mamma, in short, is ignorant of the first principles of physiology, and of the most essential sanitary laws. And yet, how important for the rising generation that she should be well-informed on such subjects! She should

be taught that, to deprive girls of the free play of all their muscles, to check their childish tendency to run and romp, is to lay the seeds of future years of suffering and ill health. The docility and good behaviour she has painfully attained in her girls—the marked contrast they present to their ruder brothers—has only been got at the frightful expense of a life-long dyspepsia, a wearisome chlorosis, or perhaps a hopelessly crooked back. But how is poor mamma to know better? All the little books of the Sherwood stamp—the approved literature for children—represent the little girls that climb trees and leap ditches as wicked and unregenerate, while those who sit still in their seats, and sew a sampler or dress a doll all day long, without making a noise, are good little girls, on the straight road to heaven. The moral of every such tale is, that the vivacious conduct of the former is to be held in abhorrence by every little girl who aspires to the appellation of “good,” and that the sedate deportment of the latter is alone worthy of imitation.

The habits of stillness and quietness imposed upon girls, from being at first highly distasteful, become at last quite agreeable. Their flaccid muscles begin to dislike locomotion; the spirits that a free use of the limbs engenders gradually evaporate; and the model “good girl” feels no inclination, and would have no power, to join in the rough sports of her brothers.

Many excellent books have been written by medical men and others for the special use of mothers, explaining the evils of the ordinary system of bringing up girls, and laying down the true physiological principles on which they should be reared; but we fear that the effect of these works has been very limited, the great proportion of mothers being still influenced by the traditions of the nursery, and the conventional notions respecting the method of bringing up girls, many of which are diametrically opposed to true hygiene, and even to common sense.

We have hopes that the Ladies' Sanitary Association will be more successful in spreading right notions on this important subject. They have, as it seems to us, gone about their task in a very proper manner, and the small tracts they occasionally publish contain much useful practical instruction in a homely

and simple style. It is probable that the association of ladies together in such a society as this will have far greater weight with their own sex than any sanitary movement originating with men, or any number of treatises or homilies by the rougher sex.

The tracts already published by the Association deal with the hygienic management of children and grown up persons, the latter of course chiefly women, though many of the subjects treated of apply equally to both sexes, if we may judge from their titles, for not all that have been announced are yet published.

The tracts begin at the beginning of life. "How to manage a baby" gives excellent hints for the very first moments of infantile existence. Many expectant mothers would be benefited by its perusal, for children are often lost through the total ignorance of mothers, assisted by the grosser ignorance and conceit of nurses. How often have we to interfere pre-emptorily in order to stop the inevitable dose of castor-oil with which infants are usually half-choked at birth, or to prevent the pinching of their little breasts, which is among the baneful superstitions of the nurse tribe.

Infants whom their mothers cannot nurse are frequently—we may say generally among the richer classes—handed over at once to a wet-nurse. The Association has published a tract "On the Evils of Wet-nursing," and a corollary to this one is "How to Feed a Baby with the Bottle." Where the mother is unable to nurse and her means are sufficient to pay for the hire of a wet-nurse, we suspect these two pamphlets will produce no great effect, for after all the objections to a wet nurse are more sentimental than real, and while the luxury can be procured the arguments in favour of wet-nursing will generally prevail. But when a wet-nurse cannot be had, either from want of means, or accident of locality, the judicious instruction conveyed in the last-named tract will be of great use. Another pamphlet might be added, or this one might be extended, to instruct mothers how to feed babies when they are weaned, or when beyond the bottle age; for there is scarcely anything so destructive to infants as unwholesome or improper food, and many mothers seem to have no idea of what a child ought to eat. Diseases erroneously

ascribed to teething, worms, vaccination, &c., often proceed entirely from ill-selected food, or food given at improper times. This is a subject which requires much careful treatment.

The exercise of children is a point that many mothers require advice upon, and this, we doubt not, will form the subject of the forthcoming tract entitled "How to keep Children Healthy." In the meantime the Association have run a tilt against perambulators, and pointed out their abuses in "The Evils of Perambulators."

As the child grows up, food, exercise, and dress still require to be carefully looked after, and when we see what errors are committed on all these points by some of the best-intentioned mothers, we may believe that the Association will be of much use in propagating sound views on these subjects.

In diet, errors are commonly committed in two opposite directions. The child is allowed to eat and drink almost anything it fancies, or it is confined to a rigidly monotonous regimen. In the first case the stomach is often ruined by having to digest, or trying to digest, articles of food that require much stronger peptics than those of a young child, and stimulants, such as wine, beer, and condiments are freely administered, in order nominally to strengthen the feeble digestion, actually, however, to enable the stomach somehow to dispose of the unsuitable food. This repeated stimulation, this overwork of the stomach fails not in the end permanently to impair its power, and the foundation of dyspepsia, with irritable stomach, is laid with as much certainty as if that was the great aim proposed. In the last case the stomach is wearied by the perpetual monotony, the appetite declines, the child is ill-nourished, and dyspepsia of the sluggish character is the result.

To hit the happy medium betwixt over and under stimulation of the digestive organs is the great problem to be solved, and fortunately for most children this happy medium has great breadth, and the extremes alone of the two opposite systems are able to do harm. Some children, however, from hereditary or other causes, have from the first stomachs so delicate as almost to be morbidly so. Such cases should properly be referred to the doctor, who, if he be a man of sense, will be

able to prescribe a suitable diet, without medicinal interference. These are just the cases where an erroneous dietary is apt to do irremediable mischief.

Exercise is a most important part of the education of growing and grown-up girls. On no point does such ignorance prevail among mothers and schoolmistresses, and in no way is more harm done. While boys, from the earliest age up to manhood, are allowed and almost compelled to exercise all their muscles, girls are often treated as if they had none. Even in the nursery, girls are often so outrageously dressed that a good romping game is incompatible with the integrity of their garments, and they must either earn the applause of mamma, by sitting still and saving their clothes, thus allowing their muscles to wither and their circulation to flag, or they must incur maternal objurgations on account of ruined, torn, and dirty frocks, while they gain strength and health by playing freely about. It should be remembered that up to the age of puberty there is very little difference between boys and girls, and their respective aptitude for muscular motion, that therefore their exercises should be very similar. If boys are benefited by running, leaping, climbing trees and ropes, there is no physical reason while girls should not be so likewise. Even beyond the age of puberty the young lady cannot with impunity be deprived of the free exercise of all her muscles without danger. The processional walk of boarding-school girls, varied by a hebdomadal dancing and calisthenic lesson, is by many held to be quite enough. Anything approaching gymnastics, or the rough games of boys of the same age, would be thought highly improper. When not walking, and not saying lessons, our young lady must sit bolt upright—no lounging being permitted—engaged in the mysteries of crochet or Berlin wool, or if her talent inclines that way, carefully copying the last French *étude en deux crayons*. As a consequence of this treatment we find the prevailing maladies of such boarding-schools to be defects in the circulation, weak spines, feeble digestion, and catamenial obstructions.

“Why do not Women Swim?” is the title of one of the tracts of our Association. Why not? we reply. We are one of the most sea-going and seaside frequenting races on



the face of the globe, and yet we venture to say that the proportion of English women who can swim is not a tenth of that of French and German women, many of whom never saw the sea, and have no expectation of ever taking a voyage. Women abroad learn swimming as a wholesome exercise, English women should know how to swim not only for exercise, but as a measure of safety on their frequent voyages. All the circumstances attendant on swimming are conducive to health in a woman of average salubrity. The hygienic influence of the water, be it salt or fresh, the temperature of the medium in which they are placed, disposing as it does to great reactions, the muscles that are called into play, some of these being scarcely used in ordinary movements, the joyous spirits produced by the novel feeling of disporting in a new element, all conspire to make swimming one of the best of exercises for either sex. We always feel vexed when at the sea-side we observe crowds of young women up to their knees in water, timidly bobbing their heads beneath the shore wave, and remaining for half-hours almost standing still, to come forth shivering and blue with cold, when the time they have injudiciously spent in the sea might, if properly employed, enable them to become proficient in an exercise which is at once of the healthiest and most delicious character. Of preventible deaths surely death by drowning while bathing forms a considerable item in the Registrar General's return. All these might be effectually prevented, and great benefit obtained from a seaside residence were all girls taught to swim as most are in France, and even in inland Austria. It is nonsense to say that swimming is unfeminine or injurious to girls. On the contrary, we affirm that by their figure, and the predominance of their fatty tissues, women are even more adapted for swimming than men. It is erroneous also to allege that swimming is too violent an exercise. A person who has been properly taught to swim feels no fatigue whatever from half an hour's or one hour's steady swimming. A perfection in the art deprives it of all feeling of undue exertion. To an adept it is rather a relief from terrestrial labour to take a good swim. He thereby gives rest to the muscles he had fatigued on land, and calls into gentle play a set of new muscles.

A swimming-bath for women has been opened in London

once a week for the last two years. That is all the opportunity this great metropolis of 3,000,000 inhabitants offers the other sex for the acquisition of this necessary art. Every town in the kingdom should have large swimming-baths for women open every day in the week. At few seaside places is it possible to find a person capable of instructing women in swimming. Every bathing woman should be able to give lessons to women and children.

But not only may we ask, why do not women swim? we may ask further why do not women row?—why do not women play cricket?—why do not women run races, leap, throw the putting stone, play at bowls, racket and skittles?—or, as this frosty weather reminds us, why do not women skate? This last exercise is one of the most invigorating and graceful imaginable. The women of many countries, as, for instance Holland, are all admirable skaters; they skate to market to sell their eggs and butter, they skate to see their friends, they skate for business and they skate for pleasure. The configuration of our country scarcely admits of business skating, but in winter no exercise can be at once more pleasant and healthful than skating. A few ladies in England skate; the *Court Circular* records the evolutions of our Royal Princesses on the ice; some ladies may be seen elegantly gyrating on the ornamental water in the London Botanical Gardens any hard frost; and an occasional female skater makes her appearance on the park lakes. But these are rare exceptions. In spite of its elegance, in spite of its utility, in spite of the numerous female skaters of the continent, skating is held to be too masculine an exercise for the ladies of England. Therefore while the men are glowing with the healthful amusement on the ice, the ladies may be seen wandering along the banks of our lakes, shivering with cold, though wrapped from head to foot in furs. We cannot for the life of us see why the women should not be enjoying themselves like the men. The cant about this and many other exercises being unfeminine is despicable. We have the happiness to know several ladies who not only skate, but row, play cricket, and swim, and we are not aware that they are a bit inferior in all feminine graces to any ladies who have a lady-like inacquaintance with all these accomplishments; while we can vouch for their being total strangers to hysteria, languor, dyspepsia, migrains, or weak spine.

We suspect that one of the chief though unacknowledged reasons why our women do not indulge in more vigorous exercises, is the preposterous dresses fashion compels them to wear. How could a young lady row a boat in stays, or play at cricket in a crinoline? What sort of figure would she cut on the ice in a long trailing dress buoyed up by steel hoops? Horse-riding and archery are among the exercises that fashion permits to ladies, but fashion allows also that they don dresses suitable for both these amusements. As, however, comparatively few ladies can afford to ride, and still fewer have probably the opportunity for archery, young ladies are debarred by their very dress from performing the other exercises which are open to all. The Greek maidens used to unrobe for their invigorating and beautifying games, and before our young ladies can hope to rival them, they will have to divest themselves of some of their superfluous habiliments.

We are glad to observe that among the promised pamphlets by the Ladies' Association are one "On Tight-lacing," and another "On our Clothing," meaning, of course, ladies' clothing. Until sensible principles regulate the fashion of ladies' dresses, we see little hopes of rational exercise for them. It seems to be generally believed that the only proper muscular exercise for ladies is walking, and even this exercise, owing to their dresses, is performed under the most disadvantageous circumstances. In walking not only should the legs be used, but the muscles of the spine should have free play, and be successively brought into action, as the weight of the body is transferred from one leg to the other. The arms also should be allowed to swing freely. But what is the fact as regards ladies' walking? Tight stays, "to support the back," as they say, effectually prevent the muscles of the spine doing their duty, and thus neutralise one of the chief advantages otherwise to be gained by walking; while rigid etiquette forbids the arms to move. They must be carried across the waist when not occupied supporting the uselessly long and unnecessarily full dress. Thus walking may be carried on to any amount without bringing into play any muscles besides those of the legs.

Stays are the chief article of female costume against which

the Ladies' Association should direct a counterblast. All other errors of dress seem to be more or less temporary, and dependent on the mode. But stays are at once the most mischievous and the most perdurable. They seem to be a permanent institution. And yet they are irrational and injurious. They are an imputation on the wisdom of Providence, which has made women vertebrate animals, with their bones inside; while with stays a woman converts herself into a crustaceous creature, with an external osseous system.

The defenders of stays say they are such a support to the back; but the muscles of the back are the back's best and natural supporters, and the artificial support of stays allows the unused muscles of the back to become flaccid and feeble from want of use, so that, when the stays are removed, the woman is unable to sit upright for any length of time, on account of the debility engendered by the "support." This weakness of the spinal muscles is the fertile cause of distorted spines and many nervous affections. "But," says the stay-wearer, "if we did not wear stays, how could we manage to bear the weight of the undergarments that are fastened round the waist?" If the stays are required as a peg to hang a preposterous number of petticoats on, we should be all the more anxious to see them discarded, for then the number and weight of the petticoats would necessarily be reduced. We cannot allow the retention of one evil to be a sufficient excuse for maintaining another and a greater evil. Stays are, in our belief, the exciting cause of many of the maladies of women, that are commonly ascribed to quite other causes. Besides the spinal affections above hinted at, we have been able to trace many cases of diseases of the pulmonary, digestive, and reproductive organs to tight lacing.

The monstrous growth of the undergarments in recent times is also blameable for much ill health. The great weight of garments dependent from the waist, causes congestion of the organs in the lower part of the abdomen, menstrual derangements, displacements, and all their concomitant train of ills. Since the introduction of those awful cages or iron hoops, this evil has progressively increased. In summer, when few undergarments are required, and coolness is desirable, the crinoline

or steel cage may not be injurious; but in winter, when warmth is essential, this apparatus entails the necessity of wearing a vast amount of additional clothing. Very few petticoats hanging close about the body and limbs, suffice to keep one warm in the coldest day; but if these are kept at a distance from the body by means of the hoops, many more undergarments are required, to obtain even a tolerable amount of warmth. Our investigations into the subject have often revealed from ten to fourteen layers of garments between the outside and the body. By means of the hoops, almost all the weight of these is thrown upon the waist, and the pressure thus induced begets the maladies alluded to above.

Into the subject of crinolines and long robes æsthetically considered we shall not enter, though we have some strong opinions regarding their gracefulness under certain circumstances—such as in sloppy weather, when the unfortunate wearer trudges along with both arms laden with her heavy dress; or on a windy day, when the cage is swayed hither and thither, every hoop being exhibited in bold relief through the dress.

On the social point of view of crinoline it is not our province to dwell, otherwise we might have something to say regarding the inconvenience created by their bulk in public assemblies, private parties, railways, and omnibuses; when the ungallant part of the rougher sex assail them with curses—not loud, of course, but deep.

Nor shall we do more than allude to the frightful accidents due to crinoline. The numbers of ladies burnt in their ball robes must be appalling were it actually known. One week we remember the newspapers recorded twelve deaths from this cause alone. Other accidents also are caused by them. Many of our readers must remember how a noble and fashionable lady broke her leg at the hip-joint last year, in consequence of her cage having pushed away the chair on which she was about to sit down.

It may be that we are far gone in old-fogeydom; but we must confess that our *beau ideal* of female costume is the dress of ladies some five-and-twenty or thirty years since. The skirt

of the dress of those days used to hang moderately close about the limbs, and it descended no lower than just the top of the *bottine*. In a hygienic point of view, such a fashion was unexceptionable, and nothing could be urged against it æsthetically or socially. If, as the penny-a-liners assert, an august personage is about to alter the present style of ladies' dress, we hope the pattern to be selected may be somewhat like that we so fondly remember.

The oyster-shell bonnets, which did much mischief by exposing the most sensitive part of the head to all the effects of sun and draughts, thereby causing much headache and neuralgia, seem to be going out of fashion, and to be almost supplanted by a more rational shape of head-dress. So we may say of them, "let bygones be bygones."

The evils of tight gartering require to be exposed as well as those of tight lacing. It is a frequent cause of swelled feet, varicose veins, and even ulceration of the legs. Garters may be efficiently substituted by an elastic band from the top of the stocking to the waist-band of one of the under garments.

We hope the Ladies' Association will bring the same sound sense to bear upon the subject of female dress, as is conspicuous in their writings on other subjects. They have recently found a powerful adjutant in Miss Martineau, whose articles in *Once a Week* are calculated greatly to assist the cause they have at heart. In conclusion, we once again cordially wish them the success they so well deserve.

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## MISCELLANEOUS.

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### *Daring and Impudent Robbery.*

If there are any two medicines for the establishment of which in modern medicine Hahnemann can especially claim credit, these are Arnica and Aconite. No doubt both were known before his time. They grew in their natural habitats, and were collected and arranged by botanists, and figured in botanical works like any other common

plants. Nay, we will allow that they had occasionally occupied the thoughts of medical men, and had even been given experimentally to patients, perhaps curing some and killing others. The common people, moreover, had, with their rude medical instincts, employed from time immemorial the Arnica for their bruises, and had even given it the name, in Germany, of *Wundkraut*, or wound-plant; and some of the older physicians, notably Greeding, had written tractates about Aconite, praising its virtues in rheumatism and some other affections: but as to the generality of physicians at the beginning of this century, they knew no more of the use of Arnica, or the powers of Aconite, than if these plants had had their natural habitat in the dog-star. If country folks in Germany used Arnica for their wounds occasionally, they also used fifty other plants, to which they likewise gave names, equally expressing their supposed vulnerary properties, so that we may safely say that before Hahnemann nothing whatever was known to the medical macrocosm, or the plebeian microcosm, of Arnica or Aconite. And further, we have no hesitation in asserting that had Hahnemann not written, Arnica and Aconite would still have been known only to botanists; at any rate, Arnica would have been utterly unknown to medical men—it had long been expunged from the pharmacopœia—and Aconite would only have been known to a few toxicological physicians as a dangerous poison which it was not “canny” to meddle with.

But “nous avons changé tout cela, et nous faisons maintenant la médecine d’une méthode toute nouvelle,” as Sganarelle says. Arnica is now to be had at any allopathic chemist’s, more or less adulterated and falsified, as is common with the goods of that respectable body of tradesmen. Aconite, too, has its patrons among the profession, and is prescribed daily by them “to diminish vascular excitement,” sometimes killing the patient in so doing, as happened with a respectable Birmingham physician, who was, unfortunately for himself, his own patient.

One would scarcely have thought that any medical man could be so daring as to deny to Hahnemann the credit of pointing out the two great uses of these two medicines, viz.—the excellence of Arnica in bruises, and of Aconite in vascular excitement. But we subjoin an extract from a lecture delivered the other day in the Middlesex Hospital by Mr. Mitchell Henry, one of the surgeons to that institution, where Arnica is recommended as a sovereign remedy for bruises and wounds, and it is declared to be “quite a

mistake" to suppose we are indebted to the homœopaths for its introduction, and Aconite is stated to have a "surprising power over all forms of vascular excitement," and not a syllable in acknowledgment of Hahnemann's discovery.

Our readers will not fail to remark the wonderful theory of the *modus operandi* of Arnica propounded by Mr. Henry, to wit, that it "produces anæsthesia of the cutaneous nerves, and exerts some influence on the ganglionic nerves which surround the blood-vessels." We think it would have been more to the purpose to tell his hearers that Arnica cures bruises and ecchymoses in virtue of its power to produce a state of the parts similar to what we find in these affections, than to propound such an unmeaning theory as the above. The internal administration of Arnica is a new theft from Hahnemann, for which Mr. Henry may take credit with his allopathic brethren.

"First, I wish to say a few words to you respecting *bruises*. They are of various degrees of intensity, sometimes being very trifling in amount, and sometimes reaching to the almost complete disintegration of the tissues; and, if at all serious, are invariably accompanied by the effusion of blood from the broken capillaries underneath the skin. The great extent of these effusions of blood, extending as they do sometimes for a space of a foot or more around the seat of injury, the feeling of soreness which they produce, and the changes of colour which the absorption of the blood gives rise to, are familiar to us all. We all know, too, that condition of general shaking, from a fall or the like, which causes people to complain of 'being bruised all over.' In fact, bruises in some shape or way are the commonest of all injuries, and those for which surgical aid is most frequently required. It is gratifying, therefore, to know that in the common Arnica plant, and in the tincture prepared from it, we have a remedy of very singular efficacy, applicable in all cases, from the most trifling to the most severe. I have employed it for several years past in a vast variety of cases, and can speak of it from experience as unapproached in power by any other remedy or combination of remedies whatever. Many persons suppose that we are indebted to the homœopaths for the introduction of Arnica; but this is quite a mistake, although it has been more prominently brought into notice by their commendations. Arnica has long been in use as a popular remedy in Germany, as well as in this country. In Ireland, a poultice of Arnica leaves (the leopard's bane) is a favourite



application to the 'broken knees' of a horse, and is a far more rational one than the stimulating 'oils' so commonly used in England. To bruises, to allay the smarting of wounds after operation, to fractures, dislocations, and all similar injuries, it may be applied with implicit confidence in its power, to the exclusion of fomentations, cooling lotions, and leeches. The only objection that can be made to it is that it sometimes irritates the skin; but this proceeds from its being employed in too great quantity and strength; or it is possible there may be a peculiar idiosyncrasy which predisposes the skins of some persons to become irritated by it. I can only say, however, that such cases must be rare indeed, for I have never met with one. I never employ it weaker than two drachms of the tincture to the pint of water, or stronger than two drachms to the ounce of water, and this only in rare cases, and for a short time, until pain has abated. The most useful strength is four or six drachms to the pint, and this may be kept as an hospital preparation, and used indiscriminately. In cases of very severe shock, as in heavy falls, a few doses of the tincture in quantities of five minims, administered internally at intervals of four or six hours, and carefully watched, for it is a depressant, will give great relief.

"A few examples will serve to illustrate the foregoing remarks. And, first, one from my own personal experience. Three years ago the top of my finger was caught and violently jammed in shutting a carriage door. In the course of a few minutes the nail got black, and blood oozed from beneath its sides, whilst the pulp of the finger swelled up into a distinct tumour from the effusion of blood, and I need hardly say the pain was excessive. I went to the nearest chemist's, and got a lotion composed of two drachms of the tincture of Arnica in one ounce of rose-water, and applied this assiduously as fast as the lint wrapped round the finger became dry, at the same time taking care to keep the hand well elevated. In the course of an hour the pain had very much abated, and I added some water to my lotion. Before going to bed at night all inconvenience had ceased, except when the part was touched; the blackness rapidly disappeared, and in a few days my finger was perfectly well, without the loss of the nail, and in striking contrast to what usually happens in such cases.

"Many of you will remember a man, lately discharged from Clayton ward, who had fallen from a scaffolding twenty feet high, and had alighted upon the broad of his back. His sufferings were

extreme ; he passed blood in his urine, and subsequently for two days had retention. Nevertheless, the Arnica lotion applied to his back, and a few doses of the tincture taken internally, relieved him in a marvellously short space of time, although every surgeon knows that there is not a more troublesome or lingering affection than this general shaking or bruising from a heavy fall.

“ Another patient, not yet discharged from the same ward, had an obscure injury to the shoulder-joint, simulating dislocation, for which attempts at reduction under chloroform had been made before I saw him. The injury was probably fracture of the glenoid cavity of the scapula, and was followed by ecchymosis extending half way down the back, and by very acute pain. Here the Arnica was no less useful than in the former case, and the man has now almost recovered the use of his limb. To all our fractures you know it is an established remedy, and you saw me lately employ it as a lotion to relieve the pain which followed an operation for the extraction of cataract. Some of you will recollect that very formidable case of fistula in ano which lay in Bird ward, and which required so many operations for its cure. Nothing alleviated the severe pain attendant on it so much as Arnica. I am informed by our house-surgeon, Mr. Cresswell, that he paints over any black eye that may be seen in the surgery with the pure tincture, which has the effect, in the early stage, of preventing the ecchymosis almost entirely, and, in a later one, of rapidly getting rid it. But I might multiply these cases indefinitely. I am bound to say, however, that I have not as yet found it to be so efficacious in relieving the pain of cancer as we might have hoped it would be, and this probably arises from the fact that its action seems to be confined principally to the cutaneous and immediately subjacent textures. And this leads me to speak of its *modus operandi*. We know very little indeed of the ultimate action of any medicine or external application, but the probability is that arnica produces anæsthesia of the cutaneous nerves, and exerts some influence on the ganglionic nerves, which surround the bloodvessels, and regulate their action ; for it certainly arrests the formation of thrombus and ecchymosis. However, whether this is theoretically correct or not, the practical efficacy of Arnica is incontestable.

“ I have only one other hint to give you as to the treatment of bruises, and that is,—whenever practicable, keep the limb well elevated above the plane of the body ; but upon this important subject I shall have more to say bye-and-bye.

“*Wounds.*—As regards the treatment of recent wounds, whether connected with fracture or not, it is also necessary to be on your guard lest meddling surgery, like meddling midwifery, prove injurious to your patient. When hæmorrhage has ceased, and the part has been perfectly but gently cleansed, all torn and displaced textures should be carefully brought together, taking care that no stretching of the integuments is permitted. In many cases, where there is a disposition to sanguineous oozing, a bit of dry lint forms the best and readiest application. The albumen of the blood coagulates and hermetically seals the wound; whilst, at the same time, it is by no means prone to decomposition, so that it will dry and adhere for many days without becoming offensive. The case is quite different with clots of blood, which are notoriously apt to putrefy when exposed to the air. Strapping and adhesive materials, except sometimes as tending to support and consolidate the sound textures, should be avoided,—metallic sutures, either of well annealed iron wire or of silver wire, being substituted for them. Metallic sutures excite no irritation, and may fearlessly be employed in every situation and to all textures. Unlike sutures made of vegetable materials, the holes through which they pass undergo no suppuration or ulceration, and they may be left *in situ* for an indefinite period—for three weeks if it be desired; indeed, it is not an uncommon event for us to lose a wire suture altogether, the patient leaving the hospital with it still in his body. The Arnica lotion should be applied over the wounded part, which, when practicable, should also be kept elevated high above the patient’s body; and the relief that these two measures afford will surprise persons who are not familiar with them. The only exception to the propriety of elevating the limb is in cases in which there is much loss of temperature from defective circulation, or a fear of sloughing from the severity of the injury. To limbs in this condition, thick layers of cotton wool form the most advisable application; but in my opinion, no worse practice can be adopted than that which is too common—namely, the placing of the injured part in a hot poultice that it may ‘recover itself.’ The results of careful adjustment, and of attempts to save textures and parts, almost against hope, will amply repay the surgeon, who, at the same time, places his reliance in opium and wine as constitutional treatment. I may here mention that when reaction and inflammatory fever set in, the tincture of Aconite, when carefully watched, will

exhibit the surprising power which it exerts over all forms of vascular excitement."—*Lancet*, Dec. 10th, 1859.

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*On the Medicinal Action of Glonoine,*

By G. S. BRADY Esq., M.R.C.S.

Since the publication of the experiments of Drs. Fuller and Harley, I am not aware that Glonoine has obtained any notice in the medical periodicals. I presume, therefore that there is a pretty general acquiescence in the conclusions arrived at by those gentlemen, viz., that Glonoine "may be taken with impunity in considerable quantity," and that the symptoms following its administration (as described by Mr. Field) are, in great degree, the result of mere nervous apprehension. I believe, however, that this impression of the inertness of the compound is quite erroneous, and not unlikely to prove dangerous; and further, that Glonoine is a very valuable agent for the relief of neuralgic pain. The following brief notes will illustrate my reasons for these statements, and may, perhaps, induce others to give the remedy a more extended trial than has yet been accorded to it.

In December of last year I was in attendance upon a lady suffering from severe facial neuralgia, which was very little benefited by any treatment, either local or constitutional, which I could devise. I at length determined to try the effect of Glonoine, and gave two minims and a-half of Morson's solution (containing five per cent. of pure Glonoine) in a teaspoonful of water. In the course of two or three minutes she began to complain of sickness and faintness. These rapidly increased; there was, for a few moments, unconsciousness, accompanied with convulsive action of the muscles of the face, and stertorous breathing. The face became pale, and the pulse alarmingly feeble. After swallowing some brandy and water, which was given as soon as practicable, she vomited, and the unpleasant symptoms gradually subsided. The pain had vanished, and never returned with any severity.

The relief afforded in this case induced me to give the Glonoine a further trial; using it, of course, in much smaller doses. I have now

prescribed it in seven or eight cases of neuralgic pain, and have not once failed to give speedy, and sometimes permanent relief. One minim of Morson's solution appears to be quite a sufficient dose. I have generally dissolved it in the proportion of eight minims to an ounce of water, and directed a teaspoonful to be taken every twenty minutes until the pain is relieved. One dose, however, will generally suffice.

I am also able to note another case (not occurring in my own practice) where the Glonoine gave marked relief. A strong labouring man, subject to periodical attacks of neuralgia, so severe as to "make the tears run down his cheeks," and to necessitate the administration of large doses of morphia, was ordered during a paroxysm, a drop of the Glonoine solution, the effect of which was most satisfactory. He has repeated the dose on different occasions, when the pain has threatened to return, and always with equally good result. But sometimes even this small dose may be too much. A relative of mine, a chemist, knowing the success which I had had with the Glonoine, and being himself tormented with face ache, took a single drop of the solution in water. Shortly afterwards a feeling of sickness and pain at the epigastrium came on, and he left his desk to pace about the shop, thinking to walk the uncomfortable sensations off. Instead of this they grew worse, and an intolerable sense of oppression and swimming in the head, with spasmodic twitching of the limbs supervened. He had barely time to call his assistant, when he fell back insensible. Cold water was freely dashed over the face, and the unconsciousness soon passed away. No vomiting ensued, but the sensation of sickness lasted for some time. The face-ache has not returned.

I cannot explain the very different results obtained by Drs. Fuller and Harley, except by supposing great difference in the quality of the preparations used. It is well known that many organic compounds are totally changed by very slight and almost inappreciable causes occurring during their preparation, and something of this kind may have been the case here. Mr. Morson informs me that considerable difficulty, and even danger, from explosion, was at first experienced during the manufacture of Glonoine in the laboratory. That which he now prepares may, I believe, be fully depended on, as being perfectly uniform in composition.

I may add that the symptoms observed in animals seem to form no safe criterion of the effects of Glonoine on the human frame. At

least on one occasion I gave ten drops of the Glonoine solution to a kitten (in divided doses of two, three, and five drops at short intervals) without finding any effect beyond great temporary aggravation of the animal's playfulness, followed by a corresponding amount of torpor. I should not myself venture to take one-fourth of this quantity, as I find half a minim to produce painful throbbing and fulness of the head, with a sense of constriction about the pharynx.

—*Medical Times and Gazette*, March 12, 1859.

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*Effects of Glonoine.*

The following symptoms were produced by a single pilule of Glonoine 1. The subject of the experiment was a married woman, æt. 33, subject to irregularity of the circulation and neuralgia. At the time of taking the Glonoine she was in tolerable health. We give the account in her own words:—

“Globule about five p.m. At half-past six sudden dimness of sight, heat in the eyes with feeling of tension; crushing weight on the forehead, particularly between the brows and across the nose; throbbing and sharp darting pain in the right temple, then in both, and behind the ears. Pain steadily increased, and for three hours was almost intolerable. Tea then afforded partial relief, but the symptoms quickly returned, and lasted till three a.m., gradually including nausea, palpitation, thirst, choking sensation in the throat, and great depression. Took tea repeatedly without effect. At three tried bathing temples and back of neck freely with Eau de Cologne. Relief instantaneous, but temporary, the symptoms in the head (the others were not affected by the Eau de Cologne) returning each time as soon as the spirit evaporated; each time, however, with diminished violence, till four o'clock, when obtained sleep; slept till seven. Awoke nearly free from pain, but have had returns of it at intervals during the day, with a sharp attack of the old crushing spasm at the heart. Cold feet; general discomfort. Pulse rose on taking the Glonoine, and has continued high till now—twenty-four hours.”

Next evening a similar attack, though slighter, was experienced.

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*Case of Poisoning by Atropine, by C. HOLTHOUSE, F.R.C.S.,*  
Surgeon to the Westminster Hospital, &c.

As a pendant to the interesting cases of poisoning by Belladonna berries, published in the last number but one of the *Medical Times and Gazette*, I forward you the notes of the following cases of poisoning by a solution of Atropine, which happened to one of my own children.

At nine o'clock on Sunday morning, the 17th of last July, my second child, a hearty little boy, three years and eight months old, was brought to my bedroom by the nurse, who said she did not know what was the matter with him, but he seemed very giddy, and could not stand. I had never seen a case of Belladonna poisoning before, and the bedroom blinds being down, I did not at first notice the state of the child's pupils, or recognise the source of the symptoms; while all that could be gathered from the nurse was, that hearing what she supposed to be quarrelling between him and his brother, who were alone together in the breakfast-room awaiting our assembling at breakfast, she took him into the kitchen, and on setting him on his feet he fell down; she lifted him up, and told him to run along, but he again fell, and appeared to have no power of standing. On observing this, she immediately brought him up to me.

His face was at this time flushed and mottled with white, his eyes brilliant, and his manner and appearance altogether very strange and excited, while the expression of his countenance was quite maniacal. He was evidently unconscious, and very irritable, striking his mother when she took him from the nurse. On placing him on the bed he immediately began to pick at the bedclothes, and to grasp at imaginary objects. About five minutes afterwards the nurse returned with two bottles, which my eldest boy told her his brother had been playing with. One of these, a half-ounce stoppered bottle, which was quite empty, I immediately recognised as the one in which I kept a solution of Atropine, of the strength of two grains to the ounce, and which the day before had contained from a drachm and a-half to two drachms of the solution, the bottle being not quite half full. The cause of the symptoms was now but too apparent: I rushed with the child to the window, and the fully dilated pupils at once confirmed my suspicion. Dr. Fincham was now sent for, but long before his arrival, and in about five minutes after the discovery,

I administered twenty grains of the sulphate of zinc, and on the arrival of the doctor some mustard and water was also given; but three-quarters of an hour elapsed from the giving the sulphate of zinc before vomiting took place. The quantity of fluid expelled did not exceed that given with the zinc, which was ejected by one effort, and no subsequent retching could be produced by mustard and water.

It deserves mention that a little of the fluid the child vomited, too small to excite notice at the time, accidentally entered my eye, which within an hour of the time had fully dilated the pupil. As no more vomiting could be excited, and it seemed probable that all the poison which was not absorbed had been ejected, stimulants were had recourse to, viz., brandy and water, ether, and ammonia, one or other of which were given every quarter of an hour; there was, however, great difficulty in getting the child to swallow, each attempt to do so producing paroxysms of suffocation, which appeared to threaten his existence; a good deal of what was put in the mouth was thus wasted. During the whole of this time, till one o'clock p.m., the child was insensible, the pupils were widely dilated and immovable, the eyes open, and the lids not winking on passing the finger in front of them; there was occasional jactitation, the skin was pungently hot and dry, and covered with a rash closely resembling that of scarlatina, which the child was frequently scratching: the pulse was 170, and somewhat feeble.

From one to two p.m., brandy and milk was given from time to time; an enema of two drachms of spirit of turpentine, an equal quantity of castor oil, and six ounces of gruel, was also administered, and brought away a small quantity of fæces. He vomited once during this period, and was evidently becoming more conscious; he made efforts to speak, and said "papa;" his face was less red, and the expression more natural.

From two to five p.m.—The symptoms during this period exactly resembled those of delirium tremens. There was incessant rambling delirium, great restlessness, a grasping at imaginary objects, and occasional screaming from fright. The character of the delirium varied; sometimes the child saw objects which frightened him, and the utmost terror was depicted on his countenance, and he clung to his nurse's neck, or threw himself violently in different directions, as if to escape them; this kind of delirium prevailed chiefly at the beginning of this period; towards the latter half the delusions were of a more pleasurable kind, his talking was more intelligible, he



mentioned the names of his brothers, his nurse, and "mamma," and grasped at his toys, as his whistle, which he blew in imagination; and he drew imaginary sketches with his pencil, and was very busy two or three times in putting into his mouth and eating imaginary currants, &c.

A mixture of egg and brandy, with milk and sugar, was given him at short intervals, and just before five he was sick for the third time (a portion of the fluid so ejected was saved for analysis). After this he fell into a quiet sleep, and so remained till six p.m., his pulse having fallen to 144, his skin being still hot, but not so red.

From six to seven p.m.—Great restlessness and returning consciousness characterised this period; he recognised me by my voice, kissed me, and jumped out of bed, and said he wanted to ride on my shoulders—an amusement he was occasionally indulged in. The skin was less hot and red, and there was very little delirium. He refused to take any kind of food or drink.

From seven to eight p.m., there was less restlessness, and when quiet he sucked his thumb (a habit he always indulged in when well), he sneezed, and rubbed his nose frequently; consciousness increasing, but intermittent; he recognised my watch, put it to his ear, and remarked, "It's ticking;" but on giving it to him again a minute afterwards, it was not recognised, and he put it in his mouth.

From eight to ten p.m. there was more restlessness than for the last hour or two, and a constant motion of the hands to the mouth, as though eating something. Taking advantage of this action a small piece of bread and butter was put in his hand, which he ate greedily; but there was a difficulty in getting him to drink. He talked frequently about persons and things which he fancied were before him. At a quarter to ten his bowels were moved, the evacuations smelling strongly of turpentine; he also passed water for the first time. A powder, which was ordered by Dr. Finchman, containing two grains of calomel, and five of jalap, was now given him.

From ten to twelve p.m. he lay on the bed tolerably quiet; he winks a little when the candle is put close to his face, but he sees nothing else. He has just said, "I can't see mamma." At a quarter past eleven he took, with some difficulty, a saline mixture ordered by Dr. Fincham, after which his bowels acted to a greater extent than before, and also he passed water again (both saved for analysis). When his mother lay down on the bed beside him, he raised himself volun-

tarily, and kissed her twice. At midnight he took a little milk and brandy, and fell into a quiet sleep.

July 18.—From twelve to two a.m.—He slept quietly till a quarter past one, when he awoke, and, before he could be raised in the bed, he had a violent and somewhat copious motion of a watery character. After this he took a small quantity of milk, and a teaspoonful of brandy, with some resistance; put his thumb in his mouth, and again went to sleep.

From two to four a.m.—He slept very quietly till four, when his bowels were again moved slightly, and he made water also (saved for analysis). Though his pupils are as much dilated as ever, he can now distinguish objects, for he told his mother he could see her; and he also took a cup of milk from her hand, and a little bread and butter. A dose of the saline mixture was also given him, which he would not take without the usual resistance.

From four to eight a.m.—He slept peacefully the whole of this time, lying on his back with his eyes and lips a little apart, and awoke well. He remarked that he could “see gan-mamma” over the chimney (a photograph of his grandmother), and he ate with evident relish a basinful of bread and milk. As the morning advanced he said, more than once, that he wanted to have his clothes on, and before he was dressed he was running about the room in his night-gown, playing with his toys. His difficulty in seeing small objects, which were near him, was now the most prominent feature of his illness; and his attempts to make out the letters of a newspaper which happened to be in the room, putting the paper first in one position and then in another, and eventually throwing it from him in disgust, were highly amusing. The dilatation of the pupils gave his face a singular expression, and they did not recover their normal size and movements for nearly a week.

It will be seen by the above notes that some of the fluid vomited just before five p.m., which was the third and last time the child was sick, and also some of the alvine dejections and urine voided at half-past eleven p.m., and at four a.m., (mixed together) were saved for analysis. Having submitted the same to Dr. Marcet, that gentleman very kindly furnished me with the following report;—

“Laboratory, Westminster Hospital, July 22, 1859.

“My dear Holthouse,—I received from you on the 18th instant the following:

" 1st. A six-ounce bottle containing five and a-half ounces of a mixture of urine and nearly liquid fæces.

" 2nd. A second bottle smaller than the last, and containing about one and a-half drachms of a colourless fluid, which you stated to have been vomited.

" 3rd and 4th. Bottles containing matters not connected with this case.

" The result of the examination of these various substances was as follows :—

" 1st. The mixture of urine and fæces yielded to analysis a fluid which by direct contact with the eyeball, dilated considerably the pupils of a white mouse, without, however, exerting on the animal any other physiological action. It contained, therefore, a very small quantity of atropine.

" 2nd. The vomited fluid yielded to analysis by the same physiological test, the presence of a trace of atropine, inasmuch as it also dilated the pupils of a white mouse, although not so readily as in the preceding case.

" Yours very truly,

" W. MARCET.

" 2, Storey's-gate."

—*Medical Times and Gazette*, Dec. 17, 1859.

*On the Relations of Belladonna and Opium, and on Poisoning by Belladonna*, by JAMES SEATON, L.R.C.S. Edin., L.A.C.

The following cases, which occurred in my practice in September, 1858, will, I hope, prove interesting to the profession as illustrating the symptoms produced by Belladonna in poisonous doses, and showing the relation which exists between that poison and Opium. I was led to the use of Opium by the perusal of a paper read by Mr. Benjamin Bell, before the Medico-Chirurgical Society of Edinburgh, and which appeared in the *Edinburgh Medical Journal* of July, 1858.

Two young men having gathered about a pint of the ripe fruit of the *Atropa belladonna*, which they found growing in an old quarry a few miles from Leeds, on their arrival home they distributed them among their friends, believing them to be innocuous. The cases which follow were the result of their imprudence. The berries appeared to be ripe, were in size a little less than a small cherry, and were described to have a mawkish, sweet taste.

J. W., aged 23. On September 12, 1858, at a quarter-past seven p.m. took ten berries; at eight p.m. complained of dryness of throat, and great difficulty in swallowing, followed by indistinctness of vision, and pain in the head and eyeballs, which felt as if starting from their sockets. These symptoms were followed by delirium, characterised by intense wakefulness and vivacity, and a want of coherency in his ideas and speech.

At half-past ten p.m. took an emetic, which induced free vomiting, notwithstanding which the symptoms persisted. At two a.m. on the 13th, was ordered a dose of castor-oil, and tinctura opii, *m* vij. every four hours. At five a.m. slept for a short time, but on awaking was still delirious; took the medicine every two hours up till two p.m., when he fell asleep, and awoke two hours afterwards quite collected. The indistinctness of vision in this, as in the other cases, continued several days. The pupils, which, before sleep, were widely dilated, on sleep being obtained became contracted to the ordinary size.

J. R., aged 23. At seven p.m. on September 12, took five berries; at eight had dry throat and tongue, great lassitude, and inability to walk. At ten p.m. vomited freely from the action of an emetic. I saw him at eleven a.m. on the 13th, when he still complained of pain in the head and eyeballs, giddiness, and dimness of sight. The pupils were dilated, but there was no delirium. Took no medicine.

W. R., aged 25. At seven p.m. on September 12, took eight berries; at eight o'clock had dryness of throat and tongue, with the other symptoms above described. At eleven p.m. took an emetic, and vomited. He passed a sleepless night, and continued more or less delirious up till five p.m. on the 13th, when he was seen for the first time by my assistant, who ordered him tinctura opii *m* x. every two hours. After the third dose he fell asleep, and on awaking in the morning felt much better, and was quite collected.

H. W., aged 22. At seven p.m. took eighteen berries; at a quarter past eight the symptoms became developed; at nine p.m. took an emetic, which induced free vomiting. This patient suffered very little, and took no medicine.

J. E., aged 7 years. At half-past seven p.m. on September 12, took six berries; at nine had dryness of the throat, followed by other symptoms. At two a.m. on the 13th vomited spontaneously. Was first seen at eleven a.m. on the same day, when he was intensely delirious and wakeful, being continually busy with some imaginary occupation. Was ordered tinctura opii *m* viij. every hour. The

medicine was continued the whole day, but the delirium continued unabated. At twelve p.m. the dose was doubled, in the form of Morphia; and two and a-half hours afterwards he fell asleep, and continued so till seven a.m. on the 14th, when he had an evacuation per rectum, and again slept for two or three hours, after which he awoke quite sane. The pupils, which had been widely dilated, became contracted when sleep was obtained.

C. C., aged 14. At eight p.m. on September 12, took two berries; at nine the symptoms of poisoning supervened; passed a sleepless night, and did not vomit; was seen at seven a.m. on the 13th, when he was ordered a dose of castor-oil, and tinct. opii *m viij.* every two hours. As the delirium continued unabated at eleven a.m., was ordered tinct. opii *m xvj.* every hour, and the medicine was thus given up till seven p.m., when he fell asleep, and continued so, with slight intermissions, till five on the following morning, when he awoke, all his more serious symptoms having disappeared. The same condition of pupil was observed in this as in the other cases.

E. W., aged 46. At seven p.m. on September 12, took twelve berries; at eight the symptoms commenced; at half-past ten became delirious, and continued so till half-past four a.m. On the 13th, when I was sent for, she was ordered a dose of castor-oil, and, immediately on taking it, vomited freely for the first time. She was also ordered tinct. opii *m viij.* every two hours. As the delirium continued undiminished, at nine a.m. the dose of Opium was doubled, in the form of Morphia, and given every hour. The medicine was thus continued, and the symptoms persisted without any material alleviation, till ten p.m., when she fell asleep, and awoke in the morning quite collected.

T. W., aged 8. At seven p.m. on Sept. 12, took five berries, and had similar symptoms. At seven a.m. on the 13th, was ordered tinct. opii *m vj.*, to be taken every two hours; at eleven the dose was doubled, and ordered every hour. He continued sleepless and delirious up to twelve p.m., when he fell asleep, and awoke in the morning quite collected.

J. W., aged 12. On September 12, at seven p.m. took two berries, but did not vomit; during the night was sleepless, delirious, and had all the other symptoms of poisoning. At five a.m. on the 13th, had a dose of castor-oil, and was ordered tinct. opii *m vj.*, to be taken every two hours. At eleven a.m. the dose of Opium was

doubled, in the form of Morphia, and given every hour. The delirium continued intense during the whole day and following night, although the dose of Opium was gradually increased; and it was not till half-past seven p.m., on the 14th, that sleep was obtained. He then slept during the whole night, and when he awoke had all his more serious symptoms relieved. This patient was thus wide-awake and excessively active for forty-eight hours after taking the berries, and, before he slept, had taken equivalent to twenty-four grains of Opium.

S. W., aged 14. About seven p.m. on September 19th took berries, but the exact number is unknown. Had the same symptoms as already described. At three a.m. on 18th she vomited. At seven a.m. was ordered castor-oil, and tinct. opii  $\mathfrak{m}$  viij. to be taken every two hours. At eleven a.m. the dose was increased to  $\mathfrak{m}$  xij. every hour up till four o'clock, after which she took no more medicine. From four till seven p.m. she continued delirious, but having intervals of complete unconsciousness; after seven she fell into a state of total insensibility; at ten she was incapable of being roused, and at twelve p.m. died in a comatose condition. The pupils, at the moment of death, were so widely dilated as to render the iris scarcely visible.

Post-mortem, thirty-seven hours after death.—The external appearance of the body was that of a subject of scrofula. The limbs attenuated, and considerable swelling of the face from carious bone. The superficial vessels of the brain were slightly congested. A section of the organ showed the vascular points to be scarcely, if at all, more developed than natural. The ventricles were empty, the substance firm, and the arachnoid perfectly glistening and transparent. Both lungs were entirely adherent to the walls of the chest, the result of old pleurisy. Structure of the heart pale and flabby; valves healthy, and the cavities filled with fluid blood. The blood in the large vessels was very dark-coloured, and flowed out like water on their being divided.

The stomach was partially distended with gas, and contained about an ounce and a-half of yellowish fluid, and a small piece of undigested apple. The mucous membrane was somewhat paler than natural, except two or three small spots of very slight congestion, situated near the pyloric orifice. No appearance of inflammation was observable. The mucous membrane of the intestines was also perfectly healthy. A number of seeds were found scattered over the surface of the duodenum and jejunum, and near the middle of the

latter a whole berry was seen. The contents of the bowels were of a black colour, owing to the patient having been taking iron medicinally up to the period of her death.

It would appear, from the above cases, that the violence of the symptoms did not correspond with the number of the berries taken, as J. W., who had only two, was very alarmingly ill; while H. W., who had eighteen, escaped with scarcely any bad effects. The reason probably is, that, while in the one case the berries were completely absorbed, in the other they were vomited before sufficient time had elapsed for their digestion. The first symptom appears to have been dryness of the mouth and throat; next, indistinctness of vision and dilated pupils; and afterwards, in the more severe cases, delirium supervened. I found in one man, who had swallowed only one berry, the dry mouth and fauces without any affection of vision. The indistinctness of vision was the most persistent symptom; in all the cases it existed to a greater or less degree for several days; and the boy C. C.'s vision continues defective up to the present time. The delirium was of a busy, restless, vivid character, but generally rather pleasing than otherwise. The patients appeared to think that they were pursuing their ordinary occupations. One boy appeared eager in flying a kite; another pulled tables and chairs about, thinking he was working in a coal-pit; while the woman, E. W., appeared to be remarkably busy with her ordinary household duties. All their movements were of a quick, excited character, strikingly resembling delirium tremens. There was no very marked vascular excitement; the skin was, in most of the cases, moderately cool, and the pulse rapid, but without power.

The remarkable tolerance of Opium in these cases would appear to bear out the conclusion at which Mr. Bell, Dr. Graves, and others have arrived: that Opium and Belladonna mutually counteract each other. In none of the cases in which delirium was present, were the symptoms alleviated until sleep was obtained; and, after sleep, the patients felt comparatively well. The pupils were widely dilated so long as the delirium continued, and, when sleep was obtained, were either contracted or reduced to the natural size.

With regard to the fatal case, I may mention that she was decidedly scrofulous, and had been under treatment for several months for disease of the bones of the face. It will be observed that she took much less Opium than several of the cases which recovered, and that, at the moment of death, the pupils were very widely dilated.

The post-mortem appearances are chiefly valuable for their negative testimony. The condition of the brain appeared to be as nearly as possible perfectly natural; as was the mucous membrane of the stomach and intestines. The only thing which was abnormal was the remarkable fluidity of the blood in every part of the body.— (*Medical Times and Gazette*, Dec. 3rd, 1859.)

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*On the Use of Raw Meat in the Colliquative Diarrhœa of Children at the Breast.*

Dr. Weisse, of St. Petersburg, declares, after an experience of twenty years, that raw meat, reduced into a pulp by scraping, to the exclusion of all other treatment, is the true specific for this destructive form of diarrhœa. He cannot agree with the remarks of Mr. Charles Hogg, who recommends beef-tea in preference, for he finds in raw meat not only an aliment for the children, but also a remedy for the kind of diarrhœa in question; besides, he has never spoken of the juice of the meat, but has recommended the muscular substance of the meat; and the beef-tea has no controlling power over the diarrhœa, for by its mere fluidity it traverses too rapidly the intestinal canal. By giving the meat in a pulp, the solid parts remain longer in the intestine: they act by contact, and may, by exciting the intestinal mucous membrane, stimulate absorption; and it is probable, also, that this plan may contribute to neutralize the acidity of the gastric juice. The treatment of children's diarrhœa by raw meat has become general at St. Petersburg, and has been adopted rather by the establishment of the good effects which have resulted from it than by the publication of special memoirs. Dr. Weisse has employed the treatment in nearly two hundred cases, and the result has been always satisfactory when the case has been taken in time.

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*Hull Homœopathic Institution.*

The annual meeting of the subscribers to this institution was held on the 2nd June, 1859. Robert Raikes, Esq., in the chair.

The acting committee reported that, during the last year, 1,255 persons had received advice and medicine, and that the demand for homœopathic treatment by the sick poor was increasing.

The treasurer reported that he had a balance of £107 in favour of the institution after all the expences were paid.

It was resolved, that a vigorous effort be made to increase the number of annual subscribers, in order to enable the committee to obtain the services of a resident medical officer.

A vote of thanks was given to Dr. Atkin and Mr. Fraser for their services during the past year.

The following officers were elected: Robert Raikes, Esq., pre-



sident; Daniel Sykes, Esq., vice-president; John Shilbeck, Esq., treasurer; James R. Pierce, Esq., honorary secretary; T. Calagan, Esq., W. Croft, Esq., Rev. A. Jukes, C. M. Norwood, Esq., G. C. Roberts, Esq., and J. Remington, committee.

The medical officer's report included the following classified list of the diseases treated during the last year :

DISEASES.	Remaining from last year.	Admitted.	Cured.	Uncured and irregular.	Believed.	Died.	Still under treatment.	Total.
Abscess .....	5	10	9	..	4	..	2	15
Ague.....	8	5	8	..	..	..	..	8
Amaurosis .....	..	1	..	1	..	..	..	1
Amenorrhœa .....	4	20	9	2	5	..	8	24
Asthma .....	6	27	5	10	10	..	8	33
Aneurism.....	1	2	..	2	..	..	1	3
Atrophy .....	3	6	5	1	1	1	1	9
Abortion .....	..	4	4	..	..	..	..	4
Bruises.....	2	4	6	..	..	..	..	6
Bronchitis .....	10	40	10	15	20	2	3	50
Bubo.....	3	6	9	..	..	..	..	9
Cancer .....	1	13	..	3	7	1	3	14
Carbuncle .....	1	3	4	..	..	..	..	4
Catarrh .....	8	17	20	..	5	..	..	25
Cataract .....	..	7	..	5	2	..	..	7
Cephalalgia .....	14	22	16	4	6	..	10	36
Chorea .....	2	3	5	..	..	..	..	5
Chemosis .....	..	2	..	2	..	..	..	2
Cold .....	12	6	18	..	..	..	..	18
Colic .....	8	20	28	..	..	..	..	28
Congestion .....	3	8	6	..	5	..	..	11
Constipation .....	1	2	3	..	..	..	..	3
Conjunctivitis.....	1	4	5	..	..	..	..	5
Cystitis .....	2	4	2	..	3	..	1	6
Debility .....	5	60	30	6	18	..	11	65
Deafness .....	1	5	1	4	..	..	1	6
Diarrhœa .....	10	20	25	..	..	5	..	30
Diabetes .....	2	2	1	1	1	1	..	4
Diphtheria .....	..	1	1	..	..	..	..	1
Disease of Brain .....	3	10	7	3	3	..	..	13
"    Heart .....	8	33	2	10	16	..	13	41
"    Ovaries .....	3	3	2	2	2	..	..	6
"    Skin .....	6	40	20	6	10	..	10	46
Dropsy .....	4	15	5	6	4	1	3	19
Dyspepsia .....	10	130	80	20	17	..	23	140
Dysentery .....	1	12	11	1	1	..	..	13
Enuresis .....	..	3	2	1	..	..	..	3
Epistaxis .....	..	1	1	..	..	..	..	1
Epilepsy .....	2	17	2	10	7	..	..	19
Erysipelas .....	1	10	10	..	..	..	1	11
Fainting .....	..	2	2	..	..	..	..	2
Febris .....	5	20	25	..	..	..	..	25
Fistula in Ano.....	..	3	1	..	..	..	2	3
Fractures .....	..	3	3	..	..	..	..	3
Fright .....	..	3	3	..	..	..	..	3

DISEASES.	Remaining from last year.	Admitted.	Cured.	Uncured and irregular.	Relieved.	Died.	Still under treatment.	Total.
Gastritis .....	..	7	5	..	2	..	..	7
Gravel .....	2	3	3	..	..	..	..	5
Goitre .....	..	2	..	..	2	..	..	2
Gonorrhœa .....	..	5	5	..	..	..	..	5
Hæmaturia .....	1	2	3	..	..	..	..	3
Hæmatemesis .....	..	4	4	..	..	..	..	4
Hæmoptysis .....	2	12	7	..	2	1	4	14
Hæmorrhoids .....	3	13	9	..	4	..	3	16
Housemaid's Knee .....	..	2	2	..	..	..	..	2
Hydrocele .....	1	2	1	..	2	..	..	3
Hydrocephalus .....	..	2	2	..	..	..	..	2
Hooping Cough .....	6	10	16	..	..	..	..	16
Hepatitis .....	2	10	7	3	..	..	2	12
Hernia .....	..	8	..	..	3	..	..	3
Hysteria .....	1	5	6	..	..	..	..	6
Insanity .....	..	3	..	3	..	..	..	3
Iritis .....	..	3	2	..	1	..	..	3
Ischuria .....	..	18	14	..	..	..	4	18
Laryngitis .....	..	8	6	..	..	1	1	8
Leucorrhœa .....	4	9	7	2	1	..	3	13
Lumbago .....	2	12	14	..	..	..	..	14
Marasmus .....	1	5	4	..	..	1	1	6
Menorrhagia .....	2	12	6	..	3	..	5	14
Nephritis .....	3	8	5	..	3	1	2	11
Necrosis .....	..	6	..	3	3	..	..	6
Neuralgia .....	5	40	34	..	5	..	6	45
Ophthalmia .....	1	2	1	..	..	..	2	3
Orchitis .....	1	1	2	..	..	..	..	2
Palsy .....	..	10	2	..	..	..	8	10
Phthisis .....	7	42	4	18	5	5	17	49
Pleurisy .....	..	11	11	..	..	..	..	11
Pneumonia .....	..	5	4	..	1	..	..	5
Prolapsus Uteri .....	..	2	..	..	1	..	2	2
Purpura Hæmorrhagica .....	1	2	2	..	..	..	1	3
Quinsey .....	..	5	5	..	..	..	..	5
Rheumatism .....	1	20	10	1	4	..	6	21
Ranula .....	..	1	1	..	..	..	..	1
Spasm .....	..	4	3	..	..	..	1	4
Strain .....	..	3	2	..	..	..	1	3
Stone .....	..	3	..	..	..	..	2	3
Stomatitis .....	2	14	10	..	..	..	6	16
Spinal Diseases .....	..	2	..	..	..	..	2	2
Syphilis .....	..	2	..	..	..	..	2	2
Swelled Glands .....	..	4	2	..	..	..	2	4
Talipes .....	..	1	..	..	..	..	1	2
Teething .....	..	2	2	..	..	..	..	1
Tumours .....	..	12	5	..	1	..	6	12
Tussis .....	..	40	20	..	5	..	15	40
Ulcers .....	1	10	7	..	..	..	4	11
Vomiting .....	..	4	4	..	..	..	..	4
Varix .....	..	3	2	..	..	..	1	3
Vertigo .....	..	3	1	..	..	..	2	3
Worms .....	..	10	6	..	..	..	4	10
Wounds .....	..	5	5	..	..	..	..	5

*Philadelphia Home for Friendless Children.*

Philadelphia, September 10th, 1859.

To the Editors of the *British Journal of Homœopathy.*

Enclosed please find a copy of the reports made to, and accepted by, the Board of Managers of the "Northern Home for Friendless Children," in this city.

You will see that this institute has been under homœopathic treatment for the past two years, and the result has been very satisfactory.

This institute receives, as its name indicates, all helpless children taken up in the streets, and alleys, and lanes of our populous city; it also takes charge of them till a suitable place can be found where they may learn a trade, securing to society their further usefulness.

The number of children generally in this institution is 150, and more than that number are bound out, each year.

The managers of the institute could not have expressed their satisfaction better with the result of the treatment, than the unanimous re-election of the board of the late attending physicians, to which number, at the request of the board, was added Dr. Charles le Rane.

Yours respectfully,

AD LIPPE.

A copy of the medical report made to, and accepted by, the Board of Managers of the "Northern Home for Friendless Children," May 1st, 1859.

*Report of Medical Cases treated in the "Northern Home for Friendless Children," from April 20th, 1857, to April 20th, 1859.*

NAMES OF DISEASES.	No. of Cases.	Cured.	Relieved.	Died.
Anasarca - - - -	2	2		
Apthæ - - - -	3	3		
Bronchitis - - - -	6	6		
Catarrh - - - -	12	12		
Cephalalgia - - - -	2	2		
Conjunctivitis - - - -	4	4		
Convulsions - - - -	2	2		
Croup, catarrhal - - - -	4	4		
Do. with Measles - - - -	6	6		
Do. membranous - - - -	1	1		

NAMES OF DISEASES.	No. of Cases.	Cured.	Believed.	Died.
Disease of the Heart - -	1	..	1	
Diarrhœa - - - -	13	13		
Dysentery - - - -	4	4		
Eczema - - - -	1	1		
Enuresis, nocturnal - -	5	3	2	
Erysipelas - - - -	7	7		
Fever, catarrhal, following Measles	10	10		
Do. Intermittent - - -	1	1		
Do. Irritative - - - -	3	3		
Do. Typhoid - - - -	3	3		
Do. Typhus - - - -	1	1		
Gastritis - - - -	2	2		
Gastrodynia - - - -	14	14		
Gonorrhœa - - - -	3	3		
Herpes - - - -	10	10		
Hydrops, sequelæ of Scarlet Fever and Measles - - - -	2	2		
Do. Articuli - - - -	1	1		
Helminthiasis - - - -	4	4		
Hydrocephalus, chronic - -	1	..	1	
Icthyosis - - - -	1	..	1	
Impetigo - - - -	2	2		
Inflam. of Meibomian glands -	2	2		
Indigestion - - - -	8	8		
Jaundice - - - -	1	1		
Laryngitis - - - -	1	1		
Marasmus - - - -	3	3		
Odontalgia † - - - -	1	1		
Ophthalmia - - - -	11	11		
Otorrhœa, following Measles -	5	3	2	
Do. do. Scarlatina - -	1	1		
Do. Scrofulous - - - -	2	2		
Peritonitis - - - -	1	1		
Phthisis pulmon. - - - -	1	1		
Pneumonia - - - -	4	4		
Pneumonia, typhoid - - -	3	2		1
Poisoning by Stramonium seed -	1	1		
Prolapsus Ani - - - -	2	1	1	
Psoriasis - - - -	19	19		
Repelled Eruptions - - - -	2	2		
Rubeolæ - - - -	55	55		
Rupia - - - -	1	..	1	
Scabies - - - -	5	5		

NAMES OF DISEASES.				No. of Cases.	Cured.	Relieved.	Died.
Scarlatina	-	-	-	9	9		
Scrofula	-	-	-	7	5	2	
Tinea Capitis	-	-	-	40	40		
Tonsilitis	-	-	-	1	1		
Ulcers	-	-	-	8	8		
Urticaria	-	-	-	1	1		
Zona	-	-	-	1	1		
				<u>327</u>	<u>315</u>	<u>12</u>	<u>1</u>

B. W. JAMES, M.D.  
D. JAMES, M.D. } *Attending Physicians.*

CONSTANTINE HERING, M.D. } *Consulting Physicians.*  
AD LIPPE, M.D.

A copy of the surgical report made to, and accepted by, the Board of Managers of the "Northern Home for Friendless Children," May 1st, 1859.

*Report of Cases treated by the Surgeon in the "Northern Home for Friendless Children," from April 20th, 1857, to April 20th, 1859.*

NAMES OF DISEASES.				No. of Cases.	Cured.	Relieved.
Abscesses	-	-	-	8	8	
Anthrax	-	-	-	1	1	
Extraction of Tumors	-	-	-	2	2	
Fracture of Arm	-	-	-	1	1	
Hernia	-	-	-	1	..	1
Luxation of Forearm	-	-	-	2	2	
Periostitis	-	-	-	2	2	
Otorrhœa	-	-	-	2	2	
Scrof. Ophthalmia	-	-	-	8	8	
Syphilis	-	-	-	3	3	
Wounds	-	-	-	6	6	
				<u>36</u>	<u>35</u>	<u>1</u>

Philadelphia.

THOMAS MOORE, M.D.

*Homœopathy in Siam.*

A correspondent of the *New York Tribune*, writing from Siam, says: "All the missionaries now have good houses, to which, in conjunction with the use of homœopathic remedies, they attribute their present good health. It is a great contrast to the old times of damp houses and allopathic poisons. The missionaries tell me (and two were educated as doctors) that they were compelled to give up allopathy owing to the hot climate, as they could not contend against both the heat and the poisons."

*Decoration of Dr. Fleischman.*

We are glad to observe that our distinguished colleague, Dr. William Fleischman, so well known in connexion with the oldest homœopathic hospital of Vienna, has received from the Emperor of Austria the cross of the Franz-Joseph order of knighthood. The position of homœopathy in the Austrian empire has altered amazingly since 1836, when permission was first granted for its practice. Its practitioners in Vienna are now reckoned by hundreds, and it has no less than three hospitals in that city.

## CLINICAL RECORD.

## SOFTENING OF THE BONES.

By D. W. ARNOLD, of Heidelberg.\*

ALTHOUGH cases of fully developed osteomalacia are seldom met with, minor degrees of development of softening of the bones are frequently observed. The first more immediately concern the pathologist; the last are most interesting to the practitioner.

Conformably with the spirit of the age, of late years the changes that occur in softening of the bones observable after death, have been chiefly investigated. These investigations are not without value to the practitioner. What most deserves attention in this respect is the disappearance of the calcareous salts, the hyperæmia, and the depositions of a red albuminous mass. Of equal importance for

\* From *Hom. Vierteljahrsschrift*, Vol. ix. p. 4.

treatment are the morbid states of the whole system ;—indeed, they are, in some respects, of more value, inasmuch as they determine the more important conditions of production of the local changes. Of value in this respect are anæmia and hydræmia, the psoric, syphilitic, scrofulous, tuberculous, and other morbid crases. Although these cannot be clearly defined anatomically and chemically,—proving that pathological anatomy and chemistry have still many problems to solve, and that certain general questions cannot be answered in this manner,—yet we must from observations on the sick, and, with a view to remedial means, recognise the existence of certain morbid directions of the growth and nutrition ; nor can we deny that many symptoms are indicative of particular changes of chemical composition. And in regard to cure, it is a fact that those remedies that most directly correspond to the cause of the morbid deviation of the growth and nutrition, according to the law of similarity, are the most reliable remedies for the softening of the bones therein resulting. It would lead me too far, and is foreign to my intention, to enter fully upon those remedies in this place. I shall confine myself to calling attention to the two most important local bone remedies, and their value in the treatment of softening of the osseous structure.

It is of course understood that the physician, when he has recognised a so-called morbid crasis as the effective cause of the osteomalacia, attacks it primarily and principally with the appropriate remedy. When this is done, we have frequently the pleasure of seeing the bones gain in firmness, *pari passu*, with the decline of the general affection. But again,—this is often not the case. After the removal of the morbid cause the local remedy remains, or from the first no marked general affection was recognisable ; the symptoms of the latter are, moreover, often very insignificant, whilst the alteration in the bones is, on the contrary, very marked, and demands instant treatment. In such cases we can learn the value of the local remedies, and are enabled to form a just opinion respecting them. In this choice we are guided partly by the results of anatomico-chemical investigations ; partly by symptoms which are the manifestations of the local changes, and are caused by them ; partly by alterations in the organism which stand in the relation of cause to those of the bones.

From the results of the chemical investigation of softened bones, we may readily infer the choice of carbonate of lime. The chemical composition especially directs physicians to the selection of carbonate

of lime. It is, however, remarkable that they almost invariably use phosphate of lime. Here we cannot fail to perceive that there exists the idea of an immediate, material, mechanical replacement of the salt that is deficient in the bones, and that, in this form of disease, often passes away in the urine in increased quantities. Such an indication for cure can only appear rational to the rudest iatro-mechanical mind. If, however, we look to the total action of *Calcareæ*, we find among the symptoms it produces on the healthy, so many which are met with also in patients suffering from softening of the bones, that the physician who adopts the law of similars soon finds himself guided to its employment. He gives the preference to *Calcareæ carbonica*, that being the preparation that has been best proved as to its physiological effects, well knowing that in this disease there is no lack of acids for the production of the bone-salt in the organism; and that in this manner a permanent substitute for the defective salt can be furnished.

If the similarity of symptoms should determine our choice for *Calcareæ carbonica*; if we have the conviction that, selected according to the law of similarity, it often corresponds to the determining causes of the disease, and thus leads to a real causal cure; still we will not neglect the subject of the nutrition of the bones, convinced that we have not to do only with a material substitute, but that in the process of nourishing, as in that of curing, what is wanted is often a mere fillip, in order to guide it into the desired direction; and this is what the *Calcareæ* seems to do. I have often had opportunities of convincing myself of its efficacy. The curative action occurs generally only after a long-continued employment of the *Calcareæ*;—in some rare cases, however, the amelioration commences as early as the first fortnight. As a rule, I give the second decimal trituration once or twice a day, dry, on the tongue, and allow it to be moistened with the secretions of the mouth, and then swallowed. Of course a suitable nutritious diet is allowed, and the patient is, as far as possible, placed in the conditions favourable to his recovery. We must especially see that he takes exercise not of too fatiguing a character, and that when he reposes he lies in a position so as not to allow the softened bones to take an abnormal direction.

Although the effect of the employment of *Calcareæ* is often very great, still we frequently find that it does not act really curatively; nor have I always been able to ascertain why it does not. In such



cases I have often seen satisfactory results from the use of Iodine. I frankly confess that I was not led to the use of this remedy by the law of similarity, but by the well-known effects of substances containing Iodine. There are certainly many symptoms in the provings of Iodine that give hints for its employment in softening of the bones according to the law of similarity. They are, however, not so marked; and they do not indicate its employment so distinctly as we might expect from its curative effects. We can only here regret that the objective symptoms have been too little observed and recorded, and that in the *post mortem* examination of persons who have died after a long use of Iodine in strong doses, and of animals that have been slowly poisoned by it, sufficient attention has not been directed to the changes in the bones.

I usually give Iodine according to the age, constitution, sensitiveness, and other conditions of the patient, in the second, third, or fourth decimal dilutions, one or two drops once or twice a day. I can with truth affirm, that I have often seen the most striking effects from it in softening of the bones. The local symptoms are generally the first to improve. Not unfrequently, however, we observe a simultaneous alteration in the general health, and an improvement in the whole state. Many may be disposed to ascribe the local amendment to the action on the constitutional affection, on which the *mollities osseum* depends. It is impossible to draw a sharply-defined limit betwixt the local and the general disease in this case. Many observations, however, shew that Iodine can improve and cure softening of the bones, occurring along with many different general maladies, and even where the latter are not very perceptible. But granted we have in this powerful substance a specific local remedy for the bones, it will act all the more effectually and speedily the more it corresponds to the constitutional affection.

Under the use of Iodine, improvement generally sets in after a few weeks, more especially the improvement of the general state of health; also in the bones themselves—as the spinal column, the sternum, the feeling of weakness, and other morbid sensations soon disappear. Less observable is the improvement in the deformities and the consistency of the bones. As in these circumstances I did not deem it advisable to continue the Iodine for a long time together, I allowed the patient to go without medicine; but I soon found that the progress in the improvement stopped, or the local malady began even to get worse. Hence I found myself under the necessity of

again resorting to *Calcareo carbonica*, and from it I obtained good effects. Thus, in obstinate cases, I fell upon the plan of giving both remedies in alternation. I gave Iodine for eight days—no medicine for eight days; then *Calc. carb.* for eight days—again no medicine for eight days; and then once more gave Iodine for eight days longer. I went on in this way until there was decided improvement or a complete cure. I never saw any bad effects from this treatment but very often remarkable improvement; and even complete cure in many cases.

If I may be permitted, from my observations, to explain my idea of the physiological relation of both remedies to the bones, I would say, that Iodine acts as an excitant and vivifier of the osseous system, exciting it to quick changes of natural and enduring vital acting. *Calcareo* indubitably supplies what is wanting in the soft bones; it is a sort of nutriment for them—at least, it directs the process of nutrition so that the wanting constituent is supplied to the softened bones. In this explanation I have only given a physiological hint as to the local relation of both remedies to the bones. I am well aware of the imperfect and one-sided character of the explanation, and that it throws no light on the relation of the two remedies to the general state of health; and yet this relation is, in my opinion, the most important for the selection. It can, however, only be discovered by experiments and observations conducted on the principle of similarity. I hope that some of our colleagues who have leisure and means may be incited by my attempt at an explanation, from my observations on patients, to make further provings of both remedies, and especially of Iodine, in order to obtain further data for the therapeutic comparison, and that we may ascertain more accurately their curative relation to diseases of the bones, and especially to *mollities ossium*.

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*Diphtheria,*

By Dr. SMITH, of Oldham.

On Sunday, Oct. 30th, I was requested to visit Nathan P——, a plump, active little fellow, about seven years of age, and whom I had previously treated for the usual diseases incidental to childhood—*morbilli*, *scarlatina*, *anginosa*, etc. Upon enquiry I learned that he had seemed quite well and playful until the previous evening, when he complained a little of his throat, for which his father gave him

some domestic remedy. In the morning he seemed worse, but not so much as to cause any alarm in the minds of his parents, his father merely observing, before leaving to visit his farm, some two miles away, that I was to be sent for if he got no better. Continuing to go gradually worse, I was called in, and found him, about 11·30 A.M. dressed, but laid on a sofa, in the following condition :

Expression of countenance wild and frightened; face flushed; eyes red; head hot; trunk and extremities much colder than natural, although the sofa was close by the fire; pulse rapid, but very feeble; breathing laboured and sighing; voice hoarse and croupy; salivation. Upon examination of throat I found the tonsils and uvula enlarged, and, together with the pharynx, as far as I could discern, covered with a thick, yellowish-white exudation.

*Diagnosis—Malignant Diphtheria.* Treatment: Merc. iod. ʒ et Bell. ʒ in alternation every quarter to half an hour. To have beef-tea, port wine, or other nourishments, frequently. Two other children ordered away, and the house to be kept well ventilated.

3 P.M. Has gradually gone worse; seems unconscious when spoken to; throws his arms about wildly, and has once fallen off the sofa; pupils contracted; acrid discharge from nostrils; increased salivation.

Arsen B and Iod. A to be given in alternation every quarter of an hour. Kali chlor. ʒj. in aqua ʒvj., a little to be given to him between his medicines.

7 P.M. Rapidly sinking; low stupor; respiration difficult, and at times spasmodic; urine and fæces are passed involuntarily; putrid odour. I now sponged out his throat well with a solution of Nitrate of Silver, 20 grains to the ʒj., and ordered him to have beef-tea made with Muriatic acid (Liebig's broth as it is termed), an excess of acid to be used. To suspend all other medicines except the Chlorate of potash.

10·30 P.M. Evidently worse. I now lost all hopes of saving him. I left a mixture of Nitric acid A, ordering a little to be given to him every few minutes, and having to go some distance to a labour, I left in the care of his father Ammonia caust. ʒ, with instructions that if no change for the better was shortly observed he was to substitute the Ammonia for the Nitric acid.

2·40 A.M. October 31st. Upon visiting my patient at this hour I was most agreeably surprised to find him better, opening his eyes when I addressed him, breathing freer, and altogether relieved.

Upon enquiry I was informed that, no improvement being perceived by half-past eleven, his father had given him the *Amm. caust.* as directed; this was followed shortly afterwards by his "vomiting some tough stringy phlegm," since which he had been gradually improving.

8 A.M. Has continued to improve steadily through the night. The exudation has now passed away, with the exception of a few spots on the tonsils, which appear to adhere in the sulci; the tonsils are still swollen, and the soft palate relaxed and flabby, and the whole of throat much redder than natural. To continue the *Amm. caust.* every two hours, the interval to be lengthened as he improves. From this period his convalescence was steady and rapid, and the little fellow was soon as active and as rough as ever. No other medicine was exhibited.

Last Autumn I had several cases of diphtheritis, but never one so severe as this. In these cases no single medicine was so successful in my hands as the Chlorate of potash, and next to that the Iodide of mercury, and Arsenic.

Since writing the above the value of *Amm. caust.* in Diphtheria has apparently been corroborated. Eight days ago a poor woman residing some distance from here in the country, about 40 years of age, applied to me complaining of the throat and of severe smarting pains in bowels. The tonsils were enlarged—one more especially, but which I do not remember—with numerous aphthous looking ulcerations upon them. I gave her a powder of *Arsen. 3*, to be mixed in water, and a spoonful to be taken at first every 2 hours, afterwards every 4 hours. She had previously been taking some *Belladonna pilules*. The next morning her son came to say she was much worse, and could scarcely swallow. I sent her *Merc. Iod. I*, to be taken every 2 hours, and one drachm of Chlorate of Potash to be dissolved in a pint of water and drunk frequently. The following morning I was again visited by the son, with the information that his mother seemed better for a few hours after taking the last medicine, but was now as bad or worse than ever. I now gave him a mixture of *Amm. caust.* six drops in *aqua ʒviiij*, a dessert-spoonful to be taken every 2 hours. I heard nothing more of the case until last evening, when the woman called with her husband at my house whilst I was out, and left word that "she had never had anything to do her so much good in her life; that every spoonful seemed to give her new life, and she felt better then than for a long period."

The following case, extracted from *Christison on Poisons*, is recorded in the *Elements of a New Materia Medica*, publishing as an appendix with the *North American Journal of Homœopathy*, under the head "Ammonium-causticum."

"A medical man, liable to epilepsy, was found in a fit by his servant, who tried to arouse him by holding to his nose a handkerchief dipped in Ammonia. On recovering his senses, he complained of burning pains in the mouth down to the stomach, great difficulty in swallowing, difficult breathing, hard cough, copious expectoration, profuse mucous discharge from the nostrils, and excoriation of the tongue. The bronchitis increased steadily, and carried him off in three days.

"*Post-mortem appearances.*—The nostrils were blocked up with an *albuminous false membrane*; the whole mucous coat of the larynx, trachea, bronchi, and even some of the bronchial ramifications, were mottled with patches of *lymph*. Hence it seems to produce a true *croupous inflammation*. The gullet and stomach showed red streaks here and there; and there was a black eschar on the tongue, and another on the lower lip."

The italics are in the original. The following *Clinical Remarks* occur under the section "Throat, Œsophagus," &c. :—

"Pringle used it against angina as a resolute, but it is more especially homœopathic to the pseudo-membranous affections of the throat and œsophagus, such as the *diphtheritis* of Bretonneau."—(Peters.)

### *Pleuritis and Hepar Sulphuris.*

By DR. GROSS, of Regensburg.\*

Our *Materia Medica* is very poor in medicines suitable for pleurisy, if we abstract about a dozen remedies, that have been recommended certainly, but of which there is no record in all our homœopathic literature that they have ever done good or saved life in a desperate case. The provings of some of them are still only fragmentary, so that these recommendations have no proper basis, and homœopathy is not advanced by philosophico-pharmacodynamical speculations à la Sobernheim. As far as experience goes the following polychrests only seem to be of decided value in pleurisy, Aconite, Sulphur, Hepar sulphuris, Arsenic, Carbo, and Bryonia. They suffice for

\* From *Hom. Vierteljahrschrift*, vol. ix., p. 4.

almost all eventualities in this deceptive disease, and when properly chosen they cure the worst cases certainly and rapidly, if a cure is still possible.

Of these few medicines I select for more detailed examination Hepar sulphuris, which has hitherto been but rarely used, and for this purpose I shall relate a case of cure by its means.

On the 27th June, 1857, I was called to Mr. Molzer's, to see his son Albert, aged five years, who had already been ill above six weeks. The child had always been well, strong, and full-blooded; no trace of scrofula. According to the report of the parents the disease had hitherto run the following course.

While playing in the open air the boy had suddenly felt very fatigued, and shortly afterwards shooting in the right side of the chest. He could not stand; he was carried home and laid in bed, in order to induce perspiration, as he had been rolling about on the damp grass, and had probably caught cold. During the night, in addition to the stitches in the side, he had dyspnoea and strong fever. The following morning, the allopathic doctor, who was called in, ordered eight leeches to be applied to the right mamma, mustard plasters to the feet, a laxative mixture, and a mucilaginous infusion for drink. On the third day the child began to cough, which increased the pleuritic pain immensely. About the fourteenth day traces of blood appeared in the scanty rust-coloured sputa. The disease progressed without any amelioration. There was constant sleeplessness, and occasionally delirium and weakening sweats, and the poor boy, after three applications of leeches, a succession of sinapisms, a perpetual blister, and warm cataplasms to the chest, mustard and yeast to the feet, the injection of nitre, calomel, morphia, sulphuret of antimony, purgatives, infusions, and cod-liver oil, presented the following symptoms in the seventh week:—

He is extremely emaciated, the skin is cadaverous and dry, the countenance of a yellowish hue, the eyes deeply sunk in their sockets, the expression dull and feverish. The tongue is dry and yellow in the middle; thirst, disgust at food, distended epigastrium, hard stool. Rare discharge of urine of a brownish red colour. The flaccid skin sweats almost every night. Alternations of rigor and heat. Pulse small, 136, sleeplessness on account of the stitches in the anterior, inferior, and posterior part of the chest to the shoulder-blade, cough, internal uneasiness, fearful disposition. Delirium of a frightened character. Great inclination to cry. Weakness.

The patient lies immovable on the right side, with the knees drawn up to the chest; on the right hip-joint the commencement of a bed-sore. He raises up his emaciated fleshless little arms in a supplicating manner, that he may not be touched, as every movement causes pain in the chest, cough, and dyspnoea. In order to allow me to make the indispensable physical examination he permitted his father to take him in his arms.

On examining the thorax I noticed a frightful alteration on the right side. From the axilla downwards it had lost all its right shape, it was arched like a barrel; the intercostal spaces were not only effaced, they were even prominent, elastic to the feel, and sensitive to touch. During expiration and inspiration they remained motionless. Percussion elicited a perfectly dull sound all over this side, and on auscultation neither the vesicular murmur nor bronchophony is audible; no sound at all is heard. On applying the hand to the chest no vibration of the voice is heard. On examining the heart I found a dull sound on percussion over a large surface at the base of the heart, the strength of the heart's impulse and the clearness of the heart's tones were much diminished. As to the left lung, with the exception of slight bronchitis, it performed its functions tolerably.

Now what was the nature of this enormous mass of exudation? The choice of the remedy depends on the reply to this question, all other phenomena are subordinate to it.

At the commencement of the disease the pleuritic stitches were very severe, and they are so still, with some intermissions, on breathing deeply, coughing and moving, on pressing on the intercostal spaces, and on the slightest percussion. The dyspnoea is considerable, although the left lung takes in the air without much difficulty. In the past weeks there were pneumonia on the right side and bronchitis; the latter still continues, which accounts for the cough, without supposing tuberculosis to be present, although the serious night-sweats seem to point to it. Finally, the boy was not cachectic, but strong and full-blooded when the disease attacked him.

Taking all these circumstances into consideration, I imagined I had to do with an exudation chiefly of a plastic character; it could not be so much serous, for the stitches and fever were too violent and too continual. There are no signs of dropsy present. Moreover the excellent constitution of the boy excludes the probability of serous or hæmorrhagic exudation, although sweats, delirium, bed-sore, and great weakness are still present. The last-named

symptom is often seen as a product of the rational allopathic treatment.

The prognosis was decidedly unfavourable. The extent of the effusion, and the compression of the lung, which was perhaps already affected with atrophy, allowed me to hope no good of the case. During the slow chronic course of this disease the pleura had become used to renewals of the effusions, and every day a recurrence was to be dreaded. From the miserable condition of the patient, and from the nervous symptoms, empyema, pneumo-thorax, and hæmorrhagic exudation are evidently threatened. The limitation of the disease to one side, and the possible plastic quality of the exudation alone gave hope.

The first indication was to send away the plastic exudation in the shortest possible time; the problem was to find a sure medicine capable of commencing this curative act immediately.

From the choice of remedies I must exclude arsenicum: it acts exceedingly well, nay wonderfully, in cases of serous exudations with much dyspnœa, but from its character it has no relation to plastic exudations. Sulphur cures with incomparable rapidity and certainty cases of plastic exudation, when the fever is still recent, active, and very energetic, pulse full and hard; it rivals Aconite, and is even more powerful, as it goes to the root of the evil. But this case was too far advanced for Sulphur, as also for Bryonia. I never care to give the latter in serious cases; it is indicated at the commencement, when there is fever, and then on account of Aconite it may often be dispensed with. Bryonia has often disappointed my expectations, and it seems to me very difficult to assign it its right place in pleurisy. Carbo suits in respect of the general symptoms of the status præsens, but not well in regard to the local symptoms; it cannot influence directly or quickly either serous or plastic exudations, and this was very necessary in this case.

Thus the small list of medicines useful in pleurisy was nearly exhausted, only one single reliable medicine remaining, the Hepar sulphuris, the only one indicated in this case, if recovery were still possible. For it acts as the most certain remedy for diminishing plastic effusion when the exudation has already been there a considerable time; when it has remained unaffected by apparently suitable medicines; when its plastic nature has been unrecognised, and the remedies selected were consequently improper; when it remains undiminished in quantity, and new effusions are constantly imminent;



when the fever will not cease, is scarcely ever remittent, suddenly rises to its original height, and goes on so deceptively and so lazily, that it resembles suppurative fever; finally, when there are no dropsical symptoms present. For hectic and dropsical symptoms indicate Arsenicum.

On the 19th June, in the evening, I gave one grain of Hepar sulphuris, 3rd decimal trituration, mixed with 3 oz. of water, and well shaken; a tablespoonful of this to be taken every four hours.

On the 30th June the parents reported, at my morning visit, that the boy had slept quietly for a few hours, the first time for weeks, and that towards morning he had coughed more, and had expectorated yellowish very viscid mucus in large quantities. He asked for his breakfast at an early hour. Pulse 120.

July 1st.—During the previous night the boy slept five continuous hours. The frightened disposition seldom showed itself; the cough and expectoration much increased. Perspiration had occurred in the night. The fever is moderate; pulse 112 to 115; prescription as on the 29th and 30th June.

July 4th.—The nights become constantly quieter; dyspnoea and feeling of anxiety very slight. No perspiration, skin moist at night towards the morning. The patient lies no longer so immovably stiff on the right side, but turns himself often round on his back. The cough and expectoration are still too frequent, but he does not put on such a pained expression of countenance; the stitches in the right side of the chest are duller, and no longer make him cry, but he still dreads being lifted and carried, whereby the stitches become very painful. It is remarkable what an appetite he has got, he wants to eat constantly. He has had no stool for four days, but is not distressed in consequence. A physical examination shows no change yet. Pulse weak, 110 beats and upwards. Hepar sulph. was continued every four hours as before, but on account of the constipation Opium 3 in globules was given at 5 and 9 p.m., and at 7 next morning the Hepar was resumed.

On the 5th July a copious motion occurred towards morning.

The 8th July I saw the boy for the first time sitting up in bed and playing, but he bends the upper part of the trunk to the left; on attempting to sit straight he immediately breathes quicker. On inspecting the thorax I observed that the intercostal spaces were sunken, and no longer sensitive. But the same dull tone on percussion, except at the clavicular region, where bronchial respiration is audible.

The heart's impulse and sounds much better. Pulse stronger, not quite 100.

The Hepar sulphuris was now given in the dose of a grain of the 3rd trituration 3 times a day, that is, about every 8 hours.

Thus the amelioration progressed, slowly but surely. The bronchitis also diminished in respect to cough and expectoration.

The 13th July, from the clavicular region to the nipple, for the first time a normal sound of percussion and of respiration was perceived. The distension of the side of the thorax, however, is still as great as ever. Heart's impulse and sounds normal. Pulse soft, not weak, and under 100. Continue med.

July 18th.—During the previous five days a violent irritative cough had appeared, but without the shooting pain, which had been entirely absent for several days. The cough was easily removed by Cham. and Lauroc. and did not interfere with the recovery. Now the bronchial affection is quite gone.

The remarkable arching of the ribs in the line from the axilla downwards is manifestly better. There is still a dull percussion sound from the nipple and from the apex of the scapula downwards. Bronchophony and strong vesicular murmur are heard from these upwards. Anteriorly and laterally at the sixth rib a friction sound is heard on deep inspiration.

The general health has improved, *pari passu*, with the amelioration of the local symptoms. No difficulty of breathing when at rest; no more fear. He can now lie for a short time on the left side; he sits unsupported by any pillow, can stand, but not yet walk; the weakness is still considerable, the emaciation astonishing; appetite and sleep perfectly good; pulse 90 to 96. The bowels require the occasional aid of opium or nux vomica. Hepar sulphuris 4, a grain every morning and evening.

July 25th.—When I saw the child twenty-seven days ago, on the 29th of June, the right upper arm stood out from the perpendicular in an acute angle: he did not bring the arm close to the body on account of the barrel-like projection of the ribs. Now the upper arm is closely applied to the thorax in all its length, and the elbow touches the flanks, which it could not formerly do within three finger-breadths. The acute projection of the ribs is quite gone. The scapula projects too much; along the whole sternum there is an elevation as in chicken-breast, and the cartilages of the ribs appear much bent, whilst the thorax is flattened on the side. The percussion sound is

no longer dull as far as the seventh rib, and even there vesicular respiration is audible. The patient walks about the room without support. Pulse between 85 and 95. Same prescription as on the 18th July.

August 4th.—The local signs are the same as ten days ago, and it seems as if not much alteration would take place in or upon the thorax. No fever; pulse 86. The child is all day out of bed, and begins to gain flesh. Hepar sulph. 4, one grain every morning before breakfast.

August 15th.—The affected side of the chest gradually assumes the opposite appearance to that it first had. The lateral and anterior surface sinks, and the form of the chest on the right side resembles more and more the chicken-breast. In spite of this, or perhaps because of this, and because the exudation is disappearing, the dull sound on percussion goes entirely away, and the vesicular sound is heard in the lower lobes. The general health could not be better. Prescription as on Aug. 4.

On the 1st September the boy was dismissed cured. Now, after a year, the deformity of the chest continues, and yet it does not interfere with the functions of the lung. The boy is once more strong, stout, and as lively as before his illness.

When Hepar sulphuris is the right remedy, the patient has a fore-taste of recovery in the first few hours. Recovery depends solely on the absorption of the exudation; and one might almost think that this absorption, this diminution of the quantity, begins with the very first doses, seeing that discomfort, pain, and dread of death, go off in the first hours. This is more often the case than not. I have observed cases in which an incredible quantity was absorbed by the second day. In the case just related, the quantity of exudation in the first five days was not changed, and yet the feeling of comfort had long been present. The child was always asking his parents for food. The internal process of the cure will long remain a riddle to our science. If no amendment is observable by the third day, we may suspect that the exudation is not very plastic. The morbid symptom in that case will have so changed as to leave hope in Arsen. alone. This medicine is the hero of serous exudations. In hæmorrhagic exudations we need not trouble our heads with the choice of a remedy: neither Arsenicum nor anything else will do good—*non nocuisse sat est in tuberculosi.*

*Case of Psoriasis Palmaris.*

By Mr. WILLIAMS.

On the 20th March, 1858, S. W——, a healthy-looking woman, æt. 41, consulted me for psoriasis palmaris. Was complaining of the disease for twenty years, and has been under several allopathic medical men without relief. It commenced first by small scaly patches, and gradually spread over all the palms of both hands, as well as attacking the inside of the fingers and wrists. She had sensation of heat, pain, and great stiffness in the motion of the fingers. Is worse in winter, and better again in summer. In one or two parts of the palm of right hand were some cuticular furrows, cleft at the bottom longitudinally, so that they bled when the fingers were stretched. General health was good. I put her under Arsenicum and Sulph., which medicines she continued to take in different dilutions for four or six weeks, without any improvement whatever. I then prescribed Glycerile of aloes as an external application, and omitted the medicine. In some days there was decided improvement: the pain and stiffness went away, the cuticular furrows healed, and in less than two weeks both hands were perfectly well. I saw her since, in the months of June and July, and there was no relapse.

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*Fissure of the Anus,*

By CHARLES R. CUTMORE, M.R.C.S.

Mrs. E. R——, æt. 39, consulted me May 17th, 1859. Bilious temperament; has had two children; catamenia regular; good constitution, and always enjoyed good health up till four months ago, when she was delivered of a fine boy; from that time she complained of severe pain after every evacuation, which lasted from nine to ten hours, then by degrees left her, and returned again after every evacuation. She described the suffering to be most acute, and worse than her confinements. The pains are of a lancinating and shooting character, which change into a burning and throbbing kind, the motions being streaked with blood; severe pain in the lumbar region; bowels confined. She told me she had been under two surgeons, but had not felt any benefit. I requested an examination, but was refused, thinking it assimilated to fissure of the anus, but could not be certain.

Ordered the anus and bowel to be bathed with warm and then cold water, three times a day. Gave Nux. vi., Coch. magn. ii. ter die.

May 22nd. Pain after motion not so severe; bowels better. Sulph. vi., Coch. magn. ii., ter die, for a week.

I then wished her to submit to an examination, and that to be made after defæcation, if not her case would be a protracted one.

May 25th. Her husband called about 11 A.M., and requested my attendance immediately; his wife was suffering great pain. On examination per rectum I found three fissures extending up the rectum  $1\frac{1}{2}$  inch and four lines broad. Bowel to be well syringed with warm water after each motion, and to throw up an injection of Lot. Arnica ʒii., Aquæ ʒiv., and let it remain half-an-hour, three times a day. Gave Bell. vi., Coch. magn. ii., ter die.

June 1st. Expressed her thankfulness for the relief after many months suffering. I examined the rectum, and found the fissures had healed to half the size, and looking healthy. Continued the injection, gave Arn. vi., Coch. magn. ii., ter die.

7th. Much improved; very little pain after motion; bowels confined. Sulph. vi., Coch. magn. ii., bis in die, and continued injection.

14th. Called, and very kindly thanked me for her complete recovery.

### *Myopia and Diplopia.*

By CHARLES R. CUTMORE, M.R.C.S.

Mr. J. M.—, æt. 25, consulted me March 7th, 1859. Not married; bilious temperament; excessive obesity; rather hectic; pupils dilated; the iris contracting feebly. Complained that his sight had been falling him some time. Had an attack of inflammation fifteen years ago; could not remember ever having any illness. Enjoyed good health, with the exception of double vision and short sight, which has been worse for the last year, and unfitted him for the post of captain of a vessel. Present symptoms: sight weak, with muscæ volitantes continually, more in the left eye than the right; also the hearing being affected on that side; bowels confined. Sulph. vi., dry on tongue, and Bell. vi. to be taken. Coch. mag. ii. ter die.

17th.—Little improved in sight. Cal. vi., Coch. magn. ii., bis in die.

24th.—About the same.

31st.—Skin dry and chappy; small boils; constipation; desponding in mind, with sadness. Graph. vi., Coch. magn. ii., nocte et mane.

April 8th.—Improved since I last saw him. Sacch. lact.

15th.—Pupils much dilated, with contraction of the lids on looking at any objects; photophobia, with congestion of the long ciliary arteries.

In conversation with him, I found he had been addicted to excessive venery, which no doubt produced a kind of fatty degeneration of the muscular tissues of the body. The iris, being composed of the same tissues and similar fibres, partook of the same debility, producing dilatation of the pupil and weakness of sight. Phos. aci. vi., Coch. magn. ii., ter die for a fortnight.

29th.—Sight improved; pupils more contracted; and feels stronger. Phos. aci. vi., Coch. magn. ii., nocte et mane.

May 13th.—Can see without closing the eyelids; sight much improved, and the double vision has disappeared.

The patient left for sea, so that I had not an opportunity of confirming the continuance of the amelioration.

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*Angina Gangrenosa, with Purpura Hemorrhagica,*

By THOMAS WILSON, M.R.C.S.

Sept. 23rd, 1859. Commenced to attend a boy æt. 14, nine months, bricklayer. Had been ill since 19th inst. Caught cold when out of town cricketing, having lain on the wet grass when heated. Began with shiverings, fever, and sore-throat; a few days after treatment was much relieved, and the throat appeared about well; relapse came on, with profuse constant oozing of blood from the gums, near right lower incisor; at the same time bright red distended patches of inflammation on the hard and soft palate; uvula very red, swelled, and as if blistered; the next day ulcerated at its posterior surface, of a greyish-brown colour; the same species of ulcer appeared on the lower gums, where hæmorrhage first commenced. These and other parts of the mucous membrane of the mouth went on discharging blood; the tongue became remarkably pale, and furred on the surface, red at the edges; the face mostly pale, with the pupils of the eyes dilated; countenance very anxious

from the first, which soon assumed a sinking appearance. Some days after treatment began, small purple spots and patches of ecchymosis, like bruises, came out over most of the cutaneous surface; he was constantly hawking and spitting up blood, with large quantities of frothy saliva and mucus. The ulcer behind the uvula soon assumed a dark appearance, and spreading ulceration next commenced in right nostril; in spite of medicinal and other measures, the entire uvula, and a large portion of the soft palate, became implicated in one continuous, large, black, dead, foetid slough, separating in places from the more healthy structures. From the first, the patient was excessively weak, but now quite blanched, cadaverous, and occasionally livid. Assuming the upright posture brought on fainting and suffocating choking attacks as if dying; there was great difficulty in swallowing from the onset, soft food and liquids being the only aliments taken. Pulse, early period of the illness, full, strong, and quick, about 130 per minute; in the latter stages, quick and weak never flagging. Bowels moved about every two or three days; blood passed with the evacuations; urine throughout clear, pale, abundant, and free from albumen (by the test of boiling). Such was the rapidity of the ulceration, and the constant spitting of blood, that after a most painful struggle, hanging between life and death for three or four days, he sank on October 10th—seventeen days after medical treatment, and three weeks from the beginning of the malady.

*Food.*—Farinaceous—milk, beef-tea, and latterly, port wine with water.

*Gargles.*—Sept. 28th, Acid. Sul. dil. ʒ ss. Aq. lb. ss. Ft. Garg.—Scepe utend.

Sept. 30th. Acid Nitr. fort. m x., Aquæ lb. ss. Ft. Garg.—Scepe utend.

Oct. 6th. Acid Sul. dil. m xx. Aquæ lb. ss., Ft. Garg.

In addition to the above gargles, there was raspberry vinegar and water used; also brewer's yeast, mixed with water and port wine.

*Medicines.*—Acon. ʒ; Bell. ʒ; Ars., 3rd tr. and 2nd tr.; Canth. ʒ and 1 dil.; Kali bichr., 3rd tr.; Lycop. ʒ; Spt. tereb. 1-10 dil.; Pil. rhus, φ and Pil. chin. φ.

*Medicines thought of, but not used.*—Ferri mur., Kreosote, Quinine, Acid. acet. dil., and Acid. mur. dil.

Nitric acid and Sulphuric acid were swallowed in small quantities when used as gargles.

## OBITUARY.

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### DR. YOUNG, OF BELFAST.

DR. YOUNG obtained his surgeon's diploma in Dublin, in 1845; in the year following he graduated in Glasgow. He then accepted a surgeon's berth in the P. & O. S. N. Co., and went to China and India. After serving in this capacity for about a year, his father's death recalled him to Downpatrick, where he established himself in practice; but though he had a good deal to do, the remuneration was not great. At the end of two years, the dispensary in Holywood becoming vacant, he applied for and obtained it. There he entered immediately on a large and well-paid practice, and gained the esteem of all classes.

His conversion to homœopathy took place in the following manner. In the spring of 1856, when he had been five years and a half in Holywood, he attended the child of a gentleman, whom he considered to have all the symptoms of consumption—cough incessant, night sweats, and extreme emaciation; yet, knowing what nature will do in behalf of the young, in enabling them to shake off organic changes, he gave a *tolerably* hopeful prognosis. For a few days the symptoms remitted somewhat under his treatment, but accidental exposure to a cold east wind aggravated all the symptoms, the child got rapidly worse, and he gave the patient up. A homœopathic practitioner was called in, and the child recovered. Dr. Young was a man too single-hearted to shut his eyes to a fact, because the inference from it was unpalatable. He determined to give homœopathy a searching examination, and did so. He commenced a series of experiments in the dispensary, and daily he entertained his family with the astonishing results of some absurdly minute dose he had administered. To the astonishment he at first felt on discovering there was *some* truth in homœopathy, succeeded some concern to know what his discoveries must end in; and not unfrequently he discussed in the family circle the propriety of giving up the profession, and seeking some other means of making his bread. This continued for a year, till the spring of 1857, during which time the idea of becoming so (heretofore) abhorred a *thing* as a homœopathic practitioner never seems to have crossed his mind, intense disgust with his profession generally, and the murder committed from time to time under its sanction, alone occupied his thoughts. But *what* to do, was the grave and startling question, for he had no private means to fall back upon.

In the spring of 1857, the chair of *Materia Medica* became vacant; he determined to be a candidate, and gave up practice. And "What will you do with homœopathy?" was asked by one with whom he



took counsel. "Think no more about it; it puts me beside myself to think of it." There was a delay of months before the election was declared; but long before it was so, he had made up his mind he could not accept it if awarded to him. However, as he had reason to know he would not be elected, he kept quiet till the election was over. He finally resolved to commence practice anew as a homœopathist, and in order to qualify himself he went to Paris for a few months in 1857-8, and studied under Tessier.

On the 1st of April, 1858, he commenced a short but very successful career as homœopathic practitioner in Belfast.

Immediately on his doing so, he was expelled the Belfast Pathological Society; and Dr. S. Brown, being president on the occasion, delivered an address stigmatising homœopathy and hydropathy as quackery, and its professors as charlatans. This speech was approved by the society, and duly printed and published. It drew forth a remonstrance from Dr. Young, and a paper war commenced, consisting, on Dr. Brown's side, of a virulent attack upon the character of Dr. Young, and impugning his motives, and, on Dr. Young's side, of a calm statement of the homœopathic principle, and his own firm belief in its truth, and such defence of himself as he deemed fitting.

He died of scarlatina, on the 22nd November, 1859, at the age of thirty-four.

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#### MR. HENRY TURNER, OF MANCHESTER.

MR. TURNER was born at Chorley, in 1812. His father, Mr. John Turner, was a deacon in the Independent church—a man much respected by his fellow-townsmen, and distinguished for his benevolence. He died while the subject of this brief memoir was only ten years old, and his wife, Mr. Henry Turner's mother, died six months afterwards.

When twelve years of age, Mr. Turner came to Manchester, and was for ten years employed in a cotton-mill. He then became agent for the manufacturers, Messrs. Akroyd. In 1841 he became acquainted with Dr. Epps, by whom he was convinced of the truth of homœopathy, and was induced to study chemistry, pharmacy, and botany. He likewise attended courses of lectures on anatomy and several other medical subjects. This he did in order to qualify himself to become a homœopathic chemist. He first opened a shop when there was as yet but one homœopathic practitioner in Manchester, the late Dr. Davids, with whom he was on terms of intimate friendship. His excellence in his calling is too well known to be more than alluded to. For years before his death he was engaged in preparing a new *Homœopathic Pharmacopœia and Chemist's*

Manual. These are, unfortunately, too incomplete for publication at present; but we trust they may ultimately be completed and published.

Besides being an able chemist, Mr. Turner was an enterprising and liberal publisher. Some of the works he published proved very popular and successful, such as Dr. Sharp's tracts. But, besides these, he published and edited many other tracts on homœopathy, which were of great use in spreading a knowledge of the system. His last work, entitled *Glimpses of Hahnemann*, is a very well executed compilation. He published also several useful manuals of veterinary homœopathy. He was also the publisher—not the proprietor, as a contemporary asserts—of this *Journal*.

But, besides being a chemist and publisher, Mr. Turner was a man of considerable originality. We may remind our readers of his important discovery in respect to feeding infants with milk-sugar. This plan has been adopted extensively by the allopaths as well as by us; but the former meanly withheld from him the merit of the idea.

In all our transactions with Mr. Turner, we ever found him honourable, earnest, and liberal. He always had the good of the cause more at heart than his own pecuniary interest. His loss will be deeply felt for a long time by the homœopathic profession and public.

Mr. Turner died on the 4th of October last, of disease of the brain. An account of his last illness and *post-mortem* examination, by Dr. Sharp, of Rugby, will be found in the December number of the *Monthly Homœopathic Review*. He is succeeded in his business by his son.

## BOOKS RECEIVED.

*Homœopathy: a Letter in answer to Mr. Braithwaite's "Temperate Examination of Homœopathy,"* by W. S. CRAIG, M.D., &c. Leeds, 1859.

*Die Quellen der Arzneimittellehre, von Dr. Cl. MULLER.* Leipzig, 1860.

*Tract No. 1.—What may be expected from Homœopathy,* by THOMAS WILSON, Surgeon. Hull.

*The First Annual Report of the Manchester Homœopathic Institution, for Consumption and Diseases of the Chest.* 1860.

*Tracts on Homœopathy, No 2,* by W. SMITH, M.D. Oldham.

*A Monograph upon Aconite, translated from the German of Dr. REIL,* by HENRY B. MILLARD, M.D., New York. Radde, 1860.

*The American Homœopathic Review.*

*The Monthly Homœopathic Review.*

*The Medical Observer.*

*Statistical Report of Cases of Insanity treated in Abington Abbey, Northampton*, by THOMAS PRITCHARD, M.D. No. III. Northampton, 1859.

*The Elements of Social Science*, by a Graduate of Medicine. 3rd Edition. Truelove, 240, Strand. London, 1860.

[Though quite out of the province of our Journal, we cannot refrain from stating that this work is unquestionably the most remarkable one in many respects we have ever met with. The anonymous author is a physician who has brought his special knowledge to bear on some of the most intricate problems of social life. He lays bare to the public, and probes with a most unsparing hand the sores of society, caused by anomalies in the relation of the sexes: and, at the same time, goes into all the minutiae of the treatment of diseases thence arising. For these reasons this book may be extensively read; it is not likely to be spoken of except *sotto voce*, nor to be reviewed in the proper organs of general science and literature.

Though we differ *toto cælo* from the author in his views of religion and morality, and hold some of his remedies to tend rather to a dissolution than a reconstruction of society: yet we are bound to admit the benevolence and philanthropy of his motives. The scope of the work is nothing less than the whole field of political economy; and in intellectual merit we do not hesitate to put it on a par with that of J. S. Mill.]

We received on the 15th October, 1859, a parcel containing the following books, &c., which had been apparently mislaid at the publishers:—

*A Circular from Maxwell and Co.*

*Le Cotés du Corps*, par Dr. BËNNINGHAUSEN, translated by MOLIVANI. Paris, 1857.

*Homœopathy and Homœopathic Practitioners in Europe*, by E. LANGFORD, M.D. Boston, 1857.

*The Book and its Missions*. Part I. London, 1856.

*A Circular from the Early Closing Association.*

*What acts in Potentized Medicine*, by ADOLPHUS FELLGER, M.D. Philadelphia [no date].

*Dial Register*. July 1857.

*Canadian Journal of Homœopathy*. April, 1856.

*The Healing Art the Right Hand of the Church*. Edinburgh, 1859.

*British Medical Journal*. February 5th, 1859.

[This contains Dr. Gairdner's last tiresome letter abusing Hahnemann as usual.]

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HOMŒOPATHY.

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REPERTORIUM OR THERAPEUTICS?

A QUESTION FOR THE DAY, ANSWERED

By DR. CLOTAR MUELLER, of Leipzig.

(From the *Allgemeine Homœopathische Zeitung*, Vol. LX. p. 1.)

At a time when they are working in England with great acuteness and industry at the task of constructing a new Repertory in accordance with the requirements of the times, and when with us a similar work is in contemplation, and after so much has been already written for and against the possibility and necessity of a manual of Homœopathic Therapeutics; at such a time it is, in my opinion, quite proper again to take into consideration the whole question of the relative merits of both works in an unprejudiced manner, and to examine the probable influence of them, if satisfactorily accomplished, on the progress of our art.

The questions which press themselves on our notice are many and various, but I must confine myself to a single one, because if it is satisfactorily solved, the result is decisive for the rest. One party holds that a good practical Repertory is the most necessary and most useful thing that can be offered to the practitioner of Homœopathy; while the other party considers that the attainment of such is infinitely difficult, if not impossible, and besides its value and utility would be more than

doubtful, and much more help for practice is to be expected from a good therapeutic manual. It becomes therefore necessary in the first place, to examine whether the construction of both these works is desirable, or whether one of them only, and if so, which would be of the most value for homœopathy, *i. e.*, would make the strict appreciation of our *Materia Medica*, according to the law of similars, more easy and sure.

It is remarkable, though doubtless, not difficult to explain, by the inward nexus of causes in the subject, that even in this question, the same old line of demarcation between different parties is found, which has from the beginning divided our body. The so-called Purists and ultra-Hahnemannists call out for a Repertorium, while the Free-thinkers or Specificickers demand a therapeutic manual. Here we have the same split that formerly divided the micro and the macro-dosists, and upon that occasion, the reflective men declared truly that the dose question was not the *principium litis*, but only the *incipium*. It may be easily imagined that it is not my object at present to go back upon that old dispute, nor to raise a new one upon the old: just as little am I inclined to range myself on one side or the other, for this reason, in the first place, that to a certain extent both are right, and both are wrong, and that neither can reach the desired goal alone. In one thing only are both right, *viz.*, that at present we possess neither a Repertory nor a therapeutic manual that is worth much.

It is, in reality, very difficult to understand, how there can exist homœopaths, who can contest, or even who can doubt the utility, nay even the absolute necessity of a good Repertory. The *Materia Medica*, *i. e.*, the collection of medicinal symptoms obtained by provings and poisonings, is the sole means which enables the homœopathic practitioner to find out a similar medicine to the disease, according to the law of similars, and thus to satisfy the fundamental principle of Homœopathy. A Repertory is nothing else than a clue to the immense mass of our medicinal symptoms; it adds to it nothing, subtracts nothing, changes nothing, but simply guides us. In principle, it is therefore almost inconceivable that a Repertorium opposition should exist. Nevertheless, it does exist, and from two different

sides even, and actuated by almost opposite motives. The one set of opponents are as above said, the so-called Specificifiers. These, as is well-known, chiefly rely in the choice of the remedy on certain groups of symptoms, intimately related to the pathology and diagnosis of the disease, and to the so-called general character of the action of the medicine (which, no doubt, is originally deduced from the provings); and also allow great influence to the clinical experience in the final decision: therefore they pay less heed to the more remote and subjective symptoms, and fear that by means of a Repertory, the mechanical and injudicious covering of symptoms may be encouraged and promoted. In as much as they take it for granted, that in the choice of the remedy, we must regard less the totality of the symptoms than individual and pathognomic ones; and this certainly cannot be so well done by a Repertory, as by other aids to practice; they are, consequently, little interested in the attainment of a new Repertory, and even fear from it the above-named disadvantages; or they would at least rather direct general attention and efforts towards the compilation of a therapeutic manual. It must be granted unconditionally, that they are in this acting logically and consistently, considering the object they hold to be most important, for a Repertory embraces without selection or discrimination, all the symptoms and can allow little or no room for preference in certain characteristic peculiarities\*. It must also be admitted, that their principle of bringing prominently forward individual and general characteristic peculiarities of the medicines, is entirely in harmony with homœopathic principles, in as much as Hahnemann himself professed the same, and continually endeavoured to find out such peculiarities. All must depend on not pushing this too far, and becoming partial, by relying too much on this principle, to the neglect of other matters.

The other opponents are found among just the strictest

\* We do not quite understand the antithesis here. All peculiarities that are stated in the text of the *Materia Medica pura*, can, and ought, to be represented in a good repertory. All characteristics or peculiarities derived from clinical experience, or from speculative deductions, do not exist in the *Materia Medica*, and ought not, of course, to be in a repertory of it. [Ena.]

Purists and ultra-Hahnemannists, though it is true they are few and far between. There are, in fact, a few orthodox individuals who are continually repeating, that we must study and make use of the *Materia Medica* in its sources alone (by which they mean exclusively the *Materia Medica* and *Chronic Diseases of Hahnemann*), and who believe that because Hahnemann used no *Repertory*, that the use of one must be a false step, a heresy. It has often enough been asked of those zealots, in what manner they could master the mass of symptoms in the *Materia Medica*, so as to apply them in practice with the requisite minuteness. To this important question they have always answered nothing, but have unweariedly persevered in their opposition. It is needless to argue the point further with them: people holding such fixed and exaggerated opinions are common enough every where, and in all parties.

As already said, after all, it cannot be doubtful, that the attainment of a good practical *Repertory* must be a most important step in the progress of the homœopathic method; nay, even that it is an almost essential requisite. Every one who uses the *Materia Medica*, gathered from the provings according to the law of similarity in the cure of disease, thus recognises the fundamental law of homœopathy, must desire a good *Repertorium*, because such facilitates, and, indeed, renders possible the access to the *Materia Medica*. Even the *Specifickers* are, therefore, as we have seen, not opponents in principle, but only fear its abuse, and only expect a greater degree of utility from a special Homœopathic manual of *Therapeutics*. Let us, therefore, shortly examine how far such a work is useful, and what the scope and kind of utility of it is.

In principle, Hahnemann and his immediate disciples, were from the beginning against all attempts to make a homœopathic therapeutics: and, indeed, this followed naturally from their point of view, which regarded all diagnoses and general nomenclatures of disease, as useless and hurtful. On that account, also, Hartmann's first essay of the kind was by no means well received by Hahnemann. Nay, even the use of cases

of cure was held to be very doubtful. Hahnemann thereupon speaks out quite undisguisedly in the preface to Bryonia (Mat. Med. Vol. II). He there denies that there is any real use in cases of cures, because each only shows that it was rightly treated itself, and can by no means serve as a model for any other case, because each un-miasmatic disease is special and peculiar to itself. Nevertheless, subsequently, when it was found after all desirable to have classifications of diseases and diagnostic nomenclatures of cases, and that the specialization-principle of Homœopathy was thereby by no means destroyed, the original vigour and Cato-like consistency of those principles was abandoned. Hahnemann had little more to object to Hartmann's Therapeia, and even praised it here and there, while his most believing and conscientious disciples, such as Gross, Stapf, and others, poured out a whole flood of minutely detailed cures in the Archiv and other journals. Nay, it even came to be maintained just by those strictest Hahnemannians, that there could be nothing so good in homœopathic literature as well written cases. This was plainly the opposite of the original views, for assuredly such numerous cases of cure were not written merely to show the power of homœopathy (for short statistical proofs would have done that), but to give instruction for the treatment of analogous cases. As a matter of fact, experience *ex usu in morbis*, was now recognised as a second element in the choice of the remedy and the foundation of a special system of therapeutics was now laid; *for cases are in reality nothing but the materials for a special system of therapeutics*. It would be mere perversity not to admit that Hartmann's "Therapie," in spite of its recognised defects, and also the numerous cases of cure in our literature, have had real practical value and given instruction to many of us, and not alone to beginners and blunderers. On the other hand, however, this use must not be rated too highly, and, in consequence, be imagined that a more complete elaboration of a therapeutic work like Hartmann's, would be followed by a proportionate increase of utility. It appears to me on the contrary, that the practical use of such a book can only increase in one direction, and never get beyond a certain limit.



This lies in the bearing of the necessary conditions of such a work itself. A homœopathic therapeutic manual, in the first place, can never include all the diseases met with in the daily practice of the medical man, even if it were as perfect as possible, and contained all the diseases susceptible of being classified under any imaginable pathological system. The numbers of apparently unimportant cases which cannot be reduced to any diagnostic nomenclature, is great and their variety enormous. How seldom, proportionately, do we meet, especially in family practice, with diseases, which, without further trouble can be referred to their proper place in a well-defined pathological category, such as inflammation of the noble organs or organic diseases, &c.! Undoubtedly these remain greatly in the minority. But even granted that we could get a therapeutic manual, which comprised all diseases in easily found general titles, still, in the second place (and this is the chief thing), it could not contain more than a mere small selection, compared with the inexhaustible varieties of each disease, and always only a circumscribed list of those medicines which might in reality be suitable.

Let us take for example, a form of disease, which is of a constant and pretty uniform character, such as pneumonia, croup, typhus, &c. A Homœopathic therapeutics, may, for example, treat of, and characterise for pneumonia, two, or even twenty or thirty medicines. But can any one really admit, that thereby all the possible varieties of the disease are exhausted, or all the possible medicines that might apply homœopathically? I do not belong to the number of those who hold that every one of our two to three hundred medicines might be the homœopathic remedy for a pneumonia, because I consider indispensable a certain correspondence between the medicine and the disease as regards the special locality of the disease, and general pathological character: I grant, however, that we must not push this limitation in respect to general character too far, and that we must allow a certain influence to the concomitant remote and individual symptoms, for experience teaches that these are not unfrequently the important and characteristic symptoms, or at any rate, give an accidental ground for the differential decision of the choice of the medicines.

Still more distinctly is shown this continual limitation of a therapeutic system to individual, mostly quite obvious, indications, and to a mere selection of medicines, which have chiefly a coarse or local-pathological similarity with the disease, when we think in what way, and on what basis a homœopathic system of therapeutics can and must be constructed. As far as I know (and having made several essays in different diseases, I speak from experience), two sources are open to the worker, from which he must draw and use for the basis of his special constructions. The first is the store of published cases of cure with individual medicines, *i. e.*, clinical experience; the second is the searching out in the *Materia Medica* for remarkable corresponding symptoms or indications. A homœopathic therapeutic work can, therefore, only be composed of the materials, such as cases of cure, practical and clinical remarks, accumulated by experience, *ex usu in morbis*, and the above-mentioned speculative deductions from the pure symptoms of medicines. No third source for the elaboration of a therapeutic work exists. Now everybody can easily imagine, that this must be very far, indeed, from taking into account and exhausting all peculiarities and eventualities, and, therefore, that such a work must be limited to a selection purposely made of the most common and coarsely marked cases. For experience in disease, were our practical communications even ten times more copious than they are, must always appear very limited in contrast with the manifold varieties of disease occurring in actual practice; when we reflect that almost every individual case presents something peculiar to itself alone, so that out of a hundred cases bearing the same diagnostic name, scarcely two show a complete correspondence, and the majority have only a very limited resemblance to each other. Quite as little is it possible to exhaust the field of possible cures by means of concordances, *à priori*; the compiler takes the trouble to write out ten or twenty disease-pictures, from the symptoms of individual medicines, in the hope that in practice a case will turn up to fit them. And no doubt, in a general way, this happens in a loose and coarse manner; but it must be admitted, that at least three-fourths of this trouble is thrown away, because the

compiler has necessarily, though in a perverted way, been trying to spare beforehand the reader the trouble of searching the *Materia Medica*, without being made acquainted with the special peculiarities of the case. He must, therefore, comprehend a great many possible cures on the chance that the right one will be among them. In any point of view, this is a very fatiguing job, and, in the end, only partially capable of successful accomplishment.

After what has been said, the decision of the question follows almost of itself. A repertory, granted that it is really useful and practical, must make the whole *Materia Medica* accessible, and place the practitioner in such a position, that he can find the most suitable medicines according to similarity for each case. As the similarity of symptoms is the leading doctrine and supreme principle of homœopathy, it will, in so doing, follow the highest aim in practice, and reach it more or less. A therapeutic manual, even subordinate to the same principle, does not, however, place the whole mass of symptoms in the *Materia Medica* at our disposition ; but only a selection of them, according to a system mostly based on pathological diagnostic characteristics. The repertory will, therefore, chiefly satisfy the demands of those who cast aside all generalizing and pathological indications, as the basis of choice of the remedy, and insist on looking on each case as a *novum aliquid*, to be dissected and specialized into its component symptoms, each of which is regarded as of pretty equal importance. But the therapeutic treatise meets the wants of those homœopaths who regard clinical experience as an important aid to, and even in some respects, as a substitute for, the pure *Materia Medica*; and who look on the majority of diseases as so constant and so well defined in their characteristic symptoms, that the specifics for them can be found out before-hand, with the help of the *Materia Medica*.

According to the above, it must appear no longer doubtful that a good repertory is a much greater want for the practice of homœopathy, and corresponds much more directly, comprehensively and exclusively with its true principles than a therapeutic work. On the whole, and especially in theory,

this must, in my opinion, be granted unconditionally. But in practice the relation between the two will be found somewhat different, at least, it will be found, by no means possible to draw the conclusion, that a homœopathic therapeutics, can be of little real use, or is even a nonentity which must, of necessity, encourage abuse and degenerate homœopathy.

In the first place, it must be kept in mind, that there really exists a number of diseases, whose symptoms are circumscribed and constant, and whose origin and course may be defined and summed up in certain categories, so that their homœopathic treatment may be worked out exhaustively, once for all, and fixed with the help of the *usus in morbis*. Among these, we may reckon for example, some inflammations, acute and chronic exanthemata, syphilis, gonorrhœa, external and local diseases, &c. In cases of all these kinds it is easy to see that a therapeutic manual is, for the most part, of great utility, and gives greater hold and surer ground for the choice of the remedy, than a repertory. Then it must also be borne in mind, that a repertory can never completely realize in practice what enthusiasts promise from it. It will, in spite of all known, and hoped for improvements, yet not enable us to find easily all we seek, and can hardly give us all the symptoms of the *Materia Medica*, exactly in the right place, or at least they will be mutilated, and therefore obscure. But even were those difficulties got over, there remains another and far more important one, which, because it is founded on the necessary relations between the homœopathic law and our *Materia Medica*, will never allow the imagined perfectibility and sufficiency of a repertory, and in fact reduces the cure by symptom-covering to an impossibility and a non-entity. To an impossibility, because our *Materia Medica*, in spite of its vastness, yet does not contain a tenth, nor even a hundredth of the number of symptoms which would be necessary to allow the actual mathematical covering of the enormous number and variety of combinations that are met with in actual practice: in reality the question must always be of the more or less complete correspondence of some individual symptoms, never of a complete covering of all the symptoms of the disease, and

of the patient, except in some quite exceptional, very simple and unimportant cases. To a non-entity, because a complete covering of symptoms, even when possible, would, after all, be only an amusing trick, depending on a series of the merest accidents, which has nothing in common with the principle of similarity discovered by Hahnemann. Hahnemann himself knew this very well, and has often pronounced, most distinctly, on the subject, and stated that it is not the mass of corresponding symptoms, but their nature, importance, and peculiarity, that constitute the similarity and determine the choice of the homœopathic remedy. He himself every where lays stress on the importance of giving the preference to those so-called essential and characteristic symptoms. Now to find out those must continually be the endeavour of every real homœopath; but for that end, the repertorium will not suffice; it can be done by observation and study alone. This study, however, must, on the one hand, be guided by the internal nature and connection of the individual morbid phenomena, *i. e.*, the diagnostic and pathological symptoms, and, on the other, by the symptoms cured in the analogous cases, *i. e.*, by the *usus in morbis*. Now, both these can only be found in a therapeutic manual, as above said, and hence the practical value and the necessity of such a work is demonstrated. This brings me to the conclusion of my subject; at least, I have only a few words to add, for from the foregoing the question is already answered. It is quite clear that the repertory is the proximate and more direct means of making the *Materia Medica* accessible to the practitioner, thus fulfilling the cardinal principle of homœopathy. But as the homœopathic similarity of symptoms is not a mere numerical and mechanical one, and as even if it were it could never be attained, it is only by a good therapeutic work that we can supplement the defects and insufficiency which must still be felt in the practical application of the *Materia Medica*, even though we had the most perfect repertory. In all our *Materia Medicas*, besides the pure symptoms, more or less attention has been paid to the so called curative symptoms and indications *ex usu in morbis*. Hahnemann and Jahr have even interspersed the former with the latter,

and given them a too great value; in the hand-book of Noack and Trinks, there follows at the end of the physiological symptoms of each medicine a special chapter devoted to the clinical indications, both as derived from observation and theoretically abstracted from the pure symptoms.

Now, in as much as the repertory is intended as the key to the pure symptoms, so, in like manner, the therapeutic manual should be the practical key to the clinical part of the *Materia Medica*. It is only when both these wants are supplied in a proper manner, that we can attain to the full and facile adaptation of the *Materia Medica* in homœopathic practice, and we shall then no longer abuse the repertory by mere symptom-covering, nor the therapeutic manual by vague generalizations, or the treatment of mere nosological names.

This is shortly my judgment on the above-named question of the day, and after an unprejudiced consideration of the circumstances, I doubt not the majority will concur in it. That, however, there will be some on both sides, who have made the subject a party-question, who will not be satisfied, I am prepared to expect; because I do not give unqualified right to either side. But let no one imagine I want to reconcile radically opposed opinions by any mere compromise or *juste milieu*. On the contrary, I decidedly disapprove of opposition from any quarter to the resolution of the Central Verein to undertake the making of a good repertory, which it is plain from the above remarks I consider, for the present, a more pressing want than a therapeutic manual. When this problem is solved, it will assuredly be the duty of the Central Verein to take upon itself the preparation of a good therapeutic treatise, if such does not then exist.

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## PROVING OF AESCULUS HIPPOCASTANUM,

By DR. O. A. BUCHMANN, of Alvensleben.\*

[THE oil of horse-chesnuts is at present a sort of fashionable remedy for gout and rheumatism, with our allopathic brethren. We know not what success has attended its use for these affections, but doubtless it is destined at no very distant date to share the fate of other fashionable allopathic remedies, and to be as undeservedly neglected as it is now perhaps unreasonably recommended. While the remedy is prominently before us by means of newspaper paragraphs and puffing advertisements, we are glad to be able to present our readers with a fragmentary proving of the drug, which though very imperfect shows sufficiently that it must possess some real medicinal power, the exact extent of which can only be determined by more elaborate and careful investigations.—EDS.]

Horse-chesnuts have been occasionally used as a popular remedy, and the favourable results heard of from their use in glandular swellings of horses, in chronic catarrhs of the respiratory passages and of the intestinal canal, determined me to undertake a careful proving of them in the healthy, in order to ascertain if their vaunted curative powers were on the homoeopathic principle. I tried them on myself and on my wife. I here record the symptoms in the order of their occurrence.

### I.

Otto Buchmann, 40 years of age, of sanguine temperament, yellow hair, white skin, red cheeks, very sensitive, disposed to corpulency, easily chilled. Alcoholic drinks, tea and coffee even in small quantities cause in me congestions of the head. Change of weather causes confusion of the head and disinclination for bodily and mental work. Otherwise I am well.

1857. September 17th. At three p.m. I chewed and swallowed 30 grains of the fresh fruit deprived of its shell. The

\* From *Hom. Vierteljahrschrift*, Vol. X. p. 1.

taste was something like that of aloes. Five minutes afterwards I had contractive pain in the throat, nausea and tightness of the chest. Hot feeling in the chest with cold rising up. Sweetish taste. Hawking of thick mucus. Frequent eructation of wind. Short cough increased by swallowing and breathing deeply. Violent burning in the throat with raw feeling there. Hoarse voice, speaking brings on the cough. Dry feeling and sensation of heat in the nose, especially its point, as when a severe coryza is about to come on. Pains in the right scapula and in the left side of the chest increased by inspiring. Flying heat in the left side of the face. Itching in the anus. The arm and hand of the left side become strikingly warmer, and feel as if they were heavier and swollen. The mucus secreted in the throat becomes thinner. Thin mucus from the nose, causing a frequent use of the pocket-handkerchief. Two hours afterwards two moderate faecal evacuations and the symptoms disappear.

October 4th, at nine a.m., the same dose. A few minutes afterwards nausea, burning in the throat. Scraping sensation in the throat exciting cough. Tightness in the chest, pressure in the pit of the throat, as if something had stuck there which required to be expelled. Raw feeling in the chest, burning in the nostril. Raw feeling throughout the whole nasal cavity. Burning in the internal canthi of the eyes, sudden stitches throughout the chest. Frequent coryza. Rheumatic-like pain in the right scapula, itching in the anus, shoots in the orifice of the urethra. Two hours later these symptoms are all gone.

## II.

Augusta Buchmann, 29 years old. Brunette, of choleric temperament, nervous constitution, tall and thin, very sensitive, at the time of proving quite well; she had formerly suffered from headache and stomach-ache.

She took the same dose as I did at two o'clock on September 29th. A few minutes afterwards nausea, retching, tightness of chest; raw feeling in throat and chest; burning and heat in chest with cold rising up as after taking peppermint drops. Hawking, of thick, afterwards of watery mucus; pains in the



chest as if a stone lay on the scrobiculus cordis, palpitation of the heart; twitching from the chest to the left shoulder; frequent eructations of wind with water brash. In the throat when swallowing, burning like fire, and all the throat was excoriated and it was constricted. Frequent attacks of palpitation; increase of the pains on drawing a deep breath; pain in the hypochondria through to the back, especially on inspiring; chilliness, and goose-skin; burning in the palms and soles. Each time wind was eructated there was a desire to go to stool. Three moderate fecal evacuations half an hour after taking the drug. Feeling of extreme illness, great weakness, she totters when she walks, pale miserable appearance. Pains in the sternum, as if a piece were torn out of the chest; pains in the small of the back and constricted feeling in the bowels; constant urging to stool (after two hours). Cramp-like contraction in the bowels, followed by a stool (the fourth time). Flying heat and redness of the left side of the face; yawning and stupifying sleepiness; pains in the chest alternating with pains in the abdomen; sweet taste as after taking dulcamara; eructation with relief.

30th September, morning. Slept well; increased pain in throat after eating a grape; two liquid motions preceded by griping.

On the 8th October, 1857, at nine a.m., she took five drops of the mother tincture. Burning in the throat and tightness of chest; retching; flow of water into the mouth, eructation of wind; tearing and jerking in right arm; paralyzed state of right arm, she cannot raise it. Periodical palpitation of the heart; formication in the nose; weariness. She falls asleep when sitting, for half an hour; on awaking she cannot recognise what she sees, she knows not where she is nor whence come the objects about her. Burning in the left cheek. Immediately afterwards, sleep for another quarter of an hour. After awaking, the same loss of consciousness; feeling as if she had a board upon the head; attack of rigor lasting ten minutes; she cannot get warm; constant yawning; violent formication in the nose and fauces; sensation as if the air breathed in were colder; severe fluent coryza. On the right side of the chest

she feels the lung painfully moving up and down; at each inspiration, griping in the bowels. The pain extends from the bowels to the small of the back; pale, miserable appearance, she feels like to faint; tottering gait. The symptoms go off three hours after taking the medicine.

On the 4th June, 1858, ten drops of the mother tincture. Burning in throat and stomach; great flow of water into the mouth; severe periodical palpitation with great anxiety; cutting stomach-ache; constant yawning and weariness; tearing pain in the back, right side, and shoulders. On respiring feels the right lung move up and down; pressing downwards in the abdomen; cramps in the bowels; constant jerking in the right arm; rigor for half an hour like ague. Afterwards, four loose evacuations within a quarter of an hour; pains in the small of the back extending from the abdomen; severe coryza; constant shooting and raw pain in throat; motions preceded by pinching in the bowels. Afterwards, a stool of a mixed character, and raw feeling in anus; disposition to sneeze, shooting pain in nose. Weight in the eyes, weariness, nausea, inclination to sleep. Looks ill. Duration of action four hours.

### III.

Miss Wilhelmina Br——; sanguine, 52 years of age, has been very ill.

On the 2nd October, 1857, at two p.m., took 40 grains of the chesnut. Great eructation of mucus, burning in throat, nausea, violent vomiting; aching in forehead, feeling in it as during cold in the head; periodical eructation of viscid mucus; feeling in the nose as after a pinch of snuff; heat in the whole body; sensation in the head as if intoxicated; tightness of the chest; laboured breathing; heat in head and eyes; the mucus in the throat excites cough; eructation of wind; flying heat before eructation; in two hours several thin evacuations.

### IV.

Miss Wilhelmina N——, 33 years old, was scrofulous in childhood, sanguine, a poetess, was mentally afflicted some years ago, and since then has only once had sore throat, which was rapidly cured by Apis 3.

On the 2nd October, 1857, she took 40 grains of the chesnut. Contractive pain and burning in throat; rigors; periodical tightness in the scrobiculus cordis with laboured breathing; pain in throat as if burnt; twisting in the scrobiculus cordis; fatigued feeling as from a long walk; rush of water into the mouth; fluent coryza, with twisting sensation in the front part of the nose; pressure as from a stone in the pit of the stomach; sweet taste like liquorice; frequent eructation of wind; inward cheerfulness and placidity of temper.

## V.

Pastor Rudolph H——, aged 48, black hair, pale complexion, maculæ hepaticæ, lively disposition, sometimes suffers from pain in the back, has sometimes had a slight attack of gastric fever, is otherwise healthy; strong, takes much snuff; cannot bear to smoke in the evening.

On the 30th September, 1857, he took 40 grains of the nut, at half-past eight a. m. Eructation of thick mucus; heart-burn for half an hour. Afterwards, tickling in the throat causing cough; occasional eructation of wind. The irritation in the throat declines (an hour after taking the drug). Frequent call to expectorate mucus; the mucus becomes watery; inclination to swallow; call to make water; on two occasions, at short intervals, urging to make water; sensitiveness of the nasal mucous membrane to the respired air, which causes a feeling of coldness in the nose; fluent coryza; the taste which was at first bitter becomes sweet; frequent expulsion of flatus; stitches in the left side; the nasal mucus becomes ever more watery, the inspired air more felt. Severe fluent coryza three hours after taking the drug, after which the symptoms gradually subside.

## VI.

Mr. Edward B——, teacher, 22 years of age, light blond hair, reddish complexion, slight make, feelings sensitive and easily excited, sometimes suffers from headache, otherwise well.

On the 4th July, 1858, 30 drops of the mother tincture at 7 a.m. Bitter burning taste, acting as an astringent on the mouth and œsophagus; occasional eructation; aching and

rumbling in the stomach; tickling in the larynx, causing cough with mucous expectoration; coryza, with cool feeling in the nose on breathing in; burning in the mouth and œsophagus; swallowing down of water that flows into the mouth; shooting pain in sternum; the aching in stomach extends downwards; shooting in right side above the hip, deeply seated; headache over the left eye; lachrymation; quivering of the lids; inclination to vomit, (1½ hour after taking the drug); flickering before eyes; gradual decline of the symptoms (1½ hour after ingestion).

On the 25th July, 1858, 60 drops of the mother tincture at 6 a.m. Bitter taste; dryness and contraction of throat; warm feeling in chest; eructation of wind; cough from irritation; tickling in the larynx; cough dry; stitches in abdomen on the left side below the ribs; repeated cough; collection of water in the mouth, compelling him to swallow; stitches leave the left side and go to the right side of chest; rumbling in bowels for a quarter of an hour without pain. Then nausea, inclination to vomit; sneezing; pinching below navel; painful aching over left eye; hunger, much fluent coryza; lachrymation; flickering before eyes; formication in nose. Duration of action, 2½ hours.

## VII.

Mrs. J——, 54 years old, of nervous constitution. Occasionally suffers from depression, anxiety, tendency to weep. At present quite well.

On the 25th July, 1858, at 7:45 a.m., 30 drops of the mother tincture. Immediately after taking it, nausea. In quarter of an hour, burning in throat; at one time slight, at another severe; eructation. A quarter of an hour later fulness of stomach; distension of abdomen; general perspiration and decline of the distension; comfortable feeling in the stomach; confusion of head; sweetish taste with dryness of larynx. She can see well at a distance, can read without spectacles, which she never could do before. About 11 a.m., jerking in the right eye; formication in the front of the temple; burning in the mammæ. At 2 p.m., eructation of wind, griping in the bowels with discharge of flatus. The usual stool did not take place.

On the 29th July, 1858, at 10 a.m., 30 drops of the mother tincture. Nausea, eructation, heaviness of head, dryness and burning in throat with sweetish taste. About 11 a.m., headache over right eye; leucorrhœa; drawing in right nostril as in violent coryza. The daily evacuation did not occur.

I trust these provings may induce others to institute more provings and to test the therapeutic action of this drug. I may merely add that I have succeeded in curing radically a chronic cough with emaciation, which had long been treated without effect, by the daily administration of as much powdered chesnut as would lie on the point of a knife, and that I have heard from persons on whom I could rely of the rapid cure of a chronic diarrhœa, in which many remedies had been in vain used, by a single dose of powdered horse-chesnut.

## PROVING OF SEMEN LYCOPODII,

By Professor E. MARTIN, of Jena.\*

[The names at the head of each of the following provings are those of students who conducted the experiments under the eye of Professor Martin.]

C. W. A. BLAUFUSS.

On the 21st Nov. at 8 A.M., I took one grain of sem. Lycopodii. About 10 o'clock I felt my mouth fill with saliva, and after spitting this out the same phenomenon recurred. At the back of the tongue and palate I felt a sour taste all day.

On the 22nd I took two grains. The same symptoms as occurred the day before were repeated.

On the 28th at 8 A.M., I took a powder containing  $\frac{1}{100}$  part of a grain. In the forenoon, itching in the inguinal region and scrotum. An hour later, rush of blood to the head, painful micturition, the last drops are with difficulty expelled.

\* From *Hom. Vierteljahrschrift*, Vol. X. p. 1.

Urine of a deep brown colour, with a quantity of mucus in it. Frequent erections. In the afternoon, the same symptoms. At night, emissions arising from amorous dreams.

29th. The same symptoms, only apparently more violent, great excitement of the whole body. The symptoms lasted all next day, and only disappeared on the following day.

G. GRÆFE.

On the 22nd November at 6 A.M., I took fasting gr. j. of Semen Lycop.; the taste was agreeably sweet. I observed no action from this powder.

On the 23rd at 7 A.M. I took two grains. About 10 o'clock I remarked that my pulse was rather quicker, 86 to 88 beats, at the same time I was in very good spirits, without any particular reason for being so. About 3 P.M., I was seized with violent stitches in the chest and oppressed respiration, especially when running. At night very restless sleep, and great rush of blood to the heart.

24th. At 9 A.M. palpitation of the heart, which only lasted ten minutes, until I had drunk a glass of salt and water. At noon immediately after eating a cramp-like contraction in the nape, and in the afternoon violent headache.

25th. I felt quite well, and have not since experienced any symptoms.

J. GUNTHER.

On the 27th of November at 6 A.M., I took a powder containing  $\frac{1}{100}$  of a grain, and remained without eating until noon. About 4 P.M. I had slight headache, and some tearing in the temporal region, which however, together with the headache went off about 8 P.M.

28th. At 7 A.M. I took the second powder, when I again got a little headache. About 11 A.M. the shooting in the temple again occurred, together with a very peculiar itching (conjoined with shooting) diagonally across the chest (between the 4th and 7th ribs). I had no appetite, but was tormented by burning thirst, which I had to assuage with water all day long.

I ascribed this thirst to the sour-bitter mucous expectoration, the taste of which I could not get rid of. I ate nothing all day. All night (from 12 to 7 A.M.) I had little or no sleep, and perspired very much. I attributed the sleeplessness to a terrible itching in all my limbs. This itching was particularly severe in the scrotum. I had a constant desire to make water, which caused great tickling in the urethra. The urine ran away almost involuntarily, and I could not completely expel it. It was of an orange colour, and smelt rather strong.

29th. After taking the third powder, the same symptoms occurred, only with much greater severity, so that I was unable to work on account of the horrible headache, and could scarcely take a step without getting a kind of vertigo. I also remarked on both wrists, as also on the left thigh, a variolous-looking eruption (elevated red pustules) on which were small points filled with pus. This eruption lasted five days. The headache lasted all the next week. The pain in the chest lasted till the 3rd of December, the bitter taste and the itching in the urethra had not gone by the 7th of December. The tongue was moderately furred. The nights rather sleepless.

#### G. J. HILPERT.

On the 21st November at 7 A.M., I took fasting a powder of Sem. Lycopodii, gr. j. Nearly tasteless, only slightly sweetish and bitter. Pulse regular. Urine quite clear.

About 11 A.M. one powder. Taste on the tongue anteriorly, similar to the sensation caused by bringing the tongue in contact with a galvanic battery. This taste lasted till 12 o'clock, noon.

On the 22nd, no powder. In the afternoon the most violent headache, especially in the left part of the frontal sinus and in the region of the left malar bone. Pulse 72.

23rd., one powder.

24th., one powder. No perceptible action.

I took no powder on the 27th, on account of a violent shooting pain proceeding from the ensiform cartilage and the right hypochondrium to the dorsal vertebræ, and especially the

scapula, with oppressed breathing occurring when I got up. This state continued with aggravations and remissions until the 28th. About noon all the symptoms went off.

On the 29th at 7 A.M., I took one powder containing  $\frac{1}{100}$ th grain of Sem. Lycopodii. (One hour later I ate a buttered roll). Soon afterwards urging to stool; in the afternoon confusion of the head with transient pain in the left temple.

30th at 7 A.M., one powder. Pulse full and quick. There was a considerable sediment in the urine. Constant shooting in the shoulder, that soon went off, however. In the evening great drowsiness.

1st Dec., one powder. In the afternoon, transient spasmodic jerking in the thigh; shooting pain in the bowels, especially in the right side, rumbling in the stomach.

2nd Dec., at 6 A.M., the last powder. Constant buzzing in the left ear about 11 A.M. In the evening very sad disposition with confusion of head.

3rd. Drawing in the limbs, spasmodic jerking in the region of the knee. In the afternoon, cramps in the forearm and drawing in the upper lip. At 6 P.M. repeated cramp in the right forearm. (Besides these symptoms I have had catarrh for several days, not as far as known brought on by a chill.) In the evening after 7 o'clock: pricking pain in the upper lip; shooting in the right patella. 9 P.M.: transient shooting pain at the left side of the sinciput, beginning at the temple, and extending over the forehead. 11 P.M.: call to stool; fæces of pretty firm consistence; all night long violent discharge of flatus.

4th, at 10 A.M.: Tension in the right ala nasi. Increased secretion of mucus in the nose. In the afternoon, violent tearing in the vastus extern. and intern., extending to the patella. Much mucus from the nose; a pimple on the knee.

5th. In the morning: one pimple on the forehead and two behind the left ear; both nostrils closed up; afterwards a great deal of mucus, and even clotted blood. Since a cold I took on the 4th, both nostrils are almost constantly stopped up, at the same time uncommonly copious constant secretion of mucus in the nose; the discharge is always very consistent, and often



nearly milk-white. For some days past inflamed upper lip, and a vesicle there. Besides these, for a long time back frequent erections of the penis.

#### H. HORN.

21st Nov. At 6 A.M., took gr. j. of Sem. Lycopodii. At 7:30 A.M. pulse 76, at 10:30, 85.

22nd Nov. At 6 A.M., gr. ij. At 8, pulse 74. At 12 at night violent spasm in the stomach. For several days after taking the powder, very cheerful disposition. Great appetite. In order to neutralize the gastric juice, I took on the 23rd and 25th Nov., some effervescing powder. Moreover from the 23rd onwards I was occasionally exposed to the vapours of chlorine, bromine and iodine, which appear to have occasioned an increased flow of saliva, coryza and headache.

On the 22nd, 23rd and 24th, I was very drowsy.

On the 27th. at 5:45 A.M., one powder  $\frac{1}{100}$  grain of Sem. Lycopodii. At 7, sinking feeling in the stomach, like the commencement of canine hunger, (which I had often when a boy.) This feeling went off after taking coffee. At 10: attack of spasm in the stomach, soon passing off. All day long constant yawning.

28th Nov., at 6 A.M., two powders. The same sinking feeling about 8 o'clock, but not so severe as on the previous day. Constant yawning, sometimes tasteless eructation.

29th. I got up at 5:30 A.M., but at 11 I had not yet breakfasted on account of want of appetite. Stool at 4 P.M. instead of 8 A.M., the usual time. Stool very hard. All the time I was in a very cheerful humour, and I could continue uncommonly long at work, without my eyes being painful or tearful.

The remaining days up to the 2nd December, unusually hard stools. Urine very cloudy. The previous days the complexion changed very often.

From the 2nd Dec., frequent erections, pollutions and libidinous character of the imagination, hence amorous dreams.

## H. KUNTZMANN.

On the 23rd Nov. 1885, I took a powder containing gr. j. of Sem. Lycop., and the same on the 24th, in the morning fasting, and all I noticed was that I perspired in bed towards morning.

On the 25th, I took three powders whilst I was labouring under a severe cold caught over night. An hour afterwards I had pain in the frontal sinus, some vertigo, the chest felt too full, the hands and feet were cold and perspiring. I had the same feeling in the tendo Achillis as one has after a long walk. In half-an-hour I had tension in the tonsils, which in five minutes extended into the parotid gland and the lower jaw; at the same time the mucous secretion in the nose ceased, and the inner surface of the nose became covered with hardened mucus. The cold was gone; three hours after taking the powder all these symptoms went gradually away, excepting a little vertigo.

On the 30th Nov., I took a powder containing  $\frac{1}{100}$  gr. of Sem. Lycopod., without observing any effect. The following night I had a chill and caught a violent cold. The next morning I took a second powder. The cold continued, bloody secretion from the nasal mucous membrane, which had occurred on previous occasions when I had caught cold. In two hours I noticed in the right tens. fasciæ latæ, a drawing pain, that was worst on the crista ilii, and lasted about a quarter of an hour. A quarter of an hour later, I felt occasional tension in the 5th and 6th dorsal vertebræ. Towards noon, when walking, I felt just above the left malleolus internus, a cramp-like pain that lasted about five minutes. (In the evening when dancing and after taking a glass of nikos, I felt a prickling sensation in the lower lip.) The cold increased and the following day extended to the upper lip, the bronchial tubes, the Eustachian tube, so that I had pain in the ears. The secretion of wax was increased.

2nd Dec. In the afternoon, violent headache, with hard full pulse, which, together with the cold, went off while I was dancing in the evening. This time the cold lasted unusually

long. An eruption that I had had before commencing the proving, continued but in a slight degree.

July 18th. In the morning I took a powder containing Sem. Lycop. gr. iv., without observing any effect. One powder at night before going to bed; occasionally awakened at night by dreams, connected with noises that occurred at the same time in the street.

July 14th. In the morning one powder. Some loose motions.

#### E. MARTIN.

Nov. 21st. In the morning fasting took one grain, well rubbed up with four grains of milk-sugar. In five minutes there occurred violent aching and contraction in the stomach as in sickness, taste insipid. These symptoms terminated with unusual urging to stool and discharge of flatus. A quarter of an hour afterwards headache in the front of the head, with disposition to eructate, twitching (quivering) in the right upper eyelid; painful tension in the scalp, particularly persistent across the forehead; the same painful drawing about the root of the nose. Burning rising upwards in the œsophagus. Shooting in the right flank, recurring several times during the day. Remarkable confusion of the head, but not of the mind. After an hour amelioration by sneezing. Thereafter cutting in the left side of chest and hypochondrium, especially on stretching; dizzy feeling; then severe aching in the posterior mediastinum and scrobiculus cordis, with general confusion and lassitude. Dizzy also after breakfast. About three hours afterwards still aching in the scrobiculus cordis; violent stuffed cold in head. Pulse 65. Want of steadiness in all the limbs as if intoxicated; after going out toothache in the left canine tooth (unusual.) At 5 P.M. after a walk, during which the cold in the head was worse, belly-ache like spasm. The following days increased sexual desire, tension and pain in the prostate gland and urethra (not very uncommon).

23th Nov. Sem. Lycop., gr. j. In five minutes confusion of the head, some nausea. Urging to stool. Slight scraping in the throat, especially after sneezing. After breakfast, tearing

pain in the left shoulder, shooting under the left scapula. Afterwards headache as if intoxicated. On the 25th no tearing or shooting.

Nov. 26th. In the morning fasting gr. j. In quarter of an hour, pain under the right scapula, continuing like an aching. Soon afterwards disturbance in the bowels with call to stool. Tearing shooting in the scalp. As on the previous days, frequent quivering (painful twitching) of the right upper eye-lid. A great deal of flatus. Slight tearing in the left upper arm. Great secretion of mucus in the fauces. Head long confused, taste insipid, and yet great appetite.

27th. In the morning fasting, gr.  $\frac{1}{100}$ . Soon afterwards, drawing in left upper arm, which increases to a tearing pain and afterwards extends to the shoulder and supra-clavicular fossa, and lasts a long time. Much quivering of the right upper eyelid. Unusually early call to stool, and appetite. Painful drawing also in the right shoulder. Quivering in several parts of the hairy scalp, recurring in the evening. Violent aching pain in the right eyeball, so that tears flow.

28th. Increased hunger. In the evening great itching in the anus.

29th. In the morning, gr.  $\frac{1}{100}$ . In quarter of an hour, tearing in the left arm down into the dorsal side of the metacarpal bone of the thumb, at the same time a feeling of dryness and heat in the arm. About 10 o'clock, toothache in the left lower jaw. Much itching in the anus, quivering of the right upper eyelid.

30th. Frequent recurrence of the quivering of the eyelid; early in the morning tearing in the limbs after an uneasy dreamful night; in the evening toothache. In the night of the 1st December, very restless: about 5 A.M., awaking from a dream with nausea, collection of much saliva in the mouth, which I involuntarily spat out immediately, and I fell asleep immediately afterwards. In the morning unusually strong erections. Toothache with the formation of a gumboil at the root of the carious teeth (the 3rd upper right molar); very great appetite.

2nd December. Pain in the gumboil, much mucus blown from the nose, tearing towards the first finger joints of the left hand.

3rd. Swelling of the right cheek with pain.

4th. Very restless night, full of annoying dreams. By day, much rheumatic tearing headache. The gumboil that caused the swelling of the cheek, only went away by the 6th.

12th June, 1836, *Lycop.*, gr. iv. Soon afterwards drawing in the face, that goes off by sneezing. Drawing aching in the left forearm as if in the ulna. Voluptuous dreams the following night with erections and emissions.

13th. In the morning slight pain in the urethra, as if from a foreign body in it; great flow of mucus from the nose; painful itching and burning in the anus. These symptoms went off in the course of the following day.

18th. At 7 A.M. *Lycop.* gr. iv. Great lassitude in the afternoon and evening. At the root of the right canine tooth, between gum and lip, there is formed a small ulcer. Diminution of the sexual desire.

#### W. OEHLER.

On the 23rd November, at 7 A.M., I took one grain. No symptoms occurred during the day, but at 7 P.M. I had shooting pains in both temples, and especially behind the mastoid processes. These pains only lasted till 8 o'clock.

24th. Two grains. No effect to-day.

25th. About 8 A.M. there occurred shooting pains in the left, and in the afternoon in the right hypochondrium, that lasted till 4 P.M. the following day.

26th. About 9 o'clock shooting in left, and the following day in the right iliac region.

28th. About 11 o'clock a tensive pain across the chest, that lasted till 1 o'clock, and oppressed the respiration. The symptoms of the 26th continued uninterruptedly till the 28th. The pulse was always regular.

27th. At 7 A.M. gr.  $\frac{1}{100}$ . At 7:30 some shooting pain under the right scapula, which grew always more severe, and extended to the head and nape. About 9 o'clock flying shooting pains

over the whole body. About 10 o'clock there occurred cough with mucous expectoration. Then collection of a large quantity of sourish watery saliva in the mouth. About 6 P.M. these symptoms abated somewhat, but at 11 o'clock, as I lay in bed, there was a shooting pain in the chest that gave me great uneasiness.

28th. At 6.45 A.M. gr.  $\frac{1}{100}$ . The shooting pains came on immediately on taking the powder, but did not alternate as rapidly. At 8 P.M. they went off. The cough and sourish watery saliva were as on the 27th. A small furuncle appeared on the hip. This night uneasy dreams.

29th. At 7.15 A.M. gr.  $\frac{1}{100}$ . The shooting was less, but towards noon I had some headache; the cough and expectoration as before.

30th. The shooting went off in the afternoon, then occurred coryza; the cough was still slight, the expectoration not increased.

December 1st. Great burning when passing water. Frequent call to make water; urine clear. Painful erections.

2nd. Throughout the day constant scalding when passing water, at first with clear, afterwards with purulent-looking odourless mucus, which in the afternoon was streaked with blood.

3rd. About 8 A.M. there was more coryza; no cough, but more irritable, alternate rigor and heat. The pulse at 12.30 was 84. In the afternoon headache and also shooting in various parts of the body. All day long lassitude and burning in the feet; the burning in the feet went off at 4 P.M. In the afternoon heat and rigor. At 6.30 P.M. the same state continued, and in addition some headache. Later in the evening still more violent shooting pain, as if in a ring round the abdomen, and pains in the small of the back. The purulent discharge from the urethra increases with the increase of the burning pains after urinating, until the afternoon of the 4th. During the night, which was passed quietly, the discharge was most copious—clear, but not bloody; in the morning streaks of blood again appeared.

4th. From the afternoon onwards decline of the painful

sensation when urinating, which previously had extended into the scrotum, and diminution of the quantity of the discharge. Otherwise felt as on the previous day, alternate heat and rigor, headache until 7 P.M., with great appetite and increased perspiration. The following night good, with rapid amelioration of the urethral ailment; there still remains some yellow mucous discharge.

June 8th. At 6 A.M. a powder containing gr. iv. About 7 A.M. a tearing shooting pain in the left thigh, stretching from the knee to the hip, causing lameness. In the centre of the left patella, in the space of about a sixpence, a severe shooting. All day long great drowsiness and lassitude.

9th. At 5:30 A.M. two powders. Great drowsiness (probably occasioned by the thunder), slight aching in the right hemisphere of the brain, vertigo and slight stupefaction, the respiration somewhat oppressed.

10th. At 6:30 A.M. two powders. About 8 o'clock drawing between scapulæ, not lasting long, lassitude, a transient burning in the left eye, pain in a corn on the right foot.

From the 11th to the 13th. Occasional lassitude and vertigo.

14th. About 5 P.M. shooting in the chest.

17th. At 8 A.M. a powder containing  $\frac{1}{100}$  gr. It was followed by oppression, eructation. In the afternoon slight itching in the scrotum, and slight burning on making water, the urine of a deep yellow colour, natural smell. In the evening great fulness and distention of the abdomen. (This last symptom probably owing to having eaten some newly-baked bread and eggs.) At night amorous dreams and emissions.

18th. At 5 A.M. one powder. Frequent discharge of flatus, fulness, a small quantity of mucus from urethra.

20th. At 6:30 A.M. a powder. Frequent emission of flatus, erections, the mucous discharge from the urethra has returned.

From 21st to 24th. Much flatus, fulness with violent eructations, also erections.

FR. REICHMANN.

Nov. 27th. I took a powder containing gr. j. of Sem. Lycop. Half-an-hour afterwards great drowsiness. In the afternoon

stitches in the sternum. In the evening pain in the left eye, and for a short time it seemed covered with a veil.

The next day the eye was swollen, in its external canthus much mucus was formed, combined with aching pains and considerable lachrymation. This lasted till the 30th.

December 2nd. At 6 A.M. another powder of gr. j. Half-an-hour afterwards the tears flowed so copiously that I could not work; this symptom, however, soon declined. At 10 o'clock I felt violent aching pain in the eye, and this lasted, though not so severe, till the afternoon of next day. In addition, I had on the 4th a sudden cutting pain in the umbilical region.

#### F. VULPIUS.

Nov. 21st. At 6:30 A.M., I took a powder containing gr. j. of Sem. Lycop. About 9 o'clock I had transient stitches in the chest, especially at the right side. Afterwards headache and sometimes shooting in the occiput, but with good, almost gay, humour. All the afternoon and evening very violent headache, so that I was unable to work. In addition to this there was shooting behind the ear into the jaw. Pulse 85. Very bad humour and great lassitude in the limbs.

24th. I took a second powder. Besides headache, which lasted till the evening, I felt no morbid symptom.

25th. I took a third powder, which was not followed by any symptoms.

37th. At 6:30 A.M., I took a powder containing  $\frac{1}{100}$ th gr. Very insipid taste sometime after taking it; tongue thickly furred yellow. Shooting in the left temple, and in the right side of the occiput. At 3 P.M., pain in the left hypochondrium. In the evening headache.

28th. At 6 A.M. I took a second powder. Slight headache. Occasional shoots in the right parotid; increased secretion of saliva. Towards noon spasmodic vibrating twitching in the scrobiculus cordis and right thigh, which lasted all day on the 29th.

20th. I took the third powder. Tongue somewhat furred. The above vibrating twitching in the scrobiculus constant. At 11:30 tearing in the right cheek, sometimes extending over the



crown of the head to the occiput. During the last days more or less violent rheumatic pains, both in the head, (especially the jaws and ears,) and the extremities, particularly the left hand, the right forearm, and the left leg.

December 4th. Tearing in the right elbow-joint and right cheek. Twitching in left scapula. Shortly before dinner transient bellyache. Two motions. In the afternoon shooting in the right thumb.

5th. Vibrating twitching in the right ala nasi. Sometimes shooting in the right upper arm down into the elbow-joint.

6th. A very painful little ulcer in the nose.

7th. Itching in the rectum. Tearing in the face, and the above-described vibrating twitching in the scrobiculus cordis.

June 8th. A 5·30 A.M. a powder containing 4 grains, which produced no effect.

13th. At 6 A.M. a powder containing 4 grains. Soon afterwards cramp-like twitching in the extensor muscles of the left upper arm. Then aching pain in the right hypochondrium, that sometimes was increased by breathing and became shooting. Almost all day long an insipid disagreeable taste in the mouth.

14th. At 5 A.M. a powder with 4 grains. Spasmodic trembling in the left upper eyelid, sometimes with slight shooting pain in the eye itself.

#### E. WERTHER.

December 4th. At 6·30 A.M. I took the first powder of  $\frac{1}{100}$  gr. At 7 I drank two cups of coffee and ate two rolls, and it was not till the afternoon that I felt pains before and after making water; the urine was of a lemon-yellow colour, and came away in small quantity, so that I had urging to urinate every ten minutes. After the second powder the following morning at 6·30, taken fasting, I felt the pains in the forenoon, and they were more severe; after the third powder, the two following days the pains were still more severe, then appeared pimples on the face and thigh, and also at the left oral commissura. By the following evening all these symptoms were gone.

## PROVING OF AMMONIUM CARBONICUM.

By PROFESSOR MARTIN, of Jena.\*

## BLAUFUSS.

Jan. 13th. At 7 A.M., gr. viij. At 8 liquid stool. In the forenoon, vertigo and indistinct vision, headache in the vertex. Rumbling in the stomach, aching in the gastric region, extending in a sort of vibrating motion towards the left nipple, great palpitation, pulse about half as strong again as usual. Pain especially in the left side of the chest, as after sitting long in a bent position, inclination to vomit, but without actually vomiting, rigor in walking across the street. In the afternoon, great drowsiness, great lassitude in the limbs as after a fever, otherwise the same as in the forenoon.

14th. The same symptoms, only in a slighter degree.

15th. At 8:30 A.M. gr. xx. Rigor, alternating with heat, especially flying heat in the face. Inclination to vomit, but without vomiting. Drowsiness, bruised feeling in the limbs, a kind of sadness not usual with me, no inclination to go out. Headache as before, especially a sensation as after having been drunk (Katzenjammer).

16th. The same as yesterday; also, on the 17th.—Symptoms slighter; besides, great desire to make water.

18th. Pain in the chest, drowsiness, copious urination.

19th. As on the 18th; in the evening and night, lascivious fancies and great liveliness and excitement, nocturnal emissions. I cannot say if I should attribute them to the medicine.

Jan. 20th.—Shooting at the side of the left nipple in breathing, especially troublesome when seated.

## FRIES.

On January 9th, I took gr. j.; on the 10th gr. ij., and on the 11th gr. v. On the 10th, 11th, and 12th I was very tired

\* From *Hom. Vierteljahrschrift*, Vol. X., No. 1.

in the morning. On the 11th I had headache and vertigo one hour after taking the powder. On the 12th, aching swelling of the left inguinal glands, which went off towards noon, and was replaced by headache and ill-feeling, which lasted till evening, and recurred slightly next day.

18th.—I took gr. x. In the morning felt ill; in the evening and on the morning of the 19th, great lassitude, also on the following days, heaviness of limbs.

#### GUNTHER.

January 8th At 6 A.M., gr. j. About 8 o'clock, very great twitching in the external canthus of the right eye, like live blood, and visible in the mirror; the eye was for two hours as if covered by a veil.

9th. At 6 A.M., gr. iij. Great perspiration, especially the following night; slept very unquiet, great flow of urine.

10th. At 7 A.M., gr. v. Severe headache, flickering before eyes; very profuse perspiration, of a fetid smell. This continued till 12 o'clock. Repeated call to pass water, urine very muddy, of a peculiar smell, and with copious sediment.

12th and 13th. Slight perspiration, not so fetid. Itching in all the limbs. Urine pretty clear.

15th. At 7 A.M., gr. x. No effect.

18th. Boil on the right thigh, the size of a child's fist, very painful, and not relieved by poultices.

20th. The boil cut open, much pus and blood discharged.

21st. A pimple on the left cheek near the ear, not painful unless pressed. Itching in the back, the arms and shins. Rigor. Stuffed cold in the head for a week, causing confusion of the head.

#### HILPERT.

January 8th. I took in the morning gr. j. It caused a feeling of coolness on the tongue. In half an hour aching in stomach; feeling of warmth in the scrobiculus cordis. In the evening slight headache.

9th. Took gr. iij. At 9 o'clock, feeling of warmth all over the body.

10th. Took gr. v. No effect.

16th. Took gr. x. Soon after taking it, dryness in the throat. In the afternoon violent headache; the same in the evening, but probably caused by the vapour of chlorine.

19th. Took gr. x. No effect.

#### HORN.

January 15th. At 6 A.M., gr. x. After taking the drug, which as I took it dry, left a disagreeable taste on the tongue, my abdomen was painfully distended, I had profuse perspiration, and remained in bed till it went off; burning pains in the sinciput. The whole day I was very sick, but could get no relief either by the discharge of flatus, or by eructations. Pulse 76.

16th. In the afternoon, after drinking two cups of weak coffee, I had congestion to the head; towards evening the rush of blood was greater, my pulse was 112, I had vertigo and cold sweat, such as usually accompanies a fainting fit, no appetite, inability to stand upright well. I took gtt. iij. of Naphtha Aceti, which caused eructations, with relief. I was very hypochondriacal, and had a bitter taste at the root of the tongue. During the night, I had many confused dreams, all about things that had happened many years ago.

17th. The fever was gone, I was very ill-humoured and irritable. After taking a glass of "bishop," I felt better. The abdomen, though still somewhat distended, was not so much so.

18th., and following days; the ill-humour went off. I was very hungry, but had little appetite, and the feeling of nausea, which was combined with flatulent disturbance, had not left me.

#### KRUMBHOLZ.

November 8th. — In the evening two powders of gr. v. Quiet sleep.

9th. Seven powders (4 of 5 grs., 3 of 10 grs.) at intervals of two hours, in the morning at 7, 9, and 11; in the afternoon, at 2 and 4 o'clock. No particular effect noticed, except a somewhat increased urinary secretion. Pulse regular; respiration quite good. Appetite excellent. Sleep not disturbed.

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10th. Four powders of gr. x. ; three in the forenoon, one in the afternoon. Still no particular action. All day long lively, excited ; sleep somewhat disturbed.

11th. The same disposition. In the afternoon there occurred what had been already observed the day before, a scraping sore sensation in the mouth, especially severe in the inside of the upper gums ; one spot was softened. In the evening much flatus.

12th. The same sensation in the mouth, only slighter Itching on the outer surface of the thighs, on the same spot, and equally severe on both thighs. This symptom had begun in the night, it only went off in the afternoon. In the evening again flatus.

13th. The sensation in the mouth almost gone. The other symptoms also do not recur. The specific action of the medicine seems to have gone off. It seems on the whole to have had a good effect upon my health. Especially has it relieved the dyspeptic sufferings I am subject to, it has promoted digestion, and the action of the bowels.

#### KREUTZMANN.

January 9th. Gr. j. On taking it, coldness of the tongue.

12th. Gr. iij. The same sensation only stronger. Feeling of lightness in the head ; pulse somewhat quickened.

13th. Gr. v. The same feeling, still stronger, salt taste. In an hour all the symptoms gone. The same evening I took gr. x. On taking it nausea, coldness, followed by warm feeling on the tongue. In half an hour lightness of the head, feeling of coldness in the course of the longitudinal sinus. In a short time lassitude, much flatus. The following night quiet sleep, every thing else normal, only much thirst for beer. This thirst lasted for a week.

#### MARTIN.

January 12th. In the morning fasting, gr. v. Pungent cooling, then burning taste, disagreeable odour. Eructation, loose mucus in the mouth. Feeling of coldness in the chest and gastric region. In half an hour, headache, nausea, general

shivering. In another half-hour, warmth, especially in the head and face, burning in the lobe of the left ear, and around the nostrils. At night uncommonly profuse sweat and dreams. In the evening on the left natis a painful boil, great lassitude, sensitiveness to the open air.

13th. In the morning fasting, gr. j. In a quarter of an hour confusion of head, pain in abdomen as if diarrhoea was coming on, but the pain goes off again, it is replaced by considerable ill-humour and dissatisfied feeling; collection of saliva in the mouth. Smell like a profuse sour perspiration. In an hour rigor with weak feeling, then heat in the face. Drawing in the teeth. The whole morning striking gloomy humour, lassitude, pale, wretched appearance. In the morning exhaustion, dryness of the nose and lips, coryza. Night tranquil.

14th. Better. In the morning early a fæcal evacuation, which, contrary to custom, occurred twice during the day. The boil on the podex is not so painful; more cheerful spirits. In the evening, suddenly violent pulsation about the right hip, which, however, soon goes off. Diminished sexual desire. During the subsequent days, uncommonly violent coryza, which lasts with unusual obstinacy.

19th. A pustule appears on the right commissure of the mouth, with much burning pain. Before this several had appeared on the left cheek, and on the thighs. The coryza did not go away until the 20th of January.

Nov. 5. At 6 A.M. Five grains dissolved in water. In a quarter of an hour uncommonly early call to stool, and loose evacuation, then headache and much rigor. After breakfast (an hour afterwards) bellyache. At 11 A.M., other 5 grains. About noon, uncommon burning in the hands, and feet. At 6 P.M., again 5 grains. Soon afterwards great eructation, pressure and heat in the sinociput. Increased secretion of mucus in the mouth, and scraping feeling. Afterwards after taking some milk (10 P.M.), sour eructation. Great wakefulness until 12:30., with constant straining and pressure on the belly, and discharge of flatus. In the afternoon and towards evening, aching and shooting in the thyroid gland, which had been swollen and

painless for years. Burning in some accidental chaps on the fingers, where, next morning, after a good night's rest, some unusual collections of pus appear beneath the skin.

6th., 5 grains. Eructation in an hour, headache in the forehead, chilliness. At noon again, 5 grs. Increased number of pimples on the face. In the afternoon much rumbling in the bowels and discharge of flatus. At 6 P.M., again 5 grains. The following morning great lassitude in all the limbs, as I if had not slept enough; more itching pimples on the podex.

7th. The gums were somewhat swollen, and more sensitive than usual; the pimples on the podex were painful on lying down at night.

8th. At 10 A.M., 5 grains. Painful erosion on the middle of the tongue observed after two hours. Great secretion of mucus in the mouth and nose, in the afternoon and evening.

9th. Much itching on the hands and the rest of the body. At 10 A.M., a powder, and again at noon. Burning in the fauces and œsophagus. Disposition to eructate. At 5 P.M., another dose. Frequent call to pass water, as was also the case for several days previously. At 7 P.M., another powder. Very sensitive reddened gums.

10th. The gums, especially of the lower teeth, swollen and very sensitive; a yellow painful vesicle on the mucous membrane, betwixt left and lower canine tooth. At 11 A.M., another dose. Increased flow of urine and loose evacuation in the afternoon. In the evening transient pinching in the right ear, as has happened several times before these last days. Uncommon lassitude.

11th. On rising in the morning, though there had been no frost in the night, the ball of the right foot was swollen and tender as if from frost. Unusually severe coryza. In the evening tender red swelling of the right toes, like chilblains.

12th. The violent coryza, and the tender swelling of the ball of the left foot continue. Loose motion; great coryza. The same symptoms lasted throughout the 13th and 14th of November.

15th. Many itching pimples on the thighs and hands. In the evening the swelled ball of the left foot burned, and was

painful. Uncommon sensitiveness of both feet to wet and cold, which for several afternoons past has caused pain in the bowels; flatus and chilliness. Great increase of the urine, and frequent calls to pass it, especially in the afternoon. On the 16th and 17th, in addition, the left ala nasi was internally swollen and tender. Along with the abdominal complaints which recurred regularly every evening, there was great depression of spirits. This generally did not go off till about midnight.

On the 16th and 19th the medicinal disease seems to have attained its height: the ball of the left foot was very painful in the evening.

On the 20th and still more the 21st, the spirits got better, and a marked feeling of betterness ensued: the pains in the ball of the left foot gradually subsided.

#### MAYER.

Nov. 5th. At 6 A.M., after taking five grains, a slight headache, which did not last long. I felt no other effect, although during the day, I took six doses of five grains each, regularly every two hours.

7th. I took in the evening, gr. x., after which I slept quietly.

8th. From 7 A.M., regularly every two hours gr. v., until 4 P.M. Until the evening I felt scarcely any action; but about 7 P.M., a sort of anxiety possessed me, which lasted about an hour, and then went off again. At night slept quietly.

9th. In the morning I noticed a slight headache, combined with nausea, which, however, as usual, went off as soon as I took my pipe in my mouth. About 3 P.M., this nausea returned but without headache, which was, perhaps, owing to lying on the sofa, for as soon as I got up, I felt no more of it. In the morning the same anxiety recurred. I lay in bed from 11 till 1 o'clock, without being able to sleep, a thing that had never happened to me before.

10th. I felt an uninterrupted aching in the chest, more on the left than the right side; and also an itching or rather a burning in the left sole and calf, particularly in the former



where it was most persistent. At night there was cough with stuffed cold in the head, which kept me awake in bed from 12 to 1 o'clock; and yet in the morning I felt quite well, except a little stomachache, which soon went off, but returned betwixt 9 and 10 o'clock. The bowels were quite regular, the pulse also; only that whenever the oppression came on, it seemed to get quicker; and there was a greater rush of blood to the head. The difficulty of going to sleep occurred on the 10th of November.

11th. Itching on the glans penis, which lasted 8 days.

14th. I noticed on the upper arm where I had received a prick, a kind of insensibility, which only went off gradually.

#### REICHMANN.

January 15th. In the afternoon gr. v. Soon afterwards, and for some time thereafter, considerable thirst, pains in the chest and oppression of the breathing. At night terrifying dreams, low spirits, and sometimes considerable excitement. Soon afterwards, eruption of pimples on the legs and inflammation.

#### RUNGE.

Nov. 5th. At 7'15 A.M., a powder containing gr. v.; at 8'30 a powder; at 11 a third; at 2'45 P.M., a fourth; at 4'15 a fifth; at 6'30 a sixth powder.

6th. No effect.

7th. The same.

8th. A small spot on the palate was excoriated by a hard crust of bread. At 8 P.M., a powder containing gr. x.; at half-past ten another similar powder. The tongue and the whole inside of the mouth reddened, especially the excoriated spot on the palate. On the lower lip, two small hard swellings. The part of the mouth beneath the tongue was particularly red.

9th. At 6'45 A.M., gr. x.; at 9, gr. x.; at 11'30, gr. x.; at 1'30 P.M., gr. x.; at 4, gr. x.; at 6, gr. x.; at 8, gr. x. Redness of the mouth and tenderness, especially towards evening.

10th. At 7 A.M., evacuation, surrounded by watery mucus; the same about 1 o'clock. The flatus very fetid. In the

course of the day the redness of the mouth diminished, especially about the inner surface of the gums. The small swellings on the under lip are almost gone. Towards evening, itching on the arms, and still more on the feet. About 10 P.M., the tenderness of the mouth was almost confined to the inner aspect of the gums.

11th. Tenderness of the mouth goes off more and more. Motions not very slimy. The symptoms of the gums went gradually off, and seemed to be entirely gone by the 16th of November.

#### VULPIUS.

January 8th. Gr. j. Taste, at first cooling, then becoming alkaline. Immediately after taking it, an irritation causing cough, which did not, however, last long.

9th. The same.

12th. Took, gr. vj. This only produced the cough from irritation; no other symptoms.

15th. Gr. x. Soon after taking it, slight rigor over the whole body, confusion and weight of the head; during the day, a good deal of chilliness.

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### PROVING OF COLOCYNTH.

By PROFESSOR MARTIN, of Jena.\*

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#### KRUMBHOLZ.

Nov. 26th, 1836. Took three times during the day several drops of the tincture in water. At night quiet sleep.

Nov. 27th. The remainder of the drops in three doses. In the afternoon uneasiness throughout the body, especially in the digestive organs. Towards evening, pains in the bowels, with feeling of great heat in the stomach; the pains in the bowels increased in severity, until towards 9 P.M. there occurred a

\* From *Hom. Vierteljahrschrift*, Vol. X. pt. 1.

troublesome diarrhœa for half an hour. After this the pains in the bowels go off. Sleep not very quiet.

28th. I observed nothing more that I could ascribe to the action of the medicine.

Decr. 2nd. I took in the morning and in the afternoon a considerable quantity (quarter of a drachm) of the same medicine. About 2 P.M., the same uneasiness occurs, confusion of the head, enormous heat of the stomach, violent pain in the bowels, a loose evacuation (about 3 P.M.), whereupon the pain and uneasiness subside.

3rd. Took the remainder of the drops, one dose, at 7 A.M., the rest at 10 A.M. About 1 P.M. the same symptoms occurred; at half-past 1 diarrhœa.

#### MARTIN.

November 28th. The weather being warm and moist, I took at 10 A.M. two drops of Tr. Colocynth in some water. Persistent, bitter, disgusting taste; in an hour pain in the left arm that soon went off. Urging to stool. In the evening two drops in water. Soon afterwards some pain in the bowels and in the forehead (as if in the left frontal nerve.) Urging to stool. At 7 P.M. three drops. In quarter of an hour pains in the bowels, with feeling of gnawing diarrhœa, pulsation in the left arm. After supper the abdomen very full and heavy.

29th. The same next morning. Secretion of urine diminished. At 10 A.M. three drops in water. (Spontaneous bleeding of a liver spot on the upper lip.) Violent itching at the anus.

Dec. 3rd. At 5:30 P.M. six drops. Collection of saliva in the mouth. In quarter of an hour contractive pain in the right hand, which constantly increased, until a similar one occurred in the left malar bone; the pain in the right hand then spread over the forearm as the facial pain decreased, and again grew milder when the facial pain and some pain in the bowels occurred. Itching and painful drawing in the face. After a little time similar drawing pains also in the left forearm, persisting at the elbow. A similar pain occurs later on the outside of the right thigh, during which there was toothache in the

left upper molars. In an hour heartburn after voracious hunger. Then very crampy pain in the left forearm. About 10 P.M., during a walk after supper, transient aching contractive pain in the pit of the stomach. The following days severe itching at the anus.

6th. At 10 A.M. ten drops. Confusion of the sinciput, sore feeling in the scrobiculus. Aching pain in the left cheek. In three-quarters of an hour violent headache, that went off in half an hour. Afterwards unusual weariness. Heaviness of head, itching in the anus, unusual burning of some pin scratches on the fingers, also in the face and head.

7th. In the morning occasional violent pains in the right forearm.

#### MAYER.

Novr. 26th. In the evening I began by taking two drops, and remarked in the morning (the 27th) a slight pain in the stomach combined with headache, and also a slight diarrhœa. I took no medicine this day, and felt no more symptoms.

28th. In the morning I took two or three drops, which acted violently. I had some stomachache combined with flatus and headache, but without diarrhœa. I was, besides, lazy, felt gloomy and listless, almost pusillanimous. In consequence I began to take smaller doses (one drop). The symptoms lasted some time longer, but at last nothing of them remained but the flatus; this symptom persisted until the 30th.

December 1st. I again took gtt. iij., whereupon the symptoms before observed immediately recurred. I especially felt a pain in the head, occupying the space of about half-a-crown, in the region of the linea semicircularis, about its middle; it felt like a kind of pressure. I further felt an alternation of heat and cold, and there was always perspiration, which went off for moments and then returned, without my experiencing any great changes of temperature; there even occurred some symptoms similar to syncope, but I was always able to check the progress of this symptom by holding the hand before the eyes. These symptoms seemed to be more severe in the evening than in the morning; for the following day I felt them much less, excepting

a feeling of the teeth being on edge, which came on in the evening in question, and was still very annoying the following day. All these symptoms went off gradually, just as they came on; the stomach-ache and the depression of spirits lasted somewhat longer. To these were added, after a few days, an oppression of the chest, or pressure upon the chest, which was also very severe in the evening.

#### RUNGE.

November 26th, 1836. At 6:30 A.M. five drops; a few minutes afterwards sour eructation. At 8:30, two; at 10, two; at 11:30, three; at 1:45 P.M., three; at 3:30, three; at 5:30, three; at 7:30, three; at 9, three; at 12, three; and at 1 A.M., four drops. In the afternoon I had urging to make water, and a collection of saliva in my mouth. Towards evening great lassitude; peculiar state of mind—I could not pursue any train of thought. At night a pollution.

27th. At 8 A.M., three and a half; at 10:30, five; at 12 noon, five; at 3 P.M., four; and at 6:30, five drops. At night a pollution. (Warm damp weather.)

28th. Took no medicine.

29th. At 3:30 P.M., six; at 5:30, eight; and at 7:30 P.M., eight drops. After each dose rumbling in the stomach; towards 8 o'clock oppression of the heart. At 10:30 P.M., ten drops. After a bottle of Bavarian beer I felt almost intoxicated; a most unusual thing. Great wakefulness and sleeplessness; the same the following morning, but I felt very well, all except a transient aching in the pit of the stomach and bowels.

30th. At 6:30 A.M., ten drops. Soon afterwards a liquid evacuation. At 9 A.M., twelve; at 11:30, twenty drops. After dinner stupefied feeling in the head, stomach-ache, for a few moments almost giddy, transient deafness—at least I heard everything accompanied by a roaring noise, nothing seemed to have its proper sound. All these effects lasted but a few minutes. At 3:30 P.M., ten drops. Towards evening an internal oppressed sensation, flow of saliva into the mouth. At night and in the morning great wakefulness; quite liquid evacuation three times in the evening, and once the following morning.

December 1st. Disagreeable feeling in all the limbs on making any intellectual exertion. In the afternoon great lassitude (perhaps from the warm weather). At 7:30 P.M., twelve; at 11 P.M., twenty drops.

2nd. At 9 A.M., twenty drops. Liquid evacuation; small ulcers with itching and burning (where?). Oppression and stitch on respiring in the right side, not very considerable. At 12 o'clock, thirty drops. Instantly pressure in the pit of the stomach. At 2 P.M., thirty-six drops. I took no more, as I had to take a journey.

3rd. At 8 A.M., thirty drops. Soon afterwards a liquid evacuation; weakness, fulness, prostration all day long, probably the consequence of the diarrhœa (although there were only two motions during the day); they were, however, quite watery. At 11 o'clock, thirty-six drops, without any new symptoms.

This remedy seems to me to increase the mucous secretions to a considerable degree, but not for long, like alcoholic fluids. It seems to act more profoundly in the organism, because its primary action is so strong that the consequences of the derangement caused by them continue.

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## EXPECTANCY, HOMŒOPATHY, AND ALLOPATHY IN HÆMATURIA.

By EVAN FRASER, M.R.C.S.Ed., Hull.

SINCE the publication of the world-renowned observations of Dr. Bright, the disorders and disorganizations of the kidneys have enlisted a host of observers in every region of the globe. The diagnosis and morbid anatomy of every form of renal complaint has been pushed to the most infinitesimal extremes. Every form of tubular cast, and all the diversified conditions of cells have had their origin and cause minutely described, and their habitation, from the cortical substance of the kidney to the orifice of the urethra, definitely fixed. While all this minuteness has been wasting the midnight oil, and burning up

the vital energies of many zealous and devoted men, the therapeutics of kidney affections have been altogether overlooked. Old pathology has been discarded as unsound and useless. Old therapeutics have been retained as sound and most reliable. Men can now reason on the nature of hæmaturia, albuminuria, dropsy, fibrous and hyaline casts, oil globules, and uræmia; they feel proud (and justly so), of the clear light they have caused to shine in on the darkened pathology of their ancestors. They smile at the utter ignorance of the former generations, and talk of the dark ages of diagnosis; and while laughing at these, they accept their treatment as the most legitimate and sound.

All important as diagnosis undoubtedly is (and no man can feel safe to treat where his diagnosis is obscure), it is made by sadly too many of the present day to take the precedence of treatment. To heal all manner of disease is our mission, that should be our first and great aim. In the former days this was thoroughly understood by practitioners, and though they proceeded on false premises, they never forgot that healing was their art. In the latter days, men have felt to a large extent that mere drugs are useless, and worse, hurtful; and they have rushed to the opposite extreme, and made diagnosis the hobby of the day. How often have we seen, nay, how often have we felt a thrill of satisfaction run through us, when the post-mortem examination of a case has corroborated the diagnosis we gave during the patient's life time. We all know that this satisfaction arises as a reward for the care and trouble we have taken in applying the laws of science and the rules of observation and experience to the case in hand, and were the same scientific laws and the same strict regard paid to the treatment of disease, we should often have the better satisfaction of having our patient cured, instead of only having our diagnosis confirmed.

The illustrations now to be given, will be confined to that form of hæmaturia which follows scarlet fever.

*1st. Expectancy.*

**HISTORY OF THE CASE.**—J. W., æt. 7 years. A strumous child, with unusually large head, suffered four years ago from acute hydrocephalus. Had a slight attack of scarlet fever, twenty-one days previous to the 15th of November, which was treated domestically. A younger member of the family being at the same time seriously ill, the case was under observation, and carefully guarded against cold.

**SYMPTOMS AND PROGRESS.**—On the 15th November, 1859, it was observed that the boy's face was swelled and pasty-looking, there was no œdema of the legs or feet; there was great languor and disinclination for food; there was no pain, but the urine was scanty and red, and the mouth had that peculiar dry "claggy" look and feel, which indicates the impaired action of the general absorbent and secreting apparatus of the body—urine very scanty and very red.

**EXAMINATION OF URINE.**—Exceedingly albuminous, loaded with blood globules. A few fibrinous casts of the tubuli uriniferi and epithelial scales.

16th. The face was much less swelled, but the extremities had become considerably enlarged; and the urine was the colour of port wine, the blood being ultimately mixed with the water.

**MICROSCOPIC EXAMINATION** showed great numbers of blood globules, casts, and many disintegrated scales.

To satisfy the anxiety of the child's parents, powders of sac-lac. were prescribed.

17th. Condition very much as on the previous day, only the urine more scanty, and if anything, brighter red in colour.

**MICROSCOPE** revealed in addition to yesterday, the presence of uric acid, which was held to be a favourable indication for withholding the use of active treatment, and the powders of sugar of milk were continued.

18th. No bad symptom, pulse steady, passed a little more water during the night, and hardly so bright in colour. The scrotum is enormously dilated, bright and glassy, the under eyelid baggy, the sclerotic and conjunctiva look dry and parched.



*Microscope.* Still casts and globules, and a multitude of all shapes and forms of epithelial scales. Cont. powders.

19th. No change.

20th. Scrotum still greatly swelled, and the prepuce twisted very much to the left side; the urine is passed over the left thigh; the quantity of urine passed in twenty-four hours, rather less than  $\frac{3}{4}$  vi.

23rd. Still scanty secretion of urine. Cont. sac. lac.

25th. Quantity of urine increased to about  $\frac{3}{4}$  xii., has a dark smoky look, rather less swelling; the boy is more playful, eat his breakfast with relish, and disposition for drinks.

*Microscope.* The casts of the tubuli have changed their character, and became more granular. Cont.

27th. Œdema rapidly disappearing, and the healthy expression returning. Urine about  $\frac{3}{4}$  xv., in the twenty-four hours. Cont. Sac.

30th. Much better. Urine more free, and only slightly brown. Containing less albumen and fewer casts.

Dec. 2d. The swelling from all parts of the body is disappearing, the urine still too brown.

*MICROSCOPE.* The casts are more of a hyaline character. Scales are more broken down, and are fewer in number. Cont. sac. lac.

5th. The patient is in good health, joins in all the games of his brothers, and eats and sleeps well. The urine very much clearer, only a slight trace of albumen. A few casts, cells, and blood globules. Omit. Sac.

10th. The urine still pale brown colour, and hazy on boiling.

15th. Urine better colour, though still a little brown. Improving. Ceased to attend. The boy is quite well.

This case I selected for non-interference, solely with the view of observing the natural course of the disease; and though the result was perfectly satisfactory, I am far from believing that it is either safe or expedient to trust to nature alone in all such cases. Yet as it is only on very rare occasions that we have true pictures presented to us of disease uncomplicated by medical treatment.\* I hold the case, as above narrated, to be

\* We are perfectly justified in making an experiment occasionally,

a fair standard, by which we can measure the success of our remedies; and if it can be shown that medical treatment either shortens the duration of the attack, or moderates its severity, then we can fairly denounce that incredulity in the power of medicine, which is one of the most prominent errors of the day.

*2d. Homœopathy,*

**HISTORY OF THE CASE.**—R. C., æt. 24, steward on board a steam-packet, had some feverish attack with some kind of rash on his skin, which occasioned him no very great amount of inconvenience, and received no further treatment than the few saline purges which the ship's medicine chest supplied. A few days after arrival in Hull, he complained of painful and difficult micturition, with scanty secretion, and slight œdema of the face. A neighbouring practitioner was called in, and after some days treatment, consisting of fever mixture and diuretics, the friends became alarmed by the gravity of the medical man's prognosis, and desired to have homœopathic treatment. I was called to see the case.

**THE SYMPTOMS AND PROGRESS** were as follows:—Jan. 17, 1860. A well proportioned man, with a well developed chest, weight about 10 stone, height five feet seven inches, always enjoyed good health; previous to the febrile attack above-mentioned, complains of pains in the back, headache, and nausea, loss of appetite, dry harsh skin, parched mouth, without any increase of thirst, bowels costive, urine very scanty, and containing blood.

**EXAMINATION OF URINE.** Albuminous, containing a multitude of blood globules, fibrinous casts, and various forms of epithelial.

℞ Tr. Ars. Alb. ʒ gts. xx.

Sp. Vin. q. s.

Aquæ ʒ vi., M.

Cap. Coch. Ma ʒ. 4 tis horis

18th. Cannot lie down, feels restless and uncomfortable,

especially when we can do so without danger either to the life or health of our patient.

difficulty in breathing, and short rapid respiration. Very considerable increase of the dropsy. The urine still very red, and the secretion during twenty-four hours about  $\frac{3}{8}$  viii. Microscopic appearances as before. Rept. med.

20th. The anasaruous condition much as on the 18th; the general symptoms only slightly relieved; the urine has increased to about  $\frac{3}{8}$  xii. in the twenty-four hours, and the colour of the deep brown smoky appearance of ordinary hæmaturia.

EXAMINATION OF URINE. Not so much albumen; the blood casts have not the perfect outline of those formerly examined; the casts of the tubuli and the epithelial scales seem more altered and broken, as if indicating the arrest of further extravasation. Cont. med.

23rd. The patient can dress himself, and move about with comfort. The general dropsy declining; the constitutional symptoms greatly relieved. The quantity of urine increased to about  $\frac{3}{8}$  xxv. in the twenty-four hours. Rept. Ars. Alb. as at first.

26th. Marked improvement, appetite good, bowels regular, sleeping well; the swelling rapidly disappearing, and the quantity of urine enormously increased, about two quarts in the twenty-four hours.

EXAMINATION OF URINE. Much less albumen. Sp. gr. 10·15, and containing Uric acid. Cont. med.

Feb. 1st. No constitutional disturbance whatever, the urine has only a slightly brownish tinge. The Sp. gr. 10·10, quantity still upwards of two quarts in the twenty-four hours. Cont. med. ter. die.

5th. The urine has only a very slight shade produced by heat and nitric acid. The few casts that appear under the microscope are quite transparent. Cont. med.

10th. The secretion of urine is now reduced to about forty ounces in the twenty-four hours, the dropsy is quite gone; and the patient expresses himself quite well. Owing to the inclemency of the weather, it is deemed advisable to have the patient under observation, though he may take a short walk daily. Cont. med.

18th. The urine was examined to day, and not a trace of albumen. No blood discs or casts could be found.

*Remarks as to the treatment adopted.*—I was led to employ arsenic in this case, in consideration of the leucophlegmatic temperament of the patient; the general restlessness and discomfort, the parched condition of the mucous membranes, unattended by an increase of thirst, from the state of the urine, and from the frequent and scanty micturition.

The action of the remedy seems not to have been so much on the kidney itself as the seat of disease, as on the general condition of the absorbents.

### *3rd. Allopathy.*

For the case of Ralph W., æt. 11, now to be noticed, we are indebted to Dr. Basham's very excellent work on "Dropsy connected with Diseases of the Kidneys."

"On Dec. 7th, twenty-two days after the first appearance of the scarlet rash, the surface of the body became generally anasarcaous; there was some heat of skin, and acceleration of pulse, the tongue was pale and moist; the face was œdematous as well as the trunk and extremities; but there was no ascites. He complained of aching pain across the loins; and the urine was scanty, and highly charged with blood. The breathing was somewhat oppressed and short. There was frequent cough without expectoration, the respiratory sounds were very faint throughout the chest; and in the large tubes there was some trifling sibilus. He was cupped to four ounces from the loins. Ordered the compound jalap-powder, one scruple; and the diaphoretic mixture; to be clothed in flannel, and a hot air bath administered; the urine was microscopically examined, and fibrinous casts entangling blood discs were abundantly visible, together with free blood corpuscles. The treatment made little impression on these symptoms for the first six days: throughout this period the hæmaturia continued and the anasarca increased, so that both upper and lower extremities became extensively œdematous. He had warm baths and brisk purgatives, with the compound jalap-powder.

"On the 20th of December, the urine became more abundant, had lost the red sanguineous character, and had acquired the smoky tinge observable in the milder forms of scarlatinal

dropsy, it was moderately albuminous. The microscopa exhibited tubular casts, more transparent, and containing a few blood discs, with granular epithelial scales, and one or two compound granular cells. The tincture of sesquichloride of iron was now given. The anasarca gradually disappeared; the urine became clear and natural, and when examined on the 4th of January, was free from all appearances but a few very transparent casts, with here and there an epithelial cell and isolated nuclei. The patient rapidly improved, soon lost the flabby sodden aspect of dropsy, and was discharged convalescent."

The object in view in presenting the three cases now recorded, is not the glorification of Homœopathy, but the simple desire to establish truth, and to build up our own faith in the efficacy of treatment. The *first* case and the *third*, were both cases occurring in children who had suffered from scarlet fever, and who had never been exposed to cold, nor any other cause likely to give rise to hæmaturia. In the *first* case we find the symptoms of renal disorder are more severe than in the *third*. In the *first* case, nine or ten days elapse before improvement begins. In the *third* case, improvement was established by the sixth day. In the *second* case, where the symptoms were much more grave than either the *first* or *third*, the age of the patient, his exposure to cold during a stormy sea voyage, in the stormy month of January, and the hold the disease had obtained before treatment could be had recourse to, rendered the management of it more difficult; yet, notwithstanding those serious disadvantages, the case began to improve on the third day of treatment. During the *first* twenty-four hours after the first visit, the patient only passed  $\text{℥ viii.}$  of thick bloody urine; during the *second*, twenty-four hours, or on the *third* day of treatment, the quantity of urine had increased to  $\text{℥ xii.}$ , and the albumen was less in quantity, and the non-appearance of the blood discs seemed to indicate that the continuance of hæmorrhage from the kidney had been arrested.

In the *first* case, where no active treatment was employed, the albumen did not disappear from the urine for *thirty or thirty-three days* after the first appearance of the dropsy. In

the *third* case, where the treatment was sufficiently active, the albumen does not seem to have entirely disappeared till about the *same period*. In the second case, the albumen had altogether disappeared by the end of the *twenty-fifth* day.

In the *first* case, the constitutional symptoms were so severe, that I was several times about to abandon my experiment, and have recourse to active treatment. In the *third* case, the general disturbance of the system seems to have been less troublesome. While in the *second* case the constitutional symptoms gave rise to no uneasiness after the second or third day.

The lessons to be learned from these observations seem to be,

1st. EXPECTANCY may be depended on in the treatment of the disease, but it is slow in action, the symptoms of the disease are very severe; and the constitutional disturbance is greater than when either homœopathic or allopathic measures are employed.

2nd. ALLOPATHY in mild measure, as in the case cited, may MOST UNQUESTIONABLY be relied upon; it cuts short the progress of the disease, though it would appear that the period of convalescence is not much shorter than that of expectancy.

3rd. HOMŒOPATHY has the merit in the case recorded of arresting the disease *in half the time* allopathy did; and fully *two thirds* quicker than expectancy. The whole period from the commencement of dropsy to complete convalescence, was about twenty-eight days.

These facts demonstrate as far as three cases can, that there is still virtue in medicine. That the science of therapeutics needs only to be worked in order to yield most blessed results. That good allopathic treatment is better far than expectancy; and that homœopathic treatment as contrasted with allopathic is shorter, simpler, and equally efficacious to cure disease.

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**NOTICE OF THE MEDICINES WHICH ARE INDICATED BY THE SYMPTOM SUICIDE, ACCORDING TO THE LAW OF SIMILITUDE.**

By DR. P. JOUSSET.\*

A CERTAIN number of medicines produce, when tried on a healthy subject, phenomena which have a strong resemblance to the symptoms observed in different forms of suicidal monomania. We think it will be useful to present collectively the different statements which the *Materia Medica* furnishes on this particular, in order that those medicines may be employed according to positive indications in the treatment of the maladies where a tendency to self-murder has been observed. We shall at the same time report the clinical observations which stand forth in justification of the application of the **LAW OF SIMILITUDES** to the cases in point.

1. **ANXIOUS SUICIDE.** A great number of medicines produce an anxious desire for death. These are Arsenicum, Aurum, Belladonna, Carbo vegetabilis, Hepar sulphuris, Mercurius, Nux vomica, Pulsatilla, Rhus toxicodendron and Silica.

Arsenicum, Nux vomica, and Pulsatilla, produce anxiety, with palpitations or constrictions of the heart. Belladonna, and, especially Mercurius, develop a longing for death (accompanied by hysterical phenomena, and involuntary crying), which is aggravated at the monthly periods. Further effects produced by each of these medicines are described as follows:—Arsenicum develops phenomena which are precisely referable to "Anxious Monomania," not only of the suicidal, but also of the homicidal type; as is proved by the following passage borrowed from Hahnemann's "Chronic Diseases," article Arsenicum. "He (the prover), is tormented by a fear of not being able to refrain from committing a murder" (10). The paragraphs from 7 to 27 give the characteristics of the anxiety produced by Arsenicum; it is habitually accompanied by heats, tremors of the limbs, palpitations of the heart, and oppression. It is especially manifested at night, and after meals.

\* *L'Art Medical*, Juin, 1858.

Belladonna inclines rather to maniacal or hypermaniacal suicide; nevertheless, it also produces an anxious desire of death.

"During intervals of exemption from fury, he complains of an insupportable anxiety, which makes him long for death." (1825). "On going into the open air, she is seized with anxiety and a longing to weep: she is tired of life, and wishes to go and throw herself into the water." (1881).

The pathogenesis of Aurum contains some symptoms which perfectly characterize anxious suicide.

"Great anxiety, proceeding to thoughts of suicide; with spasmodic constriction of the abdomen." (10).

Mercurius is an important medicine in the treatment of suicide; not only does its pathogenesis contain symptoms which completely justify its employment, but further I am enabled to report an observation in support of its efficacy. I subjoin the principal paragraphs from the history of Mercurius, which treat of "Anxious Suicide." "*During the monthly period,* anxiety so great, that she does not know where to betake herself." (891).

"He longs to die: every thing is indifferent to him, even what he most loves." (1289).

"He almost involuntarily sheds tears, which relieves him."

These various symptoms, furnished by the pathogenesis of Mercurius, show the suitability of that medicine to the suicidal anxious monomania which occurs in hysterical and hypochondriacal subjects. The following observation is an example of cure effected under these circumstances.

Madame B., aged 33, came to consult me at the dispensary, for syphilitic eruption. This woman, with normal recurrence of the catamenia, had been long subject to "Anxious Monomania," of the homicidal and suicidal type, which was especially manifested during the monthly period. This alienation was characterised by sadness, involuntary tears, a sort of indifference to every thing, and principally by great anxiety, with fear of doing some mischief, and of killing herself. The homicidal impulse has for its object her husband, whom, nevertheless, she loves much; she begged of him to hide the razors and the knives, because it was with a sharp instrument that she was



inclined to do mischief, or to kill herself. Mercurius vivus, 12th dilution, 6 globules in two-hundred grammes of water, three spoonfuls per day, caused the above symptoms to disappear entirely during several months.

*Nux vomica.* The Materia Medica contains under "Nux vomica" several paragraphs which prove that this medicine produces in man a tendency to "anxious suicidal mania." From 1226 to 1245, we find several paragraphs which may be summed up as follows:

"Occasional anxiety, with palpitation of the heart, and tendency to suicide."

"Suicide; she throws herself out of the window."

The history of *Rhus toxicodendron* furnishes the following phenomena:

"At twilight, anxiety, which gives him the idea of suicide." (971).

Silica is more important, since it is especially during the monthly period that the tendency to suicide produced by this medicine is manifested; and because the indication occurs frequently in practice.

"During the monthly period, melancholic anxiety at the pit of the stomach, leading to suicide by drowning. (626.)"

*Hepar sulphuris* produces also some important phenomena.

"Terrible anxiety in the evening, with sadness proceeding almost to the length of suicide."

*Pulsatilla* in its pathogenesis offers characteristics a little more precise.

"Anxiety about the region of the heart, tending to suicide; and a sensation at the pit of the stomach, of wishing to vomit." (1112).

II. *Automatic suicide.* Alumina, Antimonium crudum, and Mercurius solubilis, are the three medicines which produce symptoms analogous to automatic suicide.

*Alumina.* "Whenever he sees blood on a knife, an invasion of horrible ideas, with a longing to kill himself, though he detests suicide." (Jahr, Nervous Maladies, p. 510.)

*Antimonium crudum.* "Inclination to shoot himself with a pistol in the night, and not to any other kind of suicide; obliged to get out of bed to banish these thoughts." (8.)

*Mercurius*, in its pathogenesis, offers no symptoms of automatic suicide; but merely those phenomena which may be referred to automatic monomania; such are the following:

“An almost irresistible wish to travel to a distance.” (1256.)

“When out walking he had the strongest desire to seize by the nose those whom he meets.” (1262.)

The collection of clinical facts published by Dr. Hermel, \* contains the case of a hypochondriac, with tendency to automatic suicide cured by *Mero. solubilis*. It describes a man aged 39, who, in consequence of the suppression of a habitual perspiration of the feet, was attacked with violent headache, vertigo, sadness, gloomy ideas, and tendency to suicide.

“Whenever his eyes fell upon an open window, or met a sharp instrument, a perspiration ran over his whole body, the colour mounted into his face, and he felt an almost irresistible desire to kill himself.” The man was cured by Mercury. (*Loc. cit.* p. 82.)

III. *Maniacal suicide*. It is *Belladonna* that is the principal medicine in maniacal suicide. “She tries to strangle herself, and begs of the bystanders to kill her, because she is to die then.” (14—37.)

“He strikes his face with his fists.” (14—13.)

“In his frenzy he wounds himself and others, and deals blows in all directions.” (14—19.)

*Aurum* has cured a maniacal suicide. (*Hermel loc. cit.* p. 23.)

IV. *Lypomaniacal suicide*. *Arsenicum*, *Carbo vegetabilis*, *Hycosyamus* and *Aurum* are the four medicines whose pathogenesis present phenomena analogous to those of suicidal monomania.

The pathogenesis of arsenicum gives the following case:

“He is driven to suicide by appalling hallucinations.

“He wishes to hang himself.” (*Hahnemann 92.*)

But, moreover, there are clinical facts which demonstrate the curative action of that medicine. Thus, *Hahnemann* reports

\* *Recherches sur le traitement de l'alienation mentale.*

that a melancholic suicide experienced after taking Arsenicum, a repose of mind quite unusual (66).

An observation reported in M. Hermel's pamphlet (p. 20), presents us with symptoms which closely resemble the phenomena noticed in paragraph 92 of the *Materia Medica*.

"A man aged 36, after serious cares and perplexities, consequent upon a building contract, fancied he saw a phantom, which ordered him to throw himself into the water; was cured with Arsenicum 24, one drop.

*Carbo vegetabilis* also produces in a healthy man phenomena analogous to lypomaniacal suicide.

"Great sadness, in which she wishes to kill herself. She feels herself so unhappy as to long for death." (40—41.)

"Impatience, despair. He would gladly kill himself." (21.)

*Hyoscyamus* produces similar effects.

"In despair he wishes to destroy his life, and to throw himself into the water." (476.)

*Aurum* is one of the medicines most frequently employed in the treatment of maladies which present symptoms of suicidal lypomania. Yet I am not acquainted with any particular observations proving the efficacy of that medicine. Hahnemann, in the "Treatise on Chronic Diseases," says, in speaking of *aurum*: "I have treated with success cases of melancholy, proceeding to the length of suicide." (Loc. cit. Vol. I., p. 439.) But he quotes no particular instance. In the same book we find, in the pathogenesis of *Aurum*, the following symptoms: "Melancholy, he considers himself misplaced in this world, and longs for death." (5.) Whence we may conclude that *Aurum* is positively indicated, according to the law of similitude, in the treatment of maladies which include in their symptoms lypomaniacal suicide.

## CONTRIBUTION TO THE PHYSIOLOGICAL ACTION OF ARSENICUM ALBUM.

By DR. O. BUCHMANN.\*

My wife, æt. 28, nervous constitution, experienced by several medicinal provings in the observation of medicinal symptoms, on the 14th August, 1858, at 6½ P.M., drank by mistake a glass of fly poison, which contained about half a grain of arsenic dissolved in water.

Ten minutes after, anxiety and perspiration; oppression, as if the chest were bound with a hoop; burning glow over the whole body; shortness of breath, especially on walking; sense of suffocation; strong palpitation; trembling of the feet; great weakness; stupefaction; insensibility; vertigo.

7 P.M. Cannot walk from weakness. Nausea; vomiting of water; cramp in the jaws. She can scarcely separate her teeth. Her face is distorted by convulsions; the features are twisted, sunken, expressive of anguish. Burning in the chest, especially at the pit of stomach; sense of faintness; ringing in the ears. Sensation of dryness, soreness, scraping, and burning in the throat. Burning in the scalp of the crown of the head, of the size of a thaler; contractive pain over the eyes, and in the temples distension of the veins of the temples. Total prostration, so that she can only speak with great effort.

7¼ P.M. She desires to go to bed, but cannot walk alone; sinks down with deadly anguish on attempting to assume the erect posture; skin of face icy cold; hands and feet of a burning glow internally; forcible vomiting, as if all her inside were torn loose. After the vomiting complete prostration; pulse weak, small, frequent. Strong twitchings of the whole body; she can only take breath with difficulty. After each attack of vomiting she sleeps until vomiting returns again. Breathing short, with effort, even during sleep. During sleep with half-closed eyes, incomprehensible murmuring and loud speaking:

\* From *Hom. Vierteljahrschrift*, Vol. X. p. 119.

she wishes to see the children before her death; yearns after her parents; hopes that I shall not leave her now in her last moments. In sleep she tosses about from one side to the other, and endeavours to throw off the bed clothes. She springs out of bed with staring eyes; tears the clothes from her person; thinks that she burns internally.

8 P.M. At intervals of ten minutes after the foregoing terrible mortal anxiety, severe vomiting. The vomited matter tastes bitter. She experiences a feeling as if the blood ran boiling hot through her veins. Previous to each accession of vomiting, she complains of being icy cold all over, succeeded by glowing burning of the whole surface, which always *feels* cold to touch. Has frequently shuddering and shaking of the head. While drinking she can with difficulty only open her mouth a little; she bites the rim of the glass.

9 P.M. The symptoms are still unchanged. The following symptoms have also presented themselves:—Burning in the eyes; the eyelids are frequently drawn together spasmodically, so that she can only open them with difficulty; bruised pain and creeping in all the limbs, worst from the knees to the toes; cramp in the calves, as from dysentery, of which she formerly suffered an attack. She complains of the bowels being as if constricted.

11 P.M. The vomiting returns only every twenty minutes. The mortal anguish is more intense. Periodical severe pain over the loins, with stiffness of the nape of the neck; tonic cramps in the fingers; a fit of asthma every half hour, continuing from five to ten minutes, occurs also during sleep. If she be not awakened by a severe attack of pain, she lies insensible, replies not to questions, and even by shaking it is difficult to arouse her.

12 P.M. There is as yet no relaxation of the symptoms. After each attack of vomiting three or four flatulent eructations. Feeling of a heavy body, under the burthen of which she lies.

August 15th. 1 o'clock A.M. Urgent desire to urinate, with burning in the urethra; desire for stool; pappy-like evacuations, with much urine; burning in the rectum; three thin stools in half an hour. She cannot plainly perceive anything. The paroxysms come on thus:—She starts up with a look full of

anguish and amazement, tries to throw the clothes off her, attempts to spring out of bed, throws out her arms with the fists clenched, and then sinks backwards insensible, whereupon follow twitchings of the arms and legs, the toes turned downwards.

5 A.M. The symptoms have become weaker. In the intervals of vomiting every half hour sleeps with frequent startings. Appetite for chicken broth.

6 A.M. From 5 to 6, easy sleep. Great debility; sensation of burning and constriction in the abdomen, especially on stretching out the legs; attacks of nausea; tingling in the legs; on walking her knees give way; pain in the legs to the touch; voice rough and hoarse; sensation of soreness in the throat; painful soreness at pit of stomach on speaking, respiration, and motion; continual desire to go to stool; heat and redness in the face; pain of the face and of the scalp to touch; conjunctiva very red from injection of the capillaries; burning in the eyes, worse than in the night; eyes without lustre; photophobia; pain of the eyes is worse by movement of the eyes, or by steadfastly looking at any thing; the white of the eyes is tinged yellowish; occasional humming in the ears; constant thirst, from heat ascending from the stomach; heaviness in the head, with stupefaction and pains in the temples; taste sourish; frequent shuddering; pain in the teeth of the upper jaw on mastication; dulness of the teeth, as if she could not chew with them; she could eat something, but is afraid that she could not swallow.

9 A.M. She feels again more unwell than on awaking, and more pain and burning in the stomach and in the whole bowels; the abdomen is painful to pressure.

12 o'clock, noon. Periodically great anguish; pain in the bowels and tearing in the limbs; after a spoonful of beef-tea, great aching at the stomach. She has been out of bed half-an-hour, but cannot walk without assistance.

For one hour felt great desire to go to stool, which drove her out of bed. She is faint, and requires to be lifted into bed; whereupon severe pain in the abdomen; burning in the stomach and frightful anguish; oppression at the chest; her throat feels constricted, as if she should suffocate; she cannot open her

mouth; nausea and vomiting; great burning in the soles of the feet. She thinks she must die. Her face is swollen, dark red, and hot; pulse full, hard, and quickened; the heat is perceptible over the whole body; burning in the eyes; throbbing in the head and face, as if from abscesses which would burst; has inclination to eat, but everything is disgusting; vertigo; loss of consciousness; twitchings in the extremities and cramps in the calves; stupefaction; swooning, aroused out of which by reason of the pains and mortal anguish. This condition from 1 o'clock till now, when the symptoms gradually decline. She complains now only of the stupefaction, and a slight burning in the stomach. She feels very weak, but in better spirits.

August 16th. 8 A.M. Her sleep during the night was disturbed only at times by anxious dreams, which awoke her. On awaking, heat in the head and pain in the bowels; appetite fails; thirst slight; the tongue coated with a thin white fur. She does not feel as well as on the evening previous. Sensation as if there were an abscess under each eye; sticking and burning in the eyes; margins of eyelids very red; photophobia; cramps of the eyelids; in the night sour taste, now natural; pain of the head, as if the brain were pressed down by a hundred weight; pimples on forehead and chest.

5 P.M. Has felt very weak all day, and could not eat; disgust to all food; transient appetite for this and that; cough on deep inspiration and on movement; soreness in the bowels; from time to time rapid flushes of heat in the face, with anxiety; tranquil breathing; she cannot go to sleep, although she feels weary; empty eructations; yawning; stiffness of the extremities; the symptoms of the head and eyes have lessened; urine passed only at once, little, dark yellow, and without burning; on movement, sensation as if the whole skin were harsh, and would crack; the hair comes out on combing, in some places it is matted like felt; the scalp is painful to touch; she cannot lose the thoughts of death; she cannot long think of anything without fearing to lose her senses; cannot endure the least noise; nose stuffed, as by catarrh; teeth dull; frequent nausea; desire to stool, without effect; irritation to cough, with soreness

in the larynx ; dry cough ; drawing from the sacrum up to the nape of the neck, necessitating bending backwards ; face red, puffed ; lips swollen, cracked ; pain of soles of feet on walking, dislike to butter, inclination for fat ; pain in the throat on swallowing.

August 17th. Morning. Uneasy sleep in the night, troublesome dreams alternating with anxiety ; dreamed of death and tetanus ; knew not on awaking where she was ; heavy weight in the head and eyes ; trembling of the whole body ; faintness ; disgust at food.

Evening. From 3 o'clock, every five minutes an attack of short dry cough ; thick yellow expectoration every hour ; feverish heat ; thirst ; dull pain of the left temple ; four times in afternoon, thin evacuations by stool.

August 18th. Morning. The night through, uneasy and anxious ; feverish ; sleepless till 3 o'clock. Before falling asleep an attack of cold shivers, lasting five minutes ; sleep till 4 o'clock, awaking with a cold shiver, succeeded by thirst ; also, on awaking, hoarseness and pain of the chest ; she cannot utter a sound. At 9 o'clock her voice gradually returned ; at 10 spoke as usual ; still some pain in the larynx on speaking. First time for twenty-four hours, this morning voided about 2 ozs. dark vinous yellow urine with great difficulty.

August 19th. Morning. Her strength has improved. Twice in the afternoon pappy stools. In the evening evinced an appetite. Larynx on speaking still painful ; cough looser ; abdomen sensitive to pressure ; night's rest uneasy, on account of cough ; attacks of anxiety, and flying heats, at intervals of an hour and a half ; desire to urinate, with emission of 2 ozs. of dark vinous yellow urine, after which quiet sleep till 6 o'clock in the morning. Face puffed on awaking ; lips swollen ; two large vesicles, one on the margin of the upper, and the other right on the margin of the under lip, as occurs in gastric catarrh ; sensation as if there should be an eruption in the whole face ; cough weaker, seldomer ; weariness.

August 20th. Morning. The menses have appeared, instead of on the 15th ; pale clear red. The vesicle on the upper lip is filled with lymph, that on the under with matter ; the cough



has ceased ; stiffness in the legs ; she cannot stretch them out for pain.

August 21st. Morning. The vesicle on the under lip is dried up, that on the upper filled with matter. Hair still matted.

Evening. About 10 o'clock in the morning stiffness of the neck ; cannot move the head ; contraction of the throat, as if it were swelled up ; the neck is drawn spasmodically to the left, backwards ; cannot turn her head to the right ; tearing pain of the left side of the head ; tearing pain in left eye ; toothache in all the teeth of left side ; pain of left side of neck, extending into the pectoralis major ; she cannot swallow ; burning, as of fire, in the head ; pain as if the brain were being torn out—touching the hair increases the pain ; tearing pain in the left half of the face ; the pain always increases towards evening ; she only speaks low, for fear of increasing the pain ; every breath and slight movement increased the pain ; loud whimpering. Afternoon, flying heat and thirst ; sudden cold sweat. In the evening a chill, continuing two hours, then sweat without heat.

August 22nd. Morning. The abovementioned pain, continuing the whole night through, towards morning gradually declined. The catamenia, instead of continuing six, have only lasted two days ; scanty, pale. Sensation as if the whole left half of the body were contracted ; stiffness of the lower extremities ; feeling as if a heavy weight were attached to her legs. The pains of the head and face are confined exactly to the left half ; she cannot lean or lay down her head ; she is obliged to sit the whole night with her head quite erect.

August 23rd. Morning. Yesterday evening, at 5 o'clock, began again the headache ; at 11 o'clock it gradually went off, after which she was very cold in her hands and face. At 4 o'clock heat and sweat, without decrease of the pain, until 6. On the brow and left cheek a pustule ; behind the right ear a circular tetter, of the size of a sixpence, with a red border, burning, sticking, drawing.

August 23rd. Evening. The same prosopalgia, on the same side, at same time as yesterday ; the pains are also in-

creased by touching the sound half of the face. Tonic cramp in the lower jaw and throat; loose feeling of the teeth; flow of saliva. In the iliac and inguinal regions, pain increased by pressure; at the same place is felt a swelling hard to the touch, without any defined limit.

August 24th. Morning. Sleepless till 8½ o'clock, on account of severe neuralgia of the left side of the head and face; during which coldness of the whole body, and pain in the right side of abdomen. Severe pain again in the night in the left eye, which she cannot open. Vibration in the brain, as if it moved to and fro, particularly when moving the head; cramp feeling in the left shoulder; she cannot move the left arm in the least. The pains have not yielded this morning; feels weaker than yesterday. The spot behind the ear kept burning and tearing for half an hour long, during which the pain of the face went off. The pustule on the face is gone. The hair of the left side of the head falling out; it is now matted only on the left side. Crampy pain of the left side of the throat.

Noon. Sudden flow from the vagina of dark blood; pinching at the pit of the stomach, towards the right side of the belly, constraining her to bend forward; stiffness of the neck; pain of the back; cold feeling in the whole body, also internally, especially in the stomach; the left side of face feels colder than the right, as also the left arm; bad smell from the mouth; anorexia.

August 25th. Morning. Sleepless till half-past 8 o'clock, on account of violent neuralgia again of the left side of the head and neck. Sour smell of the perspiration. This morning the head, neck, and left shoulder feel as if paralysed. Red spot on the right cheek. She cannot move; durst not speak. Severe pain of left eye; pain of cervical vertebræ to pressure. Until 8 o'clock this morning she ran about the room, moaned and screamed, rolled herself on the floor, was quite in despair, and would rather die; she wished me to give her opium, or allow her to inhale chloroform, because she could bear the pains no longer. Since 8 o'clock the pains were, as she said, more severe; but she is pleased if she is not required to move or speak.

August 26th. Morning. Since 5 o'clock P.M. yesterday, no pains. Appetite. She slept till 1 o'clock; from then till towards morning, severe tearing in the left side of the head.

September 5th. Till now every night an attack of pain of the left side of the face. The spot behind the ear gradually disappears. By day alternately anxious and solicitous. She is greatly emaciated.

## ON STRABISMUS.

By DR. GALLAVARDIN, of Lyons.\*

### I.

Marie Mas, of Saint-Priest (Isère), aged 12, of lymphatic temperament, very fat, blond hair, fair skin, with traces of *lentigo*; health generally good. At two years of age she had two attacks of eclampsia, each of which lasted from ten to twenty minutes. At the age of four, when playing with a bottle, she fell and broke the bottle and cut her hand; she ran crying to her mother. From that time she was observed to squint with the right eye.

As no one was present when the child fell, it is a question whether the strabismus was *symptomatic* or *essential*. *Symptomatic*, consecutive on a third fit of eclampsia, produced by the emotion caused by the fall, the fright? or *essential*? Would the same cause have produced the *essential contraction* of the *rectus internus* of the right eye?

When I examined the child for the first time, I noticed that the right eye squinted so strongly inwards, that the half of the pupil was concealed behind the nose. The *rectus internus* muscle, usually shortened by *tonic* spasm, was sometimes agitated by slight and rare *clonic* movements.

July, 1850. I gave the child Sulphur 80, to take three times a day for eight days, and told her to come and see me at the end of a month.

\* From *Journ. de la Soc. Gallicane*, Vol. III. No 11.

August. Sulphur having effected no alteration, I gave *Hioscyamus* 3, to be taken in the same way.

September. A month later I again saw the girl, and she was completely cured of the strabismus, that had lasted eight years.

Some months afterwards, the strabismus returned two or three times, but so slightly, that the right eye did not squint above a quarter or a fifth as much as it had previously done. *Hioscyamus* 3 given each time a relapse occurred, removed the squint completely and permanently.

This case, which was witnessed by all the inhabitants of the village, was seen also by M. Cartier, the physician of the district, who, however, stated to me his objection to consider it a cure by homœopathy, in the following words:—"The child certainly squints no longer; but I am not inclined to ascribe her cure to the henbane, but rather to the physiological revolution usually caused by menstruation at her age." "You would be perfectly justified in doing so," I replied, "if the menses should soon make their appearance in the course of the year, but not otherwise."

This young girl was cured of her strabismus at twelve years of age, and the menses did not appear until she was seventeen, that is to say, five years after the cure; which proves that the cure must be ascribed entirely to the henbane. She is now twenty years old, and the visual axis in both eyes is so normal, that it is impossible to tell with which of the eyes she squinted so long. Two years ago she had typhus fever that lasted four weeks and had no effect on her eyes. I have waited eight years, in order to allow the cure to be confirmed before publishing the case.

Encouraged by the successful result in this case of strabismus of eight years' standing, I was impatient to obtain new triumphs. I searched everywhere for cases of squinting, but could only succeed in finding two cases that would submit to be treated with the persistence I deemed necessary. They were two girls, aged respectively nine and fifteen. They both squinted, and still squint, inwards and upwards. I gave them both the remedies indicated by the law of similars, but without success. Perhaps I was wrong only to give the medicines in infinitesimal

doses, and not in more massive quantities, in mother tinctures. However that may be, I confess to complete failure.

I could gain no information as to the history of these two cases of strabismus. Was their squint congenital or acquired? In both, the squint was never greater at one time than at another, and the eyes were never subject to *clonic* convulsive movements. It was evident I had to do with a primary shortening of the obliquus minor and the rectus internus muscles, or with a muscular shortening become organic in consequence of the long duration of the contraction.

On reflecting upon these three cases of strabismus, I was led to the conclusion that those cases only are curable by medicines where the strabismus is produced by *clonic* convulsion of the muscles, and perhaps also those caused by *tonic* convulsion, where this has not existed long.

When medicines have no effect on the strabismus, we must have recourse to a surgical operation. But before resorting to this, we may try, and sometimes with success, the treatment by means of *Ling's method of Swedish gymnastics*. This is the only scientific system of gymnastics—the only one that is founded on an exact knowledge of myology. At Berlin, where it is employed in several special establishments, I had opportunities of observing how the medical men conversant with this system were able to bring into action any muscle singly and successively.

The use of spectacles *ad hoc* acts in a way analogous to the method of Ling.\*

*A propos* of these three cases of strabismus, I was naturally led to make some researches on the subject of the treatment of this affection: I shall now give a *résumé* of my investigations. As regards the nosological points of view under which we may consider strabismus, I need only remind the reader of what everyone knows, that squints may be divided, according to their duration, into *acute* and *chronic*. *Acute*, that is to say, *symp-*

\* The proper spectacles for the treatment of squints have, instead of glasses, plates of metal or pieces of card, with an almost imperceptible orifice in the centre; the orifices of each plate are in the axis of normal vision.

*tomatic* of affections of the brain, of verminous diathesis, &c. *Chronic*, divided into *essential* and *consecutive* to eclampsia and chorea; *organic*, organic shortening of the muscles of the eye, which may be congenital or consecutive to a traumatic lesion.

I shall not dwell upon *acute* strabismus, which demands a treatment appropriate to the disease of which it is only a passing symptom.

With regard to *chronic* strabismus, as all I purpose to do is to lay down its *medicinal* treatment, I immediately exclude *organic* strabismus, which requires a mechanical treatment, by means of a surgical operation, or the Swedish gymnastics. I have therefore only to treat of *essential* strabismus and of *consecutive* strabismus, for which I have only found five medicines indicated by the law of analogy. They are Alumina, Belladonna, Hyoscyamus, Stramonium, Tabacum.

With regard to special indications, Belladonna, and especially Alumina, for scrofulous patients; Belladonna, Hyoscyamus, and Stramonium, when the squint is *consecutive* on cerebral affections, or eclampsia, or chorea; Tabacum may also be employed in the former.

Stramonium, and especially Belladonna and Hyoscyamus, when the strabismus is caused or aggravated by fear, by certain concentric (*sic*) emotions—perhaps apprehension, timidity, as is very frequently the case with children.

I subjoin the *differential* indications of these five medicines, in respect only to their *elective* properties on the ocular region. A medicine will be all the more indicated, the better the totality of the symptoms presented by the squinting patient correspond to the totality of the symptoms caused by the remedy.

#### *Alumina.*

Strabismus of both eyes (of which muscles?).

Convulsions of the eyelids; ptosis; paralysis of the upper eyelid.

Ophthalmia; blepharitis scrofulosa.

Lippitudo; frequent styes.

Photophobia ; amblyopia ; the patient sees objects yellow.

*Belladonna.*

Strabismus upwards (rectus superior muscle).

Strabismus outwards (rectus externus muscle).

The left eye drawn upwards (rectus superior muscle), whilst the right eye is drawn upwards and outwards (rectus externus and rectus superior muscles).

Exophthalmia (obliquus major and minor).

Convulsions of the eyelids, tending to separate them.

Pupils contracted, then dilated, and lastly, insensible to light.

Presbyopia (the four recti muscles ?).

Scotopsia, diplopia.

Amblyopia, amaurosis, blindness.

He sees objects coloured variously.

*Hyoscyamus.*

Strabismus inwards (rectus internus muscle).

Strabismus upwards (rectus superior muscle).

Strabismus upwards and inwards (rectus internus and obliquus minor muscles).

Myopia (obliquus major and minor muscles).

Triplopia.

Great congestion of the eyes, which are sparkling, haggard, bright, or dull and dim. Look stupid, dull.

*Stramonium.*

Strabismus in every direction (elective action on all the motor muscles of the eye).

Fall of the upper eyelid, apparently produced by a spasm of the orbicular muscle.

Pupils contracted, dilated, and lastly, immovable, as if paralysed.

Myopia, diplopia.

Visual hallucinations respecting the colour and position of objects.

Photophobia, amblyopia, blindness.

Ocular and palpebral ophthalmia.

*Tabacum.*

Strabismus upwards (rectus superior muscle).

The eyes are deeply sunk in the orbits (all four recti).

Convulsions of one or the other eyelid, sometimes only of the orbicular muscle.

Pupils contracted, dilated, and at length insensible to the light.

Ocular and palpebral ophthalmia.

Hallucinations of the sight, photophobia.

Amblyopia ; blindness, sometimes only transient.

Since the above was written, Dr. Gallavardin has had two cases of cure of strabismus by means of Phosphorus, which he has communicated to Dr. Hirschel's journal. What led him to use this remedy was the perusal of two cases recorded by Dr. Tavignot in the *Moniteur des Hôpitaux*. As these cases are interesting and instructive, we subjoin them.

“ ON MUSCULAR PARALYSIS OF THE EYE, TREATED WITH  
PREPARATIONS OF PHOSPHORUS.

“ I have seen several cases of paralysis of both the third and the sixth pair of nerves ; some are still under treatment. Their treatment is very simple, and generally very successful. It consists in the internal and external use of Phosphorus. Externally it is rubbed round the eye. The following liniment is used by being rubbed in every evening with a piece of flannel rolled into the form of a tampon, which is then unrolled and laid on the forehead all night :—

“ Oleum nucis	-	-	100 grammes.
“ Naphtha	-	-	25 „
“ Phosphorus	-	-	0·20 centigrammes.

“ Internally I give the Phosphorus in the form of pills, prepared with fat. Each pill contains 2 milligrammes of Phosphorus. I commence with one pill daily, and increase gradually to three pills. Latterly I have followed the advice of my friend



Dr. Ducom, chief apothecary of the Lariboissière Hospital, and instead of pills have given the following emulsion :—

“ Ol. amygdal. dulc.	-	10 grammes.
“ Phosphorus	- -	0·10 centigrammes.
“ Syrup	- - -	90 grammes.
“ Gum	- - -	2 „

“ The bottle to be well shaken, and at first one, then two and three teaspoonfuls taken daily. As a general rule, when Phosphorus can produce a curative action, it acts quickly; and it often does cure. I cannot in the present place give a detailed account of my experience; that will be found in my treatise *On the Nervous Diseases of the Eye*. I will only report two cases, which occurred recently in my practice, and which prove the efficacy of the treatment.

“ The first case is that of the wife of a paper-hanger, sent to me by Dr. Havée. The paralysis of the third pair was complete—ptosis, strabismus externus, mydriasis, &c. A colleague had employed electricity for two months, without effect. I cured her with Phosphorus in twenty-five days.

“ The second case is still more interesting. A rich landed proprietor from the provinces came to Paris, in order to be cured of involuntary seminal emissions of long standing, by a specialist. Before commencing the latter's treatment, he was affected by paralysis of the right branch of the sixth pair of nerves. The specialist sent him to me. I cured him with Phosphorus in about ten days, and now wished him to return to my colleague, in order to be treated for the emissions; when, to my great astonishment, he declared that the Phosphorus had quite cured his seminal weakness. This fact merits the attention of medical men, as this action is by no means accidental; Phosphorus will be found an excellent remedy for this affection, in general so intractable.”

As we write we have not seen the details of Dr. Gallavardin's two cases of the cure of strabismus by Phosphorus. The above cases, from the practice of an allopathic physician, suffice to

shew the importance of the remedy; and the last case is doubly interesting, as it confirms the power of Phosphorus over involuntary seminal emissions, which has long been known to homœopathic practitioners.

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## MELANCHOLIA RELIGIOSA AND PLATINA,

By DR. GROSS.\*

RELIGIOUS melancholy (soterialgia, theomania) is by no means a rare affection in these days among the country people subjected to the influence of the revival of what I must call rather an ecclesiastical than Christian life, especially in the solitary Alpine valleys of the Algäu, where I have been practising for the last twelve years. I have never succeeded in effecting a perfect cure, except in one case with Platina: only an amelioration in those cases where the dysthymia could be traced to a material cause. The symptoms of the soterialgia were always so distinct and so numerous, that it was by no means difficult to obtain a well-defined morbid picture, and to select the suitable remedy without trouble. Sepia, Aurum, Pulsatilla, Lycopodium, and Belladonna were most frequently indicated. Still, in most cases the result was far from satisfactory, even when the remedy corresponded ever so well to the symptoms of the mental affection.

The causes of this want of success are two-fold—physical and psychical. In the first place it is difficult to ascertain precisely the seat and source of the melancholy, the corporeal malady, the commencement of which was often long anterior to the mental affection. Hence the mere covering of the pure melancholia-symptoms is not sufficient for the cure. In other cases again, corporeal maladies have arisen along with or after the mental disease, accidentally, or as a consequence of the melancholia, and then the cure of the former does not bring about that of the latter, because they are only slightly or not at all connected with one another.

\* From Hom. Vierteljahrsschrift, Vol. ix. pt. 4.

The second and psychical cause of the failure is external to the patient; to wit, in his surroundings and his social position. In no kind of melancholia is it of more importance, and at the same time more difficult, to convey hope and consolation, than in religious melancholia. Here the physician must be not only physiologist and psychologist, but also philosopher and theologian, even when he has to do with a simple peasant girl. What the physician succeeds in doing with method and toil, is often at once undone by the family, some relative, a neighbour, or if not by them, most certainly by the clergyman. It is distressing to observe how little tact and common sense—I will not say book-learning—the common run of clergymen display in such cases; in place of water these gentlemen heap fuel on the flames. Of course I do not include all in this censure, I know some honourable exceptions, gentlemen who understand the human heart, be it healthy or sick.

I shall now relate a case of perfect cure, and follow it by some observations.

In a side valley of the Oberillerthal, lived in a solitary place, Juliana S——, 60 years of age, who passed for an old maid. She is the daughter of wealthy peasants, and was brought up to an industrious and active life. When young she prayed a great deal, went often to church, attached herself to no friends or companions, loved solitude, rejected the addresses of young men, and frequently expressed her horror of matrimony. Since her 18th year she has never been quite well, her complexion became chlorotic, she constantly suffered from profuse, too early, and very painful catamenia, was subject to headache, toothache, pains in stomach and abdomen; and for years had constantly complained of constipation, weakness of the back, weariness of the arms and legs, chilliness in the heat of summer. She frequently alleged she was about to die. Though she liked work, she frequently had to leave it off for days together, owing to weakness and leaden weight of the limbs, which seemed to her to be paralysed. And yet she always felt worse when she rested; she then became affected with low spirits, weeping, anxiety of mind especially when sitting still, sewing or spinning, nausea and distension of the abdomen, trembling and shaking

of the lower extremities and of the whole body, urging her to rush out into the open air, whereby she was somewhat relieved. On these days of excitement she could neither sit nor lie; she could scarcely obtain three or four hours sleep at night when exhausted; she was forced to move perpetually about, run among the people, and yet her repugnance to all persons continued. Before the catamenia, she was much troubled by globus hystericus. Some years she had remissions of one and sometimes several months, so that to her friends she seemed quite well. But suddenly her sufferings would re-commence, especially spasmodic pains, with renewed violence.

When 32 years of age she became *enceinte*, felt quite well during that period, and gave birth to a boy who soon died. After this catastrophe, her bodily and mental ailments became aggravated. She grew taciturn, withdrew herself more into solitude, devoted much time to prayer, but was as useful in her domestic duties as her ill-health allowed, and always seemed willing, obliging, and sensible.

When 48 years of age, after the catamenia had been absent for months, and instead of them there had occurred a permanent leucorrhœa, which her sister alleged had a very fetid odour; one morning she did not quit her bedroom as usual, and she never left it for twelve years thereafter. She spent her time seated on her bed in deep meditation, or praying aloud, complaining, weeping, and howling. She rejected all cooked food, and took no notice of anything about her. Only at night she got up out of bed, and ran about her room without apparent object.

The allopathic doctor called in bled her and rubbed her stomach with croton oil, in order to overcome the constipation of a week and a fortnight at a time. She always refused to take any medicine.

Subsequently, her father-confessor was brought to her, to whom she acknowledged with sincere and child-like confidence, that she suffered unspeakable pangs of conscience in consequence of the *faux pas* she had committed, the fruit of which was the child; that she had brought disgrace upon her family, and believed she had incurred the penalty of damnation. The

priest only gave her a more terrific idea of hell-fire, asserted that she could not hope for pardon or for heaven, that only by diligent prayer and by giving alms very freely could she make matters a little better.

From this period, when she was not carefully watched, she gave away money, linen, clothes, domestic utensils of all sorts, everything in short that was moveable, to unworthy persons who hypocritically took advantage of her state. She required to be constantly watched. But not a cheerful ray of light came to illumine her sad spirit; the priest had trodden out the last spark of hope of forgiveness of her sins, and she approached nearer and nearer to absolute despair. In the still night-hours she bemoaned her misery to the dumb walls of her room, praying aloud, wringing her hands, and beseeching that she might be delivered from the hell of her conscience. Twice during these twelve years she attempted self-destruction; once by leaping out of her window in her night-dress and running towards the river, but fortunately she was rescued. When an iron grating was fixed to the window a year afterwards, she attempted to hang herself from it, but the watchfulness of her sister prevented her doing so. In spite of her tendency to suicide, she gave those around her to understand by her displeased gestures and deprecating looks, that she did not like to hear any one talking about dying and death, and she disliked the priest's attempts to prepare her for death. She dreaded dying: she wished to live and do penance in order to mitigate her eternal punishment.

I gathered these details from the account of her elder sister, who had been with her from her youth, and from her nephews, who were under my medical care. I myself did not see the patient, nor did I deem it necessary, in consequence of the full report of her case I got. Moreover, the time was long past when any effect could be produced by talking with her. With people of this ill-educated class affected with this kind of melancholia, the person who comes after the priest can hardly ever do much.

On the 30th November, 1855, I prescribed Platina 6th trituration (decimal), a dose every sixth day. As the patient would

take nothing but water, milk, and wheaten bread, and steadily refused to touch anything resembling medicine, the dose of Platina was furtively mixed with the water she drank every sixth day. At the same time I enjoined the relations to treat her with affection and forbearance, as they had always hitherto done, never to speak about dying, and not to allow any one to have access to her except the family, not even the father-confessor.

On the 20th December, the nephew reported that the patient no longer prayed aloud at night, that she often seemed to sleep calmly, that her eye was not so dull and indifferent-looking, that on the contrary she looked about her in a livelier manner and watched what was going on around. Two days previously she had got up early out of bed in order to close the window, on account of the cold, a thing she had not done for twelve years. But she still remained without speaking, and would touch no food except bread and milk.

On the 4th January, in the morning, she took her clothes out of the wardrobe, came completely dressed into the sitting room, and sat down at the table without saying a word. But she was soon seized with trembling and shaking of the limbs and went back to bed. From this time she took daily in the morning some milk-soup. She now prays and weeps silently.

From the 12th January she got a dose of Platina 6, only once a week.

Towards the end of January, she began to speak, and every day she once or twice asked for one thing or another in broken sentences. She now dresses herself every day, she stays generally in her room, only goes for a short time into the sitting-room when there are persons present who are agreeable to her, and runs away as soon as she hears footsteps approaching.

In the early part of March, her nephew reported that his aunt was perfectly sensible, and completely cured of her melancholia. She behaved more naturally than she had done for twelve years, and she frequently expressed her regret that she had given her sisters so much trouble; she even referred to her attempts at self-destruction and the enormous amount she had squandered in alms-giving; as also the masses, each of which

had cost her family a thaler. In brief she showed herself to be in full possession of her judgment, and her mind was now completely at rest.

The chief symptoms of this case of soterialgia were—Great anxiety, pricks of conscience, and fear of eternal punishment; desire to be alone and to weep: refusal to speak and indifference; praying and wringing of her hands; suicidal propensity, and fear of death.

These symptoms are not all contained in the pathogenesis of platina. There is there no record of pricks of conscience, unless they be understood in the symptoms: "Fear of devils in pursuit with calling for help." The refusal to speak is only hinted at in the symptom, "Inclination to sit retired in a corner without speaking," and in "Want of interest, with absence of mind, and short broken answers." The suicidal tendency is not among the symptoms of platina, but on the other hand the desire to retain life is expressed in, "Great anxiety of heart, as if death was approaching, with great fear and dread of it."

Half a dozen other medicines are fully as well if not better indicated than platina. Thus Aurum corresponds to the key-note of religious dysthymia, and even to its proximate cause in this case, shame on account of having done wrong, grief caused by shame; "sorrow and depression, with desire for solitude; fear that he has lost the love and esteem of others, with great grief and weeping;" and again—"religious anxieties with weeping and praying;" anthropophobia and pusillanimity," etc.

It was the anamnesis that led me to platina; the origin of the mental affection was evidently the eruption, the nature of which it was, fortunately, easy to discover. The patient grew up with hysteria, atony of the uterine system, and torpor of the vegetative sphere; she trembled convulsively from weakness, and soon afterwards she was again weak, as though paralyzed; she was always cold. The open air did good: rest was intolerable, however weak she might feel. I could not learn that she had any vascular excitement during her manifold pains and nervous attacks; during the most violent of these

she always remained pale and shivery. All this is characteristic of Platina, is essentially different from the similar effects of the medicines, and thus alone is this remarkable cure explicable. The atony and the torpor yielded to the increased energy in the innermost vital organs, the nervous centres.

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#### CURE OF CHOROIDITIS BY IPECACUANHA.\*

ON the 15th of January, 1858, Madame Leroy, *æt.* 47, presented herself at the dispensary. She had been suffering for six weeks from excessively painful shootings in the eyeballs; could not gaze on any object without copious lachrymation; on looking at a candle, she saw a blue and red halo around the flame. Her eyes at first sight presented no alteration; the pupil was neither dilated nor contracted, and performed its movements freely. The vessels of the palpebral conjunctiva alone were slightly injected; so slightly indeed, that that could not give rise to the complaints of the patient; the ocular conjunctiva and the cornea appeared intact. The patient could not assign any cause for the commencement of these pains, nor could we find any link which might connect them with a present or previous malady. With this exception, she was enjoying perfect health. The symptoms had so striking a resemblance to those which had been produced by the dust of Ipecacuanha on a man employed as pill-maker at a druggist's shop, that, in accordance with the LAW OF SIMILITUDE, we resolved to prescribe that medicine.

Ipec. 12th dilution, 2 globules in 200 grammes of water; to take a tablespoonful three times a day for six days. On the 22nd of January she was suffering much less; gazed on objects with less difficulty, and the halo which she saw around the candle was much less apparent. Her stools, which were habitually difficult, had become easy. Ipec. 6th dilution 2 globules.

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\* See ART MEDICAL, vol. vi, p. 205, "A property of the dust of Ipec.," by Dr. O. Tambhayn (translated by Dr. Champeaux).



January 29th. The amelioration had made progress. The patient could read and work in the daytime, which she had been unable to do for a long time, but in the evening she could not devote herself to her occupations.

She still suffered, from time to time, some slight shootings in the eyes, and more in the left than the right; that is, *in the eye which had been first affected*. Almost every morning, instead of the previous difficult stools, she had one diarrhœic evacuation. Ipec. 12th dilution, 2 globules.

We have not seen this patient again; but after the steady improvement which she experienced, and from what we learnt indirectly, we have reason to believe her cured.

Here then is a very precise application of the LAW OF SIMILITUDE, which has given a definite result. As for the dose, who could calculate the infinitesimal fraction represented by 2 globules of the 12th dilution, taken in six days? Nevertheless, through that dose, diarrhœic morning stools succeeded those which had been habitually difficult.

## AFFECTIONS OF THE STOMACH,\*

By DR. V. MEYER.

### 1. *Acute Catarrh of the Stomach.*

(27 Cases: 13 cured, 3 left off attendance, 11 only attended once.)

ACUTE catarrh of the stomach is an affection of very frequent occurrence, and attended with as little danger. Its duration is but short, and it is mostly cured without the aid of medicine, by the observance of a regulated diet. It yields more easily when it arises from some direct affection of the stomach than when it originates in cold, from mental emotions, night-watching, or other endemic or epidemic causes. The treatment of this disorder is so familiar to every one, that I should only weary the reader with any further remarks. For the sake of rendering the reports more perfect, I will just mention the remedies most frequently employed: these were, Pulsat., Bryon., Nux vom.;

\* From *Wissenschaftlicher Bericht der hom. Poliklinik zu Leipzig*, 1857.

Ipec., Acon., Arsen., and in some cases associated with intestinal catarrh and great tympanitis, Coloc. and Carbo vegt. It may be assumed, as extremely probable, that a good portion of the 14 who staid away were among those cured.

## 2. *Chronic Catarrh of the Stomach.*

(16 cases—6 healed, 6 left off attending, 3 only attended once, 1 under treatment).

In accordance with recent researches, chronic catarrh cannot be separated from chronic gastritis. Broussais and Andral were the first to direct attention to the identity of these affections, and later observers, by pathological researches, have confirmed the opinion. Although formerly I considered these disorders were distinguished by different characteristics, I now follow the new and more rational views by placing these affections under one head. On the other hand, I could not persuade myself to include Cardialgia with chronic catarrh of the stomach, although it is often very difficult to decide whether the last arises from the former or not. It seems to me important both in a pathological and therapeutical view to distinguish between chronic gastritis and cardialgia, so when the former has been complicated with the latter I have placed it under the head of cardialgia. This rule, however, I have reversed when chronic catarrh has apparently been a sequel of other diseases, for example, of heart, liver, intestinal, brain or blood disorders; in such cases I have given the preference to the primary affection. The less decided the physiological school may be as to the real nature of chronic gastritis, and the less the objective and subjective symptoms may offer adequate grounds for establishing a strict diagnosis, so much the more shall I be justified in my restrictive views. Hence it may be understood how in spite of the frequency of chronic catarrh of the stomach, among 800 male patients, we have only 16 cases of this disease to record, a number which would certainly have been much increased if the above principle had not been followed.

In all the 16 cases chronic gastritis was without complication, and might perhaps have been more correctly designated

as dyspepsia chronica. The patients complained for the most part of loss of appetite, or of too little, or of being too quickly satisfied. Tongue and taste were either normal, or what was more frequently the case, the first coated, the last bitter, sour, insipid, &c. Directly after a slight meal there was fulness, or feeling of distension, with or without pressure at the epigastrium. This was soon followed by a tasteless, sourish, putrid eructation; occasionally tasting of the food taken, or with a more annoying heartburn, at times with nausea and sickness; vomiting very rarely occurred, and only from some accidental circumstance or from a fresh increase to the inflammatory state of the stomach. The motions were either normal, hard, infrequent, or even loose. The general health continuing good, and only becoming affected by a long continuance of the disorder, followed by slight weakness, emaciation and hypochondriacal humour. Fever was usually absent, and sleep was either undisturbed or interrupted, especially in the first part of the night, by troublesome dreams, and nightmare. The most frequent reflex symptom was headache, more or less violent. The physical examination afforded but little information, at the most that the stomach was distended; pain produced by pressure in the pit of the stomach was very uncertain.

These are the usual symptoms from which patients in this category suffer more or less. Notwithstanding the multiplicity of symptoms our treatment was limited to a narrow circle of remedies; not because there was any neglect of strict individualisation, but rather because there were certain remedies in our *Materia Medica* which most corresponded with the whole of the symptoms above delineated. I must mention before all *Nux vom.*, *Pulsat.*, *Bry.*, *Phosph.* and *China*.

*Nux vom.* was the medicine most frequently employed. In fact it is the exact counterpart of the above train of symptoms. When the patient has been for a long time troubled with his dyspeptic state, is sometimes hungry without proper appetite, and is even at the same time disgusted at the sight of food; has a distaste for his favourite coffee, increase of thirst, the tongue

covered with a whitish mucous, bad taste, putrid or sour; after eating, a swollen state of the stomach, with occasional pain on pressure; when he has putrid taste, and sour eructation after eating; nausea early in the morning when fasting; frequent retching; stools hard, and not as usual daily; sleep disturbed by night-mare; when he complains, occasionally, of a pressing aching pain in the forehead; on awaking in the night, when he is of a depressed or excitable humour, without any remarkable decrease of strength; in such a case *Nux vom.* has never failed me, even when the recovery has been slow, and I might say has made a symptomatic progress; the latter I have had frequent opportunities of noticing in drunkards.

It would on the one hand be useless to the reader for me to enter upon a full description of the properties of the following remedies, which I have had occasion frequently to prescribe in chronic gastritis; on the other hand it would not requite the labour expended, for it would be difficult to exhaust the subject in accordance with the principles of our mode of treatment. It will be sufficient for this report for me to give shortly the most important points which led me to the choice of any particular remedy, as well as to pass by *Nux* so often employed in this disease.

I gave the preference to *Pulsatilla* when there was absence of thirst, with complete loss of appetite, combined with aversion to flesh-meat, and longing after sour things; the bitter taste was not constantly present, but seemed to depend upon the kind of food and the occasionally occurring eructation, with at times risings up into the mouth. When further the white or yellow coating of the tongue is adhesive and difficult to remove, the region of the stomach is not distended, the patient only complaining of an uncomfortable feeling; when there is neither nausea nor retching, but shivering after each meal, especially towards evening, the patient feeling worse at that time.

The symptoms are still more scanty in chronic catarrh of the stomach, in which *Bryonia* is most suitable. Here the taste is more insipid, the tongue presents only a slight coating. The most prominent symptom is a dryness of the mouth, either

constant or occurring shortly after eating, without any amount of thirst, unless for any thing cold; the appetite not entirely wanting, but soon satisfied; eructations not very troublesome, but often causing the remains of the food to rise into the mouth; the pain, pressure and shooting in the stomach was present only in a slight degree, but increased by motion; bowels either constipated, or sometimes loose; general health tolerable, disposition not much changed. If the disorder was attended with headache, it was generally onesided.

I was led to use Phosphorus when gastritis was complicated with *heartburn*, which after it had ceased annoyed the patient with an invincible scratching in the throat. In many cases its employment was attended with the best results, in others it proved of no service, when Arsen., Acid sulph., Sp. nitr. dulc., or *Lamium alb.* were found useful. Still Phosph. is a very valuable remedy, especially when there is loss of appetite accompanied with a feeling of emptiness and want, together with an impossibility of eructating apparently seated at the orifice of the stomach, with tendency to diarrhœa.

The indications for *China* were eminently characteristic; healthy appetite always absent; the patient could nevertheless eat on making an effort, though quickly satisfied. When there was appetite it was capricious. Notwithstanding the absence of any desire for food the tongue was clean, taste normal or sometimes bitterish. There was usually an uncomfortable feeling after eating, without any particular assignable cause. This latter symptom was somewhat relieved by eructations with the taste of the food taken. Pain in the stomach was not present, though in rare cases there was a feeling of coldness, a symptom common to both *China* and *Berberis*. When symptoms of debility existed, so *peculiar to China*, the choice of the remedy was thereby facilitated, and the result so much the more certain. Of course it must be understood there were several intervening remedies, according to the symptoms present, upon which, if I made any further remarks, it would be descending too much into details. I will only mention that with the most suitable conditions, in cases of gnawing pain in

the stomach, with great tympanitic distension of the abdomen, *Carbo vegetabilis* has been of great service. I have also found that the employment of *Colocynth* has been especially indicated when pressure on the epigastrium has been immediately followed by loud eructations.

In conclusion, it may be remarked that in this chronic disorder all the remedies were used in the middle and higher dilutions, owing to the conviction arrived at from former experiments, that the lower dilutions did not so quickly bring about a recovery, and gave occasion for a more frequent change of remedy. How often, in cases of constipation, I have seen the greatest benefit from *Nux vom.* 30th potency, whilst the 1st and 2nd have left me in the lurch. *Discite moniti.*

### 3. *Cardialgia.*

(25 cases—12 cured, 1 improved, 5 absent, 5 only once seen, 2 under treatment).

Notwithstanding the great progress made by pathology in the last decenary, it has been able to throw but little light on the cause of this disorder of such frequent occurrence. The features of this disease are so varied, and its treatment so different, that the most experienced modern diagnoser has no means of securing himself from error. A post mortem examination, to be sure, may yield a decided result, but unfortunately too late for the patient. The opinions that *cardialgia* is dependent upon an abnormal function of the sympathetic and par vagum, upon perforating ulcer of the stomach, commencing scirrhus, an altered condition of the coats of the organ, and upon disease of the pancreas, with which we are at present but imperfectly acquainted, are at least excusable in the present state of science, though in respect to treatment are likely to bring great reproach upon the practitioner. I have most strictly examined each case of *cardialgia*, and have endeavoured as much as possible to establish the diagnosis, still it would be hazardous for me to maintain that I have, on the whole, been able to ascertain the real cause of the disorder. Certainly when there has been an induration in the epigastrium, with the

characteristic vomiting, the constitutional affection and the external appearance, I have ascribed the disease to the carcinomatous diathesis; and to an ulcer of the stomach, when there has been frequently recurring vomiting of blood. In the whole of the twenty-five cases, with the exception of one only in which there existed considerable enlargement of the liver, I could not discover any organic change, and was therefore justified in considering the gastralgia as a primary disorder. The superiority of the homœopathic treatment in this disease is remarkably apparent. For, apart from the fact that in reference to certainty, quickness and permanency of cure, homœopathy far surpasses allopathy, and thus the many successful cures of this disease may be said in a great measure to have contributed to the recognition and rapid spread of homœopathy; it offers amidst the frequent uncertainties of diagnosis, the great advantage of contending with the disease with tolerably certain weapons. This becomes more evident if we glance at the miserable therapeutic apparatus of the old school, and see how uniformly it tries one after the other, in every case of spasm in the stomach, the same two or three remedies that have once or twice been of use, and when at last even the Opium panacea will do no good it stands helplessly by, and in order to conceal its ignominious defeat, declares the case to be incurable. Homœopathy has scarcely ever met with greater triumphs than those obtained in cardialgias; and nowhere is the necessity and utility of accurate individualization more clearly shown, nowhere is allopathy taught the uselessness of its pottering minuteness in reference to the diagnosis of diseases, while neglecting the much more important diagnosis of medicines, than in our treatment and our success in cardialgia. No doubt there are among us routinists enough who are unable to separate the idea cardialgia from the idea *Nux vomica*; but those gentlemen are but ill conversant with Hahnemann's doctrine, and they bear the name of homœopathists either because chance has so willed it, or because they find it more profitable.

The comprehensive and varied shades of the pathological picture of cardialgia indicate, *à priori*, that the homœopathic treatment in its minute observation of all peculiarities, must be

equally varied in the choice and employment of its remedies. And in fact our literature can show not only a large collection of the most brilliant pathological observations, but also a notable number of therapeutic experiences, which are well adapted for the construction of a monographical treatise on the homœopathic therapeutics of gastralgia. Interesting and instructive as such a work might be, it would far exceed the limits of a report like the present were I to make even a distant attempt to supply such a desideratum for homœopathy. It is imperative that in these pages I must confine myself to the cases that have occurred in our dispensary during the past year, and therefore to the instances of cardialgia occurring in *men* only, for I will not take the liberty of mixing up the cases that have occurred in my dispensary and private practice in past years. Perhaps in the following sketches, which are strictly limited to recording only the important points, I may succeed in furnishing a few materials which may assist in carrying out the above-mentioned desideratum.

The many-sided action of *Nux vomica* on the ganglionic system, and especially on that portion of it which influences the functions of the stomach, explains the frequency of the employment and the great success of this powerful remedy in spasms of the stomach. The great similarity of its physiological effects upon the primæ viæ of the digestive system with cardialgic affections, has tended to constitute it one of the principal remedies of this very common disease. This it is that has misled so many to regard it as a specific for cardialgia, with which they might be able to cure every cardialgia of every different form, and as they naturally did not succeed in doing so, in place of attributing the fault to themselves, they blamed the medicine or even homœopathy itself for their want of success. On this point our sagacious colleague, Bönninghausen, says: "that *Nux vomica* is often improperly used, and powers are attributed to it which from its sphere of action it cannot possess." And yet, I may add, that its sphere of action is by no means difficult to be determined, as its physiological proving is one of the very best, and the indications thereby afforded are pretty sharply defined. Thus it gives us a distinct and tolerably complete picture of that modification of gastralgia most frequently met with.



In the foreground we find the aching pain in the stomach, that commences with tension and increases to a squeezing pinching pain, which occurs after any heavy meal, or even after taking the slightest quantity of food. The pain then frequently spreads over the whole extent of the stomach, and occasionally implicates the cardia, where there is felt a sensation of constriction, and as if the food had to be forced through the orifice; often, however, the pains extend far above the epigastrium, and give rise to oppression of the breathing. An objective symptom thereupon presents itself, viz. the stomach is distended, and the scrobiculus cordis is arched forwards. As a consequence of this abnormal irritation and inordinate pressure upon the muscles and nerves, there occurs tenderness of the external coverings of the stomach, which is increased by slight pressure, but diminished by strong pressure. This physiological sign is quite characteristic of *Nux vomica*, and is yet more distinctly expressed by the fact that the pains are momentarily relieved by bending the body forward, *i. e.*, by strongly compressing the stomach. The effort of nature to get rid of this abnormal state, is especially shown in the process of elimination. It has often occurred to me that the essential nature of most so-called nervous cardialgias consists in a spasmodic closure of the pylorus, which impedes or obstructs the passage of the food into the intestines. The stomach filled with wind is first freed of its excess of ballast by eructation, which is either tasteless or accompanied by the taste of the food, or when there is at the same time catarrh of the stomach, it may be sourish or putrid. Occasionally the attempts to eructate are at first ineffectual or painful, in consequence of the spasmodically constricted cardia through which the wind has to pass; but at the same time the eructations give transient relief to the cardialgic pains. It often happens that by the eructations after they have lasted some time, and have pretty well evacuated the stomach of its gaseous contents, a fluid tasting of the food is propelled into the gullet or mouth by a kind of regurgitation. Nausea now soon sets in, with or without flow of water into the mouth. After more or less severe retching, whereby at first only (sour) mucus is brought up, the contents of the

stomach are emptied by vomiting, which recurs again and again until the last morsel of food is rejected from the stomach, whereupon the pains go quite away. Except during the actual paroxysm the patient has no pain, except perhaps that there may remain some tenderness of the external coverings of the stomach or scrobiculus. The spasm of the stomach for which *Nux* is suitable is not of a regularly intermitting character, for it is only caused by partaking of solid food. Liquids do not as a rule cause it, but it is worthy of observation, that coffee may occasion or increase not only the exciting cause, but when taken in excess or in too weak infusion, the disposition to the disease. The cardialgia curable by *Nux* seldom occurs in the morning before eating, and hence this condition, which is generally characteristic for the medicine in question, is only deserving of attention in this disease where the other symptoms point to *Nux*. After a late supper the attacks may occur in the night also, for as a rule the pains do not come on until some time after eating. It is not necessary that the cardialgia for which *Nux* is suitable should be conjoined with gastric states, on the contrary we generally find the tongue clean and the appetite good. The bowels may also be in a normal state, although habitual or accessory constipation, which often accompanies spasm of the stomach, gives an indication the more for *Nux vomica*. The gastric complication is most frequently observed in the spasm of the stomach of drunkards, where *Nux*, unless there exists some important contra-indication, is generally the appropriate remedy. The reflex phenomena sometimes arising from cardialgia, as headache, vertigo, &c., are only important for the choice of *Nux*, when, in addition to accompanying the other symptoms, they show peculiarities corresponding to those of the drug.

Such is the picture of *Nux*-cardialgia as experience has shown it to me. In cases of this character I have perseveringly administered *Nux*, even when immediate improvement did not occur. The delay in the cure may often have been owing to the too low dilutions and the too frequent repetitions I formerly employed, whereas the higher potencies given at longer intervals effected more rapid and permanent cures. In the above-men-

tioned twelve cured cases, *Nux vomica* was seven times employed with the best effect. It was only when the picture of the disease was not accurately enough apprehended, or when it changed under the use of *Nux*, or when some more or less important symptoms remained behind or showed themselves in the course of treatment, or when the cardialgia was owing to some organic disease that I was compelled to follow it by one or several other remedies.

In other cases I chiefly used the following medicines, of which I shall enumerate some of the characteristic features that guided me to their selection. As regards frequency of use *Arsenicum* stands next to *Nux*. The circumstance that it was chiefly chronic and ancient cases that came to our dispensary for treatment, and that *Arsenicum* is especially suitable for cardialgia that has already lasted a long time, and had frequent relapses, will account for the frequency of our prescription of it. The profound and energetic action of *Arsenicum* on the general organism renders it often a salutary medicine when other drugs and other systems have been of no avail. But such general indications were far from being my guide. I was much more led to its choice by its distinct and well pronounced characteristic features. I shall here give in the briefest of sketches the signs that indicate its use.

The cardialgia for which *Arsenic* is suitable must have already reached a very great height. The pains are excessively severe, sometimes so much so as to cause despair, in rare cases fainting. The salient quality of the pains is burning, often as if from red hot coals; but the burning often passes into gnawing and cutting, or it is combined with aching, which latter sometimes, though more rarely, occurs alone. Along with these torments there is external coldness and violent thirst, but only small quantities of liquid can be drunk without increasing the pains. The stomach, which is the seat of these painful sensations, seems to be distended and enlarged; from it the pain may extend upwards, when it causes great anxiety, or downwards into the abdomen, or backwards, when some of the vertebræ may sometimes be tender. There is sensitiveness of the gastric region to slight and also to strong pressure. A

constant symptom of the gastralgia in which Arsenic is indicated is vomiting, which occurs either early or with great effort, and which consists either of the food taken or of thick, yellowish green, gelatinous looking mucus. Moreover the vomiting does not completely relieve the pains as happens in those cases for which Nux is the remedy, on the contrary they persist a considerable time after the vomiting in a greater or lesser degree. The eructation that sometimes precedes the vomiting is generally very loud, and sometimes becomes hiccup. The cardialgic symptoms occur either immediately after eating and drinking, or in rarer cases not till a few hours thereafter. Frequently however, the pains and the whole paroxysm occur without ascertainable cause, as often happens after midnight. If this kind of gastralgia has already lasted some time, the patient gets a cachectic look, at the same time there gradually occurs a chronic catarrh of the stomach, often attended by occasional diarrhoea, which reduces the patient's strength. Under such circumstances we may easily suspect that the malady is caused and kept up by some organic disease (round ulcer, scirrhus), but this suspicion should not contra-indicate Arsenicum. In the above enumerated cases of this character I found Arsenicum very useful.

I considered Phosphorus indicated when I had reason to believe that a perforating ulcer of the stomach was the cause of the cardialgia. In cases when the occasional appearance of blood in the ejected matter, the brevity of the painless intervals, the emaciation and the anæmia gave rise to this suspicion, I steadily administered Phosphorus with excellent effect. If, however, I had no reason to diagnose an organic lesion of this nature, I only had recourse to Phosphorus when the gastralgia was distinguished by an excessive formation of acidity (heart-burn, sour eructation, sour vomiting), when, also, the vomiting occurred soon, often immediately after a meal, or was rather of the nature of regurgitation of food, and the patient could not literally retain a morsel of his food. The thirst is not so great and tormenting as in the cases corresponding to Arsenic, but yet the pains are aggravated by drinking. If the pains were of a gnawing character, and sometimes extended to the

back,—if the gastric region was very sensitive to the touch,—if this sensitiveness was increased by walking,—I found Phosphorus a most successful remedy, and that in five cases.

Although during the past year I had only one occasion to give Colocynth in cardialgia, I cannot allow this opportunity to pass without calling attention to its excellent effect in this disease, which I have often been able to verify. The spasm of the stomach which points to this medicine begins from two to three hours, often later, after a meal, especially if that meal have partially consisted of sweets. At first slight, the cutting pain gradually increases, until it attains the greatest intensity; it extends from the stomach into the bowels, where the patient feels as if he were being cut with knives, and into the back, which seems to him to be broken. The patient feels as if he must vomit, without being able to do so at first; it is not till after the lapse of a considerable time that vomiting occurs, and then only of the food that has been taken. After the stomach is completely emptied the pain suddenly ceases, as if it was cut short, and the patient feels as if he had been born again. Occasionally the vomiting is preceded by a violent rigor, with chattering of the teeth, goose-skin, etc. The intervals between the attacks are generally very long, sometimes weeks or months. The patient can take any sort of food without injury, until again unexpectedly the paroxysm makes its unwelcome appearance. As far as my experience goes, predisposing causes are eating too many sweets, mental emotions, especially vexation, before, during or after a meal.

Although our literature contains several cures of cardialgia by Bryonia, I have never been able to discover the proper indications for this remedy. If we examine these cases more closely, we shall easily perceive either that the diagnosis is doubtful, or that other ailments present at the same time led to the employment of this remedy, such as menstrual irregularities, chlorosis, hepatic disease, etc. Hence I was unable, in cases of this description, to discover a single cure of real spasm of the stomach by means of Bryonia, although I candidly admit that it may sometimes be useful in the stomach affections of females caused by menstrual derangements. For the rest the physio-

logical proving of *Bryonia* presents but an obscure or weak picture of *cardialgia*. In the past year I employed it only once with good effect in spasm of the stomach, caused by a considerable hypertrophy of the liver. A man, 27 years of age, complained of a violent aching pain in the stomach and *scrobiculus cordis* that came on soon after every meal; eructations with the taste of the food; flow of water into the mouth; headache and vertigo. On examination I could discover nothing abnormal in the region of the stomach; but I found the liver enlarged considerably below the last ribs, the abdomen tense, with dull (*hepatic*) sound on percussion. After the violence of the pains, and especially the excessive tenderness of the *scrobiculus*, had been diminished by *Atropine*, the hypertrophy of the liver diminished gradually under the use of *Bryonia*; and in proportion as the size of this organ diminished, the pains in the stomach decreased, and were at length completely removed by *China*. There still remained great irritability of the stomach, and occasional pains there, for which various remedies were prescribed without effect.

*Pulsatilla* I found of use only when the *gastralgia* was combined with, or dependent on, a great amount of *gastric catarrh*. When I succeeded in removing this state by means of *Pulsatilla*, the spasm went off entirely, or at least to such an extent that it could be removed by some other appropriate remedy. Thus, in one of the twelve cases of cure of spasm of the stomach, where chronic *catarrh* of the stomach had existed several years, and in the last months was attended by very violent *cardialgic* sufferings, I had to follow up *Pulsatilla* by *Arsenic*, in order to cure the patient of the latter affection.

I had only occasion to give *Belladonna* in one case. A full-blooded young man complained of violent shooting in the stomach, which was much aggravated by taking the smallest quantity of food; sometimes there occurred vomiting of the *ingesta*, with very violent pains in the *scrobiculus cordis*, which were much increased by the slightest pressure on the stomach. The tongue was furred; the appetite bad; stool normal; pulse rapid and full; head confused. In this case there was undoubtedly an inflammatory state of the stomach. *Belladonna* 6 removed all the sufferings in a few days.

By the recommendation of some colleagues I several times prescribed empirically the alkaloid of Belladonna—sulphate of Atropine. The result was variable, or at least not sufficiently striking to enable me to recommend its employment in the absence of all indications.

Finally, I may mention two other remedies, to the employment of which I was chiefly led by a single symptom, which seemed to me characteristic and peculiar enough to lead me to the selection of the remedy. When patients affected with cardialgia told me that they could only alleviate their sufferings by taking more food into their stomach, I prescribed, irrespective of the other symptoms, Chelidonium or Petroleum, the former when the pain was gnawing or digging, the latter when it was more aching, scraping, or drawing. Several times I succeeded in effecting a rapid and permanent cure by one of these two remedies; in other cases this one-sided symptomatic indication proved fallacious. This happened in one of the cases cured during the past year, in which, after Petroleum, I was obliged to have recourse to Arsenic and Phosphorus. In the condition above described China seemed to be equally efficacious with the two remedies above mentioned.

## AGARICUS MUSCARIUS,\*

By DR. ROTH.

DR. ROTH has patiently and industriously consulted the originals of all the known provings of this substance; has collected and arranged them into a schema, with the number and an abbreviation of the names of the provers attached, so that they may be readily referred to. He also very judiciously weeds out a number of symptoms, of unworthy credit, such as 60, 61, 160, 241, which "were observed," he says, "in a patient. They would appear to have resulted from the operation of the trillionth dilution of Agaricus in a full glass held before the opened right

\* *Homöopathische Vierteljahrschrift*, vol. x, p. 3.

eye." Symptom 275 was likewise observed similarly as the effect of the 30th dilution. The changes observed on the skin of the upper extremities, symptom 241, were produced in the same manner as 294 and 295, and were he says "undoubtedly observed in an epileptic." Symptom 298 shows that the proving had been made in a cutaneous disease. The symptoms of Ng. are entirely rejected, as also 168 and 515 Gross. These were not observed by Gross, but by Dr. Kretschmar, by smelling at *Agaricus 6* for five minutes. The symptoms are averred to have continued four months.

"The first step," he says, "of my researches was to the following intent: Are the provings which have been made by any homœopathic physicians to discover the pure effects of *Agaricus muscarius* sufficient to afford the proper therapeutic indications of this remedy?" The answer to this question is in the negative, and he proceeds to collate the varied sources of the toxicological effects of the *Agaricus*, and arranges them in the following schema. The authorities which he has consulted are:—Murray's *Apparatus Medicaminum*, Voigtel's *Arzneimittellehre*, Lergel's *Memorabilien*, *The Pharmacological Lexicon*, *The Observations of Vadrot during the Russian Campaign of 1812* (*Observations sur l'empoisonnement par les Champignons, particulièrement l'espèce nommée fausse orange et de ses variétés, Paris, 1814*), *Krasneminikov's Opisanie, zemli Kamtschatki solschinen noje krascheminikovym, Academii nank professorum, Lemgo, 1776* (he was the first who made known the use and effect of the *Agaricus* by the Kamtschatdales), Paulet's *Traité des Champignons, 1793, Hygea*, Vols. 10, 14, *Frank's Mag.*, Vols. 2 and 3, etc., etc.

The symptoms of the foregoing authorities, arranged after Hahnemann's scheme, are the following:

**Mental and Moral.** Taken in massive doses it exalts the spirits, inspires mirth, love and courage.

They become joyful, begin to dance and sing, to make verses, to relate love stories, then warlike and hunting deeds. The physical powers are increased.

Merry, raving and increased strength.

He sings and gabbles, but gives no answer to a question put.



Mirthful madness and great talkativeness.

He wishes to talk constantly, but cannot utter a word plainly.

Speaks with great volubility of his father and mother, but gives no answer to a question put to him.

He (a common soldier) thinks he is an officer, and commands many manœuvres.

He thinks he is at hell's mouth, and that the *Agaricus* commands him to make a confession of his sins, which he does, to the amusement of his comrades. Confusion of judgment. He laughs and is quite disconsolate by turns; he embraces his comrades, and kisses their hands.

He talks incoherently, and wanders from one subject to another. Delirium, such as one sees in febris nervosa ataxica, with great exhaustion.

Delirium, with increased physical power.

Delirium taciturnum throughout the whole day.

First delirium, then a condition of unconscious stupefaction, which continued two days.

Delirium, as in a high fever, alternately very cheerful or very sad. Some of them dance, jump, sing, the others weep, and are in great fear. A small hole appears to them a great pit, a spoonful of water a great sea (taken in large doses).

He became so furious, that it required great force to prevent him ripping open his bowels with a knife, which he says the *Agaricus* had ordered him to do.

If the *Kamtschatdale* wishes to kill anyone, he previously eats one of these mushrooms.

When he had recovered he remembered not what had happened, only that he had eaten mushrooms.

He remembers nothing the next day of what had taken place; he thought he had been travelling.

*Head.* Vertigo; he requires to be assisted to bed, as he can neither sit up nor stand.

Insensibility and stupefaction.

Stupefaction throughout the day, with spasmodic movements.

Stupefaction, alternating with convulsions.

Frequent alternations of stupefaction and convulsions.

He awakes out of stupefaction only to ask for drink.

The soporose condition and the convulsions continue nearly two days.

*Eyes.* Eyelids half open ; the eyeballs roll in their sockets, and sometimes the pupils are turned upwards.

The eyes insensible to light ; pupils dilated, Eyeballs distorted. Long lasting weakness of the eyes.

*Nose.* Blueness of the tip of the nose, of the ala nasi, and lips.

*Face.* Somewhat swollen, with blueness about eyes, mouth, and nose.

*Jaws.* Fast closed, cannot be separated.

Some foam at angles of mouth.

*Appetite.* On awaking out of stupefaction, feels very hungry ; eats with appetite, but cannot think what has occurred to him. Disgust for flesh-meat and wine many days.

*Thirst.* Burning thirst ; unquenchable thirst ; great desire for ice-cold water ; cold water mitigates permanently the poisonous symptoms.

*Stomach.* Painful weight ; very painful tension at epigastrium ; tolerably severe burning pain, which changes into a feeling as if a blunt moveable body pressed in the stomach, and distended it here and there, with nausea and great disgust ; much eructation ; weakness of eyes ; severe pain in the stomach, with great oppression ; pain so severe that they shout and roll on the ground ; troublesome delirium, but which changes into great pain in the stomach.

Eructations frequent ; inclination to vomit ; frequent faintness ; very severe pain in the stomach and frequent nausea.

Vomiting of a great quantity of grass-green matter ; severe vomiting with feeling of anguish, as if the stomach hung by a thread which would break every moment ; at the same time cold sweat on the face ; pain in epigastrium, alleviated by provoking vomiting himself.

*Abdomen.* Meteorism ; painful tension and swelling of abdomen ; dull, still increasing pain in abdomen ; tenderness of abdomen, so that he must not touch it nor cough, continuing eight days ; colic of the greatest severity

*Stool.* Scanty, but very foetid, stinking, grass-green, yellow,

slimy, with pain and tenesmus; diarrhœa; stoppage of evacuation.

*Urine.* The urine of one who has intoxicated himself with *Agaricus* is not thrown away, but is preserved and drunk by another, who wishes to intoxicate himself.

*Larynx.* Sensation of constriction in the throat; is afraid of suffocation; anguish and feeling of suffocation; fainting.

*Respiration.* The breath fœtid, sour smelling; nauseous, sour smelling; easy respiration; loud and oppressed respiration; oppression; anxiety and nausea.

*Upper extremities.* Irregular and hasty movements; he presses one palm on the other, and makes a movement as if he would roll something round; the upper extremities in constant movement, so that the pulse cannot be examined; the lower extremities are drawn up to the abdomen.

*Lower extremities.* Alternation of extending, bending and drawing up legs, which does not prevent walking, but produces a remarkable depression and sinking of the body; thus he walked about a long time, and chattered much merry and unconnected nonsense. This condition lasted for about half an hour.

*Involuntary movements.* Convulsions of the muscles of the face and neck, especially of the right side, so that the head is drawn down towards the right shoulder; general illness and convulsive movements. General spasmodic movements, but which are more like trembling than convulsions; trembling of all the limbs; the whole body as if paralysed, and now and then slight twitchings of the whole body, and slight drawings of the upper extremities, during which not the least disturbance can be perceived in the lower.

*Sleep.* Very drowsy; death-like sleep.

*Temperature.* Of the skin low; coldness and blueness of the extremities; partial cold sweat; cold sweat on face, neck and chest.

*Circulation.* Very weak pulse; small weak pulse; small and irregular, weak and contracted; scarcely perceptible; quick and extremely weak.

*General integuments.* Short lasting, but very strong con-

vulsive movements, after which the whole body becomes yellow—a species of jaundice, especially marked in the face, the throat and chest; this continues many days, and gradually disappears.

Uncommon weakness; great debility, and constantly increasing anxiety in the stomach; great weakness and general clammy sweat. He took more than a fortnight to recover. A soldier was rendered so strong, that he made a very long journey on foot without being tired by it. Very frequent swoonings; a swoon of short duration, followed by great stupefaction; swooning even by movement of the head or perfumes; even by vinegar, which was intolerable to him.

*Physical symptoms.* Sneezing and watering of the eyes, caused and excited equally by the odour of the fresh as by the smell of a dried *Agaricus* mushroom; sharp burning in the mouth immediately after tasting the boiled and expressed mushroom.

The toxicological action extends the scope of speculation. The involuntary movements of all sorts—of the face, of the eyes, of the extremities—claim our attention.

The involuntary movements originate from different sources; they are sympathetic, essential or symptomatic, not essential.

The symptomatic convulsions which appear so frequently in children, and even frequently in over-excitable weak individuals, are not those which are represented in *Agaricus*.

But *Agaricus* is rich in symptoms similar to the symptomatic convulsions, so that we may conclude that this remedy may be employed curatively or palliatively in meningitis, hydrocephalus, encephalitis, hæmorrhagia meningea, tubercles of the brain and its membranes.

We find intimations of jaundice; and this, conjoined with the symptoms on the healthy, affords intimations of liver disorder, and slight hints of spleen disease.

The uncommon weakness and bruised feeling of the muscles of the back and lumbar regions, the meteorism, the rumbling, the diarrhoea, the prostration of strength, the stupefaction, the delirium, the small pulse, the trembling motions of the extremities, and many other symptoms of the central nervous system, exhibit great similarity to the ataxic form of typhus fevers.

At the present day we are obliged to admit many forms and varieties of typhus fevers; and, under another name, the essential fever of Pinel, which was supposed to be for ever exterminated by Louis, again makes its appearance.

Now-a-days typhus fever assumes five different forms:

1. The inflammatory typhus form (the old synocha protracta).
2. The bilious gastric form (the old febris gastrico-biliosa).
3. The mucous typhus form (the old febris mucosa pituitosa).
4. The putrid typhus form (the old febris putrida).
5. The ataxic cerebral form (the old febris nervosa).

It has come to this, that the great typhus has played out its part—the ileo-cæcal monarchy is fallen to ruins. We again find nervous fever without cæcal inflammation—it is now called remittent fever. The old fever is again in vogue; it indicates a peculiar state of the fibrine in the blood.

All the symptoms of nervous fevers taught in my youth (the ataxic fever of Pinel) are found in *Agaricus* again. But all this is only conjecture; physiological provings furnish nothing but conjectures.

Vadrot (loc. cit. p. 25) gives the following somewhat meagre account of four *post mortem* examinations of soldiers poisoned by *Agaricus muscarius*. The first showed foamy eructations of blackish-green matter; the abdomen distended; the intestines full of fœtid gas; on the inner coating of the intestines were inflamed spots and sphacelated points; in several places of the ileum the mucous coat was destroyed; in the stomach a small quantity of black fluid; the intestines contained slimy matter. The second displayed the same changes, with the difference that the stomach, near the pyloric orifice, exhibited a congestive inflammatory redness; the liver was inordinately enlarged; the gall bladder filled with dark, thick bile. In the third and fourth the same appearances were observed, only more decided; broad sphacelated spots were seen in the stomach and intestines, which were quickly passing into decomposition. These autopsies (given word for word) were made on the battle field during the campaign of 1812. This accounts for the meagre details, but does not diminish our regret that this rare opportunity was not turned to better scientific account.

The scanty details suffice to strengthen us in our conjecture, that the signs of nervous fevers, in vital and material respects, have great similarity to the toxical symptoms of *Agaricus muscarius*.

We shall consider now what curative results the old school have deduced from this plant.

Bernhardt, *Chemical Researches and Experiments to produce a powerful remedy from Vitriol and Agaricus muscarius*, Leipzig, 1755. He was the first who applied this substance medicinally. He employed only "the stems, which were covered with earth, peeled them, hung them round the stove, and dried them as we do apples, rubbed them to a powder, and preserved them in a dry warm place." The experiments made with this powder are in the highest degree absurd and futile. The fifth experiment only seems worthy of being remembered.

"When travelling, I came by accident into a house wherein was a young girl of sixteen, who had as many as sixteen attacks of epilepsy daily. I gave her a drachm of *Agaricus* in powder, after which she had six loose motions, and the disease was absent for twenty-four hours; but thereafter it came on again with as much severity as before, and her parents would not permit her to take any more of this powder.

"I pursued my journey, and visited a good friend. He complained to me that his daughter, æt. 17, had weekly as many as two or three attacks of epilepsy, and that he could find no remedy to mitigate them. She had had in her childhood a sore head, and when that was cured, this disease appeared.

"I gave her twelve doses of *Agaricus* powder, a drachm each in weight, of which she was to take one daily. After she had taken the first, the complaint became worse than it ever had been before, notwithstanding which her friends next day gave her another dose, after which she felt nothing; and when she had taken the whole, as I had directed, she had no more attacks for two and a half years."

Weithling (*Disertatio de virtutibus Agarici Muscarii*, Jena, 1788), was the second who employed *Agaricus* medicinally. This work I have not seen, and on Murray's authority I write that "in complicato male, cum tremore artuum, diuturnæ continuatione auxilium extulit."

According to an anonymous writer (*Allgemeine Literaturzeitung*, 1798), it would appear that *Agaricus muscarius* had specific effect in epilepsy occasioned by fright. With it he cured thirty cases. He exhibited the powder in doses of 10 grains to a scruple, and even a drachm. (This note is taken from Richter's *Specielle Arzneimittellehre*, Vol. II. p. 796.)

"Finally, in the year 1823, Meinhard (*Zeitschr. f. Natur u. Heilkunde*, Dresden, Bd. 8) again noticed this substance, and says he saw good effects from the administration several times a day of 30 to 40 drops of the tincture, in some suitable herb tea, in tinea capitis, and in a sort of scabby eruption which spread over the whole body; as also in obstinate coughs, with mucous or purulent expectoration, used alone or combined with charcoal.

At the present time, in the old school, *Agaricus* has again become forgotten.

The homœopathic school has but few curative applications of this remedy to show.

Hartmann (*Allg. Hom. Ztg.*, Bd. 2, p. 109) has observed advantage from it in influenza. "A scraping sensation in the throat of a singer, occurring every time he sang. Removed permanently by *Agaricus*."

Weber, in *Lieb. Arch.* 16, 2, 13, relates:—"I employed for epistaxis *Agaricus muscarius*, with good effect, in old people especially, in whom a deteriorated condition of the fibrine of the blood existed."

Wiederhorn (*Archives Françaises de la Médecine Homœop.*, 1835, Vol. I. p. 303) relates the following cure:—"A man, set. 23, of strong constitution, was affected by epilepsy from his thirteenth year, the result of a fright. The attacks occurred in regular intervals of eight days. He fell down his whole length; had but few convulsive movements; remained lying quiet; had foam from the mouth; his face blue, puffy; he seemed as if asleep. All the functions were normal. I gave him, on the 22nd of May, a dose of *Agaricus* 3, gl. 30, and desired him to come again in a week. He returned at that time; complained that he always felt as if intoxicated and drowsy. The attacks were suspended: I allowed the medicine to operate. On the

28th May he came again : all the symptoms whereof he complained had disappeared, and no fit had occurred. I gave him again a dose of Agaricus 3, gr. 30. On the 13th June I saw him again : no fit had occurred. Two years have passed since then without any attack."

These are all the curative results of Agaricus muscarius with which I am acquainted.

I observe that epilepsy is reported to have been cured by large doses as well as by homœopathic globules, and I have no right to call in question the trustworthiness of these reports. I may be allowed, however, to interpret a fact differently, although I may not gainsay it.

Epilepsy is a distensible india-rubber bag, into which, a century since, many heterogeneous things were stowed. The old medicine has recorded a disease called epilepsy, and likewise the new, a disease called epilepsy, cured by Agaricus. The one followed the healing up of a *sore* head; the other was the result of a fright.

[The author proceeds to the consideration of the second study—Indigo, premising some remarks on the subject of epilepsy, which, as connectively referring to Agaricus, we transcribe.]

That Indigo was recommended by Dr. Stahly and Lehnhossek in Pesth is well known. The notoriety which this remedy acquired in the first thirty years of our century, appears to have instigated the provings which since then have been undertaken.

At the present day, Indigo, as well as many hundred other remedies which were celebrated for epilepsy, and have been forgotten, has ceased to be exhibited therapeutically. But the present ideas of epilepsy are by no means the same as those which prevailed formerly. I therefore subjoin a short sketch of this disease.

Epilepsy is a disease known from the most ancient times. It is even spoken of in the writings of Hippocrates. That epilepsy is a disease of very frequent occurrence may be supposed, when it is reckoned that in every thousand six are epileptic. For epilepsy, up to the end of the previous century, more than three hundred remedies were recommended. Many more have



since been added, and yet epilepsy is just as seldom cured in our day as it was two thousand years ago.

But we must remember that a great variety of complaints have been styled epilepsy, which differ *toto celo* from each other. For example, till the time of Sydenham, St. Vitus' dance was considered and treated as epilepsy. So were, and are even yet, confounded with epilepsy, the eclampsia of children and the eclampsia of lying-in women. So have been, and still are, hysteric convulsions reported as epilepsy. So have been, and now are, ranged under the head of epilepsy, a multitude of diseases which have no proper name.

All hypotheses and explanations which have been furnished respecting this disease, partake altogether of the romantic. Post mortem examinations afford as little information regarding the nature of this disease, as they do of two-thirds of all others. We are therefore limited solely and alone to their symptomatic appearances.

One would think that a disease of such frequent occurrence, and of which the symptoms are so plain and palpable to every one, must be well known and minutely described. A gross mistake. Epilepsy was *looked at*, not *seen*. There is no disease in medical literature so badly—so inaccurately described. If we read over the most celebrated monographs on the subject of epilepsy, we are tempted to surmise that the writers have but copied one another.

Not till the latest times, and especially by the French physicians Esquirol and Calmeil, was it reserved to limit epilepsy to a certain, unchangeable, characteristic series of symptoms, which distinguish it from other apparently similar diseases.

That this seemingly easy problem could only be gradually solved by time and pains, the following may testify:—

Calmeil spent a whole year in the Salpêtrière among the epileptics. He even slept in the epileptic ward, that he might pursue his observations day and night. He was not satisfied to write upon the authority of others, and out of many books to compose a new treatise.

Esquirol—who, from his integrity, deserved to have been a German—was one day conversing with his friends and pupils

who surrounded him. He considered the signs of epilepsy to be so fully ascertained, that the cleverest physician would not be able to simulate this disease, without being immediately detected in the deception. Just then Calmeil fell suddenly on the floor, and was seized with a most severe epileptic attack. The bystanders endeavoured to render assistance to the poor man; and Esquirol himself lent his aid. "It is sad," said he, "for the poor young man; he is epileptic to a degree which scarcely admits a hope of his being cured."

Esquirol had hardly spoken, when up jumps Calmeil, to the astonishment of all present. He turned smiling to his great teacher, and said: "You see, sir, that you have erred; you did not observe that, as I fell to the ground, at the beginning of the attack, my complexion was not altered." And thus was this important characteristic sign of epilepsy first pointed out by Calmeil.

The epileptic, when he falls down, is deadly pale; the congested complexion shows itself not till some moments later.

At the commencement of an epileptic attack, *one side of the body* only will be affected with tonic muscular spasms; and when the spasms appear on both sides, they are always *more marked on one*.

The muscular spasms are at first always *tonic*. The muscles are therefore stiff and strongly contracted; the thumbs are drawn inwards; the fingers are all contracted; the arm of the affected side makes a rotatory movement, which may be even so severe as to force the joint out of the socket; the sterno-cleido-mastoid of the affected side is so rigidly contracted, that the head is wrenched to the other side; the facial muscles of the affected side are then horribly convulsed, and the features changed to an ape-like resemblance; the eyelids are close shut, the eyeball distorted upwards; the mouth is immovably open, or the jaws are forcibly pressed together, and if the tongue should have intervened, it is mercilessly bitten through; the convulsions of the muscles of the chest suspend respiration; the action of the heart and the pulse are imperceptible; the bladder and the muscles of the pelvis are contracted; urine and stools are passed involuntary; short, strong tonic contractions of the muscles generally.

This deadly paleness and the contractions of the muscles continue from fifteen seconds to one minute.

Now the contractions decline, the visage becomes red, varying to blue red; the veins of the neck are swollen like thick cords; the beatings of the heart strong and quick; the pulse full and hard; the muscles exhibit alternately contractions and relaxations; the face and limbs move convulsively. These clonic movements become stronger and stronger; they twitch first with lightning-like quickness in the face, and become by degrees more and more severe and rapid. The nostrils, lips and cheeks heave and sink alternately with wonderful quickness, and the features exhibit the most extraordinary grimaces. The head, trunk, chest and legs are thrown from one side to the other. The respiratory movements become again gradually visible. From the mouth flows a foamy saliva, which is tinged with blood when the tongue has been wounded. The patients lose all sensibility. The senses of hearing, seeing, smelling, feeling and consciousness are suspended. We may discharge a pistol at their ear, put ammonia to the nostrils, or place a candle before the eyes, they are not sensible. They feel not; they knock against a hard substance, or even wound themselves severely.

This clonic condition, with redness of the face and insensibility, continues one and a half to two minutes.

Now the convulsive movements cease, the respiration is again regular. The patient sighs deeply, or speaks in an inarticulate tone, and falls into a death-like sleep, with snoring as of one intoxicated. The movements of the heart become more tranquil; the vessels of the neck assume their usual appearance; the face again becomes pale; the features wear the expression of stupor.

In this state of stupor the epileptic remains from three to eight minutes.

At last he opens his eyes, looks anxiously around him, is quite puzzled to know what has befallen him, and appears quite ashamed. Headache remains many hours or days; irritability and unfitness for labour, &c., &c., remain. Ecchymoses are observed on different parts of the body where he has bruised himself, and injuries of the tongue, if it had happened to get between the teeth in the attack.

In many the fit ends with hallucination, delirium, or raging madness. Thus we observe :—

1st. A cry, falling down, paleness of the face, tonic convulsions, quarter to one minute.

2nd. Redness of the face, convulsions, insensibility, one and a half to two minutes.

3rd. Stupefaction, with cessation of convulsions, three to eight minutes.

Thus the epileptic seizure lasts from five to ten minutes, the return to sensibility and the premonitory symptoms not included.

Epileptic seizures come on with premonitory symptoms of different kinds. Those which appear a few moments before the attack have been called the *near premonitions*; those which present themselves several hours or days before the attack, the *distant premonitions*.

Finally, we must consider very minutely the symptoms which appear between one attack and another. I name these the *intercalary* symptoms. The three phases, states, periods, or whatever we may term them, constitute an epileptic seizure. When these are not observed succeeding one another, there is no epilepsy.

Many such attacks may follow each other in longer or shorter periods; but the three phases must be present, if the complaint is to be considered epilepsy. Every single phase may continue for a longer or shorter period, but it must have existed.

As we require to distinguish true epilepsy from other epileptic-like involuntary muscular motions, we shall investigate these more narrowly when we come to consider remedies which have relation thereto. At present we are only concerned with what epilepsy *is*; we have not to consider what the other diseases are which have been confounded with epilepsy. What epilepsy *is not*, falls not to be considered in our present researches.

There are many complaints which, because they begin with loss of consciousness and insensibility, exhibit some involuntary movements, and come on in fits, have been styled epileptic vertigo. The name matters not; it is no epilepsy; it is another complaint, which has been improperly denominated, and for

which a new name is required, that it may not be confounded with epilepsy.

The physician is called to a patient who suffers from attacks of palpitation of the heart. He is pale, has a sensation as if he should fall down, or should die. The physician auscultates, feels, percusses, examines, questions; and diagnoses a nervous palpitation. A second doctor is called in. He examines and questions the patient in all possible ways, and says: "My colleague has erred; it is no nervous palpitation; for in nervous palpitation the patient has always a consciousness of his condition—it never goes to the extent that he is afraid of falling to the ground or dying: it is an epileptic vertigo." The second physician is right in saying that it is no nervous heart disease; but he has erred in styling the disease an epileptic vertigo. It is no epilepsy: it is a peculiar disease, for which a new term must be employed.

A patient, whilst walking, suddenly stops; his head falls to one side; the visage is distorted, and takes the expression of terror or fury; one side of the body is stiff; respiration ceases; the countenance is red. Suddenly all this goes off; all the symptoms go off; the patient complains only of a slight headache. This complaint has likewise been called epileptic: at the present day, it is said only, he complains of an epileptic vertigo. Improperly so; for this disease is no epilepsy—is not derived from epilepsy—has nothing to do with epilepsy: it is a peculiar disease.

Another suffers from involuntary chewing movements, which continue some seconds, then suddenly is heard a noise in the throat, as is produced by involuntary swallowing, or as if by empty swallowing. At the present day this disease is also called epileptic vertigo. Improperly: it is an undescribed disease.

Another suddenly loses consciousness, for some seconds talks quite astray, to the astonishment of all about him, or repeats the same word ten or twenty times in succession; or is often seized during the day with attacks of hiccup, during which the complexion changes, and headache, weariness and irritability succeed. These states also, as well as numerous others, are at the present day called epileptic vertigo. Quite wrong. Epilepsy

has nothing to do with them : they are quite another disease, different from epilepsy.

There are, I allege, yet other complaints that are not special forms—are not commencing or undeveloped epilepsies ; for the falsely called epileptic vertigo may exist for years, and never becomes epilepsy. Such disorders may become, or may have been, truly epileptic, and the so-called epileptic vertigo may shew itself along with epilepsy. Such persons are then epileptic, and have, besides, another disease. The epilepsy may continue, and the other disease, after a certain time, may cease. The so-called epileptic vertigo is, therefore, not related to epilepsy, and ought not to be termed by this name.

We must repeat, in passing, that children, youths, adults and old men (the Duke of Wellington became epileptic in his seventieth year) may be affected with true epilepsy for one, two, or three years, and that the attacks may go off without any medicinal application whatever, and not shew themselves again ; or the epilepsy may return with still greater severity after two or three years, and carry the patient to the grave.

The foregoing remarks on the subject of epilepsy suffice for our present requirements. We know now what epilepsy is.

If we apply this knowledge to the preceding study (*Agaricus*), we observe that the alleged cure of epilepsy given by *Wiederhorn* as affected by *Agaricus* was not epilepsy, but another disease, appearing at regular intervals of eight days. The cases given by *Bernhardt* afford no data to decide whether they were epilepsy or convulsions dependent upon hysteria. We may, therefore, for the present, and until we have learnt better, strike out *Agaricus muscarius* from the list of remedies to be employed in epilepsy. The provings on the healthy would lead us to expect no such curative effect. The toxic symptoms shew not the most distant relation thereto, and the therapeutical employment yields only a negative result.

In regard to *Agaricus muscarius*, I have but the following to add, *apropos* of the 27th number of *Rückert's* work. I was not aware, while writing the preceding, that *Agaricus muscarius* had been employed by *Huber* for *St. Vitus' dance*.

Formerly, among many diseases which were called epilepsy,

was also included the present St. Vitus' dance. This complaint, as I have already observed, was first considered by Sydenham as a peculiar disease, and distinguished from epilepsy. The successors of Sydenham have confirmed this distinction; but, under the name of chorea Sancti Viti have been included a variety of complaints, which have no connexion with true chorea. Thus, for example, the involuntary leaping and turning, which came on in fits with loss of senses, was formerly called epilepsy cursiva or rotans.

In conclusion, I deny to *Agaricus muscarius* the virtue of curing true epilepsy; but I allow that it may be efficacious against chorea. This homœopathy has not learnt from old physic: it is an original deduction, and we are indebted to Dr. W. Huber for the discovery.

#### FRAGMENTARY PROVINGS OF GELSEMINUM SEM- PERVIRENS—YELLOW JESSAMINE—TINCTURE OF THE ROOT.

By J. S. DOUGLASS, M.D., of Milwaukie, Wis.\*

I COMMENCED my proving of this most valuable drug in the spring of 1858. I have since proved it on at least fifty persons. It has since been somewhat extensively used in this region, and my own high estimate of its virtues have been very fully endorsed by those who have employed it. I am anxious to extend to the profession generally the knowledge of a drug second to none in the frequency of its applicability, and the beneficial character of its results.

I propose to give a brief digest of its pathogenesis, as obtained from numerous provers, with examples somewhat varied, of its therapeutic results in my own experience.

*Head.*—Pain of the head is a very constant symptom, generally dull stupifying and pressive; more frequently in the forehead and temples. Bruised pain above and back of the orbits.

\* From the *United States Journal of Homœopathy*, No. 1.

Tightness of the brain. Often more or less nausea, with headache. Giddiness is pretty constant—an intoxicated feeling, and tendency to stagger; often with dizziness or imperfection of vision. The head symptoms are aggravated by smoking. They are felt very soon, sometimes within five minutes.

*Mental.*—Irritable, impatient; incapacity to think or fix the attention; confusion of mind; stupid intoxicated feeling; dullness of all the mental faculties. In one case, great and almost uncontrollable mirthfulness, but it is not said at what stage.

*Eyes.*—Great heaviness of the lids; difficulty of opening the eyes, or keeping them open; eyes close in spite of him, on looking steadily at an object; fulness and congestion of the lids; diplopia when inclining the head towards either shoulder, but vision single when holding the head erect (in one case.) Objects seem double upon raising the head from a stooping position or on looking sidewise, but not when looking directly at them, (one case.) Dryness of the eyes; misty or glimmering appearance before the eyes; pain in the orbits, sometimes excessive.

*Nose.*—In a few cases, watery discharge from the nose.

*Taste and Appetite.*—Thirst during the sweating; mawkish taste of the mouth; clammy, feverish feeling and taste; great hunger (in one case.)

*Gastric.*—Feeling of emptiness and weakness in the stomach and bowels; eructations; nausea; hiccough.

*Abdomen, &c.*—Slight pain in the transverse colon, with yellow colour of the skin of the face (one case). Gnawing pain in region of the transverse colon all the afternoon. Slight pain in the left iliac region (two cases). Frequent sharp darting pain through left hypochondriac region. After experiencing chills, headache, fever and prolonged sweating, seventeen hours after taking the drug, was awakened by severe moving pains in the lower abdomen, which were soon followed by a very large but natural stool, without relief of pain, and soon after, a deeply bilious discharge, with instant relief of pain. Nine hours after, another bilious evacuation, without pain, (one case). Relief of constipation, (several cases). Rumbling in the region of the umbilicus.



*Urine.*—Urine increased in quantity, clear and watery; frequent micturition; wants to urinate every half-hour.

*Larynx and Trachea.*—Paroxysms of hoarseness, with dryness of throat; voice seems weak; stitching sensation in the region of the heart; stitches in the chest; shuddering pain in the right breast; constrictive pain round the lower part of chest.

*Back.*—Pain in the back, as in the cold stage of ague, (many cases.)

*Extremities.*—Coldness of the extremities, especially the feet—often severe; feet feel as if in cold water; this symptom occurs at an early stage, and is generally accompanied with heat of the head and face, and with headache. Feels aguish, with pain in and between the bones of the calf of the left leg; not able to go down stairs without holding to something. Pain under the right knee when walking; pain in the lower limbs (very common.)

*Fever.*—Febrile chilliness, with cold extremities and heat of head and face, with headache; an early symptom, in most cases. Pulse very uniformly depressed, and rendered less frequent by ten to twenty beats per minute, within the first five or ten minutes, if the subject remains quiet, but subject to great variations from exercise. In one case, the pulse increased from sixty to seventy in the first five minutes, but in the next trial it was diminished ten beats in five minutes. Pulse soon becomes very feeble, in many cases; sometimes scarcely perceptible, with chilliness, cold feet, heat and pain of head, &c. All the afternoon, pulse very small and quick. After one to several hours, chilliness subsides, general heat supervenes, mostly about the head and face, with full pulse from eighty to one hundred. In most cases, perspiration follows after the febrile reaction has continued from a few minutes to several hours.

Perspiration sometimes profuse, and continuing from a few hours to twenty-four, with languor and prostration. One feels as though he had "a fit of sickness." "Every symptom of ague; would have thought he had the ague."

The pathogenesis of no drug represents so completely and so uniformly all the stages of the ordinary fevers of this country.

*Sleep.*—Disposition to yawn; a sort of stupor; cannot keep

the eyes open; is obliged to lie down and sleep. Sleepiness and long and sound sleep are very general symptoms.

*Skin.* The *gelseminum* produces a peculiar and very marked eruption in most of the provings. It appears most on the face, less frequently and less conspicuously on the back, between the shoulders, &c. It is papulous, very much the colour of the eruption of measles, which it considerably resembles; but the papulæ are larger, and more distant and distinct. Though very conspicuous, they are attended with little or no sensation, the subject being unaware of their existence until he happens to see himself. Persons have frequently been asked what was the matter, if they had measles, &c., when they were not aware of the eruption. This generally appears the second or third day of the proving, and would seem to be more constantly produced by the 2nd or 3rd dilution than by the tincture. The eruption continues one or two weeks, or more.

*General Symptoms.*—Weakness and trembling through the whole system; listlessness and languid; great lassitude; feeling of lightness of the body, and a sense of instability of the whole system; a feeling of danger of stumbling or falling; fugitive or fixed pains here and there; easily fatigued, especially the lower limbs; general feeling of illness, as in fever.

Much of the above symptoms were elicited from the tincture in doses of one to five drops. A few provings were made with the 3rd dilution. In all these last, the characteristic eruption was produced.

*Cases illustrating the therapeutic uses of the Gelseminum, from my note-book.*

June 80th, 1858.—W. P., aged twenty-one, sanguine temperament, has been unwell for some weeks, and for the last week decidedly ill. Has taken a cathartic, and feels worse. Present symptoms: Pulse rather full, weak, vaicillating, and about 100 per minute; tongue red and dry; hands and tongue tremulous; when a little drowsy, the mind wanders, and he reaches after imaginary objects; lips dry and parched, and with the teeth covered with sordes. *Rx.* *Gelseminum tincture*, one drop every hour till fever is abated.

July 1st.—Commenced perspiring in half an hour after the first dose; slept quietly during the night; tongue and lips moist; sordes removed, mind clear; pulse 84, and steady; thinks himself nearly well.

℞. Same occasionally, if more feverish.

July 2nd.—Greatly improved; has appetite.

July 3rd.—Is out of doors; feels well; dismissed.

*Case II.*, D. A., aged twenty-two, July 3, 1858, was well till last evening, when he was attacked with a severe chill, with a feeling of great weariness and prostration, pains in the back, head, and limbs. But the most prominent and distressing symptom was an extreme oppression of the chest and dyspepsia. This increased till midnight, when I saw him. Present symptoms: Extreme and alarming difficulty of breathing, with distressing sense of fulness and oppression of the chest, great chilliness; extremities cold; pulse slow, sluggish and labouring; extreme restlessness from threatened suffocation; continued demand for fresh air; respiratory murmurs feeble and obscure. ℞. One drop *gelsemium tincture* every half-hour till relieved.

July 4, 7 A.M.—Has had profuse perspiration fifteen minutes after the first dose, with constant and rapid improvement. Chills ceased in five minutes. Respiration greatly relieved. Pulse quicker, fuller, and more free. ℞. Same dose every two hours.

July 5.—Dismissed.

*Case III.*—J. W., aged nineteen, July 12, has complained for a week of languor, loss of appetite, confusion of head, &c. Has been confined to the house for two days.

Present symptoms: Confused headache; pains in the back and limbs; no appetite; bad taste of mouth; nausea; tongue covered with a thick dirty-white coat; feels languid, listless, and prostrated; pulse quick; skin hot and dry. ℞. *Gelsemium*, one drop of the tincture, and *Belladonna* 3°, alternately hourly.

July 13. Has been in perspiration since the first doses; slept soundly; is now free from fever; tongue cleaning; feels himself well, but weak. He took no more medicine, and was out the following day.

*Case IV.*—Rev. Dr. P., bilious temperament, October 20,

1858. Has been sick two days. Present symptoms: Constant chilliness, with internal febrile heat; pain in the back and limbs; severe headache, with such a sensation in the head, and such a sense of profound prostration, that he is sensible that his attack is of an unusully grave character; pulse laboured, and only 60 per minute; tongue coated.  $\mathcal{R}$ . *Gelsemium*, one drop hourly.

October 21.—Chills ceased in ten minutes after the first dose. Perspiration soon followed, which still continues. The pains are relieved. Pulse 80, full and soft. Tongue cleaner. In all respects greatly improved, but prostrated as though he had had a long and severe illness.  $\mathcal{R}$ . Continue same, less frequently.

October 22.—Feels free from disease. Tongue nearly clean. Has appetite, but cannot dismiss the conviction that his disease, so quickly and happily terminated, was of a very grave character. On the 24th he occupied the pulpit, as usual.

Case V.—Mrs. C., slender, scrofulous diathesis. October 21.—Has not been well for a week, but first seriously ill, yesterday. Present symptoms: Feels greatly prostrated; pain of head and back; skin hot and dry; pulse 110, small and weak; the gums are swollen, red, separated from the teeth, and pus oozing from them when pressed, the edges dark, and some of the points black and gangrenous; ulcerated points on the edges of the tongue; the left half of the roof of the mouth covered with confluent patches of superficial ulcerations, some points of which are gangrenous; intolerable odour from the mouth. For two days, has had a chill in the morning, lasting from two to three hours.  $\mathcal{R}$ . *Ammonium carbonicum* 3°, 2 grs. in 4 oz. of water—a teaspoonful every two hours.

October 22.—Mouth and gums greatly improved; dark colour disappeared; minute sloughs have fallen off; pulse 84, full and stronger; had the usual chill this morning for two hours, followed by fever.  $\mathcal{R}$ . Continue *ammonium carbonicum*, alternated with *nux*; on first feeling of chill to-morrow, take *gelsemium*.

October 23.—Much improved; had chill as usual this morning, which ceased immediately on taking *gelsemium*, and in twenty minutes perspiration followed without fever.

October 24th. Ulcers healing; feels much better. *Nux.*

25th. No chill; ulcers nearly healed. Dismissed.

The above are specimens of the action of *gelsemium*, in more than a hundred cases of febrile attacks.

Case VI., Miss E., aged nineteen, March 16, 1859, was suddenly attacked with the following symptoms: Constant sneezing; profuse watery discharge from the nose, producing excoriation, raw, rough, sore, excoriated feeling of the throat, trachea, and bronchiæ; constant dry cough, which is very painful from the soreness of the chest; feeling of prostration; chilliness; quick weak pulse; and feeling of general severe illness. One drop of *gelsemium* produced perspiration, with removal of the soreness and fever, and in a few hours there only remained a loose easy cough, without further inconvenience.

Many cases of a similar character occurred about the same time, with similar results.

I have employed it in a great number of febrile attacks from colds, with equal success. It seems especially appropriate to febrile attacks from whatever cause, coming on suddenly, with chilliness, and pains in the head, back or limbs.

My strong conviction, from my own first proving, was, that it would prove eminently homœopathic to our ordinary fevers, and to measles. The latter disease has not been very prevalent since that time, but seven or eight cases have been treated with this drug alone. Though some of the cases were severe at the beginning, they all proved mild under its use; and the eruption in nearly all the cases was very sparing. It has seemed to me to greatly diminish the eruption, and with it, the attending fever.

It has given very prompt relief in several severe cases of neuralgia.

In almost all cases of inflammatory attacks, of whatever organ, if given in the early, congestive, or chilly stage, it seems to me more promptly curative than *aconite*, or *bryonia*, or any other drug.

At the same time that it controls the circulation with a power equal to that exerted by *aconite*, its influence on the nervous system is much greater.

In conclusion, I hope these hints at a proving and clinical applications will induce others to make more extended provings, especially with the attenuations. I have no doubt there is yet much to be elicited, for my provings have been made mostly with the tincture, restricted to brief periods, and have probably only brought to light the more obvious and palpable effects.

## ILLUSTRATIONS OF VETERINARY HOMŒOPATHY.

By Mr. MOORE, V.S., London.

### PNEUMONIA IN A HORSE.

On the 14th of September, 1858, I was requested to visit a horse, the property of Mr. Carter, of Manchester.

*History.*—Said horse is aged, of the heavy-cart breed, and was purchased only two or three days ago from a dealer who had him at grass; was brought up yesterday, and was put to work to-day, and arrived at home at 8 o'clock P.M., and at 9 o'clock the following symptoms were observed:—Pulse, 80 per minute full and strong; respiration, 52 per minute; frequent suppressed cough, (the membrane of the nose is vascular and dry, through which a "soughing" sound is audible when standing behind the animal); mouth hot and clammy; no appetite for food nor drink; nose cold; body warm.

*Treatment.*—To have Amm. cau. 2 drops in a wineglassful of water every hour for 3 doses, then every 2 hours.

15th, 7 A.M.—Well; took his feed and went to work (Dentith).

### WINDGALL IN A HORSE.

On the 7th December, 1858, I was requested to visit a horse, the property of Mr. Carter, of Manchester.

*History.*—This horse I purchased for Mr. Carter, four months ago, at £25, from Mr. Carver. It had cost him £65 a few months previously, being then lame of his right hind leg, at the seat of windgall. About a fortnight previous to this,

his veterinary surgeon bled the horse in the thigh and gave him a dose of purging medicine, not knowing what was the matter, except that it was lame. This treatment produced no relief, and fearing that the horse would be permanently lame, he wished to get quit of him. After he came into Mr. Carter's possession I treated him with *Rhus tox.*, internally and externally, and in a week he went to work sound, and continued so up to a few days ago, when he was observed to walk lame of the left hind leg, but so slightly that no further notice was taken of it. To-night he came home exceedingly lame, and I was desired to see him.

*Present Symptoms.*—He is excessively lame and the fetlock-joint is knookled forward, and the seat of windgall a little swollen and painful on pressure. He scarcely puts his foot to the ground, and he perspires at the flank on the lame side. Pulse 72, and full; respiration 28; he hangs his head and won't eat anything; the bowels are costive, and the urine high coloured and smells strong.

*Treatment.*—To have *Aconite*  $\frac{10}{1}$  every three hours, in two ounces of water, and a calico bandage, wet with cold water, applied to the leg, and a flannel one over it.

8th, at 8 o'clock A.M.—Much better; pulse 54, and full; respiration 16 per minute; appetite good; dung and urine normal: he is still very lame. Con. treatment.

9th.—Much the same as yesterday. To have *Merc. v.* three times a day, and the leg to be well rubbed night and morning with the *Merc. corr.* embrocation, and the bandage applied to the leg as before.

10th.—Improving; pulse 44; respiration 12 per minute; not so lame, can set his foot full to the ground.

11th.—Pulse and respiration normal; appetite good; is now and then observed to give a slight limp when he sets his foot on something uneven. Con. Treatment.

18th.—Well and gone to work.

#### WHITE SWELLING ON STIFFLE JOINT.

I was requested to attend an entire horse, the property of Mr. Carter, of this city.

*History.*—The horse in question is five years old, 17 hands high, of the heavy cart breed.

*Symptoms.*—He is very lame, having a peculiar dragging movement of the lame leg; considerable swelling in front of the stifle joint, and pain on pressure; when standing, the leg is held up and in continual motion. The belly is tucked up almost to his backbone, giving the animal more the appearance of a grayhound than a horse. His appetite is good; the urine and fæces normal.

*Treatment.*—The part affected to be well rubbed, morning and evening, with the following embrocation:—Merc. cor. 1 drachm; water, a pint. Internally Merc. c.  $\frac{10}{6}$  once a day; but being a very savage brute both with mouth and feet, he did not get his medicine regularly.

This treatment was continued, the animal gradually getting better, and at the end of 5 weeks he was quite sound, notwithstanding he was worked regularly all the time; and, being a most powerful animal, was put to the severest of work—such as removing railway engines, large boilers, where 20 horses and upwards are required.

After five years he has had no relapse.

#### RHEUMATISM AND LUMBAGO IN COW.

March 10th, 1858.—I was requested to visit a valuable cow, the property of R. Waller, Esq., of Withington, 4 miles from Manchester.

*History.*—The cow is of short-horned breed, 6 years old; is a good milker. Has been in Mr. W.'s possession 2 years, during which time she has been in good health. She was observed to walk very lame on the left hind leg, and not getting any better, my advice was asked.

*Symptoms.*—The pulse is 72 and full, respiration normal. She is very lame now on the right leg, which is somewhat swelled over the hip-joint. Her appetite is bad, and her fæces are rather stiff and in wrinkles. Her hair is standing on end, and she appears to suffer considerable pain; is stiff in her back, and when pressed upon, she groans aloud.



*Treatment.*—To have Acon.  $10/1$  every 8 hours. Kept in house; clothed well.

11th.—She is now down and cannot rise; otherwise, she is much the same as she was yesterday. To have Acon. and Bry., alternately, every 8 hours.

12th.—Rather better; pulse not so high; and she has partaken of a bran mash and a little hay.

13th.—Same as yesterday. To have Bell.,  $10/1$ .

14th.—Better; has been making efforts to rise; appetite returning; bowels more natural.

15th.—She got up to day, and is eating well, and chewing the cud. To have Sulph. night and morning for a few days.

#### PNEUMONIA IN HORSE.

On the 14th Sept., 1858, I was requested to visit a horse, the property of Mr. Carter, of this city.

*History.*—Said horse is 7 years old, of the light-cart breed, and is used principally in chains before another horse. Was purchased about 12 months ago, and up to the present time has been in good health, except a slight cough for about a week. Was observed unwell this morning; off his feed. Did not see him till 9 P.M.

*Symptoms.*—Pulse, 72 per minute, and about the ordinary character; respiration, 48 per minute, with heaving of the flanks. Increased respiratory murmur throughout the whole of both lungs; mouth hot and clammy; nose and face, ears and legs, cold; no appetite; thirsty; bowels rather confined.

*Treatment.*—To have Amm. cau.  $\Phi$ , 2 drops in a wine-glassful of water every hour for 3 doses, then every 8 hours.

15th, 7 o'clock A.M.—Well; took his morning feed and went to work.

#### LYMPHITIS—WEED.

August 4th, 1858.—I was requested to visit a horse, the property of Mr. Williams, of Manchester.

*History.*—The horse in question is about 15 or 16 years of age, of the heavy coarse cart breed. Has been only a few weeks in his present owner's possession. Is hard worked and

well fed; is used in the general carrying business. Was taken ill when at work about the middle of the day, which is rather an unusual thing, as the attack is generally in the morning, or in the night time, and especially on a Monday morning, the animal having his usual food on Sunday.

*Symptoms.*—Pulse 100 and full, respiration 60 per minute. The whole body is in a violent quiver, and the sweat is pouring off him; holds up the right hind leg occasionally. There is no swelling yet; is very uneasy; lies down and looks round to his flank. When made to get up, is soon down again. The swelling made its appearance in the groin, descending down the thigh, a short time after I left, which was at 7 P.M.

*Treatment.*—To have Acon.  $\frac{10}{1}$  every hour. He had 6 doses.

5th.—Went to work this morning. To have Acon.  $\frac{10}{1}$  night and morning.

*Remarks.*—This disease usually commences on a Monday morning after the Sunday's rest, and seems to be connected with indigestion from want of proper exercise. A distinction should be drawn between this disease and *Cellulitis*, which commences at the fetlock-joint and proceeds upwards. Cellulitis is a disease common enough, which has never been alluded to by any veterinary surgeon. It is, in fact, the same as *Erysipelas phlegmonodes* in man.

#### EFFECTS OF ALLOPATHIC MALTREATMENT.

April 4th, 1854.—I was requested to visit a cow, the property of Mr. John Shaw, farmer, Crowcroft, Levenshulme, 3 miles from Manchester.

*History.*—The cow in question is 3 years old, of the Yorkshire breed; produced a calf yesterday for the first time; immediately afterwards, she had poured down her unfortunate throat a large dose of Epsom salts, Nitre and Ginger.

*Symptoms.*—Pulse, 80 per minute, small and thread-like; respiration quickened; the paunch is distended; purging considerably; almost constant dribbling of urine; tail held out, and her back a little arched; anxious look; no appetite; thirsty.

*Treatment.*—To have  $10/3$  Canth., one dose to night.

5th, 12 o'clock.—All the above symptoms have quite disappeared, and she looks as if nothing had been amiss; appetite good, thirst gone, dungs and urinates naturally. She had only one dose last night, and one this morning.

#### PNEUMONIA—DOUBLE.

On the 6th Dec., 1858.—I was requested to visit a mare, the property of Mr. White, of Alderly, 14 miles from Manchester.

*History.*—Said mare is  $4\frac{1}{2}$  years old, of a light chestnut colour; well bred. Was purchased, in Ireland, by Mr. W. Has been hunted occasionally, and was out on 30th November with Mr. Davenport's harriers. Next day she was observed to be amiss, when she had Acon. given to her 3 times a day up till the time I saw her.

*Symptoms.*—Pulse, 66, and about the ordinary strength; respiration, 80 per minute, and heavy; nostrils dilated, and the membrane very vascular, as well as that of the eyes. Along the middle third of each lung there is audible crepitation merging into sub-rattles, which again merged into the true respiratory murmur in the superior and inferior thirds. There is a deep indentation along the margin of the ribs, and the belly is very much "tucked up." Her dung is small in quantity, in lumps, and coated with mucus, and lighter in colour than usual. The anus is open, into which the air rushes, and is instantly forced out again. This operation is continually going on. The urine is scanty and high coloured. The tongue is coated, of a dirty yellowish colour, on which is a little froth of a bad smell; and the appetite is bad.

*Treatment.*—To have Bry.  $10/1$ , and Phos.  $10/0$ , every 3 hours, alternately.

7th.—Rather better. Pulse, 60, and full; respiration, 24 per minute, and not so heavy. The rattles are not so copious in the lung. She is more lively, and has partaken of some mash and hay. The dung is more in quantity, of a darker colour, on which there is very little mucus. The anus is closed; urine not so high coloured. Con. med. as before.

8th.—Improving. Pulse, 54, and full; respiration, 18 per

minute. The rattles and subrattles are getting more circumscribed. The tongue is clean, and the appetite is very much improved, having eaten 8 bran mashes with a relish, and pretty well of hay, and also of straw, with which she is bedded. Con. med.

9th.—The owner called this morning to say, that his mare was lying last night, and that she appeared lively and improving, and that my services would not be required.

13th.—The mare not feeding as well as could be desired, some medicine to give her an appetite was sent for; and she had Sulph. 8 times a day for a week. Discharged cured.

#### PNEUMONIA IN MARE.

On the 16th Sept., 1858, I was requested to visit a mare of Mr. Carter's, of this city.

*History.*—Said mare is — years old, the cart breed. Was purchased a few months ago, and has been at regular heavy work. To day she and six others went to Macclesfield with a boiler, including the waggon, about 12 tons; on her return to the stables she was observed to be unwell.

*Symptoms.*—Pulse 84, and full; respiration 48 per minute, and heavy at flanks. Increased respiratory murmur in both lungs. The conjunctiva is vascular, the eye dull and heavy-looking. Vascularity of the schneiderian membrane. The mouth hot and clammy, no appetite, face cold, body of a normal temperature.

*Treatment.*—To have Amm. cau.  $\Phi$  2 drops in a wineglassful of water every hour for 4 doses, then every 2 hours.

17th, 8 o'clock A.M.—Pulse 48, respiration 28 per minute. Membranes of eyes and nose normal in appearance. Has eaten a bran mash and some hay. Mouth not so hot; tongue rather foul. Con. med. every 3 hours.

18th.—Well, and went to work.

#### RHEUMATISM IN HORSE.

On the 17th September, 1858, at 8 o'clock P.M., I was requested to attend upon a horse, the property of Mr. Carter, of this city.

*History.*—Said horse is six years old, of the clean-legged cart breed; was purchased a few months ago, since which time he has been in good health; he was at work all day, nothing amiss being observed till his return to the stables, when he refused all food, and lay down. The horsekeeper thinking he had colic, gave him a dose of Aconite.

*Symptoms.*—Pulse 88 per minute; full, soft, and easily compressed; respiration 52 per minute. He is lying on the right side stretched full length, and legs extended; has just got up; is very stiff in his hind-quarters, and is very lame on the left hind leg, and frequently holds it up, and appears to suffer considerable pain; urinates frequently about a teacupful at once, which is clear and watery; bowels rather confined; appetite bad; thirsty; mouth hot, and tongue of a soapy feel.

*Treatment.*—To have Acon.  $\frac{10}{1}$  every hour for three doses, then every three hours.

18th, 8 o'clock A.M.—Much better; pulse 48 and strong; respiration 28 per minute, and tranquil; the left hind leg is not so lame, but he is very stiff in the hind quarters; the horsekeeper maintains he is "wrong in his kidneys;" this is a common remark among stablemen; he does not urinate so often; bowels normal. To have Bry. every three hours.

19th.—Much better; appetite good. Cont. med.

20th.—Well; gone to work.

#### PLEURO-PNEUMONIA IN HORSE.

1st Nov.—I was requested to visit a valuable hunting horse, the property of Mr. White, of Alderley.

*History.*—The horse in question was brought from Ireland by a dealer a few weeks ago, and after being hacked about from stable to stable, ultimately landed at Mr. White's. He is four years old, nearly thoroughbred, and has been hunted a few times with the Cheshire hounds, and after a pretty severe run next morning was observed to be dull, and off his feed. This was a week previous to my being called in.

*Symptoms.*—Seven o'clock P.M. Pulse 74 per minute, and about the ordinary strength; respiration 30 per minute, with a "soughing" sound through the nose; the head is held rather

low, and stretched out; the conjunctiva and schneiderian membrane are intensely vascular; the tongue foul and soapy; bad appetite; dung scanty and like wax balls; urine of the natural colour, but rather scanty; the belly tucked up, with indentation along the margin of the ribs; there are very audible râles throughout the whole of the left lung; compensatory respiratory murmur in the right; frequent painful suppressed cough; pain on pressure on the intercostal space.

*Treatment.*—To have Aconite and Bryonia alternately every three hours.

3rd, 5 o'clock P.M.—Rather better; pulse 60 per minute; fuller and softer; respiration 24 per minute, and the peculiar sound through the nose is gone; subcrepitation where crepitation existed before; the membranes of eyes and nose not so vascular; cough easier, and not so frequent; appetite better; dung almost normal; tongue clean; the extremities of a natural temperature; the head is held higher. Cont. med.

5th, 7 o'clock P.M.—Still improving; pulse 54 per minute, and of the ordinary strength; respiration same as at last visit; coughs a good deal; on the seat of the saddle the respiratory murmur is clear; throughout the other portion of the lung subcrepitation exists here and there; in a circumscribed spot at the posterior part of the middle of the lung there is audible rubbing sound; appetite good; dung normal, also the urine; has been lying this afternoon. To have Bry. and Phos. every three hours alternately.

7th, 4 o'clock P.M.—Still improving; pulse 48 per minute; respiration 16 per minute; there are a few subcrepitous rattles here and there; the appetite is good, and the dung and urine normal; is lying stretched out full length on his side. Cont. med. every four hours.

10th, 5 P.M.—Well; was walked out this afternoon, and on the railway train passing began to jump and play. Sulph. right and morning for a few days.

#### ACUTE RHEUMATISM.

Nov. 22nd, 1858.—I was requested to visit a colt, the property of Messrs. Lyddall Brothers, Chadkirk print works, ten

miles from Manchester. The colt is two years old, of the cart breed, and was bred by the above firm. On the 19th he was at Manchester in the chains in the middle of a team of three, and being of a naturally irritable temper he was very warm, and perspired much; the weather was cold, and a hard frost. This morning about six o'clock he was observed to be very stiff, and almost unable to move, and I was sent for.

*Symptoms present.*—3·30 P.M. pulse 84, and about the ordinary strength; respiration 55 per minute; panting and nostrils expanded; he is very stiff, and moves with great difficulty both fore and hind legs, particularly the hind ones, and he turns as if all in a piece, evidently stiff in the loins, the posterior quarter, and about the flank and short ribs is in a constant quiver; he is wet with sweat along the sides and belly; has a peculiar anxious expression of countenance.

*Treatment.*—Has had Acon. every two hours since first observed. To have now Bell. and Bry. every three hours alternately.

23rd, 5·30 P.M.—Better; pulse 60; respiration 38; can move better, particularly the fore legs; does not sweat, and the quivering is gone; appetite good; bowels regular; can get no information about the urine. Cont. med.

25th, 12·30 NOON.—Much improved; pulse 54; respiration 12 per minute; dung and urine normal; appetite good, only a little stiff in his back. Cont. med. every four hours.

28th. 4 P.M.—There is only a little stiffness of the hind quarters, otherwise he is quite well. To have Nux v. three times a day for two days then twice a day for a few days more.

#### ACUTE RHEUMATISM.

3rd Dec. 1858.—Mr. S. Swire called on me this forenoon, his horse being very lame of the left fore leg; this morning, in going from Salemoor to Duckenfield he was observed to go a little lame; having waited there some hours, on his way to Manchester he got much worse; he was allowed to stand for an hour, when he came out of the stable almost on three legs. I had the foot examined, and no cause of lameness found there nor any where in the leg, and from the difficulty in getting his

leg forward it was evident the seat of pain was in the shoulder. Pulse 64, and full; respiration 24 per minute; rather costive, and the belly is tucked up; is in a state of perspiration; was walked home a distance of six miles.

*Treatment.*—Rhus 10 every three hours; Rhus lotion to be well rubbed on the shoulder night and morning. In a few days he was quite sound.

#### PLEURO-PNEUMONIA IN CATTLE—NOS. 1 AND 2.

November 22nd, 1858.—I was requested to attend upon two cows, the property of Mr. Cooke, farmer of Tytherington Hall, near Macclesfield. It is two years since Mr. C. went to said farm. His cattle have been remarkable healthy. They number 70 head, but lately he lost four from the above disease; and the two in question were, on Friday last, 8 days ago, taken unwell, and he gave to each Acon. and Amm. cau.; but fearing that he might lose them also, he wished to have my assistance.

*Symptoms* present at 5 o'clock P.M.—Cow 1st. Pulse 92, and about the usual strength; respiration quick and short. The whole of the left lung is dull, with here and there crepitation. Pain on pressing the intercostal spaces, which causes grunting. Fastidious appetite. She has ceased to chew the cud; is purging.—Cow 2nd. Pulse 80, and of the ordinary strength; respiration quickened and short, and grunts when lying. There is dulness along the middle and lower third of right lung, with friction sound in centre. Pain on pressing on the intercostal spaces. Appetite is also fastidious. Dung of the usual consistence, and urine normal in colour and quantity.

To have Bry. and Phos., alternately, every 3 hours, and No. 1 to have a few doses of Ars. mid-way between till the purging ceases.

24th, 3:30 P.M.—No. 1 slipped her calf and “cleaned” last evening, in consequence of which she is worse. Breathing very quick and short, and nostrils working. Pulse 92. No purging. There is dulness still throughout the lung, with here and there crepitation, sub-crepitation, and door-hinge creaking. The appetite is bad. Dung of ordinary consistence, and urine normal.



To have *Amm. cau.* and *Bry.*, alternately, every 2 hours.

No. 2 is much livelier. Appetite good, and progressing favourably, but her pulse is still 80. The breathing is not so quick, and the friction sound is gone, and respiration is now distinct. *Con. med.* as before.

25th, 3:30 P.M.—No. 2. There is only a little dulness of the lower part of lung, otherwise she is well, eating and chewing the cud. To have *Sulph.* 3 times a day for 2 days, then twice a day for a few days longer.—No. 1 is worse. Pulse 100 per minute. Breathing quick and grunting. Little or almost no appetite. The lung is quite solid, except along the superior part close to the spine; otherwise about the same as last visit.

To have *Bry.* and *Phos.*, with now and then a dose of *Acon.* and *Amm. cau.* as intercurrent remedies.

No. 1 was knocked on the head and put in a hole.

No. 2 aborted also, notwithstanding which she did well. She made a complete recovery.

#### PLEURO-PNEUMONIA IN COW—No. 3.

November 26th, 1858.—I was requested to look at this cow as she was rather off her feed yesterday, and to-day breathing rather quick, and the expired air rather too easily seen, and she has not licked her food up so clean as usual, and the chewing of the cud is suspended; she has had *Acon.* and *Amm. cau.* up till now.

*Present Symptoms.*—Pulse 64, of the ordinary character; respiration quick and out short. There is some sub-crepitation along the middle and lower part of right lung. She dungs and urinates as usual. She has not been seen to chew the cud, and her appetite is not so good as usual.

*Treatment.*—To have *Acon.* and *Amm. cau.* up till to-morrow evening, then *Bry.* and *Phos.*

It would be superfluous to narrate every case, as there was a considerable similarity in all; 8 were cured, the rest had *Ars.* every night and escaped the disease; 4 died before I was called in.

#### RHEUMATISM.

On the 24th Nov., 1858, I was requested to visit a van horse,

the property of the London and North-Western Railway Company. Said horse is 9 years old, and has been at parcel-van work in the Company's service fully 4 years, during which time he has been in general good health, except now and then slight attacks of the above complaint. Only last year about this time he had an attack similar to the one I am now about to relate, but not so severe. Whilst delivering parcels about 4 P.M., and having to stand a considerable time, it being exceedingly cold and frosty and blowing an east wind, he was observed to go a little lame at starting; this gradually got worse till he was obliged to be brought in, not being able to go any longer.

*Symptoms* at 6 P.M.—He is in the stall, holding up the right hind-leg about a foot from the ground, and when made to move he scarcely puts his toe to the ground. Pulse 60 and full, respiration 80 per minute. Little or no appetite. Dung rather hard, and his belly is tucked up. Urine scanty and high coloured.

*Treatment*.—To have Acon. every 3 hours  $10/1$ . Had the foot examined, and nothing amiss found there.

25th, 9 o'clock A.M.—Considerably better. Can put his foot to the ground, but is still very lame. Pulse 64, and strong respiration 24 per minute. Con. med.

26th, 9 A.M.—He is now as lame on the left hind-leg as he was at first on the right, holding it off the ground. Pulse 54, irregular and intermitting in beat—sometimes strong and full, sometimes so weak that it can scarcely be felt; respiration increased in frequency. To have Dig.  $10/1$  every 3 hours.

27th, 9 A.M.—Much better. Can walk on both legs alike, only a little stiff. Dung and urine normal. Appetite good. Pulse 44, intermitting, but better than it was. Con. med. The fetlock-joint is a little swelled. This is the only thing to be seen.

28th, 1 o'clock P.M.—Continuing better. Pulse 36, still intermitting. Lively, and appetite good. Is rather more lame of the right leg now. Con. med.

30th.—The pulse is now regular; otherwise about the same as on the 28th. To have Bry. 3 daily.

Dec. 10th.—The same treatment has been pursued, and the animal gradually improving and was put to work this morning.

#### ACUTE RHEUMATISM.

February, 1858.—I was requested to visit a mare, the property of Henry Gaddum, Esq., of Fog Lane, near Manchester.

*History.*—The mare is 5 years old, of a light chesnut colour, delicate constitution ; used as a hack and huntress. Four days ago she was ridden by the owner a distance of 10 or 12 miles, and on his return was drenched with heavy rain. Next day she was stiff and could scarcely move in the stall ; the following day little better. Previous to this she had a severe attack of gastric irritation.

*Present Symptoms.*—Pulse 60, and full ; respiration 24 per minute. Excessively lame on the left hind-leg, and when walking almost came to the ground. Appetite impaired. Dung in pellets and waxy ; urine rather high coloured.

*Treatment.*—To have Rhus tox. night and morning.

Next day she was slightly lame occasionally, otherwise well. Quite well ; discharged cured.

#### REVIEW.

*Three Memoirs on Iridectomy in certain forms of Iritis, Choroiditis and Glaucoma, by DR. A. VON GRAEFE.* Published by the New Sydenham Society, 1859.

THE new society which has arisen on the ruins of the old "Sydenham Society" is doing good service to the cause of practical medicine, by publishing valuable treatises and monographs, both ancient and modern. One of its latest volumes is that which contains the memoirs whose title stands above. The fame of Dr. von Graefe as one of the first of German ophthalmologists is a sufficient recommendation of any work published by him ; and this fame is considerably enhanced by these articles on a new, and, as he alleges, highly successful

mode of treating some of the most intractable forms of eye disease. Chronic iritis, choroiditis and glaucoma are often the despair of the oculist ; and he who should propose a successful mode of treating any or all of these affections would merit the thanks of many hitherto deemed incurable patients. The feeling in regard to the absolute incurability of some forms of iritis and irido-choroiditis was lately, and perhaps is still, so strong with some of our English oculists, that they have proposed and practised extirpation of the whole globe of the eye for these affections, a proceeding tantamount to a confession of their utter inability to ameliorate the diseased state, and analogous to the celebrated cure of toothache by cutting off the patient's head. If, as Graefe asserts, this radical measure is no longer necessary, and if useful vision can still be restored by iridectomy in eyes that have been doomed to destruction by our oculists, a great boon has been conferred on mankind ; for we believe there is no one who would prefer the most elegant glass eye to his living and seeing ball, however unsightly it might be rendered by the loss of a portion of the iris.

In regard to iritis, Graefe alleges that its dangers have been much diminished by the bold use of mydriatic remedies, of which the sulphate of Atropine is the one he prefers. The great danger of iritis he asserts to be the adhesions the iris forms during the attack of inflammation. These adhesions, constituting what is called synechia posterior of greater or less degree, *are the principal cause of the recurrence of iritis.* Keeping the pupil constantly dilated as long as the inflammatory state of the iris lasts, is, he affirms, the only way to prevent the occurrence of those pernicious adhesions.

If this is true, and we have no reason to doubt it, it is evident that we should not trust solely to the use of internal homœopathic remedies in cases of severe iritis ; for though many cases may and do terminate in our hands without any adhesions, still it is scarcely worth while to run the risk when we have a simple preventive means at hand in the sulphate of Atropine. Nor do we believe that the local employment of this medicine will interfere much with the operation of the suitable internal remedies. Belladonna, and consequently its active

alkaloid, Atropine, is itself one of the most powerful remedial agents in acute iritis; and we all know by experience that Mercurius, which is so truly homœopathic to this disease, agrees very well in alternation with Belladonna; and we also know by experience that it will act very well when given internally, whilst Belladonna is applied externally.

Graefe advises, in the slighter cases of acute iritis, the application of a solution of Atropine (gr. iv. to  $\frac{3}{4}$  j. of water) six, eight, or ten times a day, and, in severe cases, as often as twenty or thirty times in the twenty-four hours.

When synechia posterior with broad and inextensible adhesions exists, the tendency to the recurrence of iritis is so great, that patient and doctor are both ready to adopt the severest measures—even extirpating the eyeball, as before mentioned—to get rid of the ever-recurring torment, and to prevent the sound eye from participating sympathetically with the diseased one. In such cases Graefe performs iridectomy by excising a small portion of the iris. This treatment he has found efficacious in apparently the most desperate cases, where the anterior chamber was almost effaced, the iris discoloured and bulging very much forward, and the globe of the eye softer than natural and partially atrophied. He has repeated the operation on the same eye sometimes as often as six times, and with great advantage. The iris regains its healthy appearance, the anterior chamber refills with aqueous humour, and the whole globe becomes firm. The sight, too, is restored more or less perfectly.

Dr. von Graefe is not very clear in his account of the rationale of the cure in such cases. His explanation, such as it is, though emphasised with italics, does not convey a very lucid idea to our minds. It is as follows: “The increased power of vision *was in no way dependent on re-absorption of the pupillary exudations, but was entirely to be ascribed to an improvement of the choroidal complications.*”

In irido-choroiditis, provided separation of the retina has not occurred, the success of iridectomy in preventing recurrence of the inflammation, and in improving vision, is equally striking; and even when separation of the retina is present, though vision

may not be capable of restoration or improvement, existing irritation is generally relieved by the operation. Iridectomy is useful in chronic iritis, even where total blindness exists, as it puts a stop to the ever-recurring inflammation, which is so apt to involve sympathetically the sound eye.

Dr. von Graefe's mode of performing iridectomy is similar to that adopted by Desmarres. The lance-shaped knife is introduced into the *sclerotic*, at the distance of half a line from its junction with the cornea, and pushed forwards into the anterior chamber. Through this wound the forceps is introduced, the iris seized and dragged out, and a portion, amounting to a fifth or even a third of the whole, cut away. The remains of the prolapsed iris are left in the wound.

But it is especially in glaucoma that the most unexpected results have been obtained by Graefe from iridectomy. The pathological notions respecting this disease are so varied, that merely to enumerate them would occupy more space than we could afford. It will suffice to give an outline of Graefe's conception of the nature of the disease, on which is founded his successful treatment.

In glaucoma the pupil is dilated, of a sea-green, bottle-green, or dirty green colour; the cornea is somewhat flattened anteriorly, and not nearly as sensitive as naturally; the iris is rather convex anteriorly; the globe of the eye is harder than usual; the sight is diminished from slight amblyopia to complete blindness; the ophthalmoscope shows the papilla of the optic nerve, as it enters the globe and spreads out into the retina, to be concave, in place of convex, as it is normally; it likewise demonstrates pulsation of the *arteria centralis retinae*. All these symptoms Graefe attributes to *increase of the intra-ocular pressure*. He divides glaucoma into acute and chronic. He thus defines the first of these: "I consider acute glaucoma to be a choroiditis (or irido-choroiditis) with diffuse imbibition of the vitreous body (and aqueous humour), and in which increase of the intra-ocular pressure, compression of the retina, and the well-known series of secondary symptoms, are produced by the increased volume of the vitreous humour." He describes a form of amaurosis closely allied to glaucoma, where the optic nerve is

excavated as in glaucoma, but the other characteristic signs of the disease are absent.

For the cure of glaucoma the first plan that suggested itself to Dr. Von Graefe was paracentesis of the eye, and he accordingly performed this operation repeatedly in a large number of cases; but of these only two were permanently cured, though there was temporary amelioration in most.

As paracentesis proved insufficient, the author's next enquiry was "whether a permanent diminution of the intra-ocular pressure could not be obtained?" His experience of the effects of iridectomy in chronic iritis was not encouraging, for the effect of the operation in such cases was, as above remarked, to cause rather a refilling of the atrophied or softened eye. However, the effect of the same operation in another class of disorders, viz., ulcerations and infiltrations of the cornea, gave hopes that the iridectomy might be of use in diminishing the pressure.

In staphyloma also iridectomy was followed by diminution of intra-ocular pressure, as was shown by the recession of the protruded part after the operation. Some experiments on the healthy eyes of inferior animals pointed to a similar result. He therefore considered himself justified in performing the operation in case of glaucoma; and he was pleased to find that the effect was as he had anticipated, the operation being almost invariably followed by permanent improvement or even perfect restoration of vision.

The cases in which he has operated comprise: 1—the premonitory stage of glaucoma; 2—the acute period of inflammatory glaucoma; 3—the later period of inflammatory glaucoma; 4—chronic glaucoma; 5—amaurosis, with excavation of the optic nerve.

In the cases of the premonitory stage of glaucoma the operation was successful, even where this stage had lasted a long time. He considers this the most favorable period for the operation.

As regards the early stage of acute inflammatory glaucoma, he says: "Vision was perfectly restored in all cases in which the operation was performed before the termination of two weeks from the occurrence of inflammation." Some of these cases, he

remarks, "seemed perfectly desperate; for every trace of the qualitative perception of light had been already extinguished."

In the later period of acute glaucoma the success obtained was not so great; but even in many cases where the disease, reckoned from the commencement of the first glaucomatous inflammation, had lasted many weeks, or even many months, marked improvement was obtained, *provided the field of vision was not contracted, nor the optic papilla excavated*. In the opposite case he advises the operator not to be too sanguine of a favourable issue; for he says, "the results are extremely various and temporary." He gives some cases, however, where the operation was followed by very considerable improvement.

The effect of the operation in chronic glaucoma, though of course not so generally favourable as in the early stage of acute glaucoma, is still very encouraging, and several cases are recorded where considerable improvement occurred even when the disease had already existed many years.

Iridectomy was tried in several cases of amaurosis with excavated papilla, but without the slightest advantage.

In a later paper Dr. Von Graefe finds the opinions above expressed confirmed and corroborated by his further experience. Seeing that the results are so uncertain when the operation is performed in the later and chronic stages of glaucoma, he urgently advises the practitioner "to operate immediately and without delay." He condemns the plan of first trying paracentesis, which although it removes the acute character of the disease and palliates the symptoms when methodically employed, still does not prevent gradual deterioration of the vision. Therefore the time lost in performing paracentesis may be fatal to the success of iridectomy, which he believes to be the only proper treatment of glaucoma, to the exclusion of all others.

In connection with the subject of the treatment of glaucoma by iridectomy we must not omit noticing a lecture published in the *Lancet* of Feb. 11th of the present year, by Mr. Henry Hancock.

Von Graefe in his directions for the operation lays particular stress on the necessity of making the incision in the sclerotic at the distance of half a line from the cornea, in order that the



iris may be removed as far as its ciliary attachment. "This," says he, "seems to be necessary for success," and he elsewhere conjectures that the relief of the intra-ocular pressure effected by the operation may be owing to the relaxation of the ciliary muscle, and the influence thereby exercised on the circulation in the choroid. If this be so, says Mr. Hancock, "why should we seek for this relief in a roundabout manner, by removing a large portion of the iris and producing permanent disfigurement and the objectionable results attending this procedure? Why should we not at once attack the ciliary muscle itself?" Mr. Hancock then proceeds to say :

"I differ from those who regard acute glaucoma merely as a choroiditis, or an irido-choroiditis, with infusion into the vitreous and aqueous humours, as they seem to me to regard results as causes. I believe that glaucoma, whether acute or chronic, is essentially a disease of the blood and the bloodvessels, and that the effusion or infusion, as it may be described, is the result of this condition, which, if not arrested, sooner or later destroys sight. I do not, therefore, believe that any operation will of itself cure glaucoma, but that, by removing the impediment to the circulation through the bloodvessels of the choroid and retina, the disease may be arrested until, if not too far advanced, it may frequently be cured by the aid of constitutional remedies.

"I have observed, what I have not found noticed by any previous writer, that in acute glaucoma the eyeball is constricted and marked by a circular depression at the point corresponding to the ciliary muscle, whilst the vessels around this part are gorged to a great degree. The eyeball is elongated in its antero-posterior diameter, and the cornea lessened in all its diameters, and rendered more conical than natural; whilst, when the patient turns his eyeball sideways, irregular bulging of the sclerotica (staphyloma) is exposed to view. In one or two cases, also, in which I performed iridectomy, the pupil was dilated to excess, and the iris so tense and rigid that it resembled a piece of cat-gut, and could with difficulty be drawn through the wound. It is not at all clear how regular, equable pressure from fluid within the eyeball can, *per se*, produce cupping of the optic papilla, pulsation of the retinal artery, aneurismal swellings of the retinal veins, a varicose condition of the choroid veins, &c. &c.

"Equable pressure from confined and compressed fluid exerted in

all directions from within outwards, would, if uninfluenced by extraneous circumstances, tend rather to stretch the retina and choroid, and thus prevent the cupping of the optic papilla and bulging of the choroid. We can, however, readily understand that, the lateral expansion of the eyeball being, in a great degree, prevented by the constriction of the ciliary muscle, the force of the compressed fluid acts more powerfully in the antero-posterior direction; hence the puckering and cupping of the retina, the irregular bulging of the choroid, the alteration in the shape of the cornea, and elongation of the eyeball.

“ Having carefully marked these several changes, and studied them in conjunction with the appearances observed by the ophthalmoscope in the interior of the eyeball, and with those seen on dissection, I compared them with the normal anatomy of the eye. I directed my attention to the connexion between the inner elastic layer of the cornea with the ciliary muscle, and considered how the vessels from the choroid pass through this muscle to reach the iris, the peculiar arrangement of the vessels of that latter organ, and of the choroid (especially of the choroidal veins) with regard to the ciliary muscle. I regarded also the relation between that muscle and the ora serrata of the retina, as well as the distribution of the retinal vessels close to their junction.

“ All these considerations led me to suspect that the ophthalmoscopic and pathological appearance of the blood vessels were greatly enhanced by, if not, in some instances, entirely due to, the obstruction of the circulation caused by the undue and excessive constriction exerted upon them by the spasmodic or extreme contraction of the ciliary muscle, analogous to the spasm so often observed in the muscular fibres of the urethra, as well as in the sphincter ani muscle in certain affections of those parts.

“ This supposition was strengthened by the character of pain so often described to me by patients as ushering in the attack of acute glaucoma: for instance, a lady, to whom I was called by Mr. Jackson, informed me that having been exposed to a very strong light at a party given by one of the foreign ambassadors, she felt, upon her return home, as though she had received a violent blow upon her eye, followed by excruciating spasmodic pain, which lasted for several hours.

“ From these facts I was led to hope that by cutting the muscle across, as we divide the sphincter ani under analogous circumstances,

I should not only get rid of the effused fluid and relieve the constriction of the different parts connected with the ciliary muscle, but at the same time, by removing the impediment to the circulation of the blood, favour the return of the vessels to their normal condition, and so prevent a recurrence of the effusion into the eye; and I was the more inclined to make the trial inasmuch as, whilst failing, after the most careful study of what had been written of Gräfe's operation, for and against, to discover the principles which regulate its performance, I found that even where most successful, it causes certain results which it is most desirable should be obviated. For instance—

" 1. The disfigurement resulting from the removal of a portion of the iris, and the formation of a coloboma iridis.

" 2. The removal of one-fourth or one-fifth of the iris.

" Whatever difference of opinion obtains with regard to other points connected with iridectomy, there does not appear to be any on this. All agree that the smaller the quantity of iris removed the better. 'By the excision of a portion of the iris, the edge of the lens, with its suspensory ligament passing in front of the vitreous humour to the ciliary process, is exposed to view; therefore, to remedy this inconvenience, Mr. Bowman makes an incision above, because he believes that the cover thus given by the upper lid to the margin of the lens, which has been exposed by the removal of the iris, contributes to the perfection of vision.'

" 3. The loss of the power of adapting the eye to near objects, which it in some degree retains in chronic glaucoma.

" 'The exercise of this power depending upon the increased curvature of the lens in the pupillary area from the pressure of the iris on its margin,—an action which becomes almost, if not quite impossible when part of the iris is excised.'

" By the operation which I am about to propose to you, these inconveniences are avoided. It is very simple, and may be performed easily and quickly.

" I introduce a Beer's cataract knife at the outer and lower margin of the cornea where it joins the sclerotica. The point of the knife is pushed obliquely backwards and downwards until the fibres of the sclerotica are divided obliquely for rather more than one-eighth of an inch. By this incision the ciliary muscle is divided, whilst the accumulated fluid flows by the side of the knife.\* This procedure

\* We confess that we should be utterly unable to perform the operation Mr. Hancock intends to describe from a perusal of these directions. He does

is rarely followed by bad symptoms. In one case there was inflammation, but it was reduced without difficulty. The operation appears to me to present the following advantages :—

“ 1. It obviates the objections to iridectomy.

“ 2. It relieves pain by the removal of the constriction of the eyeball, and the consequent pressure upon the nerves from the undue contraction of the ciliary muscle.

“ 3. By it, the accumulated fluid is evacuated, and, the impediment to the circulation through the blood vessels being got rid of, they are placed in a favourable condition to recover their normal state ; and the probability of a recurrence of the effusion is greatly diminished.

“ 4. By the situation and oblique direction of the incision, a free drainage of the fluid is provided for.

“ 5. The iris is but slightly wounded, and the pupil is preserved of its original size and shape, and in its normal situation.

“ 6. The danger of wounding the lens is avoided.”

Whether the operation proposed by Mr. Hancock is as successful as that advised and practised by Von Graefe we are not yet aware. If Mr. Hancock's theory is correct what he proposes to do—but explains so ill—seems very plausible, but we must confess to having doubts about the correctness of his theory. However, time will no doubt determine the true value of his proposition. In the meantime we cannot help expressing our gratification at the great advance made in these latter days in the treatment of such troublesome diseases as those we have alluded to in this article, and whether it is Von Graefe's or Mr. Hancock's operation that is to prove the most successful one in glaucoma, we are glad to think that many patients may now have useful vision restored to them, who a few years since would have been regarded as incurable by every oculist in Europe.

not say how the knife is to be held, consequently we are left in the dark as to the position of the blade when the instrument is thrust into the eye.—[Eds.]

## MISCELLANEOUS.

### *Hydrocotyle Asiatica.*

Mr. Turner, of Manchester, has received a supply of this medicine, and at the same time the friend who procured it states that it was obtained from one of the best botanists in Madras, and adds, "It is the *Hydrocotyle asiatica* used by the pharmacien (Jules Lepine) at Pondicherry and by Dr. Boileau at Mauritius. I found it a useful carminative and deobstruent, improving the appetite and general health, but I cannot go so far as to say that it possesses a specific or permanent action upon leprous sores. Several cases in the Leper Hospital appeared to benefit for a length of time, as recorded in a published narration by Dr. A. Hunter."

He also enclosed another species, saying, "It can scarcely be distinguished from the *Asiatica*, and is similar in taste and reputed action."

It is therefore not unlikely that other kinds than the *Asiatica* may reach England, and disappoint the expectations of experimenters.

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### *Treatment of Scabies.*

In *scabies*, the *schmier-seife* is of universal use in Germany. It is prepared by boiling fish or other animal oils with an excess of lye, composed of caustic potash and the crude carbonate. "Hebra's plan of treatment is as follows:—The patient takes a warm bath, rubs thoroughly every part affected with a coarse flannel cloth, saturated with *schmier-seife*; and, after washing off, smears the same parts with one of the following ointments or tinctures. This process is repeated every evening, until itching ceases. Three baths are all that are generally allowed, else the skin becomes too much macerated and easily inflamed. Four days are usually sufficient to cure even very bad cases, and circumscribed ravages of the animal may be stopped at once. The following is the 'Vienna salve':—Sapon. virid., Axung. āā, 3 parts; Flor. sulph., Picis liquid, āā, 1½; Cretæ alb., 1 part. M. Hebra's own ointment is of similar composition—Flowers of sulphur, oil of beech or of cade, āā ʒij., *schmier-seife*, Axung, āā ʒxvj. Chalk is added when necessary to remove the

epithelium more rapidly, as with soldiers, or the great unwashed. In cases where fat cannot be used he substitutes alcohol to the same amount. Either of these preparations may be used in connexion with the soap, and the result of such treatment will be fully satisfactory to those who will try it. The alkaline soap, when applied to a burrow, produces at once an exudation into the same, which causes its immediate recognition. Its later effects are to dissolve the epithelium, and allow the sulphur to work directly upon the animals. The tar, or beech and juniper oils, are added to prevent the production of excoriation or eczema by the excess of alkali and friction."

In *pityriasis versicolor*, the intolerable itching which betrays the presence of the fungus—the *microsporon furfur*—ceases on the death of this, which is easily caused in a short time, by daily inunction with *schmier-seife*. Its effect upon the patches is wonderful.

"It has been my object to show how valuable and general a remedy we have in this soap, and to endeavour to introduce it to the profession as an instrument both cheap and cleanly, and of sure promise—certainly a long looked-for desideratum in this class of diseases."—*Boston Medical and Surgical Journal*, vol. lxi, pp. 229—233.

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### Glycerine Ointment.

*Unguentum Glycerini*.—Under this title Professor Simon, of Berlin, describes an ointment forming a most excellent excipient, composed of five parts of glycerine and one part of amylum. It forms a smooth butter-like substance, free of all smell, exciting no chemical action, and unaffected by temperature. It is to be preferred to similar substances:—1. For its elegance, its freedom from repulsive odour, and its not exciting erythema in irritable skins. 2. It can be kept in large quantities without undergoing change, even when chemically combined with other bodies. 3. Extracts and soluble salts may not merely be mechanically mixed with it, but may be held in a dissolved condition, the absorption being thus much facilitated. 4. As its consistence remains unchanged, it does not extend beyond the parts to which it is applied. 5. It can be removed with great facility.—*Varges' Zeitschrift*, Dec., p. 412.

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*Poisoning by Goulard's Extract of Lead.*

Lucy Ann C——, æt. 21; the doctor visited her immediately, at 10 P.M., and found her in excruciating agony. There was violent pain in epigastric and umbilical regions, which the patient frequently rubbed; the muscles of the belly were drawn inwards; the pain had commenced in the back, and extended to the abdomen, and was of the same character as that produced in very violent colic; the pulse was extremely feeble, with tremor of the hands and constant jactitation, the patient rocking her body from side to side as she writhed under her sufferings. It appeared that being unhappy, she wilfully swallowed at first small doses of Goulard's extract of lead, which were increased until three quarters of a pint had been taken, when the symptoms became exceedingly urgent; they were also accompanied by heat in the throat and abdomen, with an anxious wish to vomit and intense thirst.

A scruple of sulphate of zinc was administered, but as it did not act so soon as might be wished, another scruple was given, which soon caused vomiting, but not to a sufficient extent. A solution of sulphate of magnesia was then taken, which was followed by very copious vomiting, with marked relief to the symptoms, and with the exception of obstinate constipation the patient is going on favourably.

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*Hydrastis Canadensis in Cancer.*

By DR. HASTINGS, Surgeon, &c., Cheltenham.

Having for some considerable time used Hydr. cana. in cancer cases, even before Dr. Pattison made known that it was the medicine he generally prescribes, I think I may without any presumption make some remarks thereon.

How that medicine became known to me I need not state, but suffice it to say it was through a *lay* man, who was very fond of trying new medicines.

I have now for upwards of eighteen months prescribed it in about twenty cases of cancer, viz. cancer of the tongue, breast, lip, hand, &c., in a variety of forms, from high and low dilutions, applied it externally, as Dr. Pattison does, and even by his directions, having sent twice patients for his advice, and I regret to say, in no single

instance has it effected a cure, nor even appeared to check the disease.

It is probable I may not have prescribed it properly, and fearing this, I sent, as above stated, two patients to Dr. Pattison, one with a cancer in the nose, extending into the eyes, the other with a cancer on the back of the hand, both of which Dr. Pattison pronounced incurable.

Now, this being my experience with this vaunted medicine, I deem it an act of justice to place it before my professional brethren, knowing well that they, like myself, are anxious to seize upon any remedy said to possess curative powers over such an intractable and formidable disease as cancer, in order that their hopes of its anti-cancer powers may not be too highly exalted. In one or two cases it did seem at first to have some power of arresting the disease, but this was of short duration.

I have at present six cases of cancer under my care, but am not using Hydr. can. in one of them, as I have been thoroughly discouraged in its use after what I consider a long, fair and anxious trial.

It is to be hoped that others who may choose to try it, will find it more useful than I. It, no doubt, is a powerful medicine, but whether it will ever cure cancer in any of its stages is very questionable, at least according to my experience of it.

My assistant, Mr. Clifford, uses it extensively in very chronic and obstinate cases of constipation, and says that a drop of the mother tincture, first thing in the morning, in a little water, has been most effectual in these cases.

In our dispensary we use it very much as an ointment in chronic ulcers, giving it internally, also, and with much benefit.

This is about as much as I can say of its therapeutic efficacy; I only wish I could say more.

My readers will excuse this hurried production, as I have no time to study diction. My object is simply to lay before them my experience with Hydr. can.

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*Morbus Homœopathicus.*

Since the publication some five or six years ago of "A Treatise on the Hurtful Nature of Salt," by a Dr. Howard, who committed



suicide shortly after his book appeared, no medical publication has contained more startling thoughts and theories than are to be found in a work of yesterday, entitled "Cure of the Sick—not Homœopathy—not Allopathy, but Judgment," by Dr. John Spurgin, of London. This book is a little one, but like most little things, it is a "bragging" one. There is so much "pluck" in the author of it that he deserves a greater renown than either we can give him, or any of his former "curricula" have been able to produce. Dr. Spurgin "hates homœopathic blood," and like every genuine hater is ready to do battle with his enemies. He understands all the "weaknesses" of homœopaths, all the dodges they exercise in the cure of the sick; is well aware that if cures are performed by homœopaths it must be "by means which they keep in the back ground;" knows that homœopathy is nothing "but a fraud on the credulous," and full of all this, and much more, this paragon of "judgment," this "physician for all," this immaculate doctor, "who in all his practice" never at any time had a patient "who relinquished his services for those of homœopathy or allopathy," lifts up his voice "as a soldier defending a cause dedicated to righteousness," and exclaims "I will resist the defiling, because defaming encroachments of even an army of them" homœopaths.

Our object at this time is not to review Dr. Spurgin's book, but to warn our readers of the approach of a new disease which Dr. Spurgin has been commissioned to explain to the world. Some days ago we observed that in 1832 a medical gentleman wrote to Sir Henry Hallford, claiming consideration on the ground of his being the first to discover Asiatic cholera.\* But a greater man than this is here—before the disease has come, before any man was aware even of it coming, Dr. Spurgin has described its symptoms—has determined its course—has fixed its termination—has given it a name, and above all, has already found its cure.

This disease, be it known to you, oh homœopaths, is "morbus homœopathicus," a disease compared to which the "sweating sickness," raging fever, cholera, small-pox, diphtheria and plague are as nothing. "Alas! that such blood should be coming unto us and our children."

This disease is thus described by Dr. Spurgin:—"It commences in the blood, to be determined to the cellular integument of the lower

\* *Manchester Examiner and Times*, March 20, 1860.

extremities, or to the kidneys, or to the lungs, or to the heart, and producing lingering illness, and not unfrequently sudden death."

"When it is determined to the kidneys, not only is badly assimilated albumen thrown off by them, constituting morbus Brightii, but at length offensive albumen, and even stinking pus. This is but a natural consequence of the tolerance of noxious matters in the blood to a perilous and even painful fatal extent."

Such, then, is the disease that is coming upon us, the outline of which Dr. Spurgin has only given us now, the full picture of which may be found in "my forthcoming third Curriculum on the Determination of the Blood."

This disease is to come upon homœopaths as such; it is to come on them because they do not submit to bleeding and purgings; because they do not choose to take large doses of nauseating drugs, "the organic action that lives from it will be as a pot full of death."

That our readers may not only know that a fell disease is coming on them, but that they may also have their homœopathic prejudices thoroughly uprooted, we subjoin some of the warnings Dr. Spurgin has addressed to them. As a physician for all, "I can assert that disorders of a destructively inflammatory type have actually set in. Let mothers of families, therefore, take heed to their quacking ways, for they are at a dangerous turn of their precipitous journey of life; the steps of death are at their quicker march, and the earth is opening in many places at once in reply to their heavier fall; let them be assured that the voice of warning is not to be despised which would keep every sense awake."

"If mothers make our men, I fear their children will become but indifferent rulers and defenders of our country, when they confide in infinitesimal atoms for health and strength of mind and constitution."

Such being the disease and the warnings against it, we cannot now wait to review the other parts of Dr. Spurgin's little book. There is much that is good in it; but that vaunted "Judgment" which our author so delights to parade has got sadly wrong, and so far as the author's prophecies are concerned, they are worthy of a place beside the ravings of Johanna Southcote, Mrs. Buchan, of Dr. Cumming, and other predictions.

Once more, if a homœopath in any degree doubts anything that Dr. Spurgin says, he is called to understand that Dr. Spurgin "is

entitled to the necessary confidence because he serves the God of righteousness in his temple, in common with an honourable host, and not the Moloch of any other homœopathic doctor's distempered imagination."

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*Bernard on Experimental Pathology.*

We gladly direct the attention of our readers to the very interesting course of lectures, by M. Claude Bernard. A translation of them has, for some weeks now, appeared in the *Medical Times and Gazette*, and from this source we extract Lecture iii.

"Gentlemen,—In my first Lecture I made you acquainted with the course which I proposed to carry out in the study of Experimental Pathology, and I endeavoured to show you how difficult it was to enter on the study of so complex a science as that of Medicine, without having previously acquired a preliminary knowledge of other sciences less complicated in their nature; lastly, I endeavoured to combat an opinion too generally entertained, viz., that physiological phenomena belong to an order of facts entirely foreign to those which occur in the morbid state.

"We shall now enter on the study of the symptoms peculiar to the pathological state, the agents which give rise to them, and those calculated to bring about their removal; lastly, we shall produce all the phenomena of disease by artificial means, and shall then endeavour to make them disappear.

"But, before entering on this subject, it is indispensable to ascertain whether everything which occurs in a state of disease can be explained on physiological grounds; or, whether disease has the peculiar property of originating, in the living being, laws altogether new, and of which we have not the slightest idea as existing in a state of health.

"If, in the case of an adult in the full enjoyment of all his faculties we ask ourselves what is the regulating agent, what the *primum mobile* of all physiological actions, we are constrained to reply that its seat is in the nervous system. It is to the nervous system that we owe both sensibility and voluntary motion, that two-fold source of all our relations with the external world; it presides over all organic functions, and it is my intention to prove to you, that while it is the origin of all the phenomena of life, it is also that of all pathological action.

“In proportion as we ascend in the scale of animal life, we see the nervous system acquire greater development, and at the same time we observe that diseases become more frequent, more variable in their form, and more complicated in their nature. Why should this coincidence astonish us? Are not all our organs dependent directly on the nervous system? If we take, one by one, the different systems of the animal economy, it will be easy to show that all the symptoms of the diseases to which they are liable may be produced by direct irritation of their corresponding nerves. We can even give rise, in this way, to all the anatomical lesions by which they are characterised.

“What, for instance, are the principal signs of the affections of the respiratory organs? Cough, dyspnoea, increased bronchial secretion; are not these the symptoms which most frequently proclaim their existence? Now all these phenomena can be produced at will by the direct excitation of the pneumogastric or certain other nerves; we can even call into existence the anatomical lesions incidental to pleurisy and pericarditis. The causes of these morbid changes would therefore appear to be intimately connected with the nervous system. If we now turn our attention to the digestive apparatus, we shall soon be convinced that the physiologist possesses the same power relative to it, as he does in the case of the respiratory organs. By exciting the solar plexus and its efferent branches, we can determine both diarrhoea and dysentery, together with the anatomical lesions which habitually accompany them. Acute peritonitis has even been induced with all its consequences, as evidenced, on opening the animal, by the presence of pus and false membrane in the peritoneal cavity.

“Thus, then, a multitude of diseases may be brought into existence by a simple modification of the elements which the animal economy originally contains, without having recourse to the introduction of any new principle; and, if we were to examine the other systems of the body, results analogous in their nature would be obtained. Fever itself, that essentially medical symptom, can be excited by a mere mechanical irritation of the nervous system, and the products of inflammation, such as pus, false membranes, and plastic exudations, may, any, or all of them, be called into existence in a similar way. In an animal, previously enfeebled, we can produce directly pleuritis with purulent deposit, by the simple division of the great sympathetic nerve; in order, however, to ensure success in this experiment, it is absolutely necessary that the state or condition of the animal's health be previously lowered.

"It is, therefore, a fact, that the perverted state of the nervous system gives rise to a great variety of diseases, not only of a general, but also of a local character: deprive a muscle or a bone of its nervous supply, and you will have, as a consequence, fatty degeneration in the one case, and rickets in the other; in fact, if you tie the nerves which enter the nutritive foramina of a bone, you will very soon see the cells of the lamellar structure increase in size, the vessels become more numerous, and all the phenomena of rickets follow in rapid succession: we can even bring about these results on *part* of a bone, without interfering with the remainder. This experiment has been successfully carried out, in the case of the lower jaw, by M. Schiff of Berne.

"But there exists in disease an immense number of other phenomena which, at first sight, it appears impossible to produce by a simple lesion of the nervous system; I allude especially to the alteration or modification of the fluids of the body, which takes place in the course of certain maladies. Now I am prepared to demonstrate that a vast number, if not all, of these morbid changes, are still to be traced to the action of the nervous system, and that they can be reproduced at pleasure by the physiologist. Among the various fluids of the body, the urine is that one, the morbid changes of which have been the most carefully and completely investigated. Now you are perfectly aware, gentlemen, that albuminuria, polyuria, and diabetes, are invariably produced by excitation of definite points of the medulla oblongata, the peculiar form of the perverted urinary secretion being determined by the particular portion which is acted on: it is in the case of diabetes especially that the importance of this experimental fact is fully brought out. It was supposed that in diabetic patients the morbid state created entirely new conditions in the economy, which gave rise to the pathological production called sugar; it is now, however, admitted on all hands that these phenomena are fully explained by the mere exaggeration of a normal function, in virtue of which glycose is generated in every individual even in a state of health. It is therefore evident that disease, in this case, is nothing more nor less than an exaggerated natural function.

"There exists, however, a certain number of pathological products and morbid manifestations which we have not yet been able to imitate by the employment of artificial means. Shall we be able, at a later period, to connect these facts with those which already fall within the range of experimental physiology? Such is the scientific problem

of the day. The question is, whether we shall one day be able to embrace pathology in its entire extent, within the compass of biological explanations, or whether we shall, in addition to all which we can imitate or explain, for ever be compelled to recognise a *special principle*, mysterious in its nature, which we must acknowledge as a morbid or vital phenomenon?

“Let us take, for example, eruptive fevers, small-pox, scarlatina, and measles. These are diseases, indeed, which it is impossible for us to produce without having recourse to a special virus. Shall we, one day, be able to realise this undertaking without the intervention of the peculiar animal poison on which they seem to depend? Must we not, first of all, solve the question whether such diseases as those we have just specified can possibly exist in animals, even in those which approach most closely to the human species? Are they not in reality the exclusive property of the human organisation?”

“Nothing is more difficult than to produce, through the agency of the nervous system, eruptive diseases in animals, the vitality of the skin of which is essentially different from that of man. We can, nevertheless, produce ecchymosis, congestions and glandular swellings; but it must always be borne in mind, that each particular species of animal has its own peculiar diseases, which cannot be transmitted to a neighbouring species, however closely allied they may be. Now man, in himself, presents a greater number of special diseases than all the other animals taken together.

“Fortunately for physiology, such incompatibilities are rather the exception than the rule. Tubercle, cancer, and many other morbid productions, are found equally in animals and in man. Every disease which gives birth to morbid tissue is evidently a perversion of the nutritive function; now who will venture to deny the influence which the nervous system exercises over this physiological act? We must, therefore, advance resolutely in the path which lies open before us, without allowing ourselves to be disheartened or intimidated by the difficulties of our science. But we must bear in mind that a disease is not characterised by one single symptom; it consists rather of a complete series of symptoms, standing to each other in the relation of cause and effect. It is, in fact, a morbid evolution which offers a commencement, a middle, and an end; so that a skilful and practised observer, on witnessing the first stage of a disease, can predict its probable termination. This is no doubt true; disease does not consist in an isolated symptom; it is a collection of symptoms. Now

these reunions of morbid phenomena, we indubitably succeed in reproducing in animals. The functions of life are modified in various ways by a variety of different agents. Poisons determine real disease which present an unbroken chain of symptoms, consequent on the introduction into the system of the toxic agent. Here, therefore, we find an entire class of diseases which can be produced at will.

“ But setting aside this question of such vast dimensions, and to which we shall revert at a later part of our course, let us inquire whether, by mere surgical operations, by mere mechanical lesions, we can determine on the animals subjected to experiment, a certain number of morbid series. If you simultaneously remove the two kidneys of a dog, or simply tie the renal arteries, you immediately produce a general disturbance in the entire economy. The animal is powerless in expelling the excremental product which should pass off by this channel, and the whole system becomes gradually poisoned. At first the animal is not seriously affected ; it continues to eat and digest its food for a certain lapse of time, which corresponds with the period of incubation in diseases ; by-and-by it is attacked with vomiting and purging, shortly after which it dies.

“ What takes place in a case like this ? Let us endeavour to explain it. During the first period the urea, which can no longer be eliminated by the kidneys, is expelled by the intestines. It is found, together with the salts of ammonia, in the animal's excrements, and even in the gastric juice. If this new mode of elimination could be prolonged indefinitely the animal would not become diseased—it would not die ; but very soon the mucous membrane of the intestines, irritated by the constant contact with the ammoniacal salts, gives rise to morbid changes. On the other hand, as long as the urea is eliminated by the intestines, it does not find its way into the blood. This fact has been demonstrated experimentally by MM. Prevost and Dumas, who have not, however, succeeded in explaining it. Now, at a later period, when the mucous lining of the intestine refuses to continue this function, which is altogether foreign to it, the urea finds its way into the blood, and the animal soon expires, comatose and convulsed.

“ When the cessation of the urinary secretion depends on the ligation of the renal arteries, this state of things may sometimes be obviated by removing the ligatures ; the self-same thing would also take place in man, if there existed an obstacle to the passage of the urine, and if it were possible to remove that obstacle ; but in all

cases in which the kidneys have been removed death has always supervened. The destruction of the animal has been the invariable termination of the morbid series.

“Here, then, we have a disease which can be artificially produced; but there are many others, the causes of which are agents existing exterior to the body; contagious affections belong to this class. The fact has been experimentally proved in the case of peri-pneumonia of horned cattle, by the establishment of a communication between two cow-houses, the one containing healthy, the other diseased cattle. In the inclosure, which, in the first instance, contained only healthy cattle, several cases of this peculiar affection occurred in succession.

“But independently of these various causes, the action of which I am far from being disposed to deny, internal accidents occur, and give origin to various affections in the economy. This has been experimentally proved; if you remove both the kidneys of an animal it dies; if you remove, however, only one kidney, the animal continues to live; the remaining organ becomes enlarged, and plays both its own part and that of its absent fellow; a fact which can be easily ascertained by opening the animal a certain time after the operation has been performed. But if, instead of removing the kidneys, you simply make a division of their nerves, the animal dies. During the first few days which follow the operation albuminuria is produced; shortly after, inflammation of the kidneys sets up; they then mortify and become decomposed; so that, finally, they act on the economy like a septic poison, which inevitably leads to death. Such I consider to be the natural explanation of this *apparently* mysterious fact.

“I now presume that I have established the initial proposition: Not only can we succeed in producing morbid symptoms in animals by artificial means, but even actual diseases, with their complete chain of results. Pathology regarded from this point of view, combines the resources of Physiology with those derived from clinical observations.”

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In Lecture v. we find a passage which, with many others contained in these lectures, leads us to hope that a truer knowledge of disease must, ere long, revolutionize ordinary medicine.

“But we also find in animals various predispositions, which not only modify the action of medicines administered to them, but also render



them liable to diseases entirely different, when suffering from causes entirely similar. Being about to perform certain experiments on animals kept fasting for a long space of time, I left some dogs without food for several days; but during the late severe frosts, these animals died unexpectedly. In making the autopsy, we discovered pneumonia in one case, pleuritis in another, and inflammation of the bowels in the two last. Thus, under conditions perfectly identical, these animals were affected with totally different diseases. But similar results may be obtained at will by the physiologist. When rabbits are placed under total abstinence they generally live a fortnight or three weeks; but when certain branches of the sympathetic nerve have been previously divided, the animals die within a few days when deprived of food, through acute inflammation of the viscera connected with the nervous twigs that have been divided. When, some time ago, I commenced this series of experiments, I discovered that the section of large divisions of the sympathetic nerve was apparently unattended with the slightest inconvenience as long as the health of these animals remained perfect. Some of them even became pregnant and brought forth their young; but, as soon as a general debilitation of the system arose from want of proper nourishment, acute inflammation was produced in the organs deprived of nervous influence. We had, therefore, succeeded in artificially creating particular idiosyncrasies in these animals, and could predict with perfect certainty that as soon as health failed disease would arise on a given point.

“Morbid predispositions must, therefore, be viewed in the light of peculiar physiological conditions, which, in most cases, depend upon the nervous system; and an immense progress would be realised in medicine, if it were possible to diagnosticate in a state of health the predisposition to disease, and foretell the coming danger.”

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### *Sanguinaria Canadensis.*

Dr. Gibb read a paper on the natural history, properties and medical uses of this drug, of which the following is a short abstract:—

The author went most fully into the early history and botanical characters of the plant, the first notice of which was by Jacob Cor-

nuti, in 1635. It was cultivated in England prior to 1640. He showed the metamorphosis of denomination it had undergone till the time of Linnæus who settled the name of the plant. It belongs to the sexual system Polyandria monogynia, and the natural order Papaveraceæ; and is common to a large portion of the North American continent, especially Canada, where it was first discovered. It is perennial, and the only officinal part is the rhizome, which abounds in an orange-red coloured juice. As met with in commerce, it is in the form of dried root, and from its cheapness is unadulterated. The box of specimens exhibited was from Messrs. Lyman, Savage, and Co., of Montreal, and contained eight pounds. The odour of the root is somewhat narcotic, and on handling, causes sneezing. The qualitative analysis, as determined by the author and other observers is as follows :—

- |                       |                           |
|-----------------------|---------------------------|
| 1. Sanguinarina.      | 7. Vegetable albumen.     |
| 2. Porphyroxin.       | 8. Orange-coloured resin. |
| 3. Puccine.           | 9. Fixed oil.             |
| 4. Chelidonic acid.   | 10. Extractive matter.    |
| 5. Fecula.            | 11. Lignin.               |
| 6. Saccharine matter. | 12. Gum (a little).       |

The sanguinarina is an alkaloid, discovered by Dr. Dana, and contains the active principle of the plant. The Porphyroxin was extracted from it by Riegel, and is analogous to the same principle discovered by Merck in Opium. Puccine is a third principle, discovered by Mr. Wayne, of Cincinnati; and this name was given to it by the author, after the Indian appellation of the plant. Several of the other ingredients were detected by the author himself.

A series of experiments were performed on plants and animals by the author and Dr. Fenwick, of Montreal. They went to show that, in its concentrated form, Bloodroot was extremely irritating to man and animals, affecting principally the mucous membrane of the stomach and bowels. An excessive quantity acts as a poison, and produces violent vomiting, a burning sensation in the stomach, tormenting thirst, faintness, vertigo, indistinct vision, and alarming prostration of strength. Its properties, in regulated doses, are those of an emetic—nauseant, expectorant, and diaphoretic. A narcotic, sedative, stimulant, and alterative property is occasionally exerted. As an emmenagogue, it has long been known; and it is used as an escharotic and errhine. As an emetic and expectorant, it is highly

valuable in various chest and throat affections; and has been employed in pneumonia, phthisis, bronchitis, catarrh, asthma, croup, diphtheria, cynanche maligna, and pertussis. As a diaphoretic, stimulant, and alterative, it is administered in many diseases in which sudorifics are indicated. In scarlatina, rheumatism, jaundice, dyspepsia, hydrothorax, and some other affections, its virtues have been praised by many practitioners. The general experience of those who have tried it in cancer is, that it is perfectly inert in that disease; and it is satisfactorily proved that it was not originally employed by the Indians of the shores of Lake Superior to cure cancerous affections. Its value, locally, in many skin affections, is undoubted, and it is certain to cure many obstinate forms of head eruption.

Several American physicians have given their testimony to its value in some of the stages of pneumonia, and especially in the chronic form. As an expectorant in the first and second stages of phthisis, its action is said to be certain. The author found it especially serviceable in the pretubercular, the second and the third stages of the disease, and not less valuable in bronchitis. Short abstracts of several cases of phthisis in different stages were related, to illustrate the good effects of the remedy; in all of which the expectoration became easy, the breathing clearer, the spasmodic efforts at coughing less, and even at the last stage much improvement resulted for a time. As an expectorant and mild stimulant in the second and third stages it cannot be surpassed, and materially helps to prolong life even in very hopeless cases. In consumption, associated with disease of the windpipe and throat, the tincture is useful in promoting warmth and easy expectoration. In chronic bronchitis it is in most general use in North America, as one of the most active and useful expectorants; and the author has for several years found it more serviceable in this disease than many other remedies. It will allay the cough and irritation in some forms of follicular inflammation of the throat, associated with phthisis or bronchitis. Not less serviceable is it in various forms of catarrh, particularly in the chronic, associated with emphysema. In coryza, or cold in the head, it is much employed, and has been found useful by the author. The paroxysms of asthma are relieved by it, and their severity and frequency diminished. It is a remedy in common use for pertussis in the United States; but although it had cured cases under the author's care, he did not recommend it as superior to other remedies. It is also much employed in croup, in the membranous form. As an

emetic in the croupal form of diphtheria, it acts with energy, and produces a thrilling effect upon the entire mucous membrane of the fauces and respiratory tract, with a feeling of warmth. It alone seems to impart vitality to the suffering throat, and is recommended by the author with confidence, in the form of decoction or infusion, four to eight drachms at short intervals, until vomiting ensues; it is then to be followed by steel and other preparations recommended for this disease. In the malignant form of diphtheria, besides active and energetic treatment, an acetous decoction of Bloodroot as a gargle will prove invaluable. Its usefulness in epidemic malignant scarlatina has been fully tested by Dr. Jennings, of Virginia, in the same form of gargle; a fact which should be borne in mind when this epidemic appears. Some evidence was also afforded of its good effects in certain forms of chronic rheumatism, and in some hepatic affections. In amenorrhœa, it will prove, either alone or combined with other substances, one of the best emmenagogues. The skin diseases which have been cured by it in the form of ointment are—scabies, tinea capitis, impetigo of the scalp, and many others. The preparations in use are—the Powder; the Compound Powder of the Author; the Powder with Camphor; the Infusion, Decoction, Preserved juice and Oil; the Extract, Tincture, Wine, Vinegar, Syrup, and Ointment.

A discussion ensued, in which Mr. J. F. Clarke, Dr. Hare, Dr. Gibbon, the President, Dr. Routh, Mr. Streeter, and Mr. Bryant took part. The author's paper was commended, and his researches appreciated; but very few of the members present had had any experience in the use of the sanguinaria.

In reply to various questions, Dr. Gibb observed that the tincture was used by several London physicians, and was to be obtained of Messrs. Bell, Oxford Street, and others; and the root could be introduced into this country at a very low price, because of its abundant growth throughout the United States and Canada.

Numerous specimens of the recent and dried root were exhibited, together with the powder, tincture, seeds, pods, and other parts and preparations of the plant, which was further illustrated by coloured drawings and tables of analysis.—*Lancet*, Feb. 4, 1860.

*New American Homœopathic Periodical.*

The first number of the *United States Journal of Homœopathy* is before us. It is to appear quarterly; and judging from the excellent promise of this first number, we feel assured that it will be a great acquisition to our literature. We beg to give it a cordial welcome, and trust it may have a long and useful career.

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*A New Attack by an Old Foe.*

Our rusty contemporary, the *Lancet*, has lately treated us with a very brilliant flash of contemptuous silence. Finding, however, that homœopathy did not absolutely wither up into the desired insignificance under this dignified treatment, but, on the contrary, that it continued to flourish and spread with ever-increasing vigour, the *Lancet* has returned once more to the charge, and during the months of January and February has treated us to a series of articles, intended, doubtless, to bring about that annihilation that a studied neglect failed to achieve.

Singularly enough, the series of papers is interrupted by an article in the number for February 4th, entitled "The Mote in our own Eye," which is an animadversion on the quackish proceedings of some scions of the allopathic family. It would be more scriptural, more in accordance with the facts of the case, and more consonant with the popular ideas of allopathy and homœopathy, were the *Lancet* to talk of plucking the *beam* out of its allopathic eye before proceeding to extract the *mote* from the homœopathic eye. The *Lancet* is not singular in its misapplication of this proverb. It is seldom that an individual can perceive that his *beam* is more than a *mote*, whereas his neighbour's *mote* is often magnified by his too partial spectacles into a *beam*. We may with certainty conclude that the *Lancet's* *mote* must have been a good-sized *beam*, when it acknowledges it has a *mote* at all in its discerning and truth-seeking eye; and more especially when we find it suspending for a whole week its much more congenial task of inveighing against homœopathy, to make the attempt to extract this foreign body from its own visual organ.

As for the *Lancet's* tirade against homœopathy, far be it from us to attempt to reply to it. The *Lancet's* arguments are unanswer-

able, for they consist wholly and solely of abuse and foul language. We should as soon think of engaging in fisticuffs with a sweep as of entering the lists with an opponent who exhausts the vocabulary of Billingsgate in his attack upon us. Discretion is decidedly the better part of valour when we have to do with an adversary whose weapons are dirt, which he throws about him indiscriminately, without regard to any of the rules of honourable warfare, so we are not ashamed to beat a retreat, and leave the *Lancet* to enjoy its fœtid triumph, like that unsavoury beast, the *mephitis putorius*, which beats many a nobler and stronger animal from the field by means of the disgusting weapon it employs.

We may merely suggest to our vicious contemporary that rejoices in the name of an almost obsolete surgical instrument, that the style it has adopted of meeting the great fact of homœopathy is as obsolete as its surgical namesake. It is rather too late in the day to expect much effect on the large homœopathic public by telling them in so many words that all the statements of homœopaths are "lies," and that the practitioners of homœopathy are either knaves or fools, or mad. It does not require much perspicacity to see the silliness of the accusation of dishonesty against homœopaths because they have adopted an improved mode of practice, different from what they were taught at the schools, and different, perhaps, also, from that they believed in at the time of obtaining their degree. If the obtaining of a degree were to bind a man to practise nothing but what the Faculty taught and believed in at the time he obtained it, a stop would be put to all progress, and our colleges would realise completely Molière's burlesque Faculty with its oath :

" De non jamais te servire  
De remediis aucunis,  
Quam de ceux doctæ Facultatis."

If this ethical doctrine of the *Lancet* were correct, then the greatest improvers of the medical art would necessarily be the most dishonest. In our own day, Bright must be considered a rogue for his discoveries about the kidneys ; Simpson a scoundrel for his introduction of anæsthesia ; and even the pet of the *Lancet*, Wakley, *filis*, must be considered beyond the pale of honesty, for in a small way he has endeavoured to innovate on established practice by his invention of stricture tubes, about which Wakley, *père*, takes care that the public shall hear enough in the columns of the *Lancet*.

We doubt if any success will attend the *Lancet's* efforts to fix a charge of blasphemy and heretical opinions on Hahnemann and his disciples. The charge will be treated as ridiculous by every one conversant with the writings of homœopaths; and no person in this world, we venture to affirm, would think of looking to the *Lancet* as an authority upon matters of religion. Our adversaries are indeed driven to strange shifts for arguments against us when they try to raise a cry of blasphemy against us. The same dodge was tried by the silversmiths of Ephesus against the Apostles, when they thought their craft was in danger; and it must be a similar motive that leads our opponents to imitate the Ephesians.

Perhaps the strongest point in these virulent attacks on homœopathy is the abuse of Dr. Conquest on the ground that he is an old man, and must therefore write *aniles fabulas*. It so happens, however, that this is an accusation that cuts both ways, for as Mr. Wakley must be about the same age as Dr. Conquest, if the writings of the latter are unworthy of notice because he is an old man, so must those of the former for the same valid reason. Dr. Conquest is stated to be "so old that he has forgotten himself;" but the same cannot be said of Mr. Wakley, for in these articles he has remembered himself so well, that he has reproduced precisely the same abusive epithets, the same absurd accusations, and the same insolent invective that he poured out upon homœopathy and its practitioners scores of times in former years. We leave to our readers to judge which is the greater proof of senility—to have a mind open to conviction, and ready to adopt improvements and advance with the spirit of the age, or to be continually mumbling the same decrepid nonsense about the heinous sin and dishonesty of departing from the good old ways of our ancestors.

The author of these anti-homœopathic articles expresses his inclination to follow the advice of Dogberry, and indeed, we discover him to be a pretty close follower of that worthy constable, especially in his pitying contempt for old age. "When the age is in the wit is out," was one of Dogberry's maxims, which the *Lancet* has borrowed without acknowledgment. The *Lancet's* style of dealing with homœopaths is evidently founded on the Dogberry model: "Masters, it is proved already that you are little better than false knaves, and it will go near to be thought so shortly." The proof that we are false knaves has been already repeatedly furnished by our contemporary, in his own opinion, and he would fain believe that

the time is not far distant when we shall be thought so likewise. One advantage, however, our modern Dogberry enjoys over his ancient prototype in being able to write—an accomplishment he has employed in doing that for himself which Dogberry so much desired should be done for him.

The *Lancet* is very much mistaken if it imagines that articles like those it has just published are either annoying or injurious to us. On the contrary, we are rejoiced to see that our adversaries can furnish no arguments against us, but only abuse; and we are convinced that the spirit of fair play that exists in Englishmen will induce them to side with us when they see us exposed to such a tirade of senseless vituperation.

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*On the Action of Iodide of Potassium upon Phthisis.*

By RICHARD PAYNE COTTON, M.D.

IN a former communication I expressed my intention of testing the action of certain medicinal substances upon consumption, by administering them to a number of Hospital patients, and carefully tabulating the result. On that occasion I noticed the effect of chloride of sodium; I have now to record that of iodide of potassium.

It may be as well, perhaps, to repeat that in these experiments, the cases have not been selected, but taken as they came into the Hospital, at whatever stage, and under whatever condition they might happen to present themselves; those only being excluded in which either some active symptom or unusual complication demanded more immediate and decided treatment. The present observations, like the preceding, have been made upon twenty-five patients; this number having been chosen as readily showing the result *per cent.* by the simple process of multiplying by four. To Dr. Hardy, the resident Clinical Assistant, I am indebted for frequent and carefully made notes.

The iodide was administered in doses varying from five to seven grains, twice, and in some instances, three times a-day, simply dissolved in pimenta-water. The cases consisted of thirteen males and twelve females, their respective ages varying from 16 to 44, the majority



being about midway between the two. In eleven, the disease was in its first stage; in two, softening had commenced; and in twelve, there was unmistakeable evidence of more or less pulmonary excavation. The medicine was continued, according to its effects, from a period varying from three to ten weeks. Whenever it seemed, after having been taken for four weeks, to be producing little or no good, it was discontinued, and the subsequent progress of such patient under other treatment carefully observed.

In two instances, headache was complained of; in six, there was more or less dyspepsia, flatulence, or loss of appetite; and in three cases, hæmoptysis occurred. Whether such symptoms were the *post* or the *propter hoc* it was rather difficult to determine; there seemed to be no reason, however, for suspecting the latter in the cases of hæmoptysis; but, from subsequent observation, the headache and dyspepsia were fairly attributable to the iodide.

In order to obtain comparative results, in eight cases the iodide was combined with cod-liver oil, and in seventeen administered alone.

There was a visible improvement in eleven of the patients; six of these being in the first stage of the disease, and the rest more advanced; in six instances there was no change either one way or the other; and in eight the disease advanced more or less rapidly.

In making an analysis of the eleven improved cases, it was found that in six of the number the iodide had been taken in conjunction with cod-liver oil, and that in five it was taken alone. The most marked improvement was certainly where the two had been associated. In only three cases, where the iodide had been taken by itself, had the patient's weight increased, whilst in ten it had diminished, and in four remained unchanged. Out of the entire twenty-five cases, therefore, only in five could it be fairly argued that the iodide had been of service; and when it was remembered that patients coming into the Hospital are immediately placed under greatly improved circumstances, both as to general hygiene and diet, the good effect of the medicine, even upon these five patients, is very far from being demonstrated.

Four patients, who either had received no benefit from the iodide, or with whom it had disagreed, improved afterwards very much, and gained considerably in weight, under the administration of steel and cod-liver oil.

In four cases, during the use of the iodide of potassium, there was a marked amelioration in the pulmonary symptoms; the breathing

became less difficult, and the cough and expectoration diminished ; but here again it is fairly open to question whether such improvement was due to the iodide, or to other and concomitant circumstances.

From the above observations I think we may arrive at the following conclusions, viz. :—

1. Iodide of potassium given in moderate doses to consumptive patients, occasionally produces dyspeptic symptoms ; but more commonly is unattended by any marked result either in one direction or the other.

2. Under its use the weight is seldom increased, but either remains stationary, or is diminished, the latter effect being of most frequent occurrence.—*Medical Times and Gazette*, Dec. 24, 1859.

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*Iron in Pulmonary Consumption.*

To the Editor of the *British Journal of Homæopathy*.

SIR,

In your last number you have given to your readers a most valuable article, translated from the "*Vierteljahrsschrift*" on the remedial powers of iron in pulmonary consumption. This subject is of such transcendent importance that, I am sure, you will welcome any fact confirmatory of Dr. Müller's views. As such I beg to mention, that at Nudersdorf, a village and watering place of about 400 inhabitants, near Wittenberg in Prussia, *consumption is totally unknown*, and other forms of scrofula are of the rarest occurrence, whilst in neighbouring villages which lie higher these disorders are not uncommon. This watering place is situated in a valley about a mile in length, in which chalybeate springs abound. Some 120 of them, from the weakest carbonated to the strongest sulpho-aluminous chalybeate are to be found there. Immunity from the diseases mentioned as well as the notorious good health and longevity of the inhabitants is attributed by them and the medical men to the circumstance that all the water which they drink and make use of for domestic purposes is impregnated with iron. The views expressed by Dr. Müller are rapidly gaining ground among continental practitioners.

In connexion with this subject I take the liberty of calling the attention of your readers to one of equal importance, viz : the so-called Turkish, more appropriately the Roman bath as a most valuable

assistant to medical treatment in chronic disease. The revival of these baths in an improved form is due to Dr. Barter, St. Ann's Hill, Cork. It is essentially a hot air bath, and the most potent "purifier of the blood." This bath seems to *clear the road* for the medicines and thus enable them, if properly chosen, to display their full curative powers. Our ideas of the radical curability of chronic diseases will be greatly modified whenever the latter can be brought under the simultaneous influence of this bath and specific treatment. From what I have seen of the efficacy of the so-called Turkish bath in cases of incipient pulmonary consumption, I do not hesitate to say that if the chalybeate plan of treatment of that disorder be assisted by it, and at the same time by pure air, well ventilated bed rooms and an appropriate diet, many a consumptive patient may be saved who otherwise would have died.

I am, Sir,  
Your obedient Servant,  
CHARLES LUTHER, M.D.

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#### *Domestic Arsenical Poisoning.*

The legislature has done its best to hinder poisoners from procuring or administering arsenic without arousing suspicion. The returns of the Registrar-General seem to show that the effect has been to change the character of crimes and suicides by inducing a resort to other poisons rather than to diminish their frequency. It must be said, too, that our manufacturers and tradesmen do their best to nullify the benevolent intentions of the legislature in protecting us from the criminal administration of arsenic by substituting slow and ingenious processes of domestic poisoning, and introducing such a quantity of arsenic into articles of home use as may readily supply the fatal dose. The recorded cases of arsenical poisoning from the emanations of green paper-hangings are now sufficiently numerous to call for a strong expression of public opinion and a general admonition as to the danger of such Borgian decorations. No process of poisoning can be more subtle, more gradual, or in time more certainly mortal than that to which they give rise. Only acute and trained observation, guided by a concurrence of symptoms and circumstances, led to the first suspicion of their toxic influence by

Dr. Halley, himself a sufferer. This observation once made has since been repeated with unpleasant frequency.

We recorded last week the most recent instance: it occurred under the observation of Dr. Ballenden, of Manchester. Three children were introduced into a sleeping chamber, newly papered with green hangings. Soon they pined unaccountably; they became emaciated; they grew restless and nervous; then occurred involuntary twitchings of the muscles of the face; and then—Dr. Ballenden's intelligence led him to look for the external cause of a series of symptoms otherwise inexplicable, and the children were removed in time from the arsenical atmosphere which they had been breathing. These symptoms, together with more or less of smarting in the eyelids, ophthalmia, and subsequent gastro-enteric affections, have marked all the recorded cases. They are such as might be expected to result from arsenical poisoning. It is not altogether tranquilizing to reflect upon the consequences which may have followed the use of these hangings in times past, when the bedroom walls were not suspected of poison, and when children and grown people were not "removed in time." It is certain that papers thus tinted have long been used, and that the observation of their dangerous effects dates not a score of months back. The narrowest scope of governmental duty is to provide for the "security of the subject." It may be, then, that here is some ground for interference.

A man may really now-a-days be surrounded with arsenical preparations unawares. There he sits, unconscious in his library, on a summer day, his walls coated with arsenic, a suspicious green dust on his books, and arsenical particles floating in the air, filling his air-passages, inflaming his eyes, disturbing his digestion, and preparing him for dismal and racking pains. He lights a green taper to seal a letter, and as he blows it out he perceives a strong odour, as of onions. The peculiar alliaceous odour is characteristic of arsenic. This Mr. Barnes will explain for him by the statement that the green colour, in every taper which he examined, was produced by the ubiquitous arsenite of copper. Scheele's green, arsenite of copper, begins to be one of the night-mares of our existence. This deadly poison, arsenic, possesses the fatal gift of beauty in its combinations. So it happens that in one form or another it haunts us in our walls, in our paper, and paints; it fills the air, and at times gets into our food, poisons our bread, or mayhap, as orpiment, adds

a fatal charm to our "Bath buns." A parcel of sweetmeats has this week been forwarded to us by Dr. Bramwell, of Nottingham, which have produced all the symptoms of irritant poisoning in a family of children there. These insidious "lumps of delight" are coloured beautifully green in the centre with arsenite of copper, and have a bright-yellow rind pregnant with chromate of lead. Green is the colour which we have especially associated with the innocent beauties of nature, and have most delighted to reproduce in our surroundings. In time we shall be stripped of this illusion also. Nothing is innocent now in this world. We must give up these notions worthy of Utopia, and belonging only to Paradise. We must learn to see Scheele's arsenite in all the virid decorations of our rooms, as Adam was fated to see the serpent hidden beneath the leafy cover of the tree of knowledge.

But colour is no safeguard. For on the table of this unhappy man—arsenic haunted—lies a brown fly-paper, perhaps a *papier moure*. The spectacle of the sacrifice of a hecatomb of flies is particularly attractive to his child standing near; and as the fly-paper is very pleasantly flavoured with a sweet-and-bitter essence, child nature will be sorely tempted to suck the said paper. Let parents and guardians be warned that each of these fly-papers contains an average of 5·3 grains of arsenious acid. Now this is a quantity which is amply sufficient to poison a whole family. It was thought at first that the toxicological list had been, as it were, ransacked for the purpose of completing these poison-traps, and that for the bitter flavour they were indebted to strychnine; but Dr. Brett reports that they are apparently flavoured, or rather baited, with quassine and sugar. The sale of these fly-papers amounts, in one sense, to nothing else than the unrestricted sale of arsenic, which the legislature have sought to forbid. Very little ingenuity is needed to remove the arsenic from the papers; and although we are not disposed to detail the means, yet it were dangerous affectation to speak with bated breath of this source of possible danger.

On the other hand, there are some alleged sources of the unperceived ingestion of arsenic which we believe to have been suggested inaccurately, or without sufficient general grounds. Thus it was said that trisnitrate of bismuth, so much used externally as pearl-powder (*blanc de Venus*), and internally in intestinal and dyspeptic affections, is frequently admixed with a deleterious proportion of arsenic. There is great reason to mistrust such statements. Dr.

Edwards, of Liverpool, observes that if the trisnitrate of bismuth be manufactured from the crystalline nitrate there would never be any danger from an artificial admixture of arsenic. He does not believe that arsenic exists in the salts of bismuth to nearly the extent stated, as he has made careful analysis of several specimens, and not found a trace of arsenic. Reports of an exaggerated nature have also been circulated to the effect that arsenic has been found in various salts and tissues, and that the arsenious acid had been absorbed by plants, and subsequently incorporated with the tissues of animals which have fed upon them. All this is mythical. The supposed origin of the arsenic is the sulphuric acid now largely used in the preparation of bones for manure. These are scientific *canards*, of which we would desire to arrest the circulation. But the public and the profession cannot be too much on their guard against those sources of arsenical emanation which experience and judgment have shown to be fraught with danger.—(*Lancet*, Feb. 11, 1860.)

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*Action of the Extract of Nux Vomica compared with that of the Curare on the Animal Economy.*

By Messrs. MARTIN MAGRON and BUISSON.

(Condensed from Mr. E. Brown-Sequard's *Journal de la Physiologie*, December, 1859.)\*

*Absorption.*—To appreciate the action of Strychnine and Curare † upon the nervous system, the questions arise, whether they must be absorbed and carried with the blood to their organic localisation, or need merely touch and be imbibed by the parts on which they act?

Müller, Bernard, and others, admit that Curare, like Strychnine, must pass through the blood. They tie the trunks of vessels which supply a limb, then deposit in it Strychnine, which occasions no convulsion. Mr. Bernard found the spinal cord of a frog still susceptible to galvanism, and determining energetic convulsions, after having

\* From the *United States Journal of Homoeopathy*, No. 1.

† The Curare employed came from Mr. Pelouze, and from the same source as that employed in previous experiments with this poison in France. The Strychnine employed has been either pure, or the sulphate or acetate of the same base, or alcoholic extract of the *nux* prepared by Mr. Mialhe or Mr. Durozier.

been partially denuded, then steeped in the Curare. But Mr. Bernard does not mention how long it was so steeped; besides, he reasons on the presumption that the Curare paralyzes the spinal cord, which we have not found it do. The poison must lie in contact, not with the white nerve substance, which does not easily imbibe it, but with the gray substance; then it penetrates and affects almost instantly. The experiments of Mr. Harley go to show that the pia mater is necessary to the local absorption of poisons by the nerve centres. Whenever some drops of the solution of Acetate of Strychnia penetrated within the vertebral canal, the animal was tetanised. As in many of these experiments the heart had been previously removed, but the membranes and vessels remained investing the nerve substance, Mr. Harley refers absorption to the still active capillary vessels of the part subjected to the poison.

Our own experiments bear on local poisoning:—1. Of the centres; 2. Of the nervous extremities; 3. Of the nerve trunks.

On the centres, the action of the poison is manifested either by diminished or increased excitability; the latter may run into convulsions or tetanus. Simple *over-excitability* has been denoted in the hind legs of frogs by the predominant action of the flexor muscles; *convulsions*, by simultaneous contraction of the flexors and extensors—the extensors predominating; *tetanus*, by the prolonged extension of the limbs and permanent muscular contraction.

In a first series of experiments with Nux vomica and Curare, the heart having been ligatured; either of them equally, and in the same doses, when injected into the vertebral canal, caused promptly and successively the three degrees of exaggerated excitability, convulsions, and tetanus, which continued about half an hour. Under the same conditions, when the encephalon was laid bare, and distilled water injected into the vertebral canal, slight and momentary convulsions were occasioned; after which, the animal showed nothing abnormal.

In our second series of experiments, the heart was torn away, and the head cut off, before the injection was made into the vertebral canal. Same results as the first series, except that, in varying the experiment with some frogs, by dropping upon the exposed cord a concentrated solution of Sulphate of strychnine, it was 23 minutes before convulsions were induced. This delay occurred also, once, in the first series. Another time, when before injecting the vertebral canal, the cord was divided transversely behind the origin of the

nerves which repair to the fore-legs, the hind-legs only were convulsed.

In a third series of frogs, the heart and viscera were torn away, and the vertebral column severed just behind the fore-legs. Injections made into the vertebral canal, with coffee and with liquorice water, occasioned only momentary and slight convulsive movements, not comparable with the more intense and prolonged effects of *Nux vom.* or of *Curare*. We generally awaited the entire cessation of the movement of blood in the capillaries of the limbs, but we cannot be sure that the blood, in the tissues subjected to the poison, may not have been modified by it.

In the fourth series, preparing our frogs like Mr. Harley, we removed the heart and four vertebræ, beginning with the third in counting from the sacrum. The cord behind the fore-legs, was carefully raised and a bit of oil-silk passed under it. The dura mater, and then the pia mater, were removed as well as possible, and to the part denuded, a bit of cotton, wet with a concentrated solution of *Nux vom.* was applied. The voluntary movements were hardly appreciable, the reflex movements decided, in a few minutes exaggerated, and irritations of the limbs provoked convulsions. Having often repeated this experiment, we found the local poisoning greatly facilitated by the presence of the intact pia mater; we could never completely remove the pia mater from the inferior surface of the cord, without injuring the roots of the nerves or the cord itself.

In a fifth series of frogs, the aorta was tied above its bifurcation, the ventricles cut at their points. Into the aortic bulb we introduced a glass tube, connected with a caoutchouc bulb filled with distilled water, and attached it firmly, separating and cutting away all the vessels and the auricles behind. By injection, the tissues were cleansed from blood until, when the fore-limbs were cut, colourless water ran from them. Exaggerated excitability and convulsions, under the influence of either *Nux vom.* or *Curare*, continued in the fore-limbs, as well as in the hind-limbs, in six repetitions of the experiment.

#### *Local Poisoning of the Extremities.*

We injected solutions of *Strychnine*, or of *Curare*, under the skin, or within the thickness of the muscles of a limb. About half an hour afterwards it appeared paralyzed, and did not share in the general motions of the trunk and other limbs, excited either by mechanical or electrical irritations.



*Local Poisoning of the Nerve Trunks.*

The heart having been torn out, and the two sciatic nerves insulated with bits of oil-silk, cotton steeped in water was applied to the left, cotton steeped in a solution of Nux vom. to the right sciatic. After 15 minutes, slight convulsive twitchings occurred in both hind-legs; 19 minutes later, a feeble galvanic current, applied to the nerves above the contact of the cotton, excited movements much stronger on the left side than on the right. The nerves being then cut above the points insulated, no movements were occasioned. Raising them by a silk thread, the little battery applied over the left nerve occasions decided movements; over the right side, nothing. The greater time required to paralyze the nerves in their trunks, than at their extremities, is accounted for by the protection of the cylinder axis by its fatty tubes.

We next established, by numerous experiments on dogs, rabbits, birds, &c., the range of dose in which the Curare poisons by absorption in the primæ viæ. Fontana found that pigeons died of 6 grains, in from 25 to 30 minutes; that at the dose of 8 grains it killed young rabbits, and of 10 grains grown rabbits, within 45 minutes, and guinea pigs in 20 minutes; but they might escape altogether if the stomach were full, and 3 grains sufficed to kill them if taken while fasting. Messrs. Pelouze and Bernard held, that Curare was neither absorbed by the gastro-intestinal mucous membrane nor modified by the action of the gastric juice. To sustain this view, they prepared with the gastric mucous membrane an endosmometer, which they filled with sweetened water and plunged into a solution of Curare. After two or three hours, endosmose was effected, the level mounted in the endosmometric tube, and yet the liquid which that contained could be inoculated upon animals with impunity.

In the first place, however, no parity can be established between the physical state of the mucous membrane adapted to the endosmometer, and the physical state of this same membrane in normal life, when it is furrowed with delicate vessels containing an albuminous liquid, renewed every moment, instead of a compact mass in relation with a sweet liquid. This experiment proves nothing either for or against the absorption of curare by the living stomach. Is it otherwise with the case related by Mr. Bernard, p. 285 of his *Lessons on Toxical Substances*?

“From the belly of an adult dog, a loop of small intestine was

drawn, and part of it isolated between two ligatures, after a solution of curare mixed with one of the yellow prussiate of potash had been injected. Two hours after, the animal was not dead, and the prussiate of potash was found in its urine; which proves that absorption had not been prevented. The *curare* had not, however, been absorbed, since the animal had experienced no effect." This conclusion does not appear to us well grounded; we shall presently show that even a considerable dose of poison may be absorbed without manifesting its presence in the system. See also p. 382 of Bernard's work.

No one doubts the toxic effects of strychnine when introduced within the digestive tube. We have, however, injected two decigrammes of sulphate of strychnia in solution, one decigramme of extract of nux vomica and two decigrammes of cyanuret of potassium into the stomach of a guinea-pig in full digestion. Ninety minutes afterwards, the urine was bluish with the sulphate of iron, the animal doing very well, and continued quite lively for several days, when it was killed by chloroform. No traces of the poison could be found in its stomach or intestines; the kidney contained no cyanuret of potassium.

This experiment shows that strychnia may traverse the organism with impunity; for even admitting as true, that retrograde hepaticorenal circulation, on which Mr. McDonnell has lately insisted, the quantity of poison thus eliminated, is incomparably smaller than what passes in the general circulation.

Mr. Bernard mentions having seen a little dog, into whose rectum five centigrammes of curare (77 gr.), had been introduced, die in five minutes.

Notwithstanding the experiments of Fontana precited, and the assertion of Mr. F. de Castelnau, who in his narrative of an expedition in the central regions of South America, made under his direction, 1843 to 1847, declares that the curare, swallowed in large doses, kills instantly; La Condamine's opinion of its innocuity, when thus taken, prevailed so decidedly, that in 1858, Mr. Velpeau having poisoned, in giving it by the mouth, frogs, toads, tritons and young guinea-pigs, thought at first that he must have been dealing with a *curare* different from that previously employed. It was, however, the same. Bernard, in 1856, came to recognize that the full or empty state of the stomach has much to do with the absorption of curare. Dr. Brainard, of Chicago, has recently published experiments to the same effect.

In 1857, M. Pelikan sustained the experiments of Fontana by others made on rabbits. The dose of three decigrammes of curare in two

grammes of water, killed two rabbits, nearly fasting, one in three, the other in twelve minutes, and one with its stomach full, in thirty-seven minutes. A fourth, forty-six minutes after taking the curare on a full stomach, began to show weakness in the limbs and tremble during two hours, then recovered; while a fifth showed no sign of harm. Our own experiments with guinea-pigs give similar results.

From our own and the other precited observations it appears that curare behaves like narcotic poisons in general, and like strychnine in particular, within the digestive tube.

The same parity of action between them is true for the pulmonary mucous membrane.

We have confirmed the observations of MM. Fontana, Bernard and Ségalas, on the inactivity of curare when applied to the ocular conjunctiva and vesical mucous membrane.

We have read somewhere that male frogs coupled with the female, having been poisoned by strychnia; the latter presented, after the lapse of some time, the convulsions characteristic of the action of the poison.

We have repeated with the extract of *nux vomica* the experiments made with the curare; the poisoning has been more rapid, and the convulsions stronger.

Absorption through the skin takes place very slowly, and even when inserted under the skin, we have seen minimum doses of strychnine act only after twenty-four hours. Mr. Velpeau cites, (*Comptes rendus de la Soc. de Biologie*, for 1858), experiments with curare and strychnine upon the larvæ of frogs in which these poisons sometimes acted only after the eighth day.

Strychnine in general acts upon the cord with more intensity than curare, and curare upon the extremities with more intensity than strychnine. Such is the shade of difference which we obviate by varying the dose, or the mode of administration.

Now, let us suppose that a dose of strychnine, given in certain conditions of the circulation, shall act as 2 upon the cord, and as 1 upon the extremities; that a dose of curare shall act as 2 upon the extremities and as 1 upon the cord. These two doses simultaneously administered, if not sufficient either completely to paralyze the extremities, or to excite the cord, will prevent the convulsions without killing the animal. And yet, each in its own way, will augment the activity of the cord, and diminish that of the extremities. It is difficult to proportion the doses. If the dose of strychnine be large,

death is almost inevitable: if small, it is presumption to say, that but for the intervention of curare, it would have killed the animal. "We should always be prepared in these cases," remarks Dr. Teulon, "to excite artificial respiration, for we steer between asphyxia by permanent contraction of the muscles, and asphyxia from their absolute relaxation."

Another reason for reserve lies in the fact, that the fatal action of curare is not generally preceded by symptoms which foreshadow its effect.

In a certain number of cases, the poison seems to be inactive during ten or fifteen minutes, then suddenly comes a slight trembling, or convulsions for a minute or two previous to death, unless recourse be had to artificial respiration. Let us add, as Messrs. Vulpian, Pelikan, etc., have seen with large animals; that death nearly always comes before the motor nerves have lost their excitability.

We have injected curare under the skin of a large rabbit at 2 P.M.; at 2 A.M., the animal seemed to be dead, but the heart still beat; artificial respiration was practised until 5 o'clock, and the nerves, excited by Bunsen's battery (acting with vinegar) determined muscular contractions at 5 h. 8 m. The heart beat no longer, still the nerves were excitable.

#### *Concluding Propositions.*

Curare and strychnine differ in their action only by shades, which generally disappear with the doses employed and the mode of administration.

It is not necessary to their effects that they should reach the organs through the circulation.

Curare, like strychnine, determines convulsions by augmenting the excitability of the cord.

The encephalon and medulla oblongata being exposed, and a solution, either of curare or of strychnine, introduced within the vertebral canal, the animal is soon seized with convulsions, persisting longer in a limb of which the circulation is interrupted, while its nerve communicates with the central system.

Strychnine, like curare, annuls the action which the excitement of motor nerves normally produces upon the muscles. If a frog be poisoned by a suitable dose of Nux vom. or of strychnine, injected under the skin, after a variable period, and sometimes without there

having been the least convulsion, the nerves, subjected to the action of electro-magnetism, excite no muscular contraction; but if one limb be so prepared that the poison cannot enter it, its nerve will remain alone excitable.

Paralysis of the extremities of the motor nerves is, in so far as our experiments have gone, independent of convulsions and of tetanus; therefore section of the sciatic nerve does not prevent its loss of the aptitude to transmit galvanic excitement, or to determine muscular contractions, after the body is poisoned.

After poisoning by strychnine, as by curare, galvanisation of the pneumo-gastrics does not arrest the beats of the heart. In these cases the motor nerves have lost their excitability.

After poisoning by strychnine, alike as by curare, the muscles preserve their excitability, although the motor nerves have lost what is proper to them. We must, however, take account of convulsions when they have occurred.

Strychnine appears to have the same action as curare on the beatings of the lymphatic hearts.

In order to have convulsions with curare, it suffices to poison the cord before the nervous extremities; as in order not to have convulsions with strychnine, it is necessary to poison the extremities before the cord. In a session of the Academy of Sciences, August 29th, 1859, Mr. Bernard presented, on the part of Mr. Vella, an observation of tetanus treated by the curare. This diagnosis possesses for us the very high consideration of Mr. Salleron's authority. We do not doubt it to have been a true case of tetanus, and we remark the distinction between traumatic tetanus and that which strychnia causes, and in which Mr. Bernard has shown that curare only suppressed the convulsions without preventing death.

Marshall Hall, M. Brown-Sequard and M. Bonnefin have shown, against the opinion of MM. Bernard and Stannius, that strychnic tetanus results from the primitive augmentation of the excitability of the cord; and we think that the experiment, in which we have directly poisoned the cord, leaves no doubt in this regard. Traumatic tetanus exhibits usually the permanent contraction of a certain number of muscles, with exacerbation into general convulsions; the strychnic tetanus exhibits, usually, convulsions, in the intervals of which all the muscles are in repose, and they enter into contraction again only after some external excitement has provoked a fresh crisis. It is intelligible, from the peripheric character of traumatic

tetanus, that a topical agent, which paralyzes the sensitive extremities of nerves, applied directly on the wound, in the first period of the malady, may cure this, without affording a presumption as to the cure of strychnic tetanus. But even if it should cure both, that would not prove the *antagonism* asserted between curare and Nux vomica. We have the *similitude* of their action in the facts that they *both* diminish the excitability of the extremities, and increase that of the cord.

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*Physiological Observations on Animals Poisoned by the Curare, and subjected to Artificial Respiration.*

By M. VULPIAN.

(Condensed from the *Memoires de la Soc. de Biol.*)\*

Subjects: Dogs, rabbits, and rats. The pulmonic insufflations were commenced at the moment when, yielding to the Curare poison, the respiratory movements were dying away. The abdomen was then opened for the purpose of observing the contractility of the different abdominal vessels.

While the temperature of the body is still near the life-point, the heart movements lose most their intensity and frequency; later, as the temperature falls, the motor properties of the nerves are gradually weakened; the heart has more resistance, and longer intervals may come between two series of insufflations, without arrest of its beats. In dogs, some spontaneous movements of the diaphragm are recalled, but only for a moment.

In rats, these phrenic movements are re-established after fifteen minutes of insufflation, become more and more regular, but still remain less frequent than the normal movements. Thus, half an hour after a general resolution of the vital forces, and when the temperature of the body had gradually fallen to that of the atmospheric medium, I have seen the phrenic movements appear and last more than two hours; inspirations synchronous with the contractions, although incomplete, sufficed to keep up the heart's action. The blood here darkened to a semi-venous hue. In one rat, I ascertained that the motricity of the nerves of the limbs was nearly abolished at the moment when these spontaneous movements of the diaphragm commenced, but the phrenic nerve still retained a decided motricity.

\* From the *United States Journal of Homœopathy*. No. 1.

This special power of resistance to the action of poisons, on the part of the diaphragm and phrenic nerves, coincides with observations elsewhere recorded by me.

The phrenic nerve is the last, of those subjected to the will, which yields under the influence of anæsthetics, and the last to be paralyzed by the curare.

The kidneys resume their normal colour, passing from greyish brown to near vermilion.

While the heart retains its full energy, five or six beats correspond to one pulmonic insufflation, and draw the volume of blood freshly reddened. Afterwards, ten or twenty beats correspond to one insufflation. At each insufflation there is a very marked reflux in all the veins, even to a great distance from the heart, even in the large abdominal venous trunks. Another reflux corresponds to each heart-beat, so that the abdominal vena cava is agitated by pulsations isochronous with those of the aorta.

The acceleration of the heart-beats, after insufflation, awaits the passage of the aerated blood into the vessels of the cardiac parietes. The beats of the heart correspond thus with the activity of its nutrition; yet when very slow and incomplete, towards the end of the experiment, they become still slower, and are even arrested for some moments by pulmonic insufflation. Can this be due to a reflex action on the heart?—due to peripheric excitement of the pulmonary plexus of the vagi? (See *Comptes Rendus de la Soc. de Biol.*, 1856, p. 79.)

The vagi often preserve traces of motricity three hours after artificial respiration has been carried on. Their galvanization, at this stage of enfeeblement, still arrests the heart-beats, but without determining the least contraction of the visible vessels, or any change of coloration, by which that of the smaller vessels would be revealed.

In a rabbit, ninety minutes after the commencement of artificial insufflation, I ascertained the immobility of the iris under galvanization of the cervical plexus of the great sympathetic; the other motor nerves had already long ceased to respond, yet feeble rhythmic movements of the auricular arteries were still evident: so was the rhythmic movement of the ureters.

The sympathetic nerve sometimes continues responsive to galvanism more than two hours after artificial respiration has been practised; but after it is paralysed, atropine no longer determines the least dilatation of the pupil: there is often even a slight contraction of it,

while yet the iris is not paralysed, but manifestly contracts under galvanism applied to the eye. As long as galvanization of the cervical plexus occasions dilatation, however slight, of the pupil; so long Belladonna also will determine it.

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*Tempora Mutantur!*

**INFLAMMATION.**—"An antiquated doctrine, insufficient, narrow, feeble, and ill-conceived; and its companion, venesection, a lamentable method, a sanguinary consequence of incapacity of observation."—*Gazette Med.*

**ALAS! FOR HUMAN FAME.**—"The whole class of the so-called apoplectic diseases must now be viewed, as regards their pathology and treatment, in a totally different light from that in which they were regarded formerly, even so lately as the celebrated work of Abercrombie. Both the pathology and practice of that able Physician must now be, with but little exception, entirely discarded."—*Todd on Acute Diseases.*

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*Cure for Ascarides.*

"Dr. Compérat has got a cure for ascarides, which has never failed in his hands. It is a simple injection of water, containing five, ten, fifteen, or twenty drops of sulphuric ether, according to the age of the individual, and repeated more or less frequently according to the number of the animals present. This agent, he says, has a double advantage. By its subtilty it readily enters into and destroys the larva; and by its antispasmodic powers it allays the spasmodic and nervous symptoms produced by the animals."—*American Medical Monthly.*

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*Homœopathy in Liverpool.*

TO THE EDITOR OF "THE BRITISH JOURNAL OF HOMŒOPATHY."

Sir,—My attention has been called to a statement made in the *Monthly Homœopathic Review* for March 1860, under the head "*Homœopathy in Liverpool*," which requires correction, or rather contradiction. It is alleged that at a recent meeting of the Town Council in Liverpool the claim of the Homœopathic dispensary there to be classed among the "local charities," was brought forward and



disallowed. The exact contrary of this is the fact, and whence the writer gleaned his intelligence, or the magnificent suggestion he makes in the same article, "that £100,000 might be collected in Liverpool for the dispensary within half a year," I am at a loss to conjecture. At the Birmingham Towns Meeting (to which the writer also alludes) the argument was used, that already the Liverpool Town Council, by a large majority on a division, had conceded the point to the dispensary there by granting £50 per annum out of the surplus borough funds; and what is still more to the purpose, the first £50 has been received by the treasurer. The liberal spirit of the contributors at Liverpool to the fund for erecting a new building as a dispensary cannot be too highly commended, although £2000 (rather than £100,000, as suggested by the above writer) has been collected for the purpose. This will no doubt be added to, and a substantial useful building will, ere many months, be the result.

I remain, Sir,  
Your obedient servant,  
J. YATE LEE,  
*Chairman of the Committee of the Liverpool  
Homœopathic Dispensary.*

We cannot but regret that, in addition to the mistake corrected in the above letter, the writer in the *Monthly Review* should have indulged in such an extravagant and exaggerated tone in expressing his views of the duties of the Liverpool public towards homœopathy. Such a tone strikes us as being both ungrateful and discouraging to those who have contributed, as we think, liberally both their time and money towards maintaining an efficient dispensary for many years, and now have raised in a few months a sufficient fund for a building which is capable at some future time of being used as an hospital.

We think the conduct of the Town Council is especially to be commended, and in the name of our body we tender our acknowledgments to them. They have hit with great wisdom the true point in the patronage of science, viz. giving it support, and at the same time perfect freedom. The majority of the Council have no belief in homœopathy, and simply grant the dispensary a share in the fund devoted to medical charities on the ground that it is a medical charity, served by qualified medical men, and resorted to voluntarily by suffering patients, while it is quite beyond their province to decide.

as to right or wrong in medical science. This we apprehend is the true position of public bodies towards homœopathy, or any special theory in practice; for we agree with Mr. Buckle that patronage of any particular aspect of literature or science, however favourable it may seem for a time, is ultimately its bane and destruction by cramping its development, a process for which perfect freedom is essential. We hope other public bodies will follow the example set by the Liverpool Town Council, and in bestowing medical charity on a mixed public, not regard homœopathy nor allopathy, but simply medicine according to the proportion of the wants of the community. Fair play is all we want, not favour.

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## CLINICAL RECORD.

### *Hydrocele.*

Communicated by Dr. HASTINGS, Cheltenham.

The following case, being one of rare occurrence, and having been successfully treated, I am induced to lay it before my professional brethren.

The patient was a boy, *æt.* 7 years. But the case will be best introduced by the following letter, which I have received from the father of the boy, who is a minister.

“ I promised to send you a short statement of my son’s case; when twelve months had elapsed from the time I felt satisfied a cure had been effected, and I will now endeavour to redeem that promise.

“ My son had been afflicted with hydrocele from the period of his birth. It continued to increase year by year, occasioning, as may be easily supposed, great anxiety; at length I applied to my kind friend, the late Mr. —, a skilful surgeon, who recommended an operation. This the little fellow, being then in his fifth year, underwent with a fortitude which elicited the admiration of the operator.

“ All the water was thus let out; but in about a fortnight it was as bad as ever.

“ I spoke to my friend again, and he said he feared that something must be injected, so as to cause inflammation, but that this had better not be done until the afflicted one was much older.

“ Here then was the prospect of the disease enlarging, I presume,

enormously, and becoming of course a great inconvenience, if not a source of constant pain; and I often, when thinking of the future, involuntarily shuddered at the thought of the sufferings he would have to endure in order to obtain a cure.

“At the beginning of last year, however, it occurred to me one day that probably the homœopathic treatment might be beneficial, and so I spoke to Capt. —, who advised me to see you, and acting on that advice, I found my way to your residence.

“The lotion was applied regularly every day, and the globules taken according to your directions, and through the blessing of God upon the treatment a complete cure has been effected.

“More than twelve months have elapsed since I observed the good effects of the treatment, and therefore I think I am justified in saying it is a complete cure.”

The treatment in the above case was administering three globules of the 12th dil. of Rhodod. chrys. night and morning, for three days, then pausing three days, and repeating the medicine., The lotion was as follows:

Rk Tr. Rhodod. chrys. ʒij.

Aquæ font. ʒvi.

Appl. Mane nocte que, after fomenting the scrotum.

### BOOKS RECEIVED.

*Potencies in connection with Crudities*, by DR. JOSLIN. New York, Smith, 1860.

*The small doses of Homœopathy, &c.*, by DR. JENNER ALLEY. New York, Smith, 1860.

[Both Reprints from the *American Homœopathic Review*.]

*The Knickerbocker Magazine* for January, 1860.

[Containing a remarkable article on the Physical Decline of American Women, by DR. GARDNER.]

*Auckland Homœopathic Association*. Auckland, New Zealand, 1859.  
*The Medical Observer*.

*The Monthly Homœopathic Review*.

*Journal de la Société Gallicane*.

*The United States Journal of Homœopathy*. No. 1.

THE  
BRITISH JOURNAL  
OF  
HOMŒOPATHY.

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ON THE PHYSIOLOGICAL AND THERAPEUTIC  
EFFECTS OF SOLANIN AND DULCAMARA.\*

By PROFESSOR DR. JULIUS CLARUS, Leipsic.

THE provings of medicines upon healthy human beings and inferior animals have, according to our view, no other value or significance than that of tests or illustrations of therapeutic experience already acquired. Seldom does it occur that, from such experiments, curative results previously unknown can be established with certainty.

When, therefore, we publish, with this persuasion, a series of researches, we do so not because we ascribe to them a decisive significance, but partly because not many experiments have yet been made with Solanin, and especially with Dulcamara, and partly because the ascertained results presented an accordance with therapeutic experience, well calculated to throw some light on the *modus operandi* of these medicinal substances. In accordance with the principle above stated, we reverse the customary order of discussing such questions, and announce— I. The employment of Dulcamara in disease. II. The chemical and physiological “provings” which we have instituted. III. The conclusions derived from these last for elucidating their mode of curative action.

I. Of the employment of Dulcamara there is not much to say. It is pretty generally valued as a diuretic, aperient, diaphoretic, and antispasmodic remedy, producing narcotic

\* From the “Journal für Pharmacodynamik, Toxicologie und Therapie,” Vol. I., p. 245.

effects in larger doses. According to the experience derived in my father's clinical and private practice, it was found useful (1) in cases of chronic cutaneous eruptions of various kinds—acne, eczema chronicum, impetigo faciei, ecthyma vulgare. Clear evidence of physiological effects could not be pointed out; yet the secretions of skin, intestinal canal and kidneys seemed even then to be promoted when the medicine (formerly fashionable with Calomel and Sulphur aurat.) was exhibited *alone*. Lepra vulgaris, psoriasis guttata, and pityriasis were neither cured nor mitigated. The medicine proved most beneficial when the above disorders were of a scrofulous nature, or, more correctly speaking, supervened in scrofulous subjects. (2) In cases of acute and chronic catarrh of the air-passages, associated with convulsive or tickling cough and spasmodic symptoms; spasmodic asthma; simple convulsive cough, resulting from asthma. For pneumonia it was not employed, because there were better remedies. (3) In cases of acute fibro-muscular rheumatism, where the pains were pretty soon alleviated, a very copious diuresis and diaphoresis were induced. In these cases it was often associated with Guaiacum, but also employed alone. In the case of constitutional syphilis and leucorrhœa, this remedy was not used, or at least only in conjunction with other medicines. The effects exhibited were diminution of the spasmodic attacks in the air-passages; aggravated expectoration; sometimes aggravated secretion of perspiration and urine; hardly ever nausea or vomiting; never increased diarrhœa; never any striking alteration of the pupils, fainting, or convulsions, though the daily dose of the Stipites Dulcamaræ amounted to the decoct. 3 j̄j.- 3 j̄.; the dose of the extract daily to 2-20 gr.

## II. *Chemical and Physiological Provings with preparations of Solanin and Dulcamara.*

### A. CHEMICAL PROVINGS.

The next problem was, to learn more accurately the chemical properties of Solanin, and to compare it with the alkaloids of other Solaneæ, *e. g.*, with Atropin. The Solanin employed by me in the following experiments, and furnished by Trommsdorf, through Mr. John, the druggist, who most kindly assisted

me in the chemical tests, exhibited to the naked eye a fine white powder; when magnified 120 times, it showed itself in longish four-sided acicular crystals, mixed with rhombic lamellæ, perfectly inodorous and tasteless. It fused at a moderate temperature into a yellow glassy mass, and burned on a plate of platina at a higher temperature, with a bright flame, without residue. In cold water it was not at all soluble; in hot water with difficulty, where it arranges itself in flakes like white of egg, which dissolved perfectly in a little acetic acid. The addition of animal albumen did not increase the solubility. In cold rectified alcohol, it was with difficulty, yet more easily soluble, than in water; in hot alcohol, easily and perfectly so, crystallizing out of this last solution in star-shaped tufts and rhombic columns; in cold sulphuric ether, very slightly soluble; in hot, somewhat more so, but far less than in alcohol; in chloroform, almost insoluble; in glycerine, easily and perfectly soluble. In the hot-water solution, it exhibited with Georgine paper a scarcely perceptible change of colour; in the glycerine solution, a strong green.

## REACTION OF

SOLANIN

and

ATROPIN.

With chromic acid, sky-blue, gradually passing into green.	The same colour, but strikingly paler.
With concentrated sulphuric acid, at first and immediately deep orange red; then the colour passes through yellow into violet.	Scarcely altered.
Highly moistened with red fuming nitric acid, and exposed to the vapour of ammonia, rosy red, disappearing after a few hours.	No such colour.
When dissolved in diluted muriatic acid, no sediment on adding chloride of platina (highly characteristic as a negative test of Solanin, compared with other alkaloids).	A yellow precipitate.

Dissolved in diluted acetic acid, Yellow precipitate.  
with biniodide of soda, no precipitate.

Dissolved with diluted tartaric acid, gives a white gelatinous precipitate, with bicarbonate of soda. No precipitate.

The dry Acetate of Solanin employed for the purpose of the following experiments was easily soluble in water, and appeared in greyish white lamellæ, of exceeding strong, persistent, very bitter taste. 1 gr. of pure Solanin=1.8 gr. of the acetate.

## B. PHYSIOLOGICAL PROVINGS.

### I. *With Acetate of Solanin.*

1. Experiment on a rabbit.\*
2. Ditto, with post-mortem.
3. Ditto, with ditto.

4. December 11th, 8 A.M., I myself took  $6\frac{1}{2}$  gr. of Acetate of Solanin (=5 gr. pure) in pills with sugar and althæa powder, after having already, a day before, taken—first,  $\frac{1}{2}$  a grain, then 1 grain of the acetate, without any perceptible effect. During the forenoon, being occupied with a portion of the above experiment, I observed no important symptom. In the first hours of the afternoon, I experienced weight in the head; pain in the occiput; itching in the neck; a very feeble, somewhat prolonged, but not impeded respiration; acceleration of the pulse, accompanied by febleness; my ordinary respiration of 15 to 16 sinking to 14; my ordinary pulse of 72 to 75 rising to 88. At the same time, pretty copious perspiration, without faintness. At 5 P.M. there occurred, almost without any previous nausea, violent vomiting thrice repeated, without any pain or other intestinal symptoms; this, about 6 o'clock, was followed by distressed breathing, especially on *inspiration*, from 14 to 15; pulse. 95 to 100, strikingly small and feeble. Great debility; sensitiveness to light, sound and

\* These experiments on rabbits are sufficiently indicated in the summary.

touch. At night, sleep often interrupted, but without dreams. Pupils little altered, perhaps slightly smaller than usual; increased diuresis was not perceived. The next morning the pulse had fallen to its normal rate; pupils normal: excepting a slight sense of weakness in the lower extremities, every morbid symptom had subsided.

*Examination of the Urine.*—The urine, amounting to about 1 3/4, completely neutral, coagulated on boiling.

An alcoholic extract was treated with water and some tartaric acid, and mixed with bicarbonate of soda, but yielded no precipitate; nor with bichromate of potash and sulphuric acid. The reaction upon bicarbonate of soda set in at once (*precipitate, white*), as soon as some Acetate of Solanin was added to the aqueous dilution of the alcoholic extract. Of course no Solanin was present in the urine derived from the bladder.

5th. Experiments (on a rabbit).

## II. EXPERIMENTS WITH PREPARATIONS OF DULCAMARA.

6th. Experiment (on a rabbit).

7th. Ditto, with post-mortem.

Let us now arrange the materials obtained by means of the foregoing observations, according to the symptoms, constant and variable, observed in the individual organs and systems, both during life and after death, as follows:—

I. STOMACH AND INTESTINAL CANAL. (1) DURING LIFE. (a) CONSTANT SYMPTOMS. Once in my own case (Exper. 4), after 6 1/2 gr. of Acetate of Solanin, nine hours after the dose, violent vomiting without previous pain, nausea, or gastrointestinal symptoms. In the case of rabbits, the evacuations were normal. (2) AFTER DEATH. (a) CONSTANT SYMPTOMS. Normal condition of the structure of the mucous membrane of the canal; no darkening nor abrasion. (b) VARIABLE SYMPTOMS. Slight reddening of the mucous membrane, evidently depending on the state of digestion (as it quite failed when the bowels were empty, in Exper. 7). Twice (Exper. 2, with 6 1/2 gr. of the Acetate, and Exper. 3, with 10 1/2 gr.). When the bowels were full twice, (Exper. 2 and 3) empty once (Exper. 7).



In portions slight reddening of the intestinal canal once. (Exp. 7 with Extract of Dulcamara.)

II. LIVER much congested with blood once (Exper. 8, with Extract of Dulcamara); slightly so once (Exper. 8, with  $19\frac{1}{2}$  gr. of Acetate of Solanin).

III. URINARY ORGANS. (1) DURING LIFE. CONSTANT SYMPTOMS. None. VARIABLE. Copious discharge of urine, twice (Exper. 1, with  $3\frac{1}{2}$  gr., and 8, with  $19\frac{1}{2}$  gr. Acet. Solan.). (2) AFTER DEATH. CONSTANT SYMPTOMS. Great congestion of the cortical substance of the kidneys, three times (Exper. 2, 3, and 7). VARIABLE. Great repletion of the bladder, with reddening of its parieties once (Exper. 7, with the Extract), moderate repletion without reddening once (Exper. 2, with 18 gr. Acet. Sol.). Emptiness, once (Exper. 8, with  $19\frac{1}{2}$  gr.).

IV. RESPIRATORY ORGANS. (1) DURING LIFE. CONSTANT SYMPTOMS. In all cases, at first, gasping breath, especially short in expiration, with increased working of the nostrils. The respiration decreased in frequency successively after a brief increase. The decrease stood in inverse proportion to the increase of the pulse, and was directly proportioned to the dose of the medicine; strongest after Solanin (Exper. 2 and 8), and after Ext. Dulc. (Exper. 7), slighter after Decoct. Dulc. (Exper. 6). The maximum of decrease was in the case of Exper. 8 (with  $19\frac{1}{2}$  gr. Acet. Solan.), about 86; then followed Exper. 7 (with 10 3 Ext. Dulc.), about 84; then Exper. 2 (with 18 gr.), about 12; then Exper. 6 (with  $2\frac{3}{4}$  Stipites), about 11; lastly, on myself, Exper. 4 (with  $6\frac{1}{2}$  gr. Solanin), about 2,—where it is to be remarked that, notwithstanding the largeness of the dose, even the remaining symptoms of intoxication were far weaker than in the rabbits. In all cases, a moist rattle during inspiration was exhibited in these animals. A VARIABLE SYMPTOM was a frequent violent outcry (Exper. 3 and 7); this was wanting in Exper. 6, and was, where no local cause for pain-symptoms could be found, evidently a sign of the seizure of the medulla oblongata and spinal chord. (2) AFTER DEATH. (a) CONSTANT SYMPTOMS. Pretty considerable masses of mucus in the larger air-passages. VARIABLE SYMPTOMS. The very small grey hepatization in the upper lobes of the lungs in Exper. 7,

which exercised no sort of influence on the progress of the pathogenesis, and was evidently of older date.

V. CIRCULATING SYSTEM. (1) DURING LIFE. (a) A CONSTANT SYMPTOM was an increase of the rapidity of the pulse in proportion to the dose, with a negative turning-point in cases of amendment or recovery. The increase followed at the greatest rapidity in the first hours after the operation of the medicine commenced, and stood in the inverse proportion to the frequency of the breathing, which decreased at the same rate as the frequency of pulsation increased. Fresh doses of Solanin or Dulcamara immediately raised the speed of pulsation when already flagging, whilst that of breathing became slower in the same ratio. The maximum of pulsation was, during Exper. 7 (Extr. Dulc.), about 148; then Exper. 3 (19½ gr. Solan. Acet.), about 130; then Exper. 2 (13 gr.), about 128; then Exper. 6 (Decoct. Dulc.), mounting to about 98; lastly, Exper. 4 (with 6½ gr. Acet. Solan.), on myself, about 28. As the frequency advanced, the strength diminished; the minimum observed being in Exper. 3 (with 19½ gr. Acet. Solan.). (b) A VARIABLE SYMPTOM during life was the intermission of the heart's pulsation in Exper. 3. (2) AFTER DEATH. CONSTANT SYMPTOMS were the rigidity of the muscular tissue of the heart, and the repletion of all its cavities with dark cherry-red coagulated blood (least in Exper. 7). The clots extended into the *venæ cavæ ascendens* and *descendens*.

VI. NERVOUS SYSTEM (S. organs of respiration and circulation). (1) DURING LIFE. (a) CONSTANT SYMPTOMS. From four to six or eight hours after the poisoning, convulsions of the muscles of the thorax set in, with which were soon associated stretching cramps of the anterior and posterior extremities; at first gentle, then gradually increasing, and a short time before death suddenly attaining an enormous height. These spasms were aggravated by touch. In my own case I remembered a striking sensitiveness to touch. (b) A VARIABLE SYMPTOM was a pendulum-like swinging of the head in Exper. 3 (after 13 gr. Acet. Solan.). A snapping with the mouth took place in almost all the animals. In the psychical system I observed in myself very little weight, vertigo, pressive pain

in the occiput, restless sleep along with a transient feeling of weakness in the motor nerves. (2) AFTER DEATH. Constantly, in all the animals that died, were exhibited intense redness and injection of the vessels (pointed out by the microscope also) of the membranes of the cerebellum, of the spinal chord, but especially of the *medulla oblongata*. The substance of the brain and spinal chord seemed healthy.

VII. ORGANS OF SENSE. In all cases of the medicinal action there was a very slight contraction of the pupil, which, during the decline of the symptoms, enlarged moderately. In myself I observed sensitiveness to light and noise. Whether the *perspiration* observed in myself must be ascribed to the effects of the Solanin I cannot say. The animal heat of the rabbits had rather decreased than increased: in my own case I could discover no change of temperature. The lowering of temperature, notwithstanding the quick pulse, is explained by the fact established by *Vierordt*, that the quick pulse is only *then* the sign of an accelerated circulation, when it is *at once great*; whilst, in the case of feeble systole and frequent pulse, the circulation may be slower than when there is a slow but powerful contraction.

Amongst the three cases which ended fatally, death ensued soonest in Exper. 7 (after 10 3 Extr. Dulc.), viz., in 6 hours 10 minutes. In Exper. 3 (19½ gr. Solanin), the animal, after the same period, was still living; the precise time of death could not be ascertained, as the animal died during the night. The same holds of Exper. 2. From the above we deduce the following summary of the effects of Solanin and Dulcamara:—

1. Solanin and Dulcamara are substances poisonous to man and rabbits, in larger doses acting fatally.

2. They are, as to the *quality* of their effects, analogous; as to the *quantity*, the effect of Solanin exceeds that of Extract Dulcamara somewhere about thirty-fold.

3. The Solanin is the active principle of Dulcamara. It is thoroughly distinct from Atropin\* in its chemical and physiological phenomena.

\* As a curiosity, I must mention that a rabbit, into whose stomach I injected 10 gr. of Atropin, remained healthy! This agrees with the observations of Bouchardat.

4. The Extract exceeds the Stipites Dulcamaræ in strength about five or ten-fold. (100 parts of Stipites yield 16 to 20 parts of the "Extract" sold in shops.)

5. Solanin and Dulcamara probably have no local and direct effect on the [stomach and] intestinal canal. The vomiting observed in my own case, after eight hours, was evidently an effect of *absorption*.

6. Solanin and Dulcamara produce great congestion of the kidneys, sometimes associated with increased secretion of urine, always associated with albuminous exudation. It seems not to pass over with the urine.

7. Solanin and Dulcamara occasion a constant and marked retardation of breathing, evidently in consequence of paralysis of the medulla oblongata and of the tenth pair of nerves. Death is probably the result of paralysis of the lungs, as appears from the want of breath increasing till death, and the collapsed state of the lungs. It is commonly received, that every increase in the speed of the pulse, in consequence of increased *want of oxygen*, also has for its result an acceleration of breathing. But this only holds when the pulse, as in the so-called "sthenic" fevers, is at once strong and full; whilst, in the so-called "asthenic," one often discovers sufficiently marked speed of pulse with retarded respiration. Let us receive that the effect of paralysis of the par vagum is identical with its division; then contradictory observations lie before us respecting the effect of the latter. However, it is so far established, that the division of the par vagum in the neck determines retardation of breathing, accompanied by acceleration of the pulse: of course, paralysis of the par vagum ought to have the same effect. At any rate it calls forth a modification in the conducting power of the same to the motor nerves of the respiratory muscles. The filling of the pulmonary tissue with a serous exudation, and the emphysematous distension of isolated portions of the lung, observed in the rabbits killed by Solanin, have been observed by Billroth and Arnspurger, after division of the par vagum.

8. The acceleration of the pulsations of the heart appears (at least, in the later stages of the operation) to be also a con-

sequence of paralysis of the par vagus, as the regulating nerves of the heart, and not a consequence of irritation of the great sympathetic, against which last we have the evidence of the decreasing *strength* of pulse with the increasing rapidity. In my own case, the advancing speed of pulse after the vomiting produced by Solanin, cannot properly be viewed as a consequence of straining to vomit, as it had begun long before the vomit, and the pulse was small and feeble, not, as after straining, strong and hard.

9. Solanin and Dulcamara are rapidly absorbed, and extend their secondary effects to the medulla oblongata and spinal chord; from which effects the retardation of the breathing and the tetanic symptoms in the pectoral muscles and in the extremities can be explained.

10. The cerebral symptoms observed in my case might only be the effects extended from the medulla oblongata. In beasts, at least, I have neither in the cerebrum nor in its membranes observed any morbid symptoms whatever after death; nor were any such discernible during life. The pendulum-swinging of the head might betray a seizure of the accessorius.

11. When applied to the eye, Acet. Solanin acts as a powerful irritant. The hearing and the general sense of feeling seem also to be excited.

12. Increased secretion from the skin remains doubtful.

13. The contraction of the pupils is very trifling. It points not to irritation of the oculo-motories but to paralysis of the sympathetic.

Consequently, we can accept as the final result of these researches—1. Solanin and Dulcamara belong to the class "Narcotica acrida," inasmuch as they produce paralysis of the medulla oblongata, and irritation of the kidneys. Death ensues from paralysis of the lungs (respiratory muscles), as in the case of Coniine and Nicotine, from which, however, they are essentially separated by the exalted sensibility of the nerves of the skin, and the absence of irritation in the alimentary canal; whilst in this respect they approach Strychnine, and may probably be viewed as a link between these two groups of medicines, which, however, has to be determined more closely.

From Atropine, Daturine and Hyoscyamine they are distinguished by the absence of delirium and stupor, and of enlargement of the pupils, and paralysis of the sphincters; from Atropine especially, by absence of pneumonia, as the very small grey hepatization found in Exper. 7 was clearly of an older date.

2. Their curative effects are thus explicable from the above statements, in case of cramp and irritative conditions in the respiratory organs, simple convulsive cough, whooping-cough, spasmodic asthma.

3. Their curative effects in some diseases of the blood arising from dyscrasia, viz., gout, rheumatism, constitutional syphilis; probably also in some chronic cutaneous diseases—acne, eczema, ecthyma, impetigo, are probably grounded in the increased excretion of effete components of the blood through the kidneys, not in an excitement of the action of the skin.

4. Solanin and Dulcamara can also be given without hesitation (contrary to the received opinion) in an irritated condition of the intestinal canal, as this last is not at all affected by them.

5. Inflammation of the air-passages forms no counter-indication to the employment of Solanin and Dulcamara for diseases of the air-passages; but inflammation of the kidneys does form, in every case, a counter-indication.

6. The introduction of Solanin into the *Materia Medica* is desirable. The average dose for an adult may be from  $\frac{1}{6}$  to 1 gr. of Acet. Sol., which, by virtue of its solubility, deserves a preference over the pure alkaloid (Solanin). The most convenient form to avoid the bad taste of Solanin is that of pills.

7. An extract produced with alcohol, and then washed with water till the removal of the alcohol, is preferable to the usual aqueous extract, since it contains far less inert mucilage and extractive matter than the latter; at the same time, it is more concentrated, and its doses can be more precisely defined.

[We need hardly say that Professor Clarus is an allopathist. The homœopathic practitioner will draw his own conclusions from the above proving, which will of course be very different from those of the learned professor. EDS.]

PNEUMONIA—DOES PNEUMONIA GET WELL OF ITSELF, WITHOUT TREATMENT ? \*

BY DR. TESSIER.

IN the hope of leading hospital physicians to submit homœopathic treatment to the crucible of a rigorous clinical verification, both in regard to the medicines employed in experimental "provings" as well as the imponderable ("infinitesimal") doses, I published, ten years ago, notices of 42 cases of pneumonia treated after Hahnemann's method. I have chosen pneumonia on account of its dangerous character, on which there is but one opinion amongst the profession. I well remembered seeing Majendie leave to themselves several of the patients in his charge, but the results appeared to me so disastrous that I supposed there was but one physician who would push the mania of scepticism so far. Further,—with Majendie scepticism was but a pure fantasy ("crochet"). When one expects to resolve perfectly hypertrophy of the heart with a few ioduretted draughts, one can affirm anything or deny anything with the same.

Excepting that celebrated zootomist (Majendie), I never knew a physician, to whatever sect he might belong, who believed one could leave pneumonia to itself. Some insisted more on blood-letting; others on tartarate of antimony; others on blisters. No one doubted the necessity and efficacy of *treatment*. Not a single work on medicine had stated "expectant medicine" as possible in such a case. I thought, then, I had chosen an excellent subject for demonstrating the efficacy of the homœopathic method. I supposed that a serious subject would be seriously examined. I could not believe in a systematic hostility to observation on the part of physicians who profess to believe nothing but facts. I had reckoned without my host; and the "*numerical school*" has shown us how far hatred to truth can go. At first there was spread abroad a whispered rumour of the innocuousness of pneumonia. Some hospital physicians made some inconclusive trials;—not

\* From the *Art Medical* for July, 1859.

one published the result of his researches, so that things remained in the state of mere rumour.

But with persons under the influence of passion a rumour serves every purpose, and to prejudiced minds it justifies everything. It was therefore recognised, on the authority of the rumour, that pneumonia got well "all alone by itself." It was, then, (said they) no wonder that the homœopathic treatment—the dilutions and the globules—should have given good results, because the absence of all medical treatment—bread pills—had had the very best results. This farce lasted for some time in the form of a rumour. The Numerical School leagued itself with the "Medical Union" to give substance to the rumour, and to deceive the profession on the question. It was agreed between Bertrand and his friend that the journal should publish a regular refutation of my work, and should never insert my reply. The clique was still able to practise a certain amount of intimidation. The journalists were afraid of losing customers, and each vied with the other as to who should most betray the cause of observation and of truth.\* It was then received in the name of the Numerical School and the Medical Union that pneumonia got well of itself, and that consequently the homœopathic cures were simply spontaneous! The number of dupes was immense, and the success of the manœuvre was complete. Nothing more was now wanted but the combined efforts of three or four farce actors, supported by the Numerical School. This is the last exploit of the sect.

A most extraordinary thing is that mixture of audacious lying on the one hand, of credulous simplicity on the other hand, when passion rules over each party. Have we not seen two hospital physicians, attacked by pneumonia, abstain from treatment—such was their conviction of the spontaneous cure of pneumonia—and both fall victims to the false reports spread by the sect of "observationists," or "expectant physicians?" Now, in the face of such a state of mind, what must we say? Evidently bide our time; for we belong not to the school of

\* See "Les Médecins Statisticiens devant la question Homœopathique, ou Réponse aux attaques de M. Valleix," par le Docteur Timbart. Paris, 1850.



scientific homicide, and we could not experiment bravely or cowardly (whichever you like to call it) on the patients in our charge to prove by facts that mortality is frequent when pneumonia is left to itself. We have waited for the moment of the return of good sense into the heads of the medical world. Daily experience was enough for us; and the lies of the statisticians and their friends were not calculated to shake our convictions. Who does not know that pneumonia treated too late often terminates fatally?—who does not know that all therapeutic efforts are directed to check the tendency to terminate in supuration? Who, then, is ignorant that such a termination is frequent in parenchymatous inflammations, and that particularly in inflammation of the parenchyma of the lungs? What signifies, then, the twaddle of the Numerical School? In France the sect had not dared to experiment regularly. It was otherwise in the Austrian school of Vienna. There they had the sorry courage to attempt experimenting systematically. The first results were favourable to pure “expectancy.” This was a new triumph for the Paris sect. She did not like to acknowledge that pneumonia left to herself proceeded not at all like pneumonia treated homoeopathically: that would have been to establish the efficacy of that system—the very thing which she had to deny. The difference which I have just pointed out satisfied our convictions, and we were watching for the time and the observation of fresh documents. Now here are some which are calculated to unmask the errors entertained by the “observationists;” and we wish to give our readers the benefit of these. We read in the journal of the *Connaissances Médicales*, April 20, 1859, the following article:—

“STATISTIC DOCUMENTS ON PNEUMONIA.

“By ARTHUR MITCHELL, A.M., M.D.

“These documents have been collected by Dr. Mitchell, at the request of Professor Bennett, respecting cases of pneumonia treated at the General Hospital at Vienna. Over a period of ten years, 1847 to 1856, the mortality in pneumonia amounted to 24·4 per 100; but the annual average oscillates about that general average, for it is 20·8 in 1850, and 31·2 in 1855. All the circumstances being otherwise equal, this difference would

tend to prove that the well-established severity of a given disorder may vary from year to year within pretty wide limits—a theory which, moreover, is in accordance with the experience of ages. It is still more curious to compare, in any given year, the mortality of pneumonia patients in the different wards of the same hospital. These results are presented in the following table :

Medical Division.	1849.						
	Patients treated.		Deaths.		Report per 100.		General average.
	Male.	Female.	Male.	Fem.	Male.	Female	
First Division .....	57	16	14	8	24·5	50·0	30·1
Second Division .....	36	34	6	7	16·6	20·6	18·6
Third Division .....	46	11	15	3	32·6	27·2	31·5
Fourth Division .....	19	37	6	9	31·5	24·3	26·7
Fifth Division .....	37	30	8	7	21·6	26·6	22·4
Sixth Division .....	69	23	16	4	23·2	16·0	21·2
Special Division for Diseases of the Chest..	82	39	11	6	13·4	15·4	14·0
	346	192	76	44	21·9	22·9	22·3

“The first fact which seems to result from these figures is the advantage of being treated in the division specially devoted to the diseases of the chest. Does that ward offer better hygienic conditions, or more appropriate care? Is there the benefit of that speciality which applies more skilfully the same means of treatment, or which possesses superior means? Mr. Mitchell decides in favour of practical skill. We have thus, says he, a remarkable example of the enormous difference of the results of *similar* treatment in the hands of different physicians practising on the same population at the same time under the same general circumstances, and consequently having to deal with the *same type* of the malady. The treatment was regulated by the intensity of the malady. In the special division for diseases of the chest, where the average is most favourable, the treatment was expectant: rest, abstinence from

all food during the feverish state, water to drink, with a simple emulsion. If the bronchial secretion was copious, emetic tartar, or ipec. in large doses. In no case had they recourse to bleeding. The convalescence is short. In general, the physicians of Vienna rarely consider bleeding indicated or necessary in pneumonia. If they employ it, it is not in the hope of cutting short the malady, or of diminishing the perspiration, or favouring absorption—it is with a view to temporary alleviation, *e. g.*, to reduce alarming dyspnoea. Bleeding may thus prevent a fatal termination. How different this doctrine from that which used to prescribe bleeding as a rule, almost without exception, to all cases of pneumonia at the outset!—a circumstance which ought rarely to present itself in a hospital. Such, however, used to be the treatment at Vienna as elsewhere thirty years ago. For all that, I have met with no one who admits that the change of treatment in pneumonia results from a change in the type of that malady. The Vienna doctors believe, on the contrary, that in proportion as the practitioners have become more skilful in the physiological examination of pulmonary affections, they remarked that bleeding exercised no beneficial effect on the progress of the cases, and that they were thus led to abandon the system. Results seem to justify that change in therapeutics, so that without absolutely renouncing phlebotomy in pneumonia, they have, at the very least, the principles which formerly led to its adoption. The mortality, though diminished, has not, however, decreased to any considerable extent. But the convalescence is at once quicker and more thorough.

“ We find a report of 14·7 per 100 as the mortality in 1000 cases of pneumonia treated without bleeding; the average report on the mass of cases treated by different means, bleeding included, being 24·4 per 100 over a period of ten years. We see that in all cases the omission of bleeding cannot in general be considered as pernicious. It is indispensable to bring into contact with these documents the results furnished by the purely expectant treatment of Dietl (Dr. Charles Wilson, of the Medico-Chirurgical Society of Edinburgh—Meeting of the 4th March). Doctor Dietl, in his memoir of 1849, announces

a mortality of 7·4 per 100 as the result of his dietetic treatment of pneumonia. But in 1852 he published a second series of observations (*Wiener Wochenschrift*), in which the number rises to 9·2 per 100. Doctor Schmidt, influenced by the opinions and the success of Dietl, treated 47 cases by his method. The figure rose to more than 23 per 100 (*Nederlandsen Weekblad*). Dr. C. de Bordes, another Dutch physician, also wished to imitate the practice of Dietl. He published his results in 1855: mortality 22 per 100, which led him rather to suspect the statistics of Dietl. In the July 28th 1859 number of the *Monthly Journal of the Imperial Medical Society of Vienna*, is an extract from a report read at a public session, on the Wieden District Hospital, Vienna. This report establishes, that in 1854 there was an actual inspection of 105 cases of pneumonia, of which 92, which were simple, had been bled. The per centage calculated is 20·7 per 100. This document permits us to control the different phases of the experiment tried in the same hospital. From 7 per 100 in 1849, according to the declaration of Dietl, the mortality rose to 9 per 100 in 1852, and at last to nearly 21 per 100 in the official report of 1854. Thus Dietl's results have not sustained a second trial: they have been contradicted not only in Holland, but even in the heart of the hospital at Vienna."

Now, that one-third or one-fourth of pneumonia cases in general, and that a still larger proportion amongst young people in particular, may get well spontaneously, apart from all treatment, and even in spite of some indiscretions, no one will be tempted to deny that one might then strictly leave all that class to themselves; but to justify such a practice it should be based on a rigorous prognosis (diagnosis beforehand). Very well! What physician will take upon himself to affirm at the outset of pneumonia that such a patient will die—such an one, again, will infallibly recover? For my own part, I do not feel myself forced to make this trial (triage); and if, in the course of acute maladies, "non omnino tutæ sunt prænotiones nec vitæ nec mortis," one may affirm that such a presumption at the outset of the malady would be a sign of folly in the physician who should exhibit it. The trial (triage) being impossible, we must secure to all

the patients the benefit of treatment. Well, twelve years of practice have convinced me that the treatment of pneumonia by Hahnemann's method is more efficacious (aye, *evidently* efficacious) than the treatment of intermittent fever by sulphate of quinine.

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## THE TURKISH BATH.

By DR. W. B. B. SCRIVEN, of Dublin.

THE rapid advance of science and invention in the present day, and the increased means of locomotion which break down prejudices, facilitate intercourse, and introduce us to the homes and habits of other nations, are constantly bringing under our notice new agents of greater or less efficacy for the cure of disease. That it is the duty of the physician thoroughly to investigate and estimate the merits or demerits of these novelties, irrespective of preconceived notions, and unshackled by the dogmas of systems, no liberally constituted mind will deny. Much and justly as we may vaunt our superiority, and feel confident in the power which our law of cure confers upon us, so far as the use of medicine is concerned, no homœopath will, I think, have the hardihood to assert that we have attained perfection, and that nothing further is to be desired to assist us in alleviating "the ills that flesh is heir to." The hydropathic system of Priessnitz, Ling's curative exercises, and magnetism, each has its advocates and peculiar sphere of utility, and combined with homœopathic medicines, as well as single handed, has effected cures that cannot be questioned when old medicine had utterly failed. A new agent now presents itself for our consideration, and promises to do good service when judiciously handled,—the so-called Turkish, Roman, or Hot Air Bath. Before speaking of its sanitary and remedial action, it may be interesting very briefly to describe its introduction into this country, and to recapitulate what all readers of travels already know, the mode of using it in the East, which I shall be the better able to do, having frequently had personal experience of this luxury in the Levant, as well as at home.

In 1856 Dr. Barter, the talented and successful hydropathist of St. Anne's Hill, near Cork, during a professional visit to Dublin, became acquainted with Mr. David Urquhart, the well known orientalist. Shortly afterwards, Dr. Barter happened to read *The Pillars of Hercules*, by Mr. Urquhart, and being, as he describes it in his pamphlet on the subject, "electrified" by the description of the Eastern bath, at once invited Mr. Urquhart to St. Anne's Hill, promising a site, building materials, and artificers, if he would undertake to erect a Turkish bath in connection with his establishment. The introduction of this institution into Great Britain, and the benefit it was likely to confer on the Anglo-Saxon race, had long occupied Mr. Urquhart's attention, and formed the subject of essays and public lectures, and with enthusiasm he embraced Dr. Barter's offer. The result of their united labours was the first bath ever erected on British soil on the plan of the Oriental bath since the time of the Roman invasion. In June, 1856, the first stone of the bath was laid, with the festivities usual on such occasions, except that the libations were not of any choice vintage of the sunny south, but, with a sobriety characteristic alike of the occasion and the locality, were derived from the crystal fountain of St. Anne's well, and the guests drank success to the undertaking in copious draughts from the stream that flows from that health-giving spring. This bath was opened in the autumn of 1856. Subsequently baths on the same plan have been built in Dublin, Cork, Limerick, Killarney, Bray, and at Dr. Waldemar Luther's hydropathic establishment at Johnville, near Tallaght, Co. Dublin. In Dublin there are two; one in Temple Street, which was opened early in 1859, and though small is very good; and a larger one in Lincoln Place, which commenced operations in February of this year. In England there are several. One has just been completed in London, in Palace Street, Buckingham Gate, and is, I am given to understand, very well appointed. There are baths in operation at Bradford, Benrhydding, Ilkley Wells, Manchester, the Newcastle Infirmary, and in other large towns in the north of England, besides many which have been erected by private individuals for domestic use.

There is good reason for supposing that the Thermæ and

Balnees of the Greeks and Romans were on the principle of the modern Oriental bath, or that some portion of the magnificent establishments which bear these names were heated and used in this way. In most of the ruins of Roman baths, those of Caracalla at Rome, for instance, and in those discovered at Wroxeter and elsewhere in England, traces of the flues by which they were heated have been found. Mr. Urquhart met with unquestionable traces of the bath in Roman remains at Algeiras and Ceuta. Its origin must have been very remote. It was a necessary of life among the Greeks and Romans, and wherever they settled they carried with them and introduced their habits. Frequent allusions to its use are found in the works of Seneca, Pliny, Cicero, and other Latin authors. On Etruscan vases we meet figures of men using the strigil, an instrument made of metal (more or less costly) for the removal of perspiration and effete cuticle. In the Vatican Museum is an exquisite little statue of "a favourite slave," bearing the strigil and sponge. There is also a celebrated bronze, which is mentioned by Pliny, of two boys using the strigil. Whether the Arabs and Turkoman tribes, when they overran the West, adopted it from the Romans, or were previously acquainted with it, I leave to antiquarians to decide.

The Turkish hamams are large buildings, often erected at the cost of benevolent individuals, or as mementos of the munificence of some public benefactor. On passing from the hot, dusty street, with its confusion of noises, the bather enters a spacious, lofty apartment, surmounted by a dome some hundred feet in height, open at the apex, flagged with marble, and having in the centre a fountain or tank, round which are arranged orange trees and other shrubs, and trellises covered by creeping plants. Near this is generally the stand of the "ganagee," who supplies coffee, sherbet, chibooks, and narghilles to the bathers. Around the wall is a platform, raised three feet from the floor, covered with matting, on which are arranged the couches whereon you recline after the bath. The bather mounts this platform, having left his shoes at the foot of the steps, and takes possession of a couch, on which he deposits his clothes, which, as he removes them, are carefully folded by

an attendant, and placed on a large towel spread out to receive them, while another attendant screens him from public gaze by holding up a towel, which he afterwards fastens round the waist, so as to hang below the knee; another is thrown, scarf-wise, over the shoulders, and a third is wound round the head as a turban. These towels are about two yards long, and three quarters of a yard wide, of a soft, elastic material, having a border of raw silk, either blue or red. Descending from the platform, and mounted on wooden clogs called "cob-cobs," the bather is led by the attendants, through a dark and tortuous passage, into the tepidarium, or first of the heated rooms. At either side of this room, which is gloomy and obscure, are marble benches, on which are laid mattresses and cushions, whereon you recline and indulge in chibook and coffee, still enveloped in towels: an attendant from time to time gently chafes your feet, and kneads the muscles of the limbs and back to induce perspiration. In some baths there are several of these ante-chambers, of gradually increasing temperature. The bathman having ascertained that perspiration has set in, next leads you through folding doors into the inner hot chamber, or sudatorium, which, to the uninitiated, at first view appears a pandemonium. It is a large domed apartment, dimly lighted by stars of coloured glass, inserted in the thick mass of masonry of which the dome consists. The atmosphere is rendered hazy by the quantity of water thrown on the heated floor. Through this vapour stalk the naked, demon-like black attendants, calling in guttural sounds to each other, while their victims may be indistinctly discerned stretched on marble benches, having their limbs wrenched and twisted into every imaginable position; the clanking of the brazen bowls used for washing, the splashing of water, and the constant slapping of hands against thorax and loins, complete the unearthly picture. Having entered, the bather is divested of all covering but the waist cloth, and laid prostrate on a marble bench, on which has been spread a clean towel, and a cushion is placed under the head. The shampooer now takes possession of you, and, with soft and practised hand, kneads and bruises every muscle, nerve, and joint in the frame. The bather first lies on his back, the operator grasps the thorax



with both hands, and, bearing with all the weight of his body, traces each intercostal space with his thumbs; next he presses and works the abdomen, following with his hand the course of the colon. The limbs are next attacked, and each muscle carefully followed, each joint pulled, twisted, and cracked. You are then turned on your face; the long muscles of the back are kneaded, the knuckles or thumbs being forced down between them; each vertebra receives individual attention, and the operator either thumps the back with a closed fist, or promenades up and down the spine. You next sit upright; the shampooer, seating himself behind you and placing his chest against your back, winds his arms round you, so as to grasp your elbow joints with his opposite hands, and giving a boa-like hug, causes the spinal articulations of your ribs to crack. The head last becomes the object of attention; and having thumbed the ears and scalp all over and the muscles of the neck, by placing the hands on the temples, a sudden rotatory twist is given to the head, the effect of which often is to cause you to take a perspective view of your spinous processes. All this may sound somewhat fearful; but the practised operator so relaxes the ligaments by the previous pressing and kneading in the hot atmosphere of the bath, and inflicts his jerks and twists with such skill in the direction of the different joints, as to give little or no pain. Sometimes, in order to remove the effects of great fatigue, the bather will seat himself in an upright position, with folded arms and body inclined forwards, while the shampooer springs into the air, and comes down with a foot on either shoulder. This process concluded, having been varied according to the wishes of the bather, another attendant approaches with the glove. This, which is analogous in its use to the strigil of the Romans and the *ξυστήρα* of the Greeks, is made of camel's hair of a smooth texture, not like Dinneford's curry combs. Having dipped it in warm water, the operator rubs with it the surface, now perspiring at every pore, in a series of long, even strokes, in such a manner as to detach the wasted and dead cuticle in rolls, which, by management, increase under the glove to the size of macaroni. Every part of the body, oven to the nose, is in this manner carefully divested of its effete

covering, the quantity of which is truly amazing, particularly in individuals who do not take regular strong exercise. After this comes the washing process. Round the room are cocks for hot and cold water, and marble basons. Near one of these the bather is seated, on a board or low stool, and the water being mixed to the temperature found most agreeable, is poured over the head and body from brazen bowls; the attendant takes a bason containing a large lump of Castile soap, which he works into lather with a handful of the fibre of the palm, carefully beaten and combed as fine as tow; with this he thoroughly soaps and rubs every portion of the surface, and washes all off with repeated bowls of water, the temperature of which is raised as the process advances. This done, if required the barber now performs his function without soap, it being unnecessary when the skin is so relaxed. With the Orientals the head is generally the subject of his operations. All hair, except that on the face, is considered superfluous, and is removed, either with the razor or by means of depilatories, which may be done by the bather himself or by the barber, and there is generally a small room set apart for this purpose. In some baths (I have only seen it at Damascus and Aleppo) there is a tank of water heated above 100° into which it is the custom to plunge, and remain for a few minutes. All these various processes concluded, and all the results being completely removed by hot water, you mount your "cob-cobs," and, with the assistance of the attendant, return to the door of the hot room, where stands a man with dry, soft towels; you lay aside your wet waist cloth, and being robed as on entering the bath, and wished "health" by the bathman emerge into the outer cool air, ascend the matted platform and gain your couch and mattress. The latter is now adjusted by means of bolsters and pillows in such a way as to place every limb and muscle in the most perfect state of rest, and you experience what the Turks call "Keft," an indescribable sense of enjoyment and repose that can only be understood by those who have felt it. A pleasurable sensation pervades the entire frame, of which every fibre appears to possess its separate and individual portion, and for some moments you fear to move or speak, lest the charm should be broken. This the attendants

fully understand, and move noiselessly about. After some minutes a man approaches, and having gently rubbed the feet and pressed the limbs, tries if any of the towels are damp, and if so, replaces them by dry ones. Coffee, pipes, sherbet, or water melons are now served, and when you have indulged in these luxuries, the nails are carefully pared, the soles of the feet are rubbed with pumice to remove any callosities, and the towels changed from time to time, until you have completely cooled. You are next assisted to dress, and having satisfied the moderate demands of each of the attendants, you walk forth in the enjoyment of vigour of mind and body before unknown. As Mr. Urquhart forcibly describes it, "The body thus renewed, the spirit wanders abroad, and reviewing its tenement, rejoices to find it clean and tranquil. There is an intoxication or dream that lifts you out of the flesh, and yet a sense of life and consciousness that spreads through every member. Each breastful of air seems to pass, not to the heart but to the brain, and to quench not the pulsations of the one, but the fancies of the other. That exaltation which requires the slumber of the senses, that vividness of sense that drowns the visions of the spirit, are simultaneously engaged in calm and unspeakable luxury: you condense the pleasures of many scenes, and enjoy in an hour the existence of years."

The bath as hitherto constructed in this country consists of a dressing or cooling room, a tepidarium, a hot room or sudatorium, and a lavatorium. In the cooling room (which at St. Anne's is very tastefully decorated, having a fountain playing in the centre, and admits the outer air through trellisses) you undress, and having put on a waist cloth and mounted on wooden clogs, you enter the tepidarium, and spreading a sheet on one of the couches round the wall, lie down on it. The temperature here is from 100° to 120°. Soon after entering it it is advisable to wet the hair with warm water, which, being rapidly evaporated by the heated atmosphere, cools the head most agreeably. In this room iced water should be freely partaken of. When perspiration has commenced, the shampooing process is proceeded with. As the operators in this country are as yet novices, and have had few opportunities of learning

their art, shampooing is a very different matter from that before described. After shampooing, you proceed to the hot room or sudatorium, which varies in temperature from 180° to 160°. After perspiration has freely set in you enter the lavatorium, where you are soaped and lathered from head to foot, either with a piece of flannel or a soft brush. The soap having been washed off with tepid water, you may if you please have a cold douche, which has been introduced into most of the lavatoria of this country. Cold water should never be applied to the head. You then re-enter the hot room, and after perspiring freely for some time, envelope yourself in a sheet and return to the cooling room. Here you recline on a couch, and by exposing the surface to the action of the air, cool rapidly; the skin being in a healthy, active state after the bathing process, there is no danger of catching cold: in fact, the cold air takes the place of the cold plunge, generally directed by hydropaths to follow the steam or lamp bath. Having cooled and dressed, you experience an elasticity of muscular energy and exhilaration of spirits, aptly compared by a friend of mine to "iced champagne."

This bath differs in several particulars from the Oriental bath. The atmosphere is one of simply heated air, unchanged in its chemical constituents; there is no visible vapour as in the Eastern bath, the washing being confined to the lavatorium, and no water being thrown on the hot pavement, by which the steam encountered in the Eastern bath is generated. In the walls are placed ventilators, which keep up a constant supply of pure, fresh air, and in the ceiling are apertures for the escape of hot and foul air. By the relative adjustment of these the temperature is regulated, and the bath rendered much more healthful and endurable, even at the highest temperature, than when the air is displaced by steam, and the proper oxygenation of the blood interfered with by the admission of watery vapour to the lining membrane of the air cells of the lungs, producing, as it does at times, a suffocating sensation. At the same time the air is not desiccated, as the supply of pure air is constant, and a sufficient amount of moisture is supplied from the washing rooms, which are open, to the hot room, as well as from basons

of water introduced into the room for the purpose. The removal of the waste cuticle is not effected in the same way, nor does it constitute, as in the East, a separate process; it is to a certain degree loosened by shampooing, and then removed by soaping and washing, but in a far less perfect manner than by the camel's hair glove of the Turkish hamam. In the Oriental bath the cooling takes place most gradually, under an envelope of soft towels; in this country it is considered a desideratum that the skin should be brought immediately into contact with the cold air.

The well-known success of hydropathic appliances in the cure of disease, and more especially of chronic disease, and in cases of drug and blood poisoning, proves the importance of the skin as an eliminator of effete and injurious matter from the system. The thickly planted sebaceous and sudoriparous glands that stud its surface with their millions of pores, and twenty-eight miles of ducts exhaling in the healthy man an average of eleven grains per minute, while seven grains only pass off by the lungs in the same time,\* show how these results are accomplished. This cutaneous exhalation contains acetate of ammonia, carbonic acid, and water. Another function of the skin is its power of absorption—not only of mineral and vegetable medicinal substances, but also of gases, as observed by Abernethy, who, on holding his hands in jars of oxygen and other gases over a mercurial bath, found their volume considerably diminished. The absorption of oxygen and setting free of carbonic acid may be called cutaneous respiration, and must be greatly accelerated when the surface has been thoroughly cleansed, and every pore, gland, and capillary brought more intimately in contact with the air. “That the respiratory function of the skin is considerable in the higher animals is made probable by the fact observed by Fourcault, Majendie, and others, that if the skin is covered with an impermeable varnish, or the body enclosed all but the head in a caoutchouc dress, animals soon die, as if asphyxiated, their heart and lungs being gorged with blood, and their temperature during life gradually falling many

\* Seguin.

degrees, and sometimes as much as  $36^{\circ}$  Fah. below the ordinary standard. Results so serious as these could not be consequent on the retention of water alone, for that might be discharged through the kidneys and lungs, or some other internal surface.\* The death of the child who was gilt all over to represent the golden age at the festivities at Florence on the accession of Leo X. to the pontificate, can be explained in this way. The power of enduring very high temperatures without injurious consequences has also been the subject of experiment. It is well known that glass blowers and sugar bakers can, with impunity, endure a temperature as high as  $280^{\circ}$ . Chabert, the "Fire King," used to enter an oven in which the thermometer stood from  $400^{\circ}$  to  $600^{\circ}$ , while the actual heat of the body, owing to the rapid evaporation from the various surfaces, was little changed. This can only be done where the air is perfectly dry; if the air is saturated with moisture, a temperature of  $330^{\circ}$  becomes fatal. The liver, kidneys, and intestinal glands are all-powerful purifying organs, and remove, each in their different sphere, quantities of effete azotized matter, yet the action of each of these organs may be suspended for several days without fatal results, whereas death will ensue in a few minutes if the function of the lungs be stopped; and if the skin is covered with an impermeable varnish so as to arrest its secretions, dissolution takes place in a few hours. This is doubtless owing to the all-important process of arterialization being put a stop to.

As a means of preserving health, and even of warding off disease in those who lead a sedentary life, the Turkish bath is of incalculable value. The professional or literary man living in a city, whose avocations confine him to the desk, in study, for many hours in the twenty-four day after day, whose brain and nervous system are over-taxed and exhausted, and to whom is denied the luxury of a few hours of hard exercise in the open air, which, by assisting exhalation and quickening the process of aëration would afford a fresh supply of invigorating vital fluid to his worn out nervous system, is driven to the use

\* Kirke's *Handbook of Physiology*, p. 328.

of alcoholic and nervous stimulants to re-establish his forces. To such a person the Turkish bath furnishes the best possible substitute for a day's hunting or shooting; and similarly to the artizan, to the sempstress, and to all whose habits are unavoidably sedentary. When high living or intemperance are indulged in, the bath is found to diminish their bad effects, and prevent the evil consequences to which they inevitably tend.

Of its use in disease I must speak more theoretically than practically, not having had personal opportunity of watching its results for more than a few months, and that in only a limited number of cases. That it has been attended with very beneficial effects in a vast number of cases of various diseases treated by my friend, Dr. Barter, during the last four years, I know from unquestionable testimony, and that Dr. W. Luther has found it an admirable assistant to homœopathic treatment in his hydropathic establishment I can also testify. To those whose skin is dry and unperspirable, the first effect of entering the heated atmosphere is very disagreeable, and if not properly managed might in some cases be dangerous, by causing congestion of the brain. They experience a sense of oppression, headache, and often faintness, which are all relieved as soon as the skin begins to act. This is facilitated by taking the patient to the lavatorium, and having recourse to frequent ablutions of hot water, while cold water is poured on the feet, rubbing the skin, shampooing, and sometimes by using the cold douche, at the same time drinking freely of cold or iced water. I have found that in cases of dyspepsia where more than a few spoonfuls of fluid cannot be borne at a time, taking small pieces of ice into the mouth is of great advantage. Careful shampooing is a very important portion of the bathing process. It invigorates the nerves and muscular fibre, possibly having some mesmeric influence, accelerates nutrition and circulation, and relaxes the stiffened joints. Combined with the warm atmosphere of the bath, its soothing effect in many cases of nervous irritation, and the irritability resulting from long disease, is truly surprising. It is practised in many countries independently of the bath: in India and all through the East, in China, the Sandwich Islands, Russia, and Denmark, it is

in almost daily use. The Ayah soothes the infant when suffering from the irritation and fever of teething by gentle shampooing; the European lady, debilitated by climate and the practice of habits unknown to the natives, is invigorated by it. The sleep of the oriental aristocrat, instead of being rudely broken by a startling knock at the chamber door, is gradually interrupted by gently rubbing the feet, and then extending the process to the legs, and thence to the whole frame, which is kneaded and pressed, removing all the languor so often experienced after the restless and feverish night of a hot climate. In the Sandwich Islands it is had recourse to after eating, and facilitates digestion, encouraging obesity, which is there considered a personal charm. Our highly groomed horses are specimens of its good effect. The rubbing system, found so useful both in Edinburgh and Brighton, may be also considered analogous. Ling's curative exercises applied by a dexterous operator under scientific direction, might have their beneficial effects heightened by the warm atmosphere of the bath. In rheumatism, neuralgia, paralysis, constipation, and many other ailments, it has been found most useful. The scrofulous cachexia and tubercular disease, those most fearful scourges of the present day, whose ravages are rather encouraged than checked by modern habits, are almost unknown where the bath is "an institution." Its advantage in this class of cases has already, in many instances, been practically proved. I may mention one or two. A youth of 17 or 18 who had just entered the university, and whose talent promised a distinguished career, was attacked in November, 1858, with hæmoptysis, which yielded to relaxation from study and homœopathic remedies. In July, 1859, he was again attacked, and again in October. There was slight dulness under the left clavicle, short, dry cough, very strong action of the heart, pulse 110, dyspnœa on ascending stairs or walking quickly, emaciation, a dull, greasy-looking, sallow, almost black-coloured skin. Homœopathic treatment had been persevered in, on and off, from July. In October I ordered the Turkish bath to be taken twice a week; after three weeks it was taken every second day, and has been continued during the winter, and up to the present time two or three times



a week. All cough is gone, he has gained strength and weight, his skin is a good colour, the dulness in the lung has diminished, though on applying the stethoscope there is still some entrecoupé respirations, and his pulse has fallen to 80. He has taken homœopathic treatment steadily at the same time, and the distinctive effects of the medicines were most marked.

In September, 1856, I was consulted by a military man, who stated that he had had pneumonia a year and a-half before, and had never after lost his cough. He was greatly emaciated, there was dulness and gurgling under the left clavicle, with profuse purulent expectoration, vomiting of food when he coughed, pulse 120: had taken *Ol. jecor.* I may mention that he was at the time under hydropathic treatment, which had improved many of his symptoms. This gentleman took the Turkish bath under Dr. Barter's direction, and in a fortnight gained seven pounds in weight, and continued to maintain an improved state during the winter. In January he discontinued homœopathic treatment, and I lost sight of him, but have learned that he also discontinued the bath during the following summer. The cavity in the lung increased. He has since resumed the bath at intervals, and each time with marked relief; and though several times supposed to be at the point of death, still lives, and has a certain amount of enjoyment of life. Immunity from the torture of blisters and drugs, and the stifling atmosphere of close, warm rooms, must be an unspeakable boon to a patient treated in this way. These results must be due, not only to the quickening of the cutaneous elimination and exhalation, whereby unhealthy matters, which have a tendency to deposit in any favourable locality, are thrown off, but also to the supplemental cutaneous respiration, which must be rendered more active after the skin has been so cleansed and thinned as to bring the capillaries into intimate contact with the air, and allow of the interchange of gases and absorption of oxygen. Perseverance in the use of the bath must, to a certain extent, alter the constituents of the blood. The profuse perspiration removes quantities of solid and fluid material; the water consumed in the bath and the fresh oxygen taken up replace many of these, while the ordinary appetite being increased, and the

assimilating process quickened, as proved by the increase in weight of those who take the bath, the solid constituents are changed and improved. To the homœopath the great advantage of this bath is its power of increasing susceptibility to the action of his infinitesimals. In scrofulous affections generally it has been found very beneficial. Chronic bronchitis and emphysema are also diseases in which it has proved a very useful assistant on the principle before explained. In rheumatism its effects are often almost miraculous, sometimes one bath enabling a bedridden cripple to rise and walk; yet there are cases of chronic rheumatism, particularly those originating in gonorrhœa, which, unassisted, it does not cure. Gout, neuralgia, the different forms of secondary syphilis and drug poisoning come under its curative action. Vertigo, congestion of the brain and spinal cord, especially those arising from intemperance, have been completely removed by it, and delirium checked. In various skin diseases it is a safe and useful palliative. As a curious instance of its effects, I may mention that in the case of one of the female bath attendants at Cork, who was deeply scarred by small pox, the pits have been almost obliterated after some months regular attendance at the bath. From the report of the Newcastle Infirmary for the year ending March, 1859, I quote the following remarks of the house surgeon:—

“My anticipations as to the success of the Turkish air bath as a remedial agent in the treatment of disease have been fully realized, and I take this opportunity of laying before the governors some account of its effects. The temperature of the bath ranges between 130° and 160°, according to the nature of the disease, the state of the circulation, and condition of the patient submitted to it, though, as far as I have observed, the extreme heat exerts less influence on the heart and circulation, than the ordinary warm bath; and in order to bear out this assertion, I may state that some cases in which the pulse and stethoscope gave unmistakable evidence of heart disease, such patients have undergone the process without attendant mischief, and with almost unlooked-for benefit. In the dropsy resulting from liver and kidney disease, the profuse perspirations have almost invariably afforded more relief than could have been

attained by medicine in the same period of time, and with less exhaustion to the system. Catarrh and influenza in their first accession have been arrested, the outset of the ague fit averted, whilst in acute rheumatism, and the various forms of skin disease, its use has proved invaluable. To the benefit derivable in the treatment of acute rheumatism, I can bear most emphatic testimony, since cases that would have been perhaps confined to bed for weeks under the ordinary treatment, have been enabled to sit up in a few days. That the bath is destined to assist materially in the arresting and cure of disease I think no one will dispute who has had an opportunity of observing its effects. In conclusion, I have pleasure in appending the following remarks from the pen of Sir John Fife, to whom we are indebted for its introduction. 'The ordinary hot bath has the disadvantage of confining the patient to one posture, which either induces or prevents relief, from palpitation of the heart; it leaves the surface so relaxed, as to predispose to cold in a degree proverbial and extraordinary. On the other hand, the Turkish bath admits of every variety of posture and even exercise, besides positions of any description requisite, and leaves the patient less susceptible of cold than if no heat had been applied to the surface, the pores of which are contracted, and the nervous expansion braced, by the cold douche. All those advantages to be obtained by ordinary hot baths are to be had, in an increased degree, by the Turkish bath; and whether the inequality of circulation and diseases arising from it be attributed to organic change or to nervous derangement, a direct and immediate equality of circulation is brought about by the Turkish bath. It will be observed, then, that cases of internal congestion, chronic and scrofulous inflammation, of congestion even of the vessels of the skin, must be immediately acted on by the Turkish bath, whilst it secures a degree of cleanliness unattainable by any other expedient, cleaning the *inside* of the skin as effectually as any other ablution cleanses the *outside*. It leaves behind an elastic state of tendon and a vigorous strength of muscle, thus contributing to the restoration, or the preservation, or the enjoyment of health. Before long, we may anticipate the general use of these baths by the working man as

a means of cleanliness and enjoyment, when a very important social and moral influence may arise from the custom. Along with habits of personal cleanliness we may expect to find sentiments of self-respect, such as many of the closest observers of Oriental manners have declared to be the cause of the sober dignity characteristic of the greatest tribes of the East in their most palmy days.' "

During utero-gestation, while nursing, during menstruation, and immediately after a meal, the bath should be avoided, or at all events not commenced. Some ladies who have been long habituated to it have continued it with impunity while pregnant and also while nursing; but I consider it very dangerous to commence it at these times, and could mention instances in which it has proved highly injurious under such circumstances. It must not be supposed that I advocate this agent as a panacea; like every other adjuvant to the action of medicine it must be used with the greatest discrimination, and the mode of applying it modified to suit each particular case of disease. Its great power for good where suitable constitutes its danger when inapplicable.

The Turkish bath has recently been introduced into veterinary practice. Several have been built for this purpose in England and Ireland, and in the latter country have been most successfully used in the "lung distemper." The following extract from *The Field* refers to a bath built by a friend of mine at Brackley, in Northamptonshire, for training his hunters. He says: "In the first place the horses had not a single drachm of physic, instead of two or three doses as heretofore. The stable doors and windows were wide open all day, the latter all night; no clothing whatever, no particular number of sweats (baths) in the week. Sometimes they were sweated three or four days in the week, sometimes even every day, Sundays excepted. I never heard a base cough during the whole time, and I never felt their coats anything but warm and glossy, and soft to a degree. To the eye the animal looked not bright in the coat, but the skin was supple, and the muscles of the neck and body were as hard as possible. I never rode horses in such wind early in the year, and they had only done walking exercise on high ground,

as much up wind as possible. Five minutes in the open air made them bright in their coats, however cold it was ; whereas it generally makes an animal's coat stale, unless trotted all day. One animal, a favorite mare, certainly threw up outward flesh on the treatment, and her neck was as thick and hard as a stallion's."

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## FIRST PRINCIPLES : A DIALOGUE.

By DR. M'GILCHRIST, of Edinburgh.

*Dr. A.* Good morning, B. I have looked in upon you again for a "conference" on homœopathy, although I begin to fear that if I am seen ringing your heterodox bell so often, some of the *unco* "legitimate" here will be knocking me down prematurely for a "globulist,"—or a "homœoquack," rather, for that is the latest of the honorary distinctions they have conferred upon you.

*Dr. B.* Things have come to a pretty pass in this amiable profession of ours, since two old friends, like you and me, are supposed to have no longer any right to be intimate, because one of us has adopted certain views in therapeutics.

*Dr. A.* Truly.

*Dr. B.* Such unmanly prejudices cannot last much longer. Pray, have you carefully studied the books I gave you ?

*Dr. A.* Oh, yes—I assure you I read the books in the most candid spirit ; but I confess to having still an inner conviction that your law, *similia similibus curantur*, cannot be the true expression of the principle upon which the medicines act. I feel as if that still, small voice, common sense, declared clearly against your law as a superficial paradox, which may cover, but certainly does not discover, a great truth. If this impression is wrong, I am anxious to have it corrected on a more extended basis of judgment. I find very little in the books, however, to extend my views on the subject. They have a great deal of assertion, and appeal much to facts, it is true ;

but *medical facts*, as I think I have heard you allow, are notoriously Protean, and not at all the

“Sturdy chieftains that wanna ding,”

like those which form the foundation of the grand inductions on which the physical sciences are built. Those writers, it seems to me, lose sight of the source whence we derive our legitimate notion of natural law—the inorganic. Gravitation is the expression of an ultimate fact which is invariable: so with respect to chemical affinity and combination in definite proportions; so with the relation of velocity to power in mechanics, &c. The fact in each of these cases is final, and its expression sufficient to constitute a fixed law. It is quite another kind of enquiry on which we enter when we attempt to define the action of medicinal or other agents on matter endowed with vitality. Hence the homœopathic law does, and must appear irrational, to those who conceive of law from the original—that is, the dead, material point of view. The consideration of it belongs entirely to the sphere of vitality: *it includes or presupposes the discovery or determination of the vital relations of the human organism—does it not?*

*Dr. B.* Of our law, presently. Meanwhile, have you made any experiments in your practice with the tinctures I gave you?

*Dr. A.* Yes; I have had the opportunity of quietly trying several of them. I was, I must say, delighted the other night with the action of Aconite on a little patient in a high state of fever. It reduced the force and frequency of the pulse; rendered the pungent, dry skin moist, and of a natural temperature; and altogether wrought quite a small miracle in a very short time. But then, on turning to the *Materia Medica Pura*, to learn the effects of Aconite on the healthy, I find that the majority of the symptoms are in the sedative, chilly direction. A few hot fever symptoms are mentioned, but the former seem to me the most prominent. Now, I want you to be so kind as explain how you reconcile the preponderance of these sedative symptoms in the provings with your principle of prescribing in accordance with the law of similars. I have spoken to your

friend and colleague, Dr. C., on the subject, but can get nothing like a rationale from him. He evidently does not wish to discuss your principles from a physiological basis. Now this conduct, which is, I fear, too common in the homœopathic body, is certain to repel many candid inquirers, while it cannot be to the advantage of homœopathy that its tenets are, in certain quarters, upheld mainly by what, when it comes to be analysed, proves to be little better than dogmatism.

*Dr. B.* You are aware, that although we are both homœopaths, in the ordinary use of the word, Dr. C. and I differ more or less theoretically, and even practically, in our views.

*Dr. A.* Yes, I am aware of it. It is that, in fact, which leads me to hope to get from you some of the satisfaction which I have failed to extract from him.

*Dr. B.* For my own part, I have felt, and can therefore sympathise with your difficulties and doubts in this inquiry. Dr. C. never, I do believe, encountered or faced these doubts and difficulties. After satisfying himself that the medicines indicated by Hahnemann as remediable to such-and-such states of disease really were so, and that the minute doses are sufficiently powerful when so indicated, he seems thenceforth to have accepted unhesitatingly, without further reflection, all the dogmas of his master. Having done so, he now considers it little short of the grossest presumption if any other person should express anywhere a doubt of their infallibility.

*Dr. A.* He belongs, I suppose, to the "Purists," as they have been called—the pure, or ultra-Hahnemannists, whilst you—Are there not, in fact, two sects or parties in the modern homœopathic school?

*Dr. B.* I believe there are at least two—the dogmatic, and the would-be "rational." The first is a firm phalanx; the other is not yet organised, but each individual belonging to it seems to be settling certain rather puzzling considerations as he best can for himself.

*Dr. A.* Well, I have had a good deal of conversation, as you know, with Dr. C., and though I do not quite understand him, I think I have a general notion as to the difference between you. Truly, if he is to be believed, that difference is important;

for while he is the veritable model disciple of your great founder, Hahnemann, you are—Ahem!

*Dr. B.* Quite so. I know what ought to follow; but if Dr. C. considers my case singular, he is much mistaken. I believe there are many—I know some—sincere practical homœopathists who fully share those difficulties which I have had the candour—some would call it the imprudence—to confess.

*Dr. A.* In that case, it is surely all the more essential that the confession, whatever it comes to, should be made somewhat explicitly and publicly. Pray impart: let us have it now.

*Dr. B.* Since you wish it, I shall endeavour to make myself understood. In what falls from me now, however, I wish to avoid, if possible, all appearance of dogmatism. My present ideas may very well undergo advance or revision sooner or later, for you know I am not one of the old soldiers in the homœopathic camp.

*Dr. A.* Very good. I shall not, therefore, hold homœopathy as answerable for your juvenile eccentricities. Now, pray begin at the beginning. What about the so-called law, *similia similibus curantur*? Dr. C. says you are quite unsound at the starting post; and as the law is at the very foundation of your system, I am curious to know what you believe, or do not believe, concerning it.

*Dr. B.* As to its sphere of action; as to its theoretical and practical—or perhaps, I should rather say, its theoretical, *versus* its practical significance?

*Dr. A.* Aye, your own programme.

*Dr. B.* I am very well aware that this is a delicate matter to approach in a spirit of criticism. A kind of halo—a sacred hedge, as it were—forbids the vulgar laying of hands on the consecrated banner which bears the famous motto—“*similia similibus curantur*;” and many most estimable and sensible people are apt to take deadly offence at the mere hint of a doubt being anywhere breathed as to the universality of the law of healing, as expressed by that formula which, I think, unfortunately for the new physic, has been almost inextricably interwoven with its rise and progress, and a rigid confession of



which is generally understood to be quite indispensable for the disciple of Hahnemann. For my own part, I cannot see—since multitudes of his disciples partly reject his teachings in other directions—why we should not feel ourselves at liberty to adopt this formula also with such limitations or reservations as seem to any of us necessary, or reasonable, or consistent either with rational theories or apparent facts, which seem to militate against it. If we should see reason to suspect that the law of cure is inadequate, or insufficiently expressed by the existing formula ; and if we should be able to give respectable reasons for so believing, why should our homœopathic brethren regard us with suspicion ? It is surely a weak and gratuitous supposition that there is any disrespect to the memory of the immortal founder of homœopathy necessarily involved in the re-discussion of dicta or thesis which he propounded, and which were not the less, in some sense, the expression of great truths, even if time should show that, after all, they are only partial or inadequate expressions of these truths. The dogma, *similia similibus curantur*, was, probably, the nearest approach to a definition of the law of healing, which the circumstances, or the apparent facts of the induction on which Hahnemann built a new medical faith, warranted or offered at the natal hour of that new faith. Some law of healing there certainly seemed to be, ever and anon coming partially into view ; and it appeared in the direction of similia to Hahnemann, as it had appeared more dimly in that direction to others before him. It wanted formal enunciation and practical demonstration, and such he gave it. I cannot but feel, however, that his law is like the laws of Kepler and others—destined to be swallowed up by a wider generalisation ; and that, were Hahnemann now alive and in the meridian of his powers, himself would see reason to modify the stringency of this formula, as he saw reason to modify other views which he first enunciated as final and unchangeable. We should bear in mind that it was the starting point of *quite a new* theory and practice of medicine. Now, I suppose there never was any new phase either of experimental science or of art, as to which it has not been found necessary or expedient to admit the revisal or reconstruction of its principles, as it attained

practical expansion. Is it reasonable to hold that homœopathy must prove an exception ?

*Dr. A.* Is that a question addressed as to me, or as to Dr. C. ?

*Dr. B.* As to you. You have begun to look into homœopathy, and I am sure that if some of the hindrances to its reasonable aspects can be removed out of your path, you will join us very soon.

*Dr. A.* I am not so sure about that. You appear to differ a little too much among yourselves. No : I am still a firm disciple of Sir John Forbes, and his " Young Physic." I believe in no system—in no " pathy."

*Dr. B.* Exactly. You have reached the half-way house, where I also tumbled away too much time. Like me, you will ultimately overtake the remainder of your appointed journey.

*Dr. A.* I don't know. Our position is a very fine negation, and very pretty common sense, I take it. We of the " Young Physic" simply contend that nobody is very specially right, and nobody very generally wrong ; that all the various " pathies" of the day are too much limited to the respective merits of certain artificial means of remedying ill health, which leads the homœopathist, who is convinced of the truth of his law, to depend too exclusively on his little doses ; the allopathist to stagger on in his routine of drugging ; wraps the hydropathist too tightly in his wet blanket ; mesmerises the mesmerist, and afflicts the kinesipathist with an artificial St. Vitus's dance. All these may admit abstractly such a power as hygiene, but practically they treat it as an abstraction. Looking fairly at the sphere of hygiene, or the study of nature's curative means, we must arrive at the conclusion that in all systems and " pathies" the sphere of artificial medication is very limited indeed.

*Dr. B.* By following out the hygienic idea you have started, I shall, before alluding further to the homœopathic law, explain exactly how far, probably, some of us endorse the doctrine of your school in that direction, as applied to homœopathy :

We may conceive an ideal healthy man—his bodily organs each perfect, individually and relatively, to each other, in that

just equilibrium which constitutes the permanent *mens sana in corpore sane* ; but practically, such a being does not, at least in a modern civilised state, exist, although here and there we may recognise an approach to the ideal type. Besides the very many who inherit from their parents an almost inevitable tendency to degeneration, there exists in all a certain want of balance, as to development or function, among the bodily organs. Your purely ideal healthy man could not be said to have any *temperament*, a perfect equilibrium subsisting between the three great departments of his system—the vegetative or assimilative, represented by the abdominal viscera ; the animal, or sensory-motory, represented by the chest bones and muscles, with the spinal cord and lower ganglia of the brain ; and the human department of the reason and will, represented by the great ganglionic masses of the cerebrum. But, in point of fact, the individual man has not an evenly-balanced system. Either the abdominal or vegetative system is in the ascendant of relative development,—and then we say he has a *lymphatic* temperament (though it is an unmeaning term) ; or it is his chest muscles and motive organs,—and then we call his temperament *sanguine* (an equally unsatisfactory term) ; or it is his cerebral lobes, as indicated by a heightened sensibility, and an over-acute intellect,—and then we say he is of a *nervous* temperament. The existence of any of these states of itself renders him liable, more or less, to disease, either from excess of action in the *plus*, or deficiency of power in the *minus* organs ; so that every man has a predisposition to disease in a certain direction, if not all his life, at all events at certain epochs of it,—age modifying temperament. Now, it is plain to me that this state of original development in excess or deficiency—although the constant observance of habits of life, regulated according to the circumstances of the case, may in the course of time modify it somewhat—cannot be materially modified or rectified by artificial medication, homœopathic or any other.

*Dr. A.* In granting that, you give away a great deal of ground, surely. The state you have described, of original development in excess or deficiency, must, in your view, constitute

a most important element in disease. In fact, the man of very marked temperament may be said to be in a *permanent* state of disease.

*Dr. B.* In so far as that may be defined as a state of body impairing the conscious comfort of existence, limiting the activities, and tending to premature old age or death.

*Dr. A.* And you confess that homœopathic medication can do nothing for him ?

*Dr. B.* Not quite so fast. It is only whilst he is quiescent, so to speak, or in the ordinary conditions of his morbid temperament, that homœopathy, as compared with hygiene, can avail, I think, little. As soon as a *temporary* excess or deficiency of action in his plus or minus organs, arising from the superaddition of some exciting cause, induces a state immediately dangerous, or pressingly inconvenient or painful—an acute disease, in fact, or the aggravation of a chronic one—then the operation of artificial agents (homœopathic remedies) can be brought to bear with effect. This is, in fact, in my view, the sphere, the sole sphere of available drug medication.

*Dr. A.* Such, at all events, is your philosophy of acute and general diseases. They are not *ab extra*, but persistent abnormal states, *plus* exciting causes.

*Dr. B.* Yes. There is, of course, besides, a distinct class of diseases which owe their existence to the operation of certain specific poisons—scarlatina, small-pox, measles, syphilis, &c.; each developments, so to speak, of specific parasitic germs which, when introduced into the system, grow, more or less gradually, till they attain to maturity, when, after exhibiting their characteristic phenomena, they decay and die out, or disappear. It seems certain that each specific parasite possesses the power of propagating its own kind, although how it does so remains a mystery. The course run by such parasitic diseases, if we may so term them, varies. Sometimes it is short, almost ephemeral; sometimes it extends over a period of days, weeks, months, and even years. An originally sound constitution forces itself ultimately from the operation of such germ poisons, and regains its normal condition, provided the excitement on the one hand, or the depression on the other hand, of the vital

functions can, during the progress of the disease, be kept within bounds. And this is the sole sphere of beneficial medicinal interference in this class of diseases, since it is more than doubtful whether we possess the means, as yet, of extinguishing or annihilating any of them.

*Dr. A.* But what becomes of the legion of chronic diseases which Hahnemann maintained were the progeny of that infernal triad—syphilis, sycosis, and psora ?

*Dr. B.* Syphilis and sycosis are certainly specific diseases of the class I have been alluding to ; and this may perhaps be said of psora too, if by the term is meant a definite disease arising from the presence of a parasitic insect in the skin. But Hahnemann did not hesitate to refer all persistent symptoms, not clearly traceable to the infection of syphilis or sycosis, to an itching eruption of the skin, *presumed* to have formerly existed, and which had been repelled into the system. That Hahnemann should have been guilty of such a sweeping, ill-digested generalisation as this, is enough of itself to warrant us in examining critically his other doctrines, and justifies our independent scrutiny of the law itself.

*Dr. A.* You recognise, then, if I understand you, two great classes of disease—the general and the specific. The latter cure themselves ; that is, run a certain course, pass through certain stages, and come to a certain end, and then go to sow their seeds in some other organism, where again they repeat their specific round. It is only when the parasitic vitality is powerful enough to alter and pervert his blood in a great measure to its own use, that the patient dies. Here, however, hygiene has surely everything to do—to sustain by natural or artificial stimuli the patient's vital powers. In the general diseases of which you spoke, you also allowed a very large margin for hygienic treatment.

*Dr. B.* I freely grant the large and important field for scientific observation and practically beneficial treatment which belongs to you and all other hygienists, not absolutely pure expectants ; though I do not, like you, stop short there.

*Dr. A.* You are among the most liberal of the “pathists.” But now, touching drugs.

*Dr. B.* They are, I think, plainly divisible into three classes : 1st. Those which possess a virtue, or *dynamis*, as Hahnemann called it, of influencing the vital activities of the minute elementary parts (cells ?) of organs (possibly or probably through the controlling nervous system), and so modifying the function directly, and indirectly the structure, of such organs. 2nd. Those which act directly on the matter composing the organ (chemically), and so modify its structure, and consequently its function. 3rd. Those that act mechanically, their presence being resented as foreign bodies by the living organism, which accordingly extrudes them through the most appropriate outlet, and along with them other substances or accumulations which are prejudicial to health, but which, as products of organic life, are not so intrinsically foreign in their nature as to provoke of themselves the expulsive effort. Practically, the second of these groups is the least important to medicine, chemistry being most useful in indicating the kind and quality of food suitable in special cases—a kind of inquiry which has been unduly neglected by you hygienists. The dynamical group is that from which homœopathy proper derives all its drug resources ; but the study of the dynamical medicines is, I think, very perplexing.

*Dr. A.* Study of dynamical medicines very perplexing ? I should just think it was !

*Dr. B.* Yes, from the fact that a living part or organ performs its functions healthily, so long only as it retains a certain normal equipoise. Like a planet, it holds a steady mean course between two opposite courses, to one or other of which it may, from some temporary cause, be inclined, which inclination is sure to be followed by a corresponding swing in the opposite direction. The direct action of a dynamical stimulant will be as certainly followed by the converse reaction ; and as disease may depend on an excess either in action or reaction, it must often be difficult to determine in what direction the original impulse came. Thus, the application of a moderate heat seems directly to occasion dilatation of the capillaries, producing redness and warmth of the skin. But a moderate application of cold will do exactly the same thing after, and as a reaction from,

the direct contraction of the capillaries, as shewn by the paleness and numbness immediately produced by cold. Intense heat and cold produce the same effects, viz. : excessive contraction of the capillaries, followed by excessive dilatation. Now, we have good reason to believe that medicines act on the internal organs in the same way,—some, like mustard, directly dilating the extreme vessels ; others, as arsenic, doing that after contracting them. We must ascertain, therefore,—first, what is the *direct action* of any medicine ; secondly, what is the difference in the direct action between a large and a small dose of any medicine.

*Dr. A.* These are puzzling questions. But *cui bono* ?—is it not the old vain speculation as to the *modus operandi* of drugs ? Are such questions of any real practical consequence to any system of healing ?

*Dr. B.* Yes, to homœopathy, which must do something towards solving them—a task which it is a pity was not at first set about. If they be insoluble, homœopathy must remain, I suspect, for ever, theoretically, a riddle. As to their practical consequence, they bear directly upon the medicine to be selected in a particular case, and also upon the dose in which it should be administered. And this brings us face to face with the homœopathic law, in a direction opposite to the road usually followed. To stop a heavy pendulum, we impart a few successive impulses in the direction *opposite* to its swing ; and the same, I imagine, must be done when we would moderate excessive vital action or reaction, till it settle down to the equilibrium of health. The excessive contraction of the capillaries in a frost-bite is gently overcome by friction, first with snow or cold water, and afterwards with gradually warmer fluids. And excessive dilatation is best and most safely reduced by the application of a warmth gradually descending to the natural temperature. Now what is this ? In the first case, friction with snow is actually the application of a moderate heat, relatively to the cold of frost-bite ; and in the other case, moderate heat is relatively moderate cold. Is not the direct action, therefore, a contrary ? Certainly, it appears to me, that a careful and candid analysis of such evident phenomena is a

great desideratum towards determining the *direct action* of the homœopathic medicines.

*Dr. A.* As I understood you formerly, your method towards determining that is to observe the effects of the medicines on the healthy—to “prove” them, as you term it, in that way?

*Dr. B.* Such is the only accredited method. In my view, too much has been hoped from, or attributed to it alone. The rule laid down, to prove all medicinal agents first on the healthy, is a logical consequence of a belief in the universality of the law of similars. In itself, it is a practice productive, when corrected by experience, of many exceedingly valuable indications for the administration of the medicines in disease generally. This no one who has practised homœopathy can possibly doubt; only one may doubt whether the part played by experience in ultimately determining the general or special sphere of all the proved drugs in the various diseased conditions to which they are applicable, has been at all fully or fairly acknowledged (by homœopaths in general. It almost seems as if it was imagined, in some quarters, that the “provings” serve to prove the law; whereas, to give *them* all the unadulterated value which is so frequently claimed for them, apart from their correction by experience, it should first be settled, beyond critical doubt, that the formula, *similia similibus curantur*, is a strict and adequate expression of a universal law of healing.

*Dr. A.* People do reason in circles sometimes.

*Dr. B.* Observe now, that the symptoms produced in a healthy organ by a certain drug, will be those both of the direct action and the reaction—the primary and secondary effects, as we term them. Hahnemann appears to have tried in vain to distinguish them, and to have given up the attempt in despair. Consequently, he incorporated both—the action and the reaction, or the primary and secondary symptoms—in his *Materia Medica Pura*, without any available distinction; asserting that both are equally valuable, especially the former. Perhaps he was right; but how are we to rally the evidence for a law of similars round so indefinite a standard? or, is not the action of the medicines as likely to be on the principle of *contraria*? Your difficulty



as to the apparent inconsistency between the provings, as you gathered them from the *Materia Medica*, and your experience of the action of Aconite in your little patient's case, is quite natural; and though not incapable of explanation after a fashion—indeed, Hahnemann himself has condescended to anticipate partly your objections here, for in the introduction to the proving of Aconite, he says that “the principal parts of those symptoms which appear contradictory are but alternate states, and Aconite may be salutary in the one as well as in the other, but principally so in those of a sthenic character”—still I think it affords one of many illustrations which might be advanced of the incompleteness, as yet, of the logical induction on which a law of similars is based. Thus you find in the *Materia Medica* that the prominent symptom put against Aconite is depression of the vital functions in certain internal organs, indicated by chills, anxiety, intermittent pulse, &c. You find, less prominently set forth, symptoms of exalted activity in these organs, as indicated by heats, throbbing fulness, quick strong pulse, &c.; and I think, therefore, you may not unreasonably put us to the following dilemma: either both of these antagonistic groups of symptoms indicate the *direct effect* of Aconite, or not both. If both, the guidance in this important case to be derived from the provings alone, for the employment of the drug on the principle of similars, is inadequate, since experience has proved that Aconite is effective only in the fever state. If, now, one only of the groups indicate the direct effects of the drug, which of them is it? If the first, and most prominent, then we have allowed ourselves to be deceived by the presence of the other, or second group, into believing that Aconite acts directly on the principle of similia, whereas it really acts on the contrary principle.

*Dr. A.* The contrary!

*Dr. B.* Or take, now, a case conversely—that of a diseased condition, *quoad* its indicated medicine. A severe chill, causing violent contraction of the pulmonary capillaries, may be followed by a corresponding dilatation of them, which, let us allow, acts as the *causa morbi* of a pneumonia. This is an acute morbid condition, curable, we may say, by Phosphorus, in small doses. Well, how does the Phosphorus act? Phosphorus in large

doses produces in the healthy, we believe, signs or symptoms of a similar acute abnormal condition ; and it is easy and natural, at first sight, to jump to the conclusion that *therefore* its action in pneumonia is in strict accordance with the law of similars. But may we not be going too fast ? The direct force of the stimulus on the capillaries, be it cold or be it phosphorus, must be uniform and in one direction. If Phosphorus, given to a healthy prover, does first, like cold, directly contract the capillary vessels of the lungs, and by exhausting them leave them subject to passive dilatation from the force of the heart's action, then the curative powers of Phosphorus in pneumonia, being still in the direction of its proved power of contracting the capillaries, must be recognised by us as acting contrary to the morbid condition of dilatation. It is only similia in appearance : it is contraria in reality. If, on the other hand, Phosphorus acts on the healthy prover like heat, directly inducing expansion of the capillaries, it is impossible, I think, to conceive how it should directly tend to diminish the inordinate capacity of the vessels in a pneumonia patient—that is, on the principle of contraria ; for how does the fact, that it is necessary to give a very minute dose to the patient, tell here ? Keeping in mind what we formerly noticed, that the natural and safe treatment for reduction of dilated external capillary vessels, is to apply a moderate heat and gradually to reduce it. In this latter case, the moderate heat, supposed to be applied to the pulmonary capillaries by the very minute curative doses of Phosphorus, is relatively a moderate degree of cold, so that the action of the Phosphorus is still in the direction of contraria.

*Dr. A.* Take care ; you will get into bad odour with your homœopathic brethren. Why, at this rate, you would deprive your provings and your *Materia Medica* of all their boasted value.

*Dr. B.* Pardon me ; not so fast. You must try to keep in mind my point of view, which is that of the *direct action* of medicinal agents. The truth, indeed, is, that the direct action of morbid agents, whether drugs or so-called natural causes, is of short duration, more or less undefined, and difficult to be appreciated or described by the prover or the patient, whose

attention is more impressed with the succeeding reactionary symptoms. In his practice, the doctor, being nearly always consulted for the latter, rarely has the opportunity of seeing or treating the former. Nevertheless, supposing it to be even impossible, which I think it is not, for us ever to know the symptoms of the direct effect of drugs or exciting causes, in disease, still, recognising that the secondary or reactionary symptoms are the exact converse of the others, we can, by administering medicines whose secondary or reactionary symptoms correspond to the secondary symptoms of the exciting cause of the disease, antagonise the morbid symptoms with the *direct* action of the medicines so administered. This, you will observe, may be *called*, and if you will, it *is*, in a sense, selected on the principle of similars; nevertheless, the force of the medicine is directly contrary to that of the existing morbid state. On this shewing, the provings of our *Materia Medica* do by no means lose their value; only their relations to the law of healing undergo a change which justifies the increased importance which ought, I conceive, to attach to their correction by experience.

*Dr. A.* But does not all this amount to a grave doubt of the truth—the grand fundamental truth—held to be expressed by your famous formula, *similia similibus curantur*?

*Dr. B.* Not as you put it. I certainly ask how, in the present state of the enquiry, we can be sure that the homœopathic law, as generally explained and understood, is not merely true superficially, since I think there is evidence that the action of the medicines, applied in seeming accordance with it, is in reality on the opposite principle of contraria. I have given you several illustrations, if I may so speak, in the direction of this contrary evidence;—take another: when a man desires to stop the motion of a wheel in rapid revolution, he allows his hand to follow its revolutions. It might appear, to the careless on-looker, to be force added in the direction of the existing force, but all the while it is force quietly and gradually acting in opposition till it overcomes it. Now, it is possible that Hahnemann allowed himself to be deceived, though no careless on-looker he, after this fashion. If so, his mistake consisted not in enunciating that medicinal agents, homœopathically chosen,

are capable of curing relative diseases, but in prematurely enunciating *how they do so*.

*Dr. A.* At least, then, you do not consider that your provings, or your *Materia Medica Pura*, and your law of similars, mutually illustrate and corroborate each other ?

*Dr. B.* Certainly I do not ; and I must say for myself, that it seems difficult to conceive what could have induced Hahnemann to sever all the natural connection and sequence of the symptoms, as they arose in his provers, and to parcel them off into a purely arbitrary series of anatomical lots. This of itself destroys their value for the *a priori* selection of a medicine to a given case, on the principle of similars. True, when—*ex usu in morbis*—we learn that such a medicine is effective in such or such a state, we can readily discover, in the multitude of the symptoms, “the reason why ;” but the same reason might lead us to expect similar good results from a number of other drugs, whose behaviour in the given case would of course disappoint us. Hahnemann has favoured us with certain clinical hints and indications ; but these, however otherwise valuable, are utterly incapable of being extracted from the provings *per se*. Moreover, the indications and sphere of use which he briefly states are almost invariably those which, on his own admission, he got from his own experience, or that of others, either in the profession or in popular practice. Thus, it can be no offence, I opine, to the memory of Hahnemann, if his disciple should hold that the greater part of our therapeutical knowledge is *ex usu in morbis*, and that the practice of giving only one medicine at a time in disease has contributed at least as much to this knowledge as the study of the provings. Again,—the fact that Hahnemann failed in distinguishing the primary from the secondary symptoms, and that he incorporated them both in his *Materia Medica* without any distinction, is, I conceive, fatal to the presumption that medicines selected on the principle, or from the fact, that their symptoms in the *Materia Medica* are similar to the symptoms presented by a given case of disease, cure such symptoms according to a law of “like cures like.”

*Dr. A.* I see *you* are determined not to help your pig over the stile, at all events.

*Dr. B.* There are just two ways of getting him over this stile. You may pull his snout, and force him over on the principle of contraria; or you may pull at his tail, on the principle of similia, trusting that the reaction of his obstinate organism may propel him forward. Now, I do not dogmatically assert that the abnormal conduct of an organ in a state of disease is best or only to be remedied in the one way or the other. What I do say is, that we are not justified in deciding dogmatically as to what has been the *modus operandi*, so long as we do not know certainly in which direction the original pull came.

*Dr. A.* Very good, my dear doctor; but it seems to me you have much to answer for, homœopathically. After limiting its general sphere, and confining homœopathy nearly to dynamical medicines, the study of which you admit is "very perplexing," you end by pretty well knocking on the head your reverend law itself.

*Dr. B.* Again, as usual, you go too fast and far. In admitting that the sphere of homœopathic treatment is limited, I do no injustice to homœopathy: I place it behind, I place it beside, no other medical system. Its therapeutics are not available for the cure of all the ills that flesh is heir to, I allow; but while you and your school believe in the efficacy of none but hygienic treatment, I know—as you also will one day know by experience—that homœopathy has a practical power in acute, and the aggravations of chronic disease, as superior to that wielded by the self-styled "orthodox legitimate" physician as the modern locomotive is superior in speed and safety to the old mail-coach.

As to the law, you misrepresent the matter entirely, when you accuse me of attempting to knock it on the head. I have simply objected to the formula in which it has been clothed, and which is generally supposed—on ground which I have endeavoured to prove questionable—to embody an adequate expression of its ultimate significance. The existence of a law of healing, in the homœopathic direction, I have never doubted; nor have I ever presumed for a moment that Hahnemann's living faith in it was a delusion; what I have presumed to

doubt is, *whether we have yet got the right key to it.* I do think, that in the present state of our knowledge—or rather, of our ignorance—as to *how* our medicinal agents do act—in face of doubt as to what is the direct action of dynamical medicines—and considering the difficulty felt by many new adherents to homœopathy in reconciling the rigid application of the formula to the provings in the *Materia Medica*—it would, in reality, be no misfortune for the New Physic, if the motto were to fall into disuse.

*Dr. A.* But what would you put in its place?

*Dr. B.* Without abandoning it in the sense in which it might continue to be entertained hypothetically, for the sake of convenience, I would claim, for myself and others, the liberty of substituting for “the law of similars” such an expression as “*the principle of specifics.*” The latter has at least this merit, that it involves no hypothesis beyond what all homœopaths, without exception, are quite agreed to adopt. It is a broader, and perhaps safer generalization, in the mean time, and may be held to convey little more than this—that the system of healing founded by Hahnemann is based upon a law of specifics. Whether such law of specifics involve, again, another law, or act on the principle of similia, or contraria, or whatever may be its connections with or its bearing upon other therapeutical, physiological, or pathological principles,—these are inquiries which must abide by their own separate evidences. As it has been well said by an eminent living homœopathist, “the homœopathic principle must take its place in medicine without the smallest pre-eminence or exclusiveness, beyond what can be proved to be its due by the ordinary rules of science. The real glory of Hahnemann remains in his being the discoverer of the law of specifics—undoubtedly the most important discovery for practical medicine that has ever been made.”\*

To this I shall just add, that slavish adherence to the dogmas of their leaders is not becoming in the disciples of a new medical faith, nor calculated to recommend that new faith to the calm consideration of the more liberal-minded among the adherents

\* Dr. Drysdale, in the January number this year of the *British Journal of Homœopathy.*

of the old. With all *legitimate* reverence for the teachings of the great founder of homœopathy, we need not shut our eyes to the fact that physiology and pathology have made solid advances since his day, of which we are surely entitled to reap the benefit, to the correction, or the rejection, even, of any of his views which are not stereotyped. In such a spirit I have ventured to place our first principles before you in the above light. If it is a false one, then I have been guilty of a trifling piece of extravagance, which you will ultimately detect, and from which, on conviction, I shall be ready to recede penitentially.

*Dr. A.* These seem, I must say, liberal sentiments, at least ; and I cannot but think that there must be something good and true in homœopathy, to gain it the adherence of men who, while they have not shrunk from the obloquy which, more or less, attaches still to its public profession, are also careful to be above the sectarian prejudices, or the blind enthusiasms, which too often characterise the disciples of a new faith. I mean to give the whole subject an impartial examination.

I must now leave you ; but before going, wish to refer to just one other point—your idea of *symptom covering*, about which homœopaths have written and said so much, alleging that it is all-important to the treatment of disease—how do your previous limitations of the scope and significance of the law and the provings in the *Materia Medica Pura* affect this point ? Do you not join me in thinking that such symptom-treatment cannot reach the *pathological source* of any disease ?

*Dr. B.* I do not. Still I understand the nature of your difficulty here which was once my own. If by the expression “pathological source of disease” which may be left untouched in treating symptoms, is meant the morbid anatomy of the parts as ascertained or ascertainable after death, I still hold that, during life, it is correct to regard such morbid anatomy as inferrible in all cases where it is not visible, and inferrible from symptoms. In complicated cases, we should endeavour to arrive at the *pathognomonic* symptoms—those yielded by the organ primarily involved—and these symptoms and this primarily-involved organ become naturally the principal objects of treatment ; although other organs secondarily involved are

not to be overlooked, since their action and reaction may have an important bearing on the complexity of the diseased state under treatment. This action and reaction among the organs primarily and secondarily involved, is, doubtless, a most difficult point in scientific homœopathic practice. It is a point the consideration of which, I think, justifies us in using, at the same time (alternately), two or more medicines, calculated to act on two or more distinct organs or tissues; because, even where we believe one only of these organs to be primarily affected, we may foresee that others will become an independent source of disease. I do not know how far the stringency of symptom covering, as maintained by some, admits of this alternation of medicine. But, at all events, it seems to me quite clear, that in any case a correct digest of all the symptoms is the only sufficient guide in the treatment.

*Dr. A.* What do you make of the results of physical examinations by stethoscope, microscope, &c.?

*Dr. B.* I make such results still to count for symptoms; and it is much safer to base treatment on the experience (homœopathic) of the effects of remedies in removing such objective and subjective symptoms, than to create certain more or less true, but still speculative, conceptions of the proximate cause of the disease. Such conceptions of the proximate cause of a disease have always been favourite themes for wordy and useless disquisition among the authors and lecturers in our schools of medicine; as if such *conceptions* of disease (often, by the bye, styled *pathologies*) were capable of direct treatment. Any treatment consistently based on such indefinite data, must necessarily give rise, in turn, to other speculations, as to the proximate cause of the effects produced by every complication, by remedies, and so forth. In short, without leaning upon the symptoms as a whole in any particular case, we have no faithful guide in the treatment. The *names* given to diseases are all more or less speculative.

*Dr. A.* I have sometimes thought so. I find, however, from the books to which you have directed my attention, that the ideas of some authorities in the homœopathic body do not coincide with what you have just been saying, as to the use of



your medicines in cases of complicated disease. Here, for instance, is a book of yours [*Hempel's, Jahr's and Grüner's Pharmacopœia*], at the introductory part of which I have been looking, and where I have met with what seems to me a rather striking passage, suggestive to me of something rather different from what the writer of it seems to have had in his eye. May I read it out?

*Dr. B.* By all means.

*Dr. A.* It is rather long; but I must read most of it:—

“Let us suppose, for example, a diseased condition of the pneumogastric nerve, an acute irritation of it, or, to use a modern phrase, a case of neurosis, in which the various branches of the pneumogastric nerve are principally involved. Such a pathological state would necessarily be characterised by the most diversified symptoms,—symptoms which would apparently be disconnected, and yet would constitute one identical group; for the irritation would be the same in every branch of the nerve, but the symptoms characterising the irritation would differ according as the structural organization of the part would differ from that of any other part. We might have dryness, soreness and heat in the larynx, with constant tickling disposition to cough and hack; stricture across the chest, or oppression and soreness of the chest; aching pain or weight in the region of the heart, or palpitation of the heart; loss of appetite and coated tongue, nausea, oppression of the stomach; sensitiveness or fulness or bloatedness in the region and pit of the stomach; soreness of the bowels, looseness or constipation; and a variety of other symptoms. If this or a similar group of apparently disconnected symptoms should occur in practice, the first thing a physician would have to do, would be to trace the internal pathological connection of the symptoms; in this way he would find out that they constitute a unitary group characterising a certain irritation of the various branches of the pneumo-gastric nerve, and that the remedy which is to be prescribed for this group must be one that will affect the pneumogastric nerve in a similar manner, though this similarity does not necessarily imply an exact reproduction, in our provings upon the healthy organism, of the various symptoms constituting the natural group.

“Suppose now a physician were to prescribe for such a group as we have described, without considering the symptoms in their totality as phenomenal signs of an identical pathological state, which, after all, is the true and essential disease, what would be the consequence? The consequence will necessarily be, that he will endeavour to find a remedy which has the same or similar phenomenal signs in our *Materia Medica*, and if one remedy be not sufficient, he will select two, and if need be three remedies to ‘cover,’ as it is termed, all the symptoms. It will be perceived, that this mode of selecting a remedy leaves all the essential features of the disease out of consideration, and necessarily leads the physician to this *vicious mode* of alternately using several remedies at a time.”

Now, what do you say to that passage?

*Dr. B.* With the exception of the last paragraph of it, which certainly seems to me to contain something which is at least very questionable—since I, for my part, cannot but think that the diseased state presenting the group of symptoms here described is one clearly justifying the use, here called “vicious,” of two or more alternated medicines—I think it an instructive passage; and creditable, as showing that homœopaths, at least some or many of them, are alive to the importance which should ever attach to physiology and pathology, as affording the ultimate scientific bases for general views and for special diagnoses of disease.

*Dr. A.* I am glad to hear you say so. Nevertheless, in some of the books you gave me, a contrary view is very decidedly set forth; the art of “symptom covering” being held up as the one essential gift for the skilful and successful homœopathic practitioner. Such writings are full of nothing but the importance of surface symptomatology; not a word therein about the propriety of “considering the symptoms in their totality as *phenomenal signs of a pathological state, which is the true and essential disease.*”

*Dr. B.* While admitting a very considerable divergence of sentiment, real or seeming, on such points among homœopaths, as represented by the homœopathic literature of the day—very perplexing, I own, to the inquirer—I must, for the

present, refrain from commenting on it further. Keeping in mind that homœopathy is still young, we may very well hope that most of the vexed questions which belong to its adolescence will be satisfactorily settled by the time it attains its majority. Meanwhile, let me conclude our conversation at this time with another short quotation from the same author, concerning which I shall only remark, that the advice conveyed in it seems to me, in the present state of homœopathy, by no means a bad one:—  
“ We advise the beginning (homœopathic) practitioner, if he would save himself many heartburnings and bitter disappointments, to take heed to our warning voice,—*to cut himself loose from all authority, and to love and practise the good and the true, no matter by what side of our or any other school in medicine it may be offered.*” Adieu!

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#### STATISTICS OF CANCER.

THE subject of cancer has recently occupied to an unusual degree the attention both of the public and of the profession. It is always a disease that possesses more or less of a fearful interest for the public, and an impetus has recently been given to popular enquiries on the subject, by the reiterated allusions in our leading journals to pretended cancer cures and cancer curers. The most conspicuous among the latter in this country was Dr. Fell, who seems to have inspired a more than usual confidence not only among the sufferers from the disease, but also among the profession itself, usually so chary of admitting the possibility of the truth of any novelty, if we may judge by the permission accorded to him to try his remedies in the Middlesex Hospital. The trial granted to him did not, as many of the profession hoped, terminate altogether in the discomfiture of the doctor, neither as his friends expected was it a perfectly triumphant exhibition of the infallibility of his method. On the whole it may be said that if it did not prove the means employed to possess any wonderful power over cancer, it certainly shewed that his treatment was quite as successful as that ordinarily pursued; and that though the operations he resorted

to were not unattended by suffering, they were not nearly so painful as many of those in ordinary use.

In France the latest cancer hero was an uneducated person calling himself Dr. Vries, but usually known by the appellation of "the Black Doctor." With less foundation for inspiring confidence, he was as successful as Dr. Fell in gaining permission to shew the effects of his treatment in a public hospital. M. Velpeau (let us hope in the belief that the proffered treatment would be of use) allowed him to make experiments on patients in the Charité Hospital. The Black Doctor had not, however, the good luck of his London colleague, for his attempts to cure cancer proved miserable failures, and he was summarily ejected from the hospital; and from that day his credit with the public rapidly declined, until some of his dupes actually prosecuted him for obtaining money under false pretences, and obtained a verdict against him.

At the time that Dr. Fell was allowed to make trial of his method in the Middlesex Hospital, we remember that the medical periodicals made a great outcry against the authorities of the hospital, but with little reason as we imagine. For independently of the fact that one of the conditions of the endowment of the cancer ward was, that any one who professed to have discovered a cure for cancer, should be allowed, under proper regulations, to make a trial of it in the hospital, it is difficult to see how aught but good to the public and to the profession can arise from such a public trial, under the supervision of the medical officers themselves. It is acknowledged that cancer has hitherto been a most incurable and fatal disease, against which ordinary remedies are powerless; and if the proposed treatment should prove successful, the gain to humanity from its public demonstration would be incalculable. If on the other hand the proposed cure should turn out to be no cure at all, the public trial will at once expose the imposture, and deter sufferers from entrusting their lives to the tender mercies of the empiric. Thus the trial at the Charité in Paris completely unmasked the imposition of the "Black Doctor," and saved many from falling into his hands who might otherwise have become his victims. On the other hand the trial of

Dr. Fell's system at the Middlesex Hospital shewed that it possessed some advantages over the ordinary methods, but at the same time, it tended to deprive his remedy of that prestige of infallibility which it had attained whilst his operations were confined to private patients. Publicity is the touchstone that at once enables us to discriminate betwixt the false and the true. Things which in the obscurity of privacy seem of imposing size, immediately dwindle into their proper dimensions when exposed to the searching light of publicity. Thus the Black Doctor's remedy for cancer under this ordeal shrunk into absolute nothingness; and Dr. Fell's has subsided into one, and that perhaps not the best of the many hundred methods of treating cancer, but its pretensions to be a *cure* for the malady have been altogether exploded.

We are far from advocating that a public trial should be given to every pretended remedy that is offered for the countless maladies of humanity. A proper and impartial investigation should first be made into the claims of the proposed remedy to be a remedy at all. But if satisfactory testimony is adduced of its possessing any curative power in a disease reckoned incurable or generally fatal, it would be criminal in those who are in the position of guardians of the public health to refrain from giving it that fair public trial which can best secure it that place in public estimation which it deserves. In the case of Dr. Fell's remedy we believe that proper circumspection was used by the authorities of Middlesex Hospital, in their preliminary enquiries into its merits. But we are not so sure that the same caution was exercised by M. Velpeau when he admitted the "Black Doctor" into his wards. The conduct of a person who occupies the position of a guardian of the health and lives of a number of poor persons cannot be too severely blamed if he allow them to be made the subjects of dangerous experiments, by an ignorant pretender whose utter incapacity a moderate exercise of circumspection would certainly have exposed.

What we have said of cancer remedies applies with still greater force to a new method of treating diseases in general, such as homœopathy. An overwhelming mass of testimony is accumulated, shewing the superiority of this method over the

old one, and our statistics are now so extensive and complete, that we can reckon almost to a unit the per centage of lives that would be saved under homœopathy, which are sacrificed under allopathy. And yet such is the blindness and prejudice of those who have the control of our public hospitals, that in no one case in this country has our demand for a public trial of our system been listened to. The most strenuous efforts of our opponents are directed to our exclusion from their hospitals, not certainly from any peculiar tenderness towards the patients, for the best of their number have acknowledged that our success is at least equal to their own in the treatment of disease; and we are in a position to prove to the satisfaction of every one that it is vastly superior. The fact seems to be that our opponents feel our exclusion from the hospitals to be essential to their own existence. Once give us a footing there, and supposing our mortality were only the same as their own, the homœopathic treatment would recommend itself in other respects so strongly to the supporters of the hospital, by its economy and its freedom from the torturing appliances of the old school, that they would insist on its general adoption. The day must come, and we do not think it very distant, when we shall be admitted to our great public hospitals on a footing of equality with our rivals of the old school, and when that happens old physic may immediately commence chanting its *Nunc dimittis*. We confess never to have felt much enthusiasm for the establishment of so-called homœopathic hospitals. The doing so is in itself a tacit admission that we are a sect. It looks as if we did not consider ourselves what we really are, the representatives of the only true art of medicine, the real heirs and successors of the great fathers of physic in all past ages. In all the arts and sciences the true representatives of each are those who progress and improve, not those who adhere to the traditions and who swear by the maxims of their predecessors. Copernicus was the true representative of astronomy of his time, and the real successor of Ptolemy, though he overthrew Ptolemy's system, and though all the astronomers his contemporaries were Ptolemaists. Kepler was the successor of Copernicus, though he advanced a great way beyond his predecessor, and Newton was the heir of Kepler and the great representative of astronomy

as it is. And yet Newton made a prodigious stride in advance of all his predecessors, and indeed completely revolutionized the whole science, bringing it by the powerful impetus of his mind as near to perfection as it was possible for man to do, so much so indeed, that since his time no advance has been made, but only some improvements in minor details.

As Newton to astronomy so was Hahnemann to medicine. The modern representative of physic, he is the legitimate heir of Hippocrates, of Galen, of Paracelsus and of Sydenham, and yet he has thoroughly revolutionized the art of those illustrious men of the past. As Newton discovered the key to the motions of the celestial bodies in the law of gravitation, so Hahnemann found the key to therapeutics in the law of similars, which is the great gravitation law of physic. He has thus brought the art of medicine theoretically to perfection. All subsequent improvements must be merely in matters of detail; improvements in the working of our instruments, while the principle on which they act once discovered, remains eternally true and perfect, as Hahnemann revealed it.

We the disciples of Hahnemann are the true representatives of medicine, and we derogate from our high position, by separating ourselves into a sect, building sectarian hospitals, and consenting to a sectarian appellation. The great public hospitals of this country were established and endowed for the purpose of affording the poor the benefit of the best medical treatment. It was never the intention of their founders to subject the objects of their benevolence to a stereotyped form of the medical art of their day, as the blue-coat boys are condemned to wear the costume of the middle ages. The best medical art was meant for the patients, and to this they are fully entitled. Now since the true law of healing was discovered by Hahnemann, the medicine founded on this law is as clearly the best as the astronomy of Newton was the best after his great discovery. We should therefore steadily assert our right to admission in the existing hospitals, and not fritter away our funds and energies in founding puny hospitals, which receive but a languid support from the friends of true medicine, who instinctively feel that it is degraded by a relegation to a shabby little house, when it is the legitimate heir to the noble edifices raised by the muni-

fience of our ancestors, or supported by the charity of the public, who mean that the objects of their benevolence shall have the best treatment.

But to return to the subject of this paper. The general interest in cancer has quite recently been revived by some injudicious letters in the *Times*, relative to the pretended cures of the disease by a clerical quack, who has induced many cancerous patients to put themselves under him. We don't know much about the treatment pursued by this reverend charlatan, for in our own experience we have met with but one case treated by him, and as that was the subject of a *post mortem* examination a fortnight after he began his operations, we can testify that his method is not quite infallible. The cancer in this case was in the womb; and dissection shewed this organ, a portion of the rectum and nearly the whole of the bladder in a complete state of gangrene, so utterly decomposed and softened, that they could be baled out by spoonfuls. The process employed gave immediate relief to the pain the patient suffered from—probably by causing immediate mortification—but the patient gradually sank without an attempt to rally. We dwell particularly on this reverend gentleman's treatment, because we observe that he has been somewhat puffed into notoriety by one of our own body, and we should like to warn those who may be inclined to follow such a lead, what they may expect. The clerical charlatan demands a large sum of money from his victims before commencing the treatment; we have not ascertained if the burial fee is included in it.

A little discussion upon the merits of Dr. Pattison's method, and the anti-cancer powers of the *hydrastis canadensis*, which has been simmering about our homœopathic literature lately, has attracted the attention of homœopaths to this disease and its treatment. We think we shall be rendering a service to our readers if we present them with an analysis of an interesting paper published in the last volume of the *Medico-Chirurgical Transactions*. The paper is written by Mr. Sibley, lecturer on Pathological Anatomy at the Middlesex Hospital, and the cases analysed by him are collected from the Cancer Records of that institution. As these records extend over a great many years, and as they have not always been very minutely kept, the whole



of the cases cannot be used in illustration of any point touched upon by the author, but still the whole number, 520, is available for certain statistical purposes. Of this large number there were 178 *post mortem* examinations, and out of all the cases 250 with 120 dissections passed under the author's own observation. Under the term cancer are included all the varieties of scirrhus, medullary and epithelial growth, melanosis and "rodent ulcer" of the uterus. Lupus, colloid, and villous disease have been excluded.

The following table shews the seat of the primary cancer in all the cases. (It should be observed that in a cancer hospital, such as the Middlesex, proportionately more cases of external than of internal cancer will present themselves, as the former is more likely to be recognized as cancer by the patients themselves than the latter.)

TABLE SHEWING THE SEAT OF THE PRIMARY CANCER.

	Males.	Females.	Total.
Breast .. .. .	1	191	192
Uterus .. .. .	—	156	156
Labium, clitoris, &c.	—	13	13
Ovaries .. .. .	—	2	2
Penis .. .. .	6	—	6
Scrotum .. .. .	2	—	2
Testicle .. .. .	4	—	4
Lip, Mouth, &c. ..	27	3	30
Tongue .. .. .	9	5	14
Tonsil, palate, parotid, &c.	5	1	6
Œsophagus .. .. .	2	1	3
Stomach, intestines, &c.	9	5	14
Rectum .. .. .	4	7	11
Anus .. .. .	4	1	5
Lungs .. .. .	2	—	2
Liver .. .. .	—	2	2
Kidneys .. .. .	2	—	2
Lymphatic system ..	1	2	3
Thyroid body .. ..	—	1	1
Nose, face, scalp, &c.	10	9	19
Skin in other situations	5	5	10
Bones .. .. .	9	6	15
Muscles, tendons, &c.	1	2	3
Eye .. .. .	2	1	3
Moles, &c. .. .. .	—	2	2
	105	415	520.

The next table shows the ages of the female patients at the time of the attack, and not at the time of their death:—

	Breast.	Uterus.	Other Organs.	Total.
Under 10	—	—	—	—
From 10 to 20	—	—	1	1
„ 20 to 30	3	12	5	20
„ 30 to 40	31	34	12	77
„ 40 to 50	58	49	10	117
„ 50 to 60	40	19	18	72
„ 60 to 70	16	5	9	30
Over 70	5	—	2	7
	158	119	52	324

The age of oldest patient attacked with mammary cancer was 84. The youngest case of uterine cancer was 27, the oldest 65 years of age. The youngest case of cancer of other parts was a girl of 15, affected with cancer of the hand.

The ages of the male patients were:—

	External.	Internal.	Total.
Under 10	—	3	3
From 10 to 20	—	—	—
„ 20 to 30	1	6	7
„ 30 to 40	—	3	3
„ 40 to 50	5	12	17
„ 50 to 60	4	7	11
„ 60 to 70	1	14	15
Over 70	2	2	4
	13	47	60

The youngest of these was only 6 months old (cancer of the eye), the oldest was 82 years (scirrhus of the mamilla).

A table showing how many of the cases of uterine cancer were married, widows, or single, given by our author, is of course useless, for it is evident that many of the widows and single women might have been in similar circumstances as to sexual excitement as the married women. More important, in a statistical point of view, is the record of the fertility, or otherwise,

of the women afflicted with uterine cancer. Of 100 cases, 86 had borne children and 14 had not; but of these 14, 3 had had one or more miscarriages, so that only 11 had never been pregnant.

Among 124 cases of cancer of other organs than the uterus 98 had had children, 9 had had miscarriages, and 17 had never been pregnant.

The duration of life in cases of cancer not operated on was noted in 225 instances.

Among 78 cases of cancer of the breast, the shortest duration of life was 3 months, the longest 172 months; the average being 32·25 months. This largest figure does not give the maximum of duration attained by all the cases observed in the hospital, as one still remained alive who had had the disease twenty years (240 months).

Among 69 cases of uterine cancer, the most rapid was 2 months, the longest duration 37 months. Average 14·1 months.

Among 23 cases of external cancer in the female (labium, skin, face, bones, &c.), the shortest duration was 4 months (melanosis of parotid), the longest 113 months (epithelial cancer of the face). Average 34·5 months.

Among the cases of internal cancer in the female (stomach, liver, ovaries, &c.), the most rapid was 6 months (cancer of liver), the longest 28 months (scirrhous of rectum). Average 21·3 months.

Among external cancers in the male (lip, face, penis, bones, &c.), the most rapid died in 3 months (cancer of femur and cancer of the testes); the longest 124 months (epithelial cancer of scrotum). Average of 23 cases, 25·8 months.

Among internal cancers in the male (stomach, lung, kidney, &c.), the most acute case died in 2 months (cancer of stomach), the most prolonged lived 96 months (encephaloid of kidney). Average 13 months.

The average duration of cancer in 40 male patients was 20·4 months, in 185 females, 25 months. In all the 225 cases of both sexes, the average was 23·6 months.

As regards the organ affected, the average duration of life was as follows:—

Breast ....	....	....	32·25 months.
Uterus ....	....	....	14·1 „
Stomach ....	....	....	8·5 „
Rectum ....	....	....	34 „
Lip, face, &c. ....	....	....	53 „
Penis ....	....	....	34·5 „
Bones ....	....	....	10 „
Labium ....	....	....	29 „

The comparative duration of life in the different varieties of cancer may be partly gathered from the above table. The cases of cancer of the breast may be considered as examples of scirrhous or medullary cancer: in them the average was 32·25 months. On the other hand, the cases of cancer of the lip may be considered epithelial; in these the average was 53 months.

The influence of operation in cases of cancer of the breast is attempted to be determined. The total number of cases operated on is 57, of whom 6 were operated on twice: total operations, 63. Of these, 60 survived from the operation and 3 died, giving a mortality of 4·8 per cent.

Of these 60 recoveries, the wound healed, or nearly healed, in 57 cases; in the remaining 3 the disease returned at once.

The disease returned later in 24 of these cases of recovery. The latest period at which the return was noted was 108 months. Average of the 24 cases, 14·8 months.

Twenty-seven cases remain to be accounted for. Of these, 6 only were traced subsequently to the operation, and they remained well when last seen. The periods of the latest observation of these cases were respectively 7, 29, 36, and 64 months.

Among the 24 cases in which the disease returned, the earliest death was 12 months from the original appearance of the disease; the latest, 188 months. Including the 3 cases which died from the operation, the average duration of life in those operated on was 53·2 months.

The period at which death took place after the operation varied from 5 to 72 months. Average 30·5 months.

Those operated on lived 53 months, whereas those not operated on lived only 32 months; showing that the operated lived 21 months longer than those left alone. It would, however, be

wrong to take this as a fair estimate, as the cases operated on must be considered as selected ones, and as presenting the disease in a more favourable form than in the cases which were not operated; consequently the influence of the operation on the duration of life in cancer of the breast cannot be determined by these figures.

An attempt was made to ascertain if the disease was traceable to hereditary taint. Out of 305 cases in which the inquiry was instituted, the cause was ascertained to have been present in the families of 34—that is about 8 $\frac{3}{4}$  per cent. of the total number :—

	Males.	Females.	Total.
No. of cases ....	42	263	305
Cancer traced in ....	4	30	34

The patients who remembered to have had a cancerous relative were :—

	Males.	Females.	Total.
Breast ....	—	17	17
Uterus ....	—	8	8
Vagina ....	—	1	1
Rectum ....	—	1	1
Anus ....	—	1	1
Scalp, face, &c. ....	—	2	2
Lip ....	1	—	1
Bones of face ....	1	—	1
Antrum ....	1	—	—
Stomach ....	1	—	1
	<hr/>	<hr/>	<hr/>
	4	30	34

Out of these 34, one relative only was affected in 27 cases, more than 1 in 7. The relatives affected were—

Mother or father....	....	....	....	13
Grandmother ....	....	....	....	2
Great Aunt ....	....	....	....	1
Aunt or uncle ....	....	....	....	10
Cousin ....	....	....	....	6
Brother or sister....	....	....	....	8
				<hr/>
<b>Total</b> ....	....	....	....	40

The cancerous relatives of the patients were thus affected:—

Breast ....	14 cases.	Eye ....	1 case.
Uterus ....	5 „	Liver ...	1 „
Labium ...	1 „	Leg ....	1 „
Lip ....	2 „	Not noted ...	6 „
Throat ....	2 „		

Phthisis was present in the families of 48 out of 130 patients in which this point was inquired into.

The fact that 8 per cent. of the cancerous patients had cancerous relations seems scarcely to prove that the disease is very hereditary, as probably the same proportion of cancerous relations might be found among hospital patients suffering from other diseases taken indiscriminately.

A proportion however of 37 per cent. of phthysical relations is perhaps more than usual, and would seem to point to some connection betwixt the two diseases.

Sixty-one cases of cancer of the breast were examined after death. Among these, the lymphatic glands were healthy in 8, and diseased in 53.

The cancerous disease was found in other organs as follows :

Lungs ....	13	Peritoneum ....	9
Liver ....	33	Arachnoid ....	2
Kidney ....	1	Bones ....	6
Spleen ....	1	Suprarenal capsules	1
Pleuræ ....	17	The other breast....	9
Pericardium....	9	Nodules beneath skin	8

In 44 cases of uterine cancers examined after death the following secondary cancers were found:—

Lungs ....	1	Pericardium ....	2
Liver ....	7	Peritoneum ....	1
Kidney ....	1	Ovaries ....	1
Pleura ....	2	Intestines ....	1

The lymphatic system was affected as follows:—

Disease strictly local	....	....	15
Disease affecting lymphatic glands	....	....	19
Disease affecting other organs	....	....	10

The diseases co-existent with cancer were various, but among

them neither rheumatism nor gout was observed. Tubercle was the disease most frequently met along with cancer.

The following are some of the conclusions drawn by the author from his laborious and careful analysis:—

1. In respect to age. Almost all the patients had arrived at maturity. Four only were attacked under twenty years of age. The average age of the uterine cases was  $43\frac{1}{2}$  years; of the mammary cases  $48\frac{1}{2}$ .

2. Childbearing seemed to give a predisposition to cancer, sterility seemed a protection against it.

3. In  $8\frac{1}{2}$  per cent. of the cases the disease seemed to be hereditary. In 5 instances the patients had 2 cancerous relatives; in one case there were 5 such relatives.

4. Phthisis was found in 37 per cent. of the families of cancer patients.

5. Secondary tumours were found in 79 per cent. of the breast cancers, in 23 per cent. of the uterine cases, and in 54 per cent. of the cancers of the other organs.

6. Tubercle was found in the bodies of 15 out of 172 examined after death.

5. The cachexia appears to be rather an effect of ulceration that the sign of a state of system preceding the evolution of cancer.

## ILLUSTRATIONS OF VETERINARY HOMŒOPATHY.

By Mr. MOORE, V.S., London.

*(Continued from page 304.)*

### MYOSITIS, INFLAMMATION OF MUSCLES.

On November 21st, 1859, I was requested to visit a mare, the property of Mr. Oakes, jun., Moss Side, near Manchester. Two days ago she was hunted with the Cheshire hounds, and had a very severe run, but came home apparently nothing the worse. Next day she was walked out a short distance, and seemed very stiff in her limbs, and shortly after returning to her stable she was observed to breathe very quickly. Next morning she was worse, refused her food, and had not lain down since the day before. The symptoms are:—

Pulse, 72 per minute; respiration 70 per minute, and panting; nostrils dilated; increased vascularity of the membranes of nose and eyes; almost every minute the whole body is violently jerked; the belly is tucked up, and the back somewhat arched; she stands with all feet near together. The muscles are exceedingly hot, and painful to the touch. It is with the utmost reluctance and difficulty that she can be made to move. When one forefoot is advanced, and the whole weight thrown upon it, such intense pain is felt, that to relieve it she rushes forward two or three steps;\* now and then she repeatedly snatches up the hind leg, and continues this for ten or twenty minutes at a time; there are no indications of inflammation of the feet; dung scanty and in pellets; urine scanty, &c.

*Treatment.*—To have Aconite and Arnica  $\frac{10}{1}$  every hour alternately. Gruel, bran mashes, and some carrots.

9 P. M.—No change. As the mare has not lain down, she was cast by force, and then reposed quietly. The groom to stay with her all night to give the medicines every hour.

22nd.—She rose herself this morning, and is rather easier; pulse 60 per minute; respiration 60 per minute; otherwise about the same. Continue medicine. If she does not lie down voluntarily, to be put down as before.

23rd.—She was put down yesterday about noon, and got up in the evening. Having stood up for ten hours, I now find her in a dreadful state of irritation; pulse 86, and small; respiration quick and panting; jerking of the whole body; paddling with the feet, &c. I had her instantly thrown, when she lay stretched out, and in a few minutes the pulse had fallen 14 beats in the minute, and the respiration had become easy and tranquil. Continue medicine. The shoulder, quarter, and loins, &c., to be well rubbed twice a day with Arnica lotion.

25th.—She is standing; pulse 72; respiration 50 per minute; can walk round the box (which is a very large one) much better; has partaken freely of boiled barley and beans, mash, and hay; drank her gruel freely, and is fond of carrots. The

\* Myositis if very apt to be mistaken for laminitis, but rapping the feet gently with a small hammer will give intense pain in the latter but not in the former.



catching up of the hind legs is not so frequent, and the jerking of the body is nearly gone. Continue medicine.

26th.—Pulse 48; respiration 22 per minute; quite easy; appetite good; bowels acting. Continue medicine.

28th.—Is standing, and has been for some hours; pulse 60; respiration 40; stands and walks well on her fore legs; uneasy on her hind legs, and snatches them up frequently, as in "Stringhalt"; the loins are very painful on pressure. The loins to be well fomented, and rubbed with Arnica lotion. Continue medicine.

29th.—Is lying quietly; pulse 48, and full; respiration 14; eats well; rises and lies down by herself at pleasure; walks round the box cleverly; after a few turns the catching up of the legs ceases. Continue medicine.

December 2.—Improving; pulse 48 when standing; the snatching up of the hind legs is not so frequent; appetite good. Continue medicine.

7th.—Considerable improvement, but she is very stiff in her hind legs. Continue medicine.

28th.—The mare has steadily improved, and is only a little stiff in her movements.

Has had walking exercise daily for a fortnight past, which is to be continued.

#### TYPHOID PNEUMONIA—GANGRENE—VOMICA.

On October 27th, 1859, I was requested to attend on a horse belonging to the Adelphi Size Company, Salford.

The horse is narrow-chested, thin, and frequently unable, from slight ailments, to do his work. Yesterday he ran at the nose, refused his food, breathed quickly, and had to be brought home from his work.

The *Symptoms* are:—Pulse 64, and weak; respiration 52; snuffling at the nostrils; conjunctiva red; nasal membrane injected; considerable discharge of tenacious mucus, which sticks to the nasal alæ; anxious expression; extremities cold; no appetite whatever; half cough and half sneeze; loud rattling at the bifurcation of the trachea; copious, large crepitation in lower half of right lung.

*Treatment.*—To have Bry.  $\frac{10}{1}$ , and Ammon. caust.  $\frac{10}{1}$  every two hours alternately.

28th.—Pulse 56 ; respiration 36 ; there is a rumbling sound like distant thunder at each inspiration in the middle of the right lung, and a clapping sound at a limited part of the same side ; cough free and strong ; eats a little hay, gruel and bran mash, and on the whole looks rather better.

Con. med. every three hours.

29th.—Pulse 56, and rather stronger ; takes plenty of gruel and some hay ; has been resting ; the rumbling sound is fainter.

Con. med.

30th.—Looks more lively ; pulse 44 ; respiration 36 ; gives three or four strong coughs now and then ; appetite tolerable ; lies down occasionally ; crepitation still in the same part of the lung. To have Phos. every three hours.

31st.—Pulse and respiration same as yesterday ; expression more anxious ; considerable rattling in large bronchi ; scarcely any sound in the affected part of the lung. To have Phos. and Bry.

Nov. 1st.—Getting worse ; the region of dulness is extending ; the breath is horridly offensive, indicating gangrene. To have Arsen. and Ammon. caust. ; malt mashes, oatmeal gruel, boiled oats, and two glassfuls of wine every two hours.

5th.—Pulse 60, and very weak ; respiration 42, and difficult ; expression anxious and depressed ; extremities cold and swollen : a large quantity of highly fetid pus flows from the nostrils ; no doubt a vomica has burst in the lung.

7th.—Dead. Had no time to make a post mortem examination, but from the symptoms of this case, and the appearance of others after death, I should infer the existence of hepatization, gangrene, and abscesses.

#### “ RED WATER ” IN COW

On November 10th, 1857, Mr. Johnson, farmer, Moston, near Manchester, called upon me for some medicines for a cow which has had this disease for a long time. She is very much reduced in condition, and is gradually getting worse.

I prescribed Canth. and Terebinth.

After a few doses the urine lost its red appearance, and the animal soon recovered. Red Water is considered incurable by allopathic means.

#### SPRAIN OF THE PASTEREN JOINT.

On the 1st of March, 1860, I was sent for to see a pony belonging to the Duke of ———. On examination I found the animal very lame, and the leg much swollen from the effects of a blister which was applied to the fetlock joint a few days ago. I ordered lard to be applied to soften the scabs which were then to be washed off. Arnica lotion to be afterwards rubbed in three times a day, and the leg to be wrapped round with a bandage wrung out of cold water.

On the 24th, swelling had nearly gone, and the lameness was not so great. After being driven out, the pony was as lame as ever next morning. The swelling of the leg is now quite gone. The pastern joint is painful on pressure or being twisted, and there is slight enlargement, particularly at the sides, (incipient ringbone), no doubt the seat of the original lameness. My opinion was asked as to the necessity of firing, &c. I replied that I could cure the pony without such a painful operation without blemish, and much sooner than by firing. The pony was sent to an allopathic V. S., who recommended two or three courses of blistering down to the hoof, a dose of physic, rest, and firing if this treatment failed. Here is his certificate:—

“ 27th March, 1860.

“ MY LORD DUKE,—I beg most respectfully to inform your Grace that I have examined the grey pony, and find him very lame of the near leg from a strain of the near hind fetlock joint. The treatment that I would recommend is to blister the fetlock joint to the foot two or three times, and to give the pony a dose of physic same time, and to keep the pony at rest in a box; and should he not become sound from this treatment, it will be necessary to fire the leg.

“ I am, my Lord Duke,  
“ Your Grace's most obedient servant.”

\* \* \* \* \*

*Treatment.*—I ordered 10 drops of Merc. cor., 6th dilution, night and morning, and the pastern joint to be well rubbed with the Merc. cor. embrocation. This treatment was steadily pursued, and in a fortnight the pony was sound.

*Remarks.*—Here is an eminent (so-called) V. S. recommending severe torture to a part which it appears, from his own showing, that he is not sure where the seat of lameness exists, or why blister down to the hoof? And why purge the bowels, the pony being quite well except lame? Had he been allowed to treat the animal even with a simple blister twice, it would have been two months before the swelling disappeared and the hair grown; and if it had been fired, from three to four months, and a permanent blemish to boot: whereas it was cured in a fortnight without any suffering, and not a hair disturbed. The cure of this case contrasts favourably with the pain, blemish, loss of time, and expense that the allopathic treatment would have entailed. It will appear evident that he was wrong in pronouncing the pony lame in the fetlock joint, or I could not cure it by applying a remedy to the pastern joint.

#### PNEUMONIA.

April 26th, 1860. Requested to visit a horse belonging to Messrs. W——, London. The ostler states that the horse has been off his food and out of sorts for the last two or three days. On going to the stable we found that he had been sent to work by mistake, and he did not return until night, when the symptoms were these. Pulse 80; respiration 36; frequent, hard, painful, suppressed cough; membranes of nose and eyes intensely vascular; legs, ears, and muzzle cold; tongue foul; no appetite; deep indentation along the ribs; dung glazed and lumpy; crepitation in upper portion of both lungs.

*Treatment.*—To have Ammonium Caust.  $\frac{10}{1}$  every three hours; sloppy bran-mash.

27th.—Rather better in every respect; pulse 64; respiration 28; surface warm. Con. med.

28th.—Pulse 56; respiration 22; appetite improving; tongue cleaner; bowels right; cough less frequent; crepitation fainter.

May 1st.—Convalescent.

## HYSTERIA.\*

On the 20th May, 1854, Mr. Marsland, of Stockport, called at my establishment to say that after he had put up at the livery stable in Manchester, he would send the mare he was driving to be shod. Some time afterwards I saw the mare coming very slowly along, and walking on the fetlock joints of the hind legs, with the hoof turned backwards. In this way she had come quite half a mile, and the groom had great difficulty in getting her along.

On examining her I found these symptoms:—Pulse 80, and full; respiration 44; profuse perspiration; the eyes project from their sockets, exposing the white sclerotic, and turgid conjunctiva; the head is held high up; the expression is ferocious; the animal is very uneasy, and looks round from one side to the other; the muscles of both hind quarters are hard and rigid; the abdominal muscles are frequently drawn forcibly up towards the back, and are tense and hard as a board; large quantities of porter-coloured urine are ejected at the same time; the mare stands mostly on the fetlocks behind, and when she tries to stand on the flat of the hoof, the toe only touches the ground, and she knuckles over again on to the front of the fetlock; this is continually going on. Small quantities of hard, lumpy dung, covered with glairy mucus are frequently voided.

*Treatment.*—To have Acon. and Bell.  $\frac{10}{1}$  every two hours alternately. At night, pulse 72; respiration 80; can stand on feet; does not look so wildly; urine ejected with less force and frequency. Being a valuable animal, the groom must wait all night, and give the medicines when necessary.

21st.—Much better; pulse 60; respiration 20; has been tolerably quiet all night; the muscles are less rigid; the mare stands fair on her feet. To have Bell. only.

22nd.—Nearly well. Con. Bell.

23rd.—Well, and went home a distance of seven miles, and I never heard of her having it again.

## SPRAIN OF THE FETLOCK JOINT.

On the 30th April, 1860, I visited a horse belonging to F.

\* My esteemed friend Mr. Haycock says in his "Elements of Veterinary Homœopathy" that I was the first to point out the name of this disease.

Trueman, Esq., London. The horse whilst being ridden by the groom, and turning a corner, became suddenly lame, and continued to get worse on his way home. I find him very lame of the right fore fetlock joint, which is hot, swollen, and painful at the suspensory ligament on the outer side; the bursal sacs on both sides are considerably distended; the joint is knuckled forward; the pulse accelerated.

*Treatment.*—To have Acon. thrice a day; the leg to be fomented for half an hour thrice a day, a lotion of Aconite (1 part to 15 of water) to be well rubbed in afterwards, and then a bandage wrung out of cold water to be wrapped round.

May 1st.—Swelling and heat nearly gone; little lameness when walking, slight when trotting; places the foot flatly on the ground, without any knuckling of the joint. Continue same treatment as before.

2nd.—Swelling completely gone; no one can tell that anything has been wrong.

4th.—Ridden out too soon on the hard ground for an hour and a half, and returned to the stable quite lame of the same leg, but not to the same degree as before. Rhus lotion was applied to the joint and given internally, and in three days the horse was perfectly sound. He was ordered to rest for a few days to prevent relapse from premature work.

#### GLANDERS.

On September 21st, 1855, a horse belonging to Mr. Cooper, merchant, Manchester, was sent to me for treatment. He was purchased as sound at Newton Fair. On his arrival at home, a discharge from the left nostril, and an enlargement of the corresponding submaxillary gland were discovered. It subsequently transpired that he came from amongst glandered horses. I first saw him in consultation with an allopathic veterinarian, under whose treatment the horse had been for several weeks. The groom informed me that balls were given, which impaired the appetite and produced frothing at the mouth. The symptoms are much worse at this date than they were when I first saw the case.

*Symptoms.*—Several large irregular ulcers are visible on the left septum nasi; there are, doubtless, others higher up; con-

siderable discharge—greenish, sticky, and adherent to the nasal alæ; enlargement of the left submaxillary gland; coat rough and unhealthy; in short, all the indications of confirmed glanders.

*Treatment.*—To have Kali bichromicum.\*

26th. The inside of the left fore leg, from the elbow to the fetlock, is swollen, especially at the knee, and exquisitely painful. The leg is stiff when the horse moves. Suspecting that these symptoms arise from the medicine being too strong, no more is to be given at present.

27th. Swelling more diffused.

29th. Swelling on the decline; in walking the leg is thrown violently forward. At 2 o'clock, P.M., arterial hæmorrhage from left nostril occurred. The ulcers are looking more healthy; the discharge is less profuse, and has lost the characteristic gluey feel when rubbed between finger and thumb.

30th. Hæmorrhage from the nose at 2 o'clock P.M.

Oct. 1st. Hæmorrhage from the nose at 2 o'clock P.M.; otherwise the same.

2nd. No hæmorrhage.

3rd. Discharge muco-purulent, and considerably diminished in quantity; the ulcers are healing, and have lost the ragged, abrupt edges, which are diagnostic of glanderous ulcers; the leg is still rather swollen below the knee, but is less painful; the appetite is good, and the general appearance decidedly improved. Resume the same medicine twice a day only.

5th. Smooth, white cicatrices mark the site of the former ulcers.

10th. Progressing favourably, but the owner sent for the horse sooner than I could have wished. The allopath with whom I first saw the horse was greatly annoyed that the animal was sent to me; persuaded the owner that it was not worth his while to be at any more expense, as it was not likely I would cure the horse.

I was informed that the horse, after being kept several months without any treatment, was sold to a farmer near Stockport, to all appearance well. I never heard more of him.

I believe I am the first who ever prescribed this remedy for glanders.

## GLANDERS AND FARCY.

On the 25th August, 1855, Mr. Buley sent a mare from Southport to my late establishment in Manchester. When purchased a few days before at Newton fair, the owner observed a discharge from the left nostril, and some "farcy buds;" but being ignorant of their nature, he was persuaded that the animal would be easily put right. Immediately after the purchase he was told that the mare was glandered—an opinion that was confirmed by a veterinary surgeon who examined her. Mr. Buley then wished to try what could be done by treatment.

*Symptoms.*—Thick, offensive viscid discharge from left nostril; enlargement of submaxillary gland, which lies close to, but does not *adhere* to the lower jaw-bone. (The adherence of an enlarged gland to the jaw is said to be a distinctive symptom, but it never does *adhere* to the bone.) The discharge sticks to the ælæ of the nose; several large, deep, sharp-edged, scooped-out ulcers, which have nearly corroded through the septum, can be seen high up the nostril; there are smaller ones lower down; the lymphatic glands in the legs, on different parts of the trunk, and at the shoulder, are painful and swollen, constituting *farcy buds*. A number of these buds on the shoulder have suppurated, and left an ugly unhealthy sore, which discharges a thin sanious matter. The mare is emaciated; the hair rough and staring; the breast and sides denuded of hair from the effects of blistering for pneumonia. This case is rendered still more unfavourable for treatment by the fact that the mare is a rank roarer.

Kali bichrom. was given. In a few days the nasal discharge was less abundant and tenacious. On the eighteenth day of treatment the thigh became swollen where there were no farcy buds, and the medicine was suspended for a week. At this time the swelling had subsided, and the ulcers were fast filling up. The medicine was again resumed night and morning. Several of the farcy buds had granulated and disappeared, but the sore on the shoulder remaining stationery, was dressed three times with a solution of Kali bichr., which dispersed the swelling, but produced a slough. The resemblance of this slough to the hard dry slough of extravasated blood under the



skin in purpura hæmorrhagica, has since led me to give the same medicine in the latter disease with the most satisfactory results. The internal exhibition of the medicine was continued, and on the fiftieth day of admission the mare was discharged in excellent condition, and without any symptom of disease.

During the succeeding winter the mare was used in a phaeton, and got so fresh that she ran away with her owner, and smashed the vehicle to atoms. She was thereupon sent to a 'bus proprietor, to be worked in a 'bus. Being a high-spirited, thoroughbred animal, she did all the work, got pneumonia, and after being treated allopathically, died of gangrene of the lungs.

#### SPRAIN OF THE FLEXOR TENDON.

On May 5th, 1860, I visited a carriage horse belonging to B. Green, Esq., London. The animal is a fine topped horse, but rather defective in his legs. A few days ago he became lame of the fore right leg, and was sent to a veterinary surgeon, who recommended firing and blistering, and rest for three months. The owner objected to such severe measures, and placed his horse under my care.

*Symptoms.*—Lameness of the right fore leg; the flexor tendon is swollen, hot, and painful, just above the fetlock joint; quite well otherwise.

*Treatment.*—Foment for half-an-hour, and afterwards rub in Rhus lotion, night and morning; apply a bandage, wrung out of cold water, round the leg; and give 10 drops of Rhus 1, night and morning.

At the end of a week there was less lameness and swelling. Rhus lotion was then used night and morning alone. Three weeks from the commencement of treatment the horse was sound, the swelling subsided, and the leg as firm as the other.

#### HYSTERIA.

On November 26th, 1853, Mr. W. P. Roberts' mare was taken ill. I found her lying on the street and unable to get up. Several persons were attempting to lift her on to her feet, but could not succeed. The pulse was 84; the respiration 60, and panting; the nostrils dilated; the eyes starting from their

sockets; the perspiration profuse on the shoulders and along the sides; the abdominal muscles contracted, tense, and tucked up towards the spine. The violent straining of these muscles caused the forcible ejection of considerable quantities of port-coloured urine; the tensor vaginæ femoris of both sides was cramped and hard to the touch; the hind extremities were violently strained; the animal yielded to pressure on the lumbar region; the sphincter ani was firmly contracted.

By means of poles placed under the abdomen, the mare was brought to my stables, about 150 yards distant. In walking she appeared almost completely paraplegic, standing on the hind fetlock joints, with the soles of the corresponding hoofs turned backwards, swaying from one side to the other, and requiring the lateral support of several men. She dropped down on the floor of the loose-box as soon as the support was withdrawn. She was then covered with sweat, and occasionally looked round and put her nose to the flank, as if to indicate the seat of pain. The left gluteal muscles were hard and swollen. Shortly afterwards she got up, paddled uneasily with the hind leg, and soon dropped down again.

*Treatment.*—To have Acon. and Bell. At night the pulse had fallen to 80 per minute, and had a peculiar irregular throb; the respiration counted 56; the perspiration was less profuse; could stand up longer, and did not appear so uneasy.

27th. Pulse 44; respiration 16; stands firmly, and although she can walk without help, there is a peculiar sway in the hind quarters; the appetite is good; the dung hard, lumpy, and glazed with mucus. Continue medicine.

28th. With the exception of a slight bending down in the lumbar region when walking, she may be considered convalescent.

30th. Went home well.

#### DIURESIS—INDIGESTION.

On November 9th, 1859, a mare belonging to Mr. Bebbington, of Manchester, was placed under my treatment. She is 16 years old, and for the last eight years has been hunted in winter, and

hacked in summer. She has had the above complaints for the last three years, and has been treated allopathically, and turned out to grass without the slightest benefit.

*Symptoms.*—Pulse 28, soft and tardy in beat; membranes of nose and eyes pallid; dung hard, pellety, and covered with glairy mucus; tongue coated with a dirty yellowish fur; voids a large quantity of limpid urine; thirst excessive; if allowed, would swallow bucketfuls of water with the greatest eagerness; coat harsh, dry, and unthrifty; belly tucked up; appetite bad; no sugar in urine.

28rd. Carbo veget., Acon., Canth., Ferri Iod., have been given with little or no improvement of any consequence. To have 20 grains of Phosphoric acid thrice a day, and 2 ounces of cod-liver oil night and morning.

26th. Considerable improvement. Urine less copious; dung more natural; tongue less foul; appetite improved; pulse 30, and full; thirst moderated; coat more glossy; looks more lively.

December 25th. The last treatment has been continued, but there is no further improvement.

To have 10 grains of the 1st trit. of Gallic acid, thrice daily.

31st. Great general amendment; more so than under any of the other remedies. I unfortunately lost sight of this interesting case on my removal from Manchester to London.

#### COLIC.

On the 26th May, 1860, I attended a horse belonging to Messrs. Drewell & Son, Cowkeepers, London. This horse is subject to colic, for which the owners have always given Aconite, with speedy benefit, until now. Last night he was taken ill after a hard day's work, and several doses of Aconite were given with only temporary relief. At 2 o'clock this morning a violent paroxysm of colic came on, and Nux vom. was given repeatedly without doing any good. I was then sent for.

*Symptoms.*—Pulse 42; he lies stretched out full length; looks round to his flank, places his nose thereon; groans frequently, and draws his legs up to the abdomen. When raised, he walks round the box, tumbles down, tries to roll over, remains

quiet for a minute or two, and then renews the indications of severe pain.

*Treatment.*—To have 2 drops of Ammon. caus. every half hour. Four hours afterwards there was no change. I then learnt that the horse had eaten some new grass for the first time this year. I was not told this before. Colocynthis was now given. The first dose gave decided relief; the third cured the horse.

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## A FEW WORDS ON THE ITCH, AND ITS TREATMENT.

By DR. WILHELM ARNOLD, of Heidelberg.\*

(From the *Homöopathische Vierteljahrsschrift*, vol. xi, p. 208.)

THE old question, whether itch should be classed with contagious or parasitic diseases, has, during the last ten years, been settled by experiments performed on all sides and with precision. Though there are, in regard to this question, no longer any contagionists, yet Autenrieth's and Hahnemann's psora theories cannot be considered as disproved. To the clinical arguments for these no great value can be attached, inasmuch as in general an actual causal nexus can only with difficulty be demonstrated between the previous itch and the subsequent ailments. Nevertheless, one can frequently, by a careful examination and unprejudiced observation of all the circumstances, convince oneself that cutaneous eruptions in general, and itch in particular, do stand in distinct, near, and often in immediate connexion with subsequent indisposition. If we would bring this fact into accordance with that of itch being the effect of a parasite, an understanding upon various questions is necessary. This is un-

\* This little treatise lay ready for the press when the work of Dr. Freitag (*Allgem. Homöopathische Zeitung*, vol. ix, No. 4, &c.) came to hand. It has greatly pleased me by its freedom from prejudice and party spirit. I only fear that my approbation will not be shared by all readers of the *Hom. Zeitung*. I wish, therefore, that previous notices may be valued as corroborative and supplementary contributions.

mistakably true, that the itch insect, "*acarus scabiei*," cannot be looked upon as the bearer of a contagion. Also, no direct proof exists that an animal poison is introduced into the organism by these creatures.

The acari are furnished with organs through which the origin of the local symptoms, their aggravation and diminution, can be explained mechanically. If, therefore, we adopt the opinion of the majority of physicians respecting itch, there is neither a contagion nor an animal poison. Let us admit that it is caused solely by the acari burrowing into the skin and establishing their abode. This does not prove that itch is a perfectly and permanently local disease. Even were it proved that a contagion or an animal poison is conveyed with the acari, nothing more than an analogy would be gained for the psora theory, inasmuch as contagious diseases, especially such as have a chronic course, often leave behind them long-continuing, sometimes incurable changes and disorders in the organism, and the effect of many specific animal poisons is similar. We have, however, no scientific explanation of this fact; for the idea of a change of constituents has indeed some, but no experimental and positive arguments to support it; and if it had, not much would be gained, since no more is known about the continuance of a change of constituents in the organism, according to present views, than about the duration of a change in the state of health, and both are necessarily accompanied by an organic alteration, and are merely different sides of the picture of the disease.

It is of the utmost importance, in considering the itch and its consequences, which are so prejudicial to the health, to bear in mind the seat of the disease. The skin is an organ of no small physiological importance, and stands in direct connexion with the formation of the blood, so that it is not surprising if chronic disturbances in this organ leave behind them permanent changes in one or other of the functions, or in the constitution of the blood. If, now, we consider the maltreatment of the skin by many of the remedies for itch, and the effects produced on it by mineral and vegetable poisons applied in large quantities, with the epidermis often removed in several places—if we consider

this, we cannot be any longer astonished at the frequently serious consequences of itch and its treatment. Add to this that a protracted irritation of the skin, and a consequent abnormal secretion, must necessarily determine an increased and also otherwise altered supply of blood, which makes a change in its constituents no wonder, as a result. Nor can it be a matter of surprise that a malady which has been long latent, or which has hitherto been detected only in the parents, afterwards comes to be developed. Hence, according to impartial clinical observations, it must be exposed as a gross error when even eminent dermatologists maintain that no metastasis occurs, either of itch or of chronic cutaneous disorders in general, that the removal of a cutaneous disorder by salves or caustics is not a repression or a driving in, but a real cure, and that it is a matter of indifference whether this be accomplished by internal or external means.

On the other hand, it must be declared impracticable to cure the itch, as a rule, by internal means alone. As for curing it by the internal use of a remedy which is destructive to the acari, conjoined with great external cleanliness, that I not only consider possible, but have performed some cures of this kind myself. Such cases, however, merely prove that a poison for acari, as sulphur, after it has been taken up by the human organism and excreted by the skin, can still prove fatal to the acari. Such cures, however, cannot be commended as typical or regular; nor can the various inunctions which are at present so much in vogue, and almost universally employed, especially in hospitals.

The above principles, which I formerly (*Idiopathische Heilverfahren*, s. 180, &c.) applied to the psora theory, have long since guided me in the treatment of itch patients. As a first problem, I was content with destroying the insects by a remedy which should neither injure the skin and its functions, nor produce disturbance in the general organism, so that sequelæ might, as far as possible, be prevented. For this purpose I selected Mercury, and that in its simplest form, merely rubbed in with lard, as mercurial ointment. I tried to employ the smallest dose in which this energetic preparation continues to

act fatally on the acari, and I found that on tender skin 6 to 8 grains of mercury to an ounce of lard are sufficient, whilst on the rough callous skin of labouring men, 16 to 24 grains must be mixed with the ounce to attain the end. At bedtime I get a little of this mixture rubbed in on those places where the itch eruption exists; or, when this is very extensive, on the parts most severely affected—say the wrists, about the bulk of a large bean.

In the morning the patient must wash himself well with soap-and-water, or if circumstances and the season permit, take a soap bath at 28° Reaumur (= 60° Fahrenheit). Under this treatment the nights soon became less restless; the eruption not only ceased to progress, but as a rule, rapidly abated; and often by the end of a week the skin appeared clean. In cases of long-standing disease, or of dyscrasia, or with subjects who did not apply the ointment regularly, or who failed in the indispensable cleanliness, the favourable results were often longer delayed. From three to four weeks would pass before the abatement became remarkable; and the eruption, after having disappeared for a shorter or longer time, would begin to molest the patient anew. Often a renewed infection occurs, mostly by means of the clothes. The exclusive employment of this remedy is effectual in destroying the insects and curing the itch, and I have never yet seen any ill effects. In the case of subjects who were previously psoric, there naturally remains behind an affection of the skin which still demands appropriate treatment. Although I have hitherto observed no general mercurial effects from this treatment of itch, yet I cannot, after the experience of others, deny the possibility of such a result; and it is especially to be apprehended where there exists extraordinary susceptibility to this medicine, and in cases of extensive eruption. It was from this, and from the known destructive effect of mercury on the acari, as well as from its extensive curative effects in psoric affections of the skin, that I determined to employ this remedy internally; at the same time I have every reason to be satisfied with the result, since I not only produced rapid cures, but also never observed any remarkable attack of the skin, or of any other part of the body;—in a word, never

any after ailment, or any injurious effect whatever from its use.

While the patients are using the above diluted mercurial ointment externally, I give them 1 grain of the 1st or 2nd decimal trituration of Hepar sulphuris once or twice a day, according to age, sex, susceptibility, and the like. This method of treating itch is not only sure, mild, applicable under all circumstances, without inconvenience and without any injurious consequences, but it may be considered as resting upon a scientific basis; for, like the pathological exposition given above, it takes into consideration every side of the morbid state.

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## ON THE THERAPEUTIC EFFECTS OF COPPER.\*

By DR. KISSEL.

"In fact, we believe in the efficacy of medicines because we consider as an established truth the specific (?) relation of given substances to certain parts of the body."—VICHROW.

THE importance of Copper as a remedial agent was recognised by the ancients; and mankind learnt to estimate its value more and more down to our own times, though it was reserved for the very latest period to study its operation with all that precision which scientific treatment and clinical observation have now rendered practicable.

The physicians of old had five preparations of Copper:—

1. Roasted copper.
2. Flowers of copper.
3. Scales of copper.
4. Verdigris.
5. Blue vitriol.

The first was a variable preparation, forming sometimes a red, at other times a black powder, and was obtained by the combustion of copper with sulphur, common salt, or alum; it was called "*Æs ustena*." The second, "*Flos æris*," was obtained during the smelting of copper ore, when fine laminæ separate themselves as the masses of ore cool. The third, "*Squamæ æris*," was obtained by hammering the metal in the

\* "*Journal für Pharmacodynamik, Toxicologie und Therapie*," Vol. I., p. 187.



manufacture of copper nails. So that these two last preparations consisted of metallic copper, which was mixed for therapeutic employment with salve or honey. The verdigris, "*Ærugo*," they obtained by treating the copper with vinegar or the lees of wine; and the vitriol was used as thus produced in Cyprus.

Dioscorides, and after him Pliny, ascribed to Copper an astringent, drying, repressive, attenuating and attractive power, and said that it cleanses and cicatrises ulcers, relieves diseases of the eye, removes excrescences, cures noma, deafness, inflammation of the amygdalæ, and lepra, applied externally; given internally, it produces vomiting, draws out the mucous humors, and removes the watery ones. The physicians of the olden time, for this reason, used it externally in the case of fleshy excrescences, ulcers, inflammation of the eyelids, specks on the cornea, deafness, cutaneous eruptions, and as a gargle in cyananche. It served them internally as an emetic, to remove worms, as a styptic, a remedy for dropsy, and, according to Aretæus, for epilepsy. Through Paracelsus, the internal use of copper became more frequent; and he, as the Paracelsists held, if one can give credit to their communications, used to cure with it diseases of the head and stomach, toothache, colic, fever, hysteria, hypochondria, epilepsy, apoplexy, gout, and dropsy. It also continued in use amongst them as a remedy for worms. They used it externally, as the ancients did; and Ambroise Paré found it most especially curative in hospital gangrene, which he first clearly described. It had been the popular belief, up to his time, that gunshot wounds were poisoned. He, however, demonstrated from his own experience that this was not the case, and that every malignant tendency observed in them depended solely and entirely upon the unwholesome condition of the surrounding atmosphere, and the superfluous malignant humors in the bodies of the wounded. Gunshot wounds were treated, before his time, by pouring in boiling oil; but Paré, owing to an accident on the march to Turin, in the wars between Francis I. and Charles V., when his oil fell short, observed that the cures were performed much more rapidly, and without bad results, when the wounds were treated merely with

digestive ointment, and that mere damp warm weather or cold, and the ill condition of the humors induced by these causes, in his opinion retarded the cures. He writes, that in the time of the civil wars in France, the weather of the season was different to the ordinary, and that various diseases prevailed, such as catarrhs, hoarseness, pleurisy, low and bad forms of rot and itch, which would neither come to maturity nor admit of any cure; at the same time, blood-letting was injurious, and the wounds were difficult to heal.

Of the cure of hospital gangrene, Paré says:—"As soon as thou observest a putridity, see how thou canst meet it with things appropriate thereto, without further delay. For instance, take powder of soft alum, verdigris, Roman vitriol, conserve of roses, each two ounces; boil them all, *secundum artem*, in good sharp vinegar, and make it into a salve of the consistence of honey. Amongst all remedies, there is absolutely none ever discovered up to the present hour, that can better prevent the occurrence of putridity, or sooner and more certainly cure it when existing. These wounds are often changed into unhealthy, corroding, unmanageable ulcers, give out a foul and fetid discharge, and induce in the limb (unless it be prevented by the Egyptian salve) gangrene and death."

In the sixteenth and seventeenth centuries, Copper was more used externally, from a fear of its power to produce nausea and vomiting. They ascribed to it an acid-absorbing, astringent, and purifying power, and accordingly used it for cleansing and cicatrising ulcers and putrid abscesses, or in cases of gangrene. They used to compose salves and plaisters of the roasted copper, verdigris, and crocus veneris, of which one finds in the pharmacopœias of that day a great number introduced, such as *Unguentum divinum*, *Ægyptiacum*, *Balsamum vicide*, *Unguentum Apostolorum*, *Vicide Isis*, and so forth. Internally, they gave *Cala veneris*, which acted as a gentle purgative, to cure round worms, and tinctures made of acetate of Copper for lethargy, epilepsy, headache, and catarrh of the stomach and bronchiæ. The Copper vitriol served for catarrh of the kidneys and bladder, as well as for excessive hæmorrhages.

In the eighteenth century, Copper was classed with the anti-

spasmodic, corroborative, astringent, or corrosive medicines, and used externally, under the name of "*Ærugo*," to cleanse and dry up wounds and ulcers, and to eat off excrescences. Internally, *Cuprum ammoniatum* was given for some forms of spasm, especially epilepsy, after Cullen and Duncan's prescription, in cases where general debility or relaxation existed; also for chorea and cramps of the bowels. Cullen ascribes to it an astringent power which moderates the excessive activity and excitability of the nerves, imparts to the body a kind of tone, and removes the extreme excitability from which epilepsy appears to originate. It was, however, soon observed by Chandelier-Greding that it is not a remedy for epilepsy as such.

The observations of the chemical school of medicine are even in this country found to be decisive, in relation to its efficacy against a kind of dropsy not resulting from visceral disease. Marx (1764) found the Copper vitriol (10 gr. in distilled water, ℥ ij. a teaspoonful every hour) curative of hæmoptysis, and other hæmorrhages arising from a scorbutic diathesis. Lieb insists upon it, that by the internal use of Copper the cure of fractures and fresh wounds of the soft parts is hastened, and the hydrophobia after the bite of a mad dog is prevented. He also relates a cure of syphilitic disease of the bones and the skin by Copper, but does not inform us whether the patient had taken quicksilver previously.

In the nineteenth century it was discovered that it had the power of inducing a dyscrasia, *i. e.*, of bringing about an alteration of the composition of the blood, and that it was curative in cases of dyscrasia possessing a scorbutic character, *i. e.*, depending on an anomalous composition of the blood which could not be more accurately designated, producing weakness and inactivity in the lymphatic and capillary system, and which manifested itself in a lowness of nutrition, phagedænic ulceration, caries, chronic eruptions, swollen glands, profuse night sweats, diarrhoea, dropsy, various forms of cramp, and inveterate syphilis, and which can also be produced by mercury.

The *Aqua antimiasmatica* of Köchlin was particularly employed for the cure of these symptoms. At a later period, Copper was reckoned amongst antiplastic alteratives. It is

thereby conceded that it induces in the composition of the blood and in the nutrition an alteration, the nature of which remains still unknown. The symptoms of its physiological action, in small doses employed during a long time, afford no explanation, since they are too unimportant to enable us to deduce anything from them. The only fact established is an increase of appetite, which allows us to infer an acceleration of the digestive process; with which observation coincides that which Duvergie gives as the result of his researches, viz., that Copper, which, according to him is a normal constituent of the blood, enters into it in larger portions with advancing age, and that, during chronic diseases that impair the nutrition and the formation of blood, its amount decreases. This is also corroborated by the statements of Millso, who affirms that Copper is present only in the blood-globules. Its external effects still further agree with the view that it acts upon the process of nutrition, since on a healthy skin it promotes the decay of the existing and the rapid formation of the new epidermis; in inflamed glands and muscles, which have no tendency to suppurate, rapid dispersion; in those which *have* that tendency, equally rapid suppuration: thus, in *all* cases, an acceleration of the nutritive process. It is thus most probable that Copper effects an acceleration of the nutritive process, inasmuch as it produces an alteration of the constitution of the blood, and so affects the capillaries and extremities of the nerves, that both are rendered extremely active. That it must produce these results *specifically*, in a way which is distinct from such effects produced by other bodies, is self-evident, since it is a peculiar substance, which differs in its chemical relations from other bodies. The strongest accordance with this view is presented in the homœopathic provings of Cuprum, and the clinical observations of its therapeutic effects; inasmuch as it has a curative influence in morbid conditions which present symptoms of impaired nutrition, and thus permit us to conclude that they depend upon a certain condition of the blood in which the normal constituents are deficient, but one which is not yet chemically investigated, and therefore cannot be precisely designated.

According to the above reasoning, it seems probable that the

proximate and simplest consequences of an abnormal condition of the blood, viz., hyperæmia, stasis, and exudation, may constitute the main province of the operation of Copper. Clinical observations also corroborate this idea. That hyperæmia, stasis, and exudation might also belong to those diseases of the blood and their sequelæ which are curable by Copper, no one entertained a suspicion, until it was administered for croup, at first, of course, in such quantities as to provoke vomiting. After this, it was observed that it also cured croup in small doses, which were absorbed, and did *not* act as emetics; in fact, much sooner than in those large doses; and thence induction naturally led to its employment in hyperæmia, stasis, and exudations of other organs. The consequences of this was, that thenceforward they learnt to recognise a great number of forms, both of simple hyperæmia and of that which leads to stasis and exudation, in very different organs, which could be speedily removed by Copper. So that, in order to point out the scope of its curative sphere of operation, it is necessary to indicate these individual diseases, and at the same time to convince us by actual facts that it has cured these.

By the internal administration of Copper, the following diseases were cured:—

#### MENINGITIS.

The son of Johann Kraus, aged 4 years, had for several days exhibited signs of restlessness, want of appetite, &c., which had not been attended to by those about him, and for that reason could not be described more precisely.

At 5 A.M., April 30th, he experienced violent heat, which yet soon abated, and at 7 o'clock a fit of general convulsions, with loss of consciousness. The extremities of each side twitched, as well as the facial muscles; the eyeballs were turned upwards and stood fixed. The thorax rose and fell at short abrupt periods, corresponding with the times of the twitching in the extremities. The child lay without consciousness and without sensation, on his back, with his head thrown backwards; and also, when the convulsion had ceased, after a full half hour, the unconsciousness and the want of sensibility remained. The

skin was still perspiring, flaccid, and cool, as well on the head as the rest of the body. The pulse small, rapid, and could not be counted; complexion earthy; the features collapsed; the eyelids half closed, the pupils neither contracted nor enlarged; the sight and hearing, of course, abolished. The breathing was irregular and difficult, and, in fact, the inspiration slowly drawn, and the expiration jerked out with a sighing tone. Since the fit of twitching, the child had vomited twice, and the ejecta consisted of nothing but clear mucus, which had no smell, and when tested contained no acid. The tongue was clean and red; the stool of the previous day still exhibited the normal consistence. The urine I could not procure.

I ordered 3 β of the tincture of Cuprum acet. daily, and on the 1st of May all alarming symptoms had disappeared. The child was perfectly conscious, saw and heard well, and the convulsions had not recurred. The skin was normally warm; the pulse 100, still small and thin, but no longer rapid. Repeat the dose. On the 2nd of May, the frequency of pulse had also disappeared; a fulness of the pulse had commenced, with normal stools, and the child was and continued healthy.

The two-year-old son of Franz G., who had looked sickly and ill for a long time, was seized on the morning of the 15th August with excessive watery diarrhoea, in the evening heat, and on the 16th a fit of general clonic spasms, with loss of consciousness. After this he slumbered a long time, and when he awoke I found him with open eyelids, weak inexpressive eyes, and sad tone of voice. When one merely approached him, he began at once to cry out with hoarse voice; and every movement increased this irritability. The complexion of the face was sallow; the features collapsed; the eyes hollow; the skin hot; the pulse small, rapid, 200; the tongue clean. I gave him half a drachm of tincture of Cuprum acet. daily; and in three days he was thoroughly and permanently restored.

Also, when meningitis had existed, had subsided spontaneously, but had left sequelæ, Cuprum removed the latter.

The twelve-year-old son of Mathias F. had taken a fever in the beginning of July: this was soon accompanied by delirium and stupor. His parents left the case to nature, and so it lasted four weeks, when these symptoms gradually disappeared. He was, however, by no means well; the original disease had only produced another morbid process. For instance, he complained, up to the 10th of August, when I was called to attend him, of excessive weakness and loss of appetite; every evening came on shivering and heat, with perspiration towards morning. His complexion deadly pale; his features collapsed; the skin in the morning moist and cool; the pulse small, wiry, 100. He was much emaciated. Stool and urine presented nothing abnormal, and the tongue was clean. His muscular power was small; yet he could sit up in bed, and move slowly. I gave him half an ounce of Copper mixture, to take six drops every hour. After taking this he was quite well. The evening fever abated in two days.

At the time when these morbid processes occurred, characterised by defective nutrition, the antiphlogistic treatment of meningitis had a fatal result, as the following observation shews:—

On the 19th of May, I was called in to the six-year-old son of George W., who, after being unwell several days, on the 17th took a fever, vomited repeatedly, and then fell into an unconscious, comatose state, during which he was convulsed in all his extremities, and in the muscles of the face, from time to time, and generally at intervals of a minute. They had immediately put leeches to his head, and given him Calomel; whereupon the lethargic condition was aggravated. I could no longer rouse him out of it; and the convulsions, at first jerking, had taken the epileptic form, so that, even in the intervals of the clonic extensions and distortions of the limbs, the latter maintained a tonic rigidity. The skin was cool, wrinkled, perspiring on the head; the features sunken; the face pale; the pupils dilated; the eyelids half opened; the eyeballs turned upward.

Stool and urine frequent: the former lax and green, the latter scanty; both involuntary. The pulse could no longer be felt. Death followed after some hours, so that there was no time for the operation of any remedy. Dissection was, unfortunately, not permitted.

## 2. CHRONIC INFLAMMATION OF THE TONGUE.

Rademacher observed this disease only once, and the subject was an old man, who had had it for three weeks. The tongue was swollen, red, and in the middle there was a round hard swelling, the size of a nut. The tincture of Copper effected a diminution of the stiffness of the tongue, perceptible to the patient within twenty-four hours; and in two days the redness, hardness and extent of the swelling abated. In eight days the cure was complete.

## 3. INFLAMMATION OF THE TONSILS.

This I have of late years often cured with Cuprum. The cure occupied no more than from two to three days. In one case of hypertrophied amygdalæ, Cuprum hastened the needful stage of suppuration, so that within four days it was so advanced that the abscess could discharge of itself. The same individual had, two years after, angina of the same gland. This time I left the case to nature, and the abscess took nine days in opening.

## 4. CROUP.

In the spring of 1855, fourteen cases of croup occurred in my practice. In twelve cases assistance was called for immediately, and all were cured in one or two days by doses of from  $\frac{1}{2}$  dr. to 1 dr. of tincture of Acet. cupr. per day, according to the age of the children. In the two remaining cases, medical aid was first sought on the third day. I employed the Cuprum in doses sufficient to provoke vomiting; but in each case death ensued.

## 5. PLEURISY, PNEUMONIA, AND BRONCHITIS.

Here, also, I refer to previous experience of my own (*Die Heilung der Pneumonien, Eilenburg, 1852*) and of Bernhardt



(*Z. für Erfahrungsheilkunst*, Vol. I.), and merely remark that, of late years, several of these diseases were cured by Copper, as quickly as formerly. As evidence, I introduce some of the most important cases.

A. *Very severe Pneumonia and Bronchitis.*

Nov. 29th. I was called in, late in the evening, to Mathias B., aged 37, who was taken ill Nov. 26, on a journey, but had come home. Excessive hot and cold fits, stitches in the left side, cough, with tough, rust-coloured, blood-streaked sputum, and oppressed short inspiration, had set in at once. The skin moderately hot and perspiring; pulse 140, small and rapid; tongue clean. Respiration short, rapid, and anxious; and the features of the patient expressed the difficulty of breathing. The stitch was violent, and deep inspiration impossible, from pain. Percussion, which in front and on the side caused pain, yielded a dull tone in the whole of the left breast. Auscultation detected *rhoncus sibilans* everywhere on the back, in the side, and quite under the axillæ, so as to crepitate from thence to the front. Stool daily, of normal colour and consistence. The urine was not kept. He took tinct. Cupr. acet. ʒjβ as daily dose, and a ½ oz. blister.

Nov. 30th. In the night delirium set in, which was not lasting, and which the patient was aware of, though he forgot what passed during that state. The skin not hot in the morning. Pulse 116, moderately full. Urine clear, very red and acid when first voided; as it cooled it became muddy, and deposited a quantity of fine red uric acid sediment, still containing thick, reddish yellow flakes. Repeat the Cuprum.

Dec. 1st. The patient had had a quieter night, yet the delirium has not quite ceased. The stitch much abated. The cough brings up a little mucous sputum, without blood. Respiration easier, less frequent, and can be drawn deeper. Auscultation still detects *rhoncus sibilans* and crepitation. Pulse 90, soft and thin. Heat moderate. Urine still very red and clear, becoming muddy on cooling. Repeat Cuprum.

Dec. 2nd. The stitch is gone, and auscultation points out that the crepitation has disappeared, but the sibilus is still

present. The patient has felt tension in the epigastrium in the morning, which disappeared after a grey stool. The urine was of another colour, clear, acting as before on cooling. Pulse 96, somewhat fuller. Repeat.

Dec. 3rd. Yesterday evening the stitch in the left side and tension in the chest had returned; both disappeared by morning. The cough brought up more easily and frequently globular sputa. Auscultation detected *rhoncus sibilans* and *mucosus*; in fact, the latter predominant. Pulse 90, soft? Urine bright yellow, clear, and less muddy on cooling. Two grey stools. Repeat.

Dec. 4th. Last night, for the first time, quite free from delirium. The patient slept quietly, only that the cough, which now came more frequently, and brought up globular sputa, often awoke him. The chest is free, the patient feels well, the rhoncus sibilans is scarcely audible, and rhoncus mucosus prevails throughout. Pulse 80, soft. Stool greyish brown. Urine bright yellow and clear, but still turbid after cooling. Repeat.

Dec. 5th. No more sibilus; rhoncus mucosus still strong. Pulse 80, soft. Stool brown. Urine continues clear after cooling. Much globular sputum. Repeat.

Dec. 6th. Pulse 65, soft, full. Much globular sputum. Urine bright yellow, somewhat turbid after cooling.

Dec. 8th. The expectoration ceased. The urine *remained* clear. Auscultation no longer discovered anything abnormal, and the patient felt himself cured.

### B. *Very severe Pneumonia and Bronchitis.*

In the above report, the results of auscultation corresponded with the severe suffering of the respiratory and of the general system. There was wide-spread crepitation, and still more extensive sibilus and rhoncus mucosus present; still, the commencement of hepatisation was prevented. In the following case, the symptoms of general suffering were still more significant, and those of the respiration almost equally severe; but, nevertheless, those derived from auscultation set in to a less degree, and first from the fifth day.

Dec. 29th. The son of Peter W., aged 20, who was taken ill on the 29th, sought my assistance. High fever, with constant heat; stitch in the left side to a high degree, so that he could not draw in a deep breath; short, impeded, painful respiration; pressure and tension under the sternum; dry cough; nocturnal delirium and excessive feebleness, were his complaints. He could not even then raise himself in bed; his pulse was small, rapid, 120 in the morning; urine reddish yellow, cloudy, and after cooling turbid, with a deposit of uric acid; stools diarrhoeic; tongue thickly coated with white. Auscultation did not discover anything at all abnormal; but percussion behind, and on the left side, rather a fainter sound than in the healthy half of the chest. Gave tinct. Cupr. acet. ʒjss per day.

Dec. 30th. The patient *felt* himself much better, though objectively there was no change. I therefore ordered a repetition of the medicine, which he omitted, believing it was not needed.

Dec. 31st. He again felt more tension and stitch, more heat, with the pulse still at 120. The cough had brought up tough sputa mixed with blood, and auscultation discovered rhoncus sibilans behind, as yet within narrow limits. This time he did *not* neglect the repetition of the medicine.

Jan. 1st. Delirium still, at night. In the morning, cough and scanty tough expectoration, *without* blood; less stitch and tension; pulse 100, moderately full, intermittent every 80th to 50th beat. In the lowest part of the thorax, behind, bronchial breathing was detected in the compass of a hand, and in the neighbourhood of this still *rhoncus sibilans*. Respiration quiet, and can be deep drawn. Repeat.

Jan. 2nd. Delirium at night. In the morning the patient feels himself still weak; rising in bed is practicable, but fatiguing. The pulse 90, soft, full, still intermittent; the skin perspiring, moderately warm; urine bright yellow, clear, but turbid on cooling; stool twice, watery and greyish green. The bronchial breathing is only heard feebly, and in its place, as well as in the neighbourhood, a fine vesicular râle. The rhoncus sibilans has disappeared. Repeat Cuprum.

Jan. 3rd. The patient feels himself decidedly better, and

raised himself easily in bed. Pulse 80, full and strong, without intermission. The vesicular râle fainter, expectoration easier, in larger masses, and thicker. Stool had occurred twice, pappy and yellowish brown. Repeat Cuprum.

Jan. 4th. After a quiet night, passed for the first time without delirium, the pulse was 80, full, quick; the chest free from tension and pain; vesicular râle trifling; expectoration copious, thick, yellowish white; urine bright yellow, clear, still turbid on cooling; two stools, pappy; the skin of normal temperature, and dry. Repeat.

Jan. 5th. Only one stool, brown, and of thick pappy consistence; and by Jan. 7th all symptoms of the disease had disappeared.

c. *Pneumonia and Bronchitis: Blood-letting aggravated, then Cuprum. Cure in seven days.*

Oct. 3. Anton B., aged 26, fell ill on a journey, with shivering, heat, stitch in the right side, and cough. They bled him. As the sufferings were aggravated by this, they brought him home. On the 8th I found him in quiet delirium, and so weak that he could not raise himself in bed. He no longer complained of anything, as he lay constantly in an unconscious state. In the right side of the thorax, and deep down, was detected the bronchial breathing, occupying the space of a hand, and *rhoncus sibilans* almost everywhere. The cough was feeble, and not frequent; bringing up thin, tough phlegm, mixed with much blood. Watery diarrhoea had set in several times a day. Skin hot; pulse 134, small and thin; tongue dry, cracked; urine bright red, turbid, very acid. Tinot. Cupri acet. ʒjβ per day.

Oct. 9th. He could raise himself, though with difficulty, and was in a state of consciousness, the delirium having continued during the previous night. He now complained not only of stitch in the right side, but also of pressure under the sternum. The bronchial breathing was almost entirely gone, and close to the *rhoncus sibilans* was heard the *mucosus*. Pulse 110, somewhat fuller, and soft; stool only once, and

pappy; urine bright red, clear, and acid, with small clouds of mucus. Tinct. Cupri. acet.  $\frac{3}{\beta}$ , 15 drops per hour.

Oct. 10th. Delirium had come on in the night. In the morning, pulse 100, full, and soft; tongue clean and moist; urine somewhat brighter coloured, with little clouds; the stitch and the pressure under the sternum gone. Auscultation detected *rhoncus mucosus*, and, deep down, vesicular râle. The expectoration of thick mucus, thrown up by frequent coughing, contained no blood.

Oct. 11th. Delirium in the night. Morning, pulse 80, soft, and full; skin normal temperature. Can raise himself easily; is lively, and feels himself well. Stool continues pappy, once or twice a day; urine pale red, with little clouds. The results of auscultation have not altered since yesterday. Repeat.

Oct. 12th. No more delirium at night. Pulse continues 80, full. Auscultation shows diminution of mucous râle.

Oct. 13th. Urine bright yellow, clear, with thick flaky sediment. Pulse 60, soft, and full; skin normally warm. No more abnormal sounds heard in the chest. The patient is quite well, only still rather weary. Within the next two days even this last symptom disappeared.

## ON THE EFFICACY OF IODINE INJECTIONS IN ALTERATIVE, AND ON THEIR DANGER IN IRRITATING QUANTITIES IN THE TREATMENT OF CYSTS AND SEROUS COLLECTIONS.

By DR. P. JOUSSET.

(From the *Art Medical.*)

### FOUR OBSERVATIONS ON HYDROCELES.

We have shewn, in preceding articles,\* that a very weak solution of iodine is often sufficient to cure dropsies and serous cysts, and that this medicine, used in stronger irritating quantities, according to the ordinary formula, has frequently produced fatal results.

\* Vide Vol. xvi, pp. 259, 375.

We return to this subject because we have received new facts, which confirm the theory we maintain. The first four cases related give to the plan of injection we recommend a practical demonstration which was hitherto wanting. These are four cases of hydrocele cured by tapping with a capillary trocar, and injection of iodine water; the fifth is an example of death, following an iodine injection, of the strength usually employed, for the cure of a cyst in the thyroid body.

To Dr. Helot, of Rouen, we are indebted for the four observations on hydroceles cured by weak iodine injections. He wished to test in his hospital the new theory which we have given of the action of iodine injections in the treatment of dropsies and serous cysts.

#### OBSERVATION I.

Hydrocele; tapping with capillary trocar; injection of iodine water. At the end of ten days diminution of the tumour. New operation; cure.

Prudent Fountain, aged 82 years, an inhabitant of Rouen, entered the General Hospital on the 4th of May, 1857. For several months there has been a gradually enlarging tumour in the scrotum; it is transparent; its circumference is 20 centimetres, and 15 centimetres its length from top to bottom.

On the 11th a small quantity of liquid was withdrawn by tapping, and a quantity of iodine water, equal to that of the liquid withdrawn, was injected. After the injection there was not the least pain; the patient rose, and walked as usual.

15th. The scrotum is slightly red in the vicinity of the puncture, with a little serous infiltration, but no pain to the touch.

17th. The tumour has sensibly diminished; its circumference is now 17, and its length 12 centimetres.

20th. The tumour is the same size as on the 17th; the liquid it contains is transparent. A new tapping is made; a little more of the liquid is drawn than at first, and 50 grammes of iodine water is injected. The liquid drawn off is albuminous, but contains no iodine.

20th. The skin is red; the tumour slightly painful.

29th. The spermatic cord is a little swollen and painful; the tumour increased; and the inflammation appears to extend to the testicle.

June 2nd. The inflammation has diminished, and the size of the swelling is less.

5th. The tumour is reduced a third of its size, and the patient wishes to leave the hospital. A month after, on enquiring if the cure was complete, patient replied that he has no trace of the malady.

## OBSERVATION II.

Hydrocele; operation with the capillary trocar and iodine-water; cure.

Marie Gronard, aged 49 years, an inhabitant of Rouen, entered the General Hospital May 20th, 1857. For two years he has had a large hydrocele; the tumour was oblong, transparent, and of the following dimensions: At the middle part, the circumference measured 26, and from the top to the bottom 15 centimetres.

May 22nd. A puncture was made at the front and middle part with a very fine trocar; about 50 grammes of liquid were drawn off, the remainder being left in the sac; and 30 grammes of iodine water were injected; and all the injected liquid was left in the tumour, which, after the operation, was about the same size as before. The patient, at the time of injection, did not experience any pain; he rose during the day, and was able to walk.

23rd. The scrotum presents a serous infiltration; the skin is a little red above the puncture, and tender to the touch, but not so much so as to confine the patient to bed.

26th. The tumour appears to have diminished a little in size.

30th. Sensible decrease of the tumour.

June 5th. The size of the tumour is one-half less than before the operation. The patient refuses to remain in the hospital, asserting that he would continue to improve when working. He promised to return in a month if the cure was not complete, but we have not seen him again.

### OBSERVATION III.

Operation with the capillary trocar, and iodine-water ; cure.

Lecointra, aged 62 years, living at Rouen, is affected with a very large hydrocele ; the tumour is enormous, about as large as an ostrich egg ; it is transparent.

May 20, 1857. Tapped ; about 50 grammes of liquid were drawn from the tumour, the rest being left, and 50 grammes of iodine water were injected. The patient did not feel the least pain, but was able to walk ; fifteen days after the tumour has decreased a third ; no inflammation has occurred. The diminution gradually continued, and two months after the cure was complete, and the hydrocele has not returned.

### OBSERVATION IV.

Operation with the capillary trocar and iodine-water ; cure.

Parlemont Constantine, aged 68 years, an old man who has been in the General Hospital for five years, is affected with a voluminous hydrocele, for which he has come four or five times already to ask the palliative tapping.

April 28th, 1858. A new tapping was made ; about 50 grammes of liquid were drawn out from the tumour, and were replaced by 50 grammes of iodine-water. At the time of the injection the patient did not feel the least pain.

But the day following, a tolerably acute inflammation occurred ; the spermatic cord was swollen, and slightly painful to the touch ; the skin of the scrotum is red. This inflammation, which is less than that which occurs after an ordinary injection of the tincture of iodine diluted with one or two-thirds water, rapidly disappeared, and the tumour slowly diminished.

June 12th. The patient left the infirmary ; the tumour was reduced two-thirds. At the beginning of July the cure was complete ; it has continued so since.

(Signed) J. HELOT.

Surgeon of the General Hospital of Rouen.

These observations prove at once that the iodine-water is sufficient, in certain cases, for the cure of hydrocele ; they prove that the small quantity of iodine contained in iodine-water,



$\frac{1}{7000}$ th, sometimes causes a marked inflammation, without, however, this inflammation being equal to that which occurs after the ordinary injection. We must see now that the tincture of iodine with one-third water in injection does produce a violent inflammation with extensive suppuration, and sudden fatal accidents. This, obtained from the practice of Monsieur Velpeau, increases the list, already very numerous, of cases of death after iodine injections, administered according to the ordinary plan.

We hope that this fact, compared with the observations of Monsieur Helot, will contribute to enlighten physicians on the danger of iodine injections in irritating quantities, and on the advantages of these same injections in alterative quantities.

We shall only give an analysis of an observation related with the greatest care by Monsieur A. Binet, of Geneva, in No. 48 of the *Medical Gazette* of the year 1859.

#### OBSERVATION.

Sanguineous cyst of the thyroid body;\* tapping with a hydrocele trocar; iodine injection with a third water; death the sixth day.

Hortense L.—, aged 38, a servant, born at Mayenne, was entered at the Charity, ward Saint Catherine, No. 20, 20th of March, 1857.

This woman, of a strong constitution, and still good general health, after having worked in low, damp, and badly-lighted workshops about ten years, she observed the tumour begin, which led her next day to the hospital. This affection has continued a long time without causing functional disturbance, but after two years, and especially two or three months ago, such alarming symptoms have arisen, that the patient decided to come to Paris for treatment.

*Present Condition.*—The subhyoid region is the seat of a considerable swelling, especially at the left side. On this side the swelling extends in the subhyoid and submaxillary regions. The neck has lost its cylindrical form; its transverse diameter

\* Monsieur Binet calls this affection glandular hypertrophy of the thyroid body.

is increased, principally at the middle part, and at the left of the median line; the anterior part is swelled to the size of an orange. The skin does not present any particular colour; we only remark on the surface some dilated and prominent veins.

By the feeling, it is easy to distinguish two parts in the tumour. The one to the right, a little prominent, situated under and within the anterior edge of the sterno-mastoid muscle, which it pushes out, solid, resistant, of a tolerably firm consistence, of the size of a turkey egg. The other, on the left, three times the size of the first. It is this tumour which alone produces swelling of the anterior region. In front it is covered over by the subhyoid muscles, whose stretched edges are visible under the skin during the movements of deglutition. Within, it extends as far as the median line. It is, however, possible, by pressing it aside, to feel the angle of the thyroid cartilage, the cricoid, and the first ring of the trachea. Outside it is prolonged below the sterno-mastoid muscle, whose anterior edge is pressed out of its normal position, and projects under the skin; above it is prolonged in the subhyoid region; below it reaches almost the highest part of the sternum. This tumour is moveable, and follows the larynx in its movements of elevation. It is indolent; the consistence tolerably firm. To the touch it feels like a tumour with thick walls, distended by a liquid, without, however, presenting very evident fluctuation.

No bellows sound; no throbbing; no expansive movements.

The patient complains neither of pain in the head, nor dizziness.

The voice is slightly hoarse; the breathing whistling, especially in the morning; the deglutition of solid food is difficult; the general health otherwise is excellent. Nothing, on examination, wrong about the lungs or the heart. No treatment has been yet employed.

March 25th. Monsieur Velpeau, in the most projecting part of the tumour in the left side, made a puncture with a hydrocele trocar; the point of the instrument plunged deeply into a cavity, at the bottom of which it moved freely. The stem of the trocar being withdrawn, there ran out about 60 grammes of clear blood, flowing, running by jets, without the tumour sensibly

sinking; however, the walls appeared less tense. Monsieur Velpeau injected at twice 10 grammes of iodine solution, one of tincture of iodine, with two of water. This injection did not cause any pain. The cannula was withdrawn; the wound did not bleed; and the patient herself returned to bed. Cold water compress to the neck; broth and soup.

In the evening, slight tenderness about the wound; neither dizziness, shiverings, nor nausea. Pulse 70.

26th. The sub and supra-hyoid regions of the left side are swollen and painful; the skin is red and tender. Dyspnoea has not increased, but she cannot swallow solid food. The skin is hot; the pulse at 80; no dizziness.

27th. In the same state.

28th. The swelling has increased; it extends towards the submaxillary region and left parotid; the skin is red, tender, hot; swallowing is more difficult and painful, even of drinks; breathing is noisy, jerking, interrupted; the voice hoarse; sleeplessness, restlessness, uneasiness. The chest is everywhere sonorous, but the vesicular murmurs are weak.

The examination of the back of the mouth did not furnish any information; pulse small, irregular, at 92.

Evening—in the same state.

March 29th. During the night agitation and delirium; the face is altered, anxious, cyanosed; the nostrils are forcibly opened, the pupils are dilated; respiration presents the same characters as the day before. The voice is nearly inaudible; deglutition is quite impossible; the examination of the pharynx does not give any more result than the day before; the swelling of the neck has not sensibly increased. The pulse is small, very feeble, 110.

Monsieur Valpeau prescribed, if the symptoms of asphyxia still increased, to incise deeply the most projecting part of the tumour. Injections of broth. At 4 P.M. asphyxia appeared imminent; the skin was cold, the pulse scarcely perceptible, the face and extremities cyanised; inspiration and expiration equally noisy and difficult.

In presence of my colleague, Dr. Guyon, I decided to follow the instructions of Monsieur Velpeau. I made a long oblique

incision, from top to bottom, at the outside of the median line, within the anterior edge of the left sterno-mastoid, and I penetrated into the cyst, which I opened from the top to the bottom, to an extent of about 6 centimetres. A blackish pulp, mixed with recent bloody clots, issued from the wound. On passing the finger deeply into the bottom of the sac, we were able to feel the trachea, which nothing appeared to press on. No hæmorrhage, either during or after the operation. The patient appeared to experience a slight relief; respiration appeared easier, but the pain on deglutition continued, and the pulse was not relieved. In the night, restlessness and delirium. At 2 o'clock in the morning the patient expired, without having had any attack of suffocation.

Autopsy, thirty hours after death. The venous system of the head is gorged with black blood.

The lungs are engorged. To the left, the sterno-mastoid muscle is extended over the external part of the left lobe of the thyroid body, or at least over the sac which replaces it; the subhyoid muscles, extended and flattened, equally cover this sac, and have contracted adhesions with it. It is across these muscles that the incision has penetrated into the tumour; several small purulent spots exist in the body of the sterno-mastoid muscle; two are remarkable—the one at the point of its upper, the other at its sternal insertion.

The retro-pharyngeal cellular tissue is infiltrated with semi-fluid matter. The tonsils, the top of the palate, and pillars of the fauces are sound; the glosso-epiglottidian and areteno-epiglottidian folds are not infiltrated.

The left lobe of the thyroid body is almost entirely replaced by a large adherent sac, in front of the subhyoid muscles attached behind and within to the windpipe and the œsophagus. The windpipe has deviated to the right; about its first rings it shows a right convexity and a left concavity. The left segment of the rings pressed inwards so much as to reduce the calibre of the tube one-half.

The sac still encloses some black clots of blood, and its internal surface is irregular and tomentous.

In the posterior aspect of the tumour, and adhering to this

part, we found several small sacs of different dimensions, of which the most considerable, as large as a pigeon's egg, enclosed a black pulp; the others contained a gelatinous, reddish, semi-fluid matter. No pus, however, either in the principal sac or the others.

To the right, the thyroid body is converted entirely into a multitude of small cysts of varying dimensions—some of the size of a millet grain; the others reaching the size of a hazel nut. The smaller ones contained a gelatinous semi-fluid matter, without colour, or slightly coloured, of a reddish brown; the largest a blackish pulp.

The volume, the arteries, and the veins of the thyroid body do not present anything remarkable.

Monsieur Boinet has affirmed so often that iodine injections never resulted in severe accidents, the publication of unsuccessful cases is so little the custom, that one would think, in reading this observation, that this is an exceptional fact—an accident produced by hospital influence. It is not so, however; and Monsieur Binet, in relating the opinions of several able physicians, who regarded the treatment of tumours of the thyroid gland by iodine injections as dangerous, shows to what extent certain specialists have deceived themselves.

Monsieur Bonnet, of Lyons, and Monsieur Fleury, of Clermont, both objected to the iodine injection as dangerous; or, at least, as often quite useless.

Monsieur Velpeau himself thinks that the irritating injections, without being constantly fatal, are accompanied by risks so serious as to render the least timorous surgeon circumspect. The results obtained at La Charité during these last years, are indeed little encouraging. (*Binet, loc. cit.* p. 203.)

These results are indeed so little encouraging, that the surgeons we have just quoted have abandoned the iodine injections to return to the excision of the sac, and to its opening by the bistoury, or caustic. We believe, that instead of abandoning iodine, whose efficacy is incontestible in these affections, it would only be necessary to modify the injections so as to preserve their efficacy and avoid the dangers which so often accompany them. The only serious danger which could com-

promise the success of the iodine injections is the development of a very violent inflammation. It is then necessary to employ a process which avoids this inflammation.

We think that what we have indicated in our preceding articles, tapping with the capillary tube, injection of the iodine-water, answers all the necessary conditions. It preserves to the iodine all its efficacy, as the cures of hydrocele which we have related at length prove, and it offers all possible guarantees against the development of a very violent inflammation.

## REVIEWS.

*Die Grundvergiftung der Menschheit und ihre Befreiung davon.* Von DR. C. W. WOLF, Kreisphysikus in Berlin. Berlin: 1860.

*The radical empoisonment of mankind and their liberation therefrom.* By Dr. C. W. WOLF, Parish Doctor in Berlin. Berlin: 1860.

A German philosopher, so the story goes, was once requested to write a description of a camel. He did not adopt the obvious and vulgar plan of visiting a zoological garden, and there writing his account of the animal from actual observation, but he shut himself up in his study and proceeded to evolve the idea of a camel from the depths of his inner consciousness. We are not told the result of this most philosophical method of writing natural history, nor how far the evolved idea tallied with the reality. We may, however, readily imagine that the camel generated by the philosopher's consciousness, was a remarkably perfect creature. The ideal "ship of the desert" would doubtless be furnished with ample stowage for goods and provisions of all kinds, with plenty of accommodation for passengers, and a locomotive machinery of the most approved construction. We can conceive it provided with an apparatus for the secretion of paint brushes, and a reservoir for iced water. No amount of straws would break the philo-

sophical camel's back, and it would be equally well adapted to travel through the desert of Sahara or the eye of a needle. The evolved product of inner consciousness was doubtless a most admirable beast, but we question if it bore the slightest resemblance to the actual animal.

A perusal of the book whose title is given above, leads us to think that a treatise on medicine may be evolved from the inner consciousness of a German philosopher just as well as a camel.

Dr. Wolf's book contains beautiful descriptions of disease, an admirable etiology, a perfect semiology, and an infallible therapeutics; but etiology, semiology, and therapeutics are utterly unlike anything in nature. Diseases are described arising from impossible sources, pursuing improbable courses, and yielding to unheard-of remedies. Every treatment that differs from the author's is asserted to lead to the most disastrous results. The most hideous maladies are stated to be caused by things in themselves perfectly innocuous. The author's mode of curing the most violent acute diseases, and eradicating the most complicated cachexias, is stated to be so unerring and so simple, that we are astonished that sickness or mortality should be known in the city that is so fortunate as to possess him for an officer of the public health. Occasionally, indeed, he does just seem to hint that there may possibly be some cases which have suffered so severely from the mal-practice of some other doctor as to be almost incurable, but after harrowing our minds with the notion that for some few cases there is scarcely a hope, he always at last relieves our anxiety by revealing some wonder-working globule which shall rescue even these unfortunates from what seemed to be their inevitable doom. Almost the most striking point in Dr. Wolf's practice is its extraordinary simplicity. Diet, regimen, exercise, and the various other hygienic measures which enter so largely into the medical treatment of other practitioners, seem to count for nothing with him, for he does not even allude to them. Everything is to be done with the all-potent globule. One globule of a sufficiently high potency (say 1000 or 2000), will suffice for the cure of the longest standing, most complicated disease. Two globules are not nearly so powerful, and a repetition of the medicine at all

(except in a very few diseases, which he enumerates) is apt to prove utterly inefficacious. His dose is great because it is so small. A larger dose—say a globule of the 80th dilution—may do very well for some slighter ailments, but cannot tackle with the real old chronic deeply-rooted malady; and as for anything larger than the 80th, you might apparently just as well give a spoonful of spring water in a case of chronic disease.

Dr. Wolf's pathology is scarcely less admirable than his treatment. Accepting Hahnemann's three sources of chronic disease,—psora, syphilis, and sycosis, he simplifies and condenses the doctrine of his master. Psora is itch pure and simple. The itch insect is an adventitious product of the disease, which will disappear when the itch is cured, and is of no consequence except that it is rather unpleasant to have such vermin about one. *Psora*, or itch, is the source of innumerable diseases. Indeed, the list of maladies of which it is the source seems almost to exhaust nosological nomenclature.

*Syphilis* brings an equally long list of diseases in its train. In fact, the diseases it produces are the same as those caused by psora, only of a much more aggravated form, and with the addition of a few others. We cease to be surprised at this resemblance when we are told that syphilis is nothing more than psora in a higher potency.

*Sycosis*, however, is the worst of all the three viruses. It is, to use the author's expression, "the most venom-charged monster of our times." "It threatens to extinguish the whole human race." "On the right understanding of it, and the true method of removing it, depends the 'to be or not to be' of humanity." "From its discovery in the present century a new era of weal to mankind begins." These strong expressions will doubtless surprise those who have hitherto felt but a languid interest in sycosis as a disease-producing virus—who, on the contrary, have hitherto felt that Hahnemann might as well have dispensed with sycosis altogether, as a *deus ex machina*, in the production of chronic diseases. It will be remembered, that though Hahnemann talks, in a general way, of derangement of the health as being produced by sycosis, the list of actual diseases he gives, as of sycotic origin, is but small, viz.: a few



tumours, and contraction of the flexor tendons, especially of the fingers.

Our readers will cease to wonder at the terrific morbific powers of sycosis, which Dr. Wolf ascribes to it, when they learn that it is the second, or highest potency of psora. *Psora* is bad enough, he says; *syphilis* is very much worse; but *sycosis* is the worst of all.

Dr. Wolf's sycosis is not Hahnemann's condylomatous disease—it is "trippereuöhe," *alias* gonorrhœa. "How do you treat it?" we once inquired of a Hibernian colleague. "I treat it with contempt," was the reply. Ignorant mortal!—little did you know that the disease you despised was the fruitful source of the most aggravated and complicated maladies! But, our readers may object, the ravages of this dread disease must be very limited; for though there may be truth in the proverb, "nemo mortalium omnibus horis sapit," still there are many men, and very many women, who have never been exposed to any infection of the sort. Foolish reader! go to the feet of our homœopathic Gamaliel and learn wisdom! Know that this disease is hereditary. Though you may have been discreet or fortunate all your life, can you be sure that your father or grandfather never committed an indiscretion? Learn from Dr. Wolf that the transmitted disease is worse than the acquired. Boast not of your morality; perhaps you are even now suffering from symptoms of——! Nay, the lovely and innocent virgin, to whom you are offering the homage of your love, and whom you hope one day to call your bride, has perhaps within her the seeds of hereditary—well, let us call it "tripper." But supposing you can shew a clean bill of health, as far as that disease is concerned, in your family for generations back, do not think you have escaped its consequences. As if there was not enough risk of catching the disease in a natural way, mankind, according to our author, have unwittingly invented a mode of spreading the malady over all the human race; and this is how they have effected it.

The world was not aware, until Dr. Wolf discovered it, that small-pox is identical with c—we mean gonorrhœa. If we want proof of this identity, Dr. Wolf is ready to supply it.

"The eruption of variola bears the greatest resemblance to the condylomata of sycoosis." This is a rather startling assertion, no doubt; and we naturally enquire, where is the likeness? Dr. Wolf, with a smile of compassion for our obtuseness, deigns to inform us that the two diseases are very like, because the cicatrices left by small-pox precisely resemble those left by the gonorrhœal ulcer (*trippergeschwür*), whatever that ulcer may be; and because the depression in the centre of the small-pox pustules resembles a depression which, he says, exists behind the entrance of the inflamed urethra at the commencement of gonorrhœa. Fluellen found that Macedon resembled Monmouth because there was a river in both, and Dr. Wolf establishes the likeness of small-pox to gonorrhœa because there is a depression in both. Can anything be clearer? Do we need any further proof? "The two diseases have a very similar smell." We were not aware of this interesting fact, but then Dr. Wolf is not responsible for our ignorance. "No other diseases in the world, except these two, have the power of producing an excessively acute fever, which causes death in a short time." This very fatal fever caused by gonorrhœa, has hitherto escaped the attention of medical observers, who must be greatly indebted to Dr. Wolf for pointing it out, as also for his discovery that there are no rapidly fatal fevers besides these two.

The identity of small-pox and gonorrhœa, or sycoosis, having been thus proved, the insanity of vaccination is self-evident. Cow-pox being nothing but small-pox passed through a cow, is just this virulent gonorrhœic virus, with the addition of all the bad qualities transmission through the body of a cow can give it. Now, as the gonorrhœal (or sycootic, let us call it) virus is by far the worst of all the three lethal chronic miasmata that afflict humanity, being, indeed, as shewn above, nothing else than doubly potentized psora, when we vaccinate we blindly implant in our victims the seeds of all that horrid growth of diseases that owe their origin to the sycoitic virus. Ignorant mortals that we were to set up a bronze statue to Jenner in Trafalgar Square!—or may it not be that the College of Physicians, in insisting on having Jenner's statue placed side by side with the warriors' effigies which decorate that site, thereby

unwittingly shewed that Jenner should take rank with the destroyers rather than the preservers of their fellow creatures? Has not the lancet, in Jenner's hand, proved more destructive to the human race than the sword of Napier, with which it is contrasted? A statue! Dr. Wolf would have decreed him a gibbet. He would have "damned him to everlasting fame," as the scourge of mankind.

Let us look what maladies are attributed to this virulent sycoosic virus. Make way, Hahnemann, with your paltry list of sundry tumours and shortening of the flexor tendons, as the effects of sycoosis. Sycoosis, Wolf assures us, is the source of most of the serious and hitherto deemed incurable diseases that afflict humanity. It causes the disposition to catch cold; it makes its victims preternaturally susceptible of all bad influences. It renders common diseases obstinate and fatal; it makes all the forms of psoric and syphilitic disease incurable by their usual remedies; it destroys the hair, the nails, and the teeth; it causes gout, scrofula, and tubercles; it blanches the chlorotic girl's cheek; it produces influenza, hooping-cough, asthma, urinary and genital complaints; every kind of spasmodic and convulsive disease, paralysis, vertigo, disorganizations, tumours, eruptions, and ulcerations; it poisons the blood and saps the health of our children and our children's children; it has a particular partiality for attacking the noblest of our organs of sense, as the eye and the ear, causing blindness and deafness; it changes the active, thinking brain into a softened mass of greasy lard, and makes the reasoning man into a drivelling fool. But we should exhaust our reader's patience were we to go through the whole catalogue of maladies which, according to Wolf, are derived from this omnipotent virus. Besides all the ordinary and extraordinary human diseases, it implants in us some hideous maladies peculiar to the lower brutes, in consequence of its transmission through the body of a beast. Its victims are devoted to an ape-like onanism; they are infected with a fœtid odour, which they endeavour to conceal by scenting themselves with patchouli. Their skin assumes a dirty grey hue. Parts of their skin on which no hair should be, become covered with hirsute appendages, and like the hero of the Ethiopian melody:

“ They’ve got no wool on the top of their head,  
On the place where the wool ought to grow.”

They cut their nails to the likeness of the claws of a savage beast, and think that improves them ; their eyes have a ferocious expression, and like those wild beasts that prey by night, they blink and squint at the sight of day. The whole face assumes a monkey-like expression. Their feelings, mode of thought and desires, become possessed with the selfish spirit of a ravenous beast ; and the essence of all human feeling, love, becomes a stranger to such degenerated beings. A new and peculiar malady has taken almost universal possession of the human race since the introduction of vaccination—the mania for everything on a great scale (*Grössenwahn*). This mania leads men to be eternally in the pursuit of their own selfish gratifications : that is the alpha and omega of their whole life.

Our readers will not fail to marvel at the wonderful effects the communication to man of a bit of the cow constitution, by means of vaccination, has upon his nature. It makes him what Voltaire said Frenchmen were—half monkey, half tiger. By-the-by, Voltaire wrote before the introduction of vaccination, but probably his countrymen were pretty well saturated with “ *tripperseuche* ” through other channels.

On reading this horrible account of the fearful maladies that are gradually destroying humanity (*à son insu*), we are surprised that their destructive effects are not more manifest than they are. Itch is bad enough in its consequences, syphilis is potentized itch, and hence much worse, but gonorrhœa, or what is the same thing, variola or vaccinia, being doubly potentized psora, is infinitely the worst of the three. Formerly syphilis used to be called “ the pox,” *par excellence*, but as variola so far transcends it in disastrous effects, in place of being called “ small-pox,” it should be termed “ great-pox,” to indicate its vastly superior power.

Dr. Wolf’s harrowing description of the consequences of the three grand morbidic viruses would fill us with despair, and make us abandon all hope for the future of our race, were it not that side by side with his account of the maladies, he gives us the secret of their cure, which is of so simple and easy a

character that it can scarcely fail to be commonly adopted, and thus the human race which was rushing at a frightful pace to destruction, may be readily restored to a condition of almost primitive perfection.

For psora and all its consequences the 'grand remedy is *sulphur*. A case of pure psoric disease, is we are told, easily curable by a single dose of sulphur 30. But the dose must by no means be repeated. Were we to give a second dose we should only add to the original psoric disease the much more virulent sulphur-disease, and the patient's latter state would be greatly worse than his former one. But psoric patients present themselves who have not only had more than one dose of sulphur, some have even been subjected to the gross sulphur doses of allopathic physicians, or the equally deleterious effects of sulphur-mineral springs—not to talk of those who have incautiously sniffed sulphur fumes from lucifer matches, which Dr. Wolf omits all allusion to. What is to be done with such victims to sulphurization? Are they to be abandoned as incurable? By no means. Sulphur is its own antidote. The poisonous effects of gross sulphur-doses are to be removed by a single dose—one globule—of the 6000th dilution of sulphur, which is to be allowed to act undisturbed for a quarter, a half, a whole year, or longer. No second dose is to be given, or the whole cure is ruined, and the patient rendered thoroughly incurable.

Real fresh itch is to be cured by one globule of sulphur 30, or in case the patient has been already sulphurized, one globule of Sulphur 6000, assisted by the external use of a tar-ointment composed of equal parts of tar and soft soap.

The different maladies caused by psora are to be treated by different remedies, which it would be tedious to enumerate. Most of the remedies are to be given in a single dose of the 30th dilution, or sometimes of the 1000th dilution, and in very few cases does Dr. Wolf permit the repetition of the dose.

Syphilis, with its train of fearful maladies which, heaven knows, are bad enough and difficult enough to cure to need no exaggeration in their description, is as simple to cure, when we know the way, as is psora and its effects. Mercury and

Iodine are denounced by Dr. Wolf as worse than syphilis, and after describing their horrible effects, he says:—"There is no single case of disease where the homœopathist may not easily dispense with the use of Mercury and Iodine." A syphilized patient is bad enough, but if mercurialized or iodized, or both into the bargain, is in but a sorry case indeed. So virulent are Dr. Wolf's denunciations of Mercury and Iodine in any shape that it looks rather like an anti-climax when we read, "One dose  $\frac{0}{30}$  of *mercurius solubilis* suffices for the cure of any case of pure syphilis, and the same dose of *iodine* for the combination of syphilis and gonorrhœa." If our patient has been already mercurialized, one globule of *mercurius* 6000 will cure him; if he has been iodized, one globule of *iodine* 5000 will do for him. The usual caution about the danger of repeating the dose of such terribly powerful potencies is given.

But the most fearful of the pestilential viruses still remains for consideration. Sycosis, gonorrhœa, small-pox or cow-pox, how are we to free the human constitution of the direful effects of this morbid agency? A virus that saps the vital powers, that undermines the life itself, must need some very remarkable agency for its extermination. Nature has given to mankind, and Wolf has revealed to them, that this remedy is the *Thuja occidentalis*. Does not its very name "Lebensbaum" (arbor vitæ, tree of life) indicate it as the life restorer of the death-doomed victims of this greatest of all the three lethal viruses—this doubly potentized psora—call it sycosis or small-pox or what you will? One single globule of *Thuja* 30, 300, or 1000, according to the intensity of the disease, suffices to conjure away all the results of sycosis or vaccinal infection, provided but one single dose be given. Two or more doses would ruin the patient perhaps for ever, but one dose restores him to pristine health and strength.

Hahnemann and the Austrian Homœopathic Society proved *Thuja* in what we have always hitherto considered an admirable manner, but Dr. Wolf, by no means satisfied with their labours, undertook an entirely new and original proving of his own. And thus, as he tells us, he set about it. He took himself and gave to hundreds of his friends, whose constitution he thoroughly

knew, one single globule of the 1000th dilution of Thuja and observed the effects of this one dose during two whole years. The effects of this dose are recorded in the work before us. They occupy nearly 80 pages, and consist of 1050 symptoms, presenting exact representations of many of the most severe maladies to which man is subject. Small-pox, influenza, typhus fever, rickets, chorea, epilepsy, phthisis, osteosarcoma, gout, rheumatism, paralysis, tetanus, angina pectoris, herpes zoster, urticaria, gonorrhœa, abortion, carbuncles, ascites, anasarca, and in fact almost every disease we can imagine was produced by this wonderful globule. How the poor creatures who were persuaded by Dr. Wolf to swallow this awful dose ever survived its effects we are at a loss to conceive. In fact we do not know if they did survive at all, for Dr. Wolf gives no names nor no references either to the age, sex, or constitution of his victims. He surely must have some very good reason for giving no clue whatsoever to these deluded swallows of a globule of the 1000th potency of Thuja. Did he perchance fear that an action at law or a judicial investigation might have been made. Did the patients or their surviving friends have cause to suspect that the maladies which ruined their constitutions or caused their untimely end, had been produced by the globule administered to them some years previously by Dr. Wolf? How could Dr. Wolf contemplate with an easy conscience all the frightful sufferings he had occasioned by his rash experiments? With what feelings must he have regarded the poor young man at symp. 574, when he was called in to prescribe for him suffering from a severe gonorrhœa, which probably the young man thought he had caught after the manner of young men, but which Dr. Wolf knew was produced by the globule given by himself two months previously? Would he have the face to take fees for the treatment of the disease of which he was conscious he was the author? And that lady in whom his globule caused abortion (symp. 656), did he not thereby render himself liable to a criminal prosecution? Had not the poor wretch who furnishes symptom 1006 a remedy at law against Dr. Wolf for giving him the small-pox? Six months after taking the fatal globule, he had a regular attack of confluent small-pox,

which he probably ignorantly supposed was caught in the usual way. Dr. Wolf knows better, but it would not do to let his victim suppose that his attack was owing to the globule given half a year previously, otherwise disagreeable consequences to the doctor might have ensued, so no information is afforded as to who or what the person was who was so victimized.

Dr. Wolf says he has proved many other medicines in the same way as thuja, and that he intends to publish the results of his experiments. His intention obviously is to rewrite the materia medica, and to replace the farrago of physiological effects it at present presents, by provings conducted in the scientific spirit of which he has given us a specimen. Hahnemann and most of his stupid followers took the medicines they wished to prove in material doses frequently repeated. What reliance can be placed on experiments so conducted? Dr. Wolf evidently thinks none at all, so he sets about proving medicines by taking a globule of the 1000th or 6000th potency and observing its effects during a series of years. God help homœopathy if it should substitute Wolf's for Hahnemann's materia medica.

Throughout the whole domain of homœopathic literature, we might search in vain for a book at all equalling this of Dr. Wolf's in pretentiousness and absurdity—and many absurd and pretentious books have been written by homœopaths. Pathological theories of the most evidently irrational character are stated by him with a confidence and dogmatism that would scarcely be used by a mathematician in the enunciation of an incontrovertible proposition. Statements are made so ludicrously at variance with fact, as to need no refutation. Such are the allegations, that syphilis and sycosis are potentized and hyper-potentized psora; that the *acarus scabiei* has nothing to do with the production of itch; that the homœopathist never requires to give either mercury or iodine, and yet, with strange inconsistency, both mercury and iodine are stated in the very next page to be the remedies for certain morbid states; that small-pox is identical with gonorrhœa; that cow-pox inoculation is the means of infecting mankind with gonorrhœal disease *plus* certain horrible maladies and propensities referrible to the brute



creation; that the moral and physical states of mankind have degenerated to a frightful degree since the introduction of vaccination; that tuberculous disease, hooping-cough, onanism in both sexes, gout, paralysis, leucorrhœa, mental imbecility and softening of the brain, were almost unknown before the introduction of vaccination, and that they are therefore owing to it. We must feel amazed at the childish ingenuity of an educated physician dwelling with emphasis on the idea that the name of the arbor vitæ indicates its power over those diseases that sap the vital powers, and that lapis infernalis is especially pointed out by its appellation as the cure for infernal pains. That any practitioner could be found who would represent any attack of disease occurring in some hundreds of persons as caused by a globule of the 1000th dilution of Thuja, taken some months or years previously, is almost too preposterous to believe, did not Dr. Wolf gravely state it.

If the whole book is not a very elaborate and extremely dull joke, it is a specimen of what we may call Bönninghausenism run to seed. At the root of each of Dr. Wolf's eccentricities we discern one of Bönninghausen's ideas or doctrines. All that Dr. Wolf has done is to carry out the Bönninghausen idea to the extreme limit to which it is susceptible—to magnify it as it were to such a terrific extent that the flea of Bönninghausen becomes expanded into an elephant under Wolf's microscope—the shadowy sketch of the former becomes a complete pre-Raphaelite picture under the artistic treatment of the latter. Thus Bönninghausen is a strong advocate of the high potencies, and has repeatedly declared that the higher we go the more powerful does the medicine become, so much so indeed that no errors of diet will interfere with its action. Wolf improves on this doctrine by additions of his own which are however but the logical consequence of a belief in the doctrine. He not only states that the highest dilutions are the most powerful, he proportions the height of the dilution to the intensity of the disease; he insists on the *materia medica* being reprovved in these dilutions; and he despises all hygienic, dietetic and regiminal auxiliaries in the treatment of disease. If Bönninghausen states that he once killed two mad dogs with a few glo-

bules of some medicine in a high potency, Wolf gives us a long list of the most serious diseases, from ague to variola, which he tells us he caused by a single globule of an exalted dilution. Bönninghausen denounced vaccination, and actually got up a petition to government demanding its suppression. Wolf follows him and specifies the terrible maladies produced by vaccination, which, like Jenner's contemporaries, he says has already reduced mankind to the level and likeness of beasts. Bönninghausen proposed thuja as a remedy for small-pox; Wolf declares it is the true antidote for all the evils of vaccination. Bönninghausen is a firm believer in the direful effects of psora, syphilis, and sycosis, but especially of psora. Wolf alleges that all the chronic ailments that afflict humanity are derived from psora, either crude or potentized into syphilis, or hyperpotentized into sycosis. Bönninghausen has denounced the repetition of the dose before the action of the first was expended; Wolf denounces all repetition of his wonderful dilutions, and goes as far as to say that if the dose is repeated the case is rendered incurable. Bönninghausen has sneered at cod-liver oil as a remedy; Wolf declares it to be "a poison taken by spoonfuls," (*ein mit Löffeln zu essendes Gift*). Finally Bönninghausen has asserted that the high potencies of Jenichen alone possess the wonderful powers he ascribes to high potencies; Wolf is equally laudatory of the preparations of the unfortunate horse-trainer, who it would appear could not cure himself with the medicines of his own preparation, as he put an end to his life because he could not get rid of an ulcer in his leg, and thus deprived the medical world of the chance of ever obtaining a stock of these marvel-working remedies.

And here let us allude for one moment to the strange inconsistency of those who, like Wolf and Bönninghausen, denounce all homœopathic practice that differs from their own as prejudicial, and who yet refer to the triumphs obtained by homœopathy in every country. For they know well that those who practise in their way are a very small minority indeed of the profession, and it is not by their doings or their writings that homœopathy has advanced and recommended itself to an ever-increasing circle of admirers. No homœopathic hospital in

Europe or America is served by a practitioner à la Bönninghausen or Wolf. No scientific treatise on homœopathy has ever been written by one of their following. No trustworthy provings have proceeded from them. Bönninghausen is certainly a most voluminous writer of repertories; but they are all of little practical use, owing to the very redundancy of the symptoms registered in them. This is more especially seen in his repertories of special diseases. His latest work of this kind is before us. It is a repertory of the homœopathic treatment of whooping-cough published in the present year. Sixty-five remedies for whooping-cough are enumerated, and symptoms caused by them totally irrelevant to the disease in question are given under each, which serve only to distract the practitioner, and make him throw down the manual in disgust when he seeks its aid in any concrete case of the malady. Surely the practitioner would have been more assisted, if the author had contented himself with giving the true whooping-cough symptoms of the half-dozen or dozen remedies really useful in this disease, and pointed out the characteristic indications for each, without the addition of all sorts of symptoms that have nothing more to do with whooping-cough than they have with fifty other diseases, such as "stitches in the shoulders," "cracking in the knees," "retarded sleep," "sweaty hands," &c., &c.

But let us return to Dr. Wolf, in order to take leave of him. We would have him, and those who, like him, arrogate to themselves the title of pure Hahnemannists, and abuse all who do not adopt their eccentricities and practice, remember, when they boast of the benefit homœopathy has proved to the world, and the vast extension it has made of late years, that they are thereby indirectly praising those whom they specifically denounce; for it is to the rational school of homœopathy, as represented by such men as Griesselich, Trinks, Müller, Fleischmann and the Vienna School, Arnold, Roth, Tessier and his collaborators in the *Art Medical*, Henderson, Peters, Holcombe, and others, that homœopathy owes all its recent triumphs, and that works like the one under review, which display such profound ignorance of pathology, such total incapacity for observing, and such arrogant dogmatism, are a serious hindrance to the extension of homœopathy among those whose adhesion is desirable.

*Des Homœopathes et de leurs Droits. Homœopaths and their Rights.* By Dr. GRANIER. Paris: 1860.

THIS pamphlet is on the rights of men in relation to medicine. It is addressed to physicians, especially professors and academicians, to those who, from their rank and position, have it in their power to promote or to check innovation, and finally to the great mass of the people, "who can freely express their opinions, and are sufficiently acquainted with their interests and their rights to do so." The rights of men, then, is the topic on which the writer of this work dilates; and he proceeds to show the prudence—nay, the indispensability—of making certain reservations, and before entering on the subject, exactly to trace its limits. He refers to the religious, political, and social questions, which are the topics most frequently agitated in the present day. He laments that medicine has not attracted that degree of attention which is its due, and says that the reason why he wishes to treat of this subject is to enlarge the acquaintance of the public with it; and goes on to show, that this question, which at first appears so simple, remains yet a problem, but a "problem whose solution we shall now attempt." He mentions the duties and the rights of the medical world, of which there are two kinds, the positive and the negative; and exclaims at the close of the preface that we wish our rights, that we will enjoy the rights of physicians and of citizens, and that the motto of this work shall be—the motto struck on the medal presented by the Austrian Diplomatic Corps to Prince Metternich, to commemorate the 25th anniversary of his ministry—"Strength in the Right."

The FIRST CHAPTER treats of the fundamental rights, or those which God has given to man.

"The end of all political association is the preservation of the 'natural and customary rights of man.' These rights are liberty, property, safety, and resistance to oppression." He then draws a parallel between ordinary and medical society, and concludes first, as homœopathic physicians do not wish to diminish the rights of the allopathic, neither do they wish to resign their own.

“Equality consists in having the same law for all, whether that of protection or of punishment.” “We are all equal,”—a truth very much overlooked in medicine. All physicians have the same father—the divine Hippocrates; they have all the same title and the same mission, but they are not treated with equality.

Second conclusion:—As physicians, as doctors, as possessing the same title as allopathists, the homœopathists ought to be their equals before the law, whether of punishment or of protection. “But by the strongest aberration of the moral sense, Messieurs the allopathists wish to destroy the rights of the homœopathists, would wish to annihilate their titles, and to tear the diploma which confers their rights.”

Third conclusion:—Homœopaths have not their scientific safety guaranteed, if they have not the right of forming part of the teaching body.

Fourth conclusion:—Homœopathists ought to possess the right of working in their part of the medical domain, and this right they could not possess if they were banished from the teaching body.

The general conclusion is that medical society, like political society, rests on fundamental principles; and this is what our author wishes to demonstrate.

CHAPTER II. treats of *the rights of truth*. He shows that in order to declare these rights it is not necessary to meditate on the *novum organon* of Bacon, the *Logic of Port Royal*, and the search after truth by Malebranche. “Truth is brilliant as the sun.”

First proposition.—*Medicine: is it a truth?* This question is, at some length, answered in the affirmative by the author, who goes on to treat of ancient and modern medicine, affirming that allopathy is now the ancient form of medicine, homœopathy the modern, and that they are rival sisters which contend for supremacy in medicine.

Proposition second.—*Can there exist several true systems of medicine?* Here the author argues that whilst truth has a variety of aspects, there is but one truth, and that medicine is a gift of God to man, and that God could not have given man

two opposite systems of medicine, and that there exists only one true system of medicine.

Third proposition.—*What are the characteristics of the true system of medicine?* He enumerates three. 1st. That the principles of a science, medicine included, should all converge towards one end—truth;” 2nd. That “medicine should be invariable;” and 3rd. That “medicine should be simple.” Each of these principles is dwelt upon at some length.

Proposition fourth.—*Does allopathy possess these characteristics?* This is answered in the negative. He speaks with scorn of their practice, of their drugs, of their panaceas, and especially of their consultations at the bed of a patient.

Fifth proposition.—*Does homœopathy possess these characteristics?* Addressing allopathists, Dr. Granier replies: “To this question you answer, No; or rather, you do not wish even to examine it.” He tells them that if they ask, “What is homœopathy?” it is because they do not know; and if they do not know, that is no fault of homœopathists. He speaks at the close of the chapter of the fixedness and inalterability of their principles, but that they would be best demonstrated by their (the homœopathists) having chairs in the universities.

CHAPTER III. treats of *the rights of error*. The author sets out by apologizing for the form of this thesis, which at first has a very revolting aspect. He asks, first of all, the question, Can error have rights? which he answers both negatively and positively. This, however, requires some explanation, which is given as follows:—“The allopathists pretend that the homœopathists are in error, and the homœopathists reciprocate the accusation. But what is error? Philosophy replies, The denial of truth; as the bad is the opposite of the good; as darkness is the negation of light.” He defines error, “A false opinion which is adopted through ignorance, either through defect of examination, or through defect of reasoning.” Or has this opinion any right before the tribunal of science? Yes, it has at least the right of being judged before being condemned. Homœopathists are accused of having in medicine a false opinion, but in all cases we have adopted error. For half a century the disciples of Hahnemann have meditated upon his

doctrine, have sounded all the secrets of his practice, and have weighed the results till they obtained every day more and more profound convictions.

But we continue to reason and to examine error on every point, when we could enter into our treatise.

1st. Error is already established, or seeks to establish itself. Allopathy finds itself in the first case, homœopathy is in the second case ; that is to say, that it is an error, wishing to establish itself in the domain of medicine.

2nd. Error is either without a title, or it has a title  
3rd. Error is either particular or general. An old Roman law is quoted: "Common error makes the right." We repeat the words of Bacon. "It is necessary to remake the human understanding, and to remake the human understanding it would be necessary to make a severe, impartial, and serious inquiry." He demands justice for both allopathy and homœopathy. That would consist in the institution of a parliamentary inquiry. His conclusion is that error, fortified by a legal title, has, at least, the right of being called before the tribunal of science, before being expelled from the domain of official teaching.

CHAPTER IV.—*The rights of the tribunals.*—"But," say they, that is the allopathists; "homœopathy has been judged, and condemned."

"Homœopathy has been judged, and condemned!!! Where? when? in what? and by whom? I demand a reply to these four questions; but a scientific, enlightened, and loyal reply."

The author says that the enemies of homœopathy have not scrupled to attack that system at every possible point. He quotes article 9 of the "Rights of Man," which can be thus translated: "Nothing can be judged except by having been heard or legally called. Has homœopathy been called and heard? Not only has it not been called, but it has been repelled when it showed itself. Not only has it not been heard, but those who have condemned it have not even known it."

Has homœopathy been submitted to a serious, legal, authentic investigation? If so, the following conditions of an investigation thus conceived, thus carried on, should be related. 1st, the time; 2nd, the place; 3rd, the subjects; 4th, the

means; 5th, the witnesses; 6th, the good faith; and 7th, the conclusions. Then follows a discussion as to the competency of the tribunal before which homœopathy has been cited, the tribunal of the Seine. A certain journal, *L'Union Médicale*, is also spoken of as having cast on homœopathy the grossest insults—insults coming out of the mouth of a man knowing as little of the principles of homœopathy, as of the laws of French politeness. The chapter concludes by an indignant demand that homœopathic doctors thus insulted in their honour, their titles, and their personal dignity, should have the right of attacking their detractors. He says that the conclusion of all these arguments is, that “our rights should be defended by a power superior to all these incompetent tribunals—by a power which, taking in hand the sword of justice, shall break the fetters which enchain our liberty, and shall proclaim the rights of man in the domain of medicine.”

CHAPTER V.—*The rights of a condemnation.*—In his opening remarks Dr. Granier says, that every time two adverse parties come before a tribunal, each employs all possible means to gain his cause. If the one gains it the other must lose it. Here, then, is the question. If a medical man cures his patient by an occult power, he is independent of all the apothecaries in the world; but if he use remedies to effect his cures, either he writes his prescriptions and sends them to the apothecary, or he gives the remedies himself. In the first case the physician may be established in a locality where there is no apothecary, or one who cannot furnish the remedies he orders, or refuse to sell this particular medicine; or if he undertakes to supply them, there may be serious doubts of his good faith; for it is necessary to remark here in passing that the homœopathic medicinal doses cannot be submitted to any chemical nor physical test, and ought consequently to be obtained from persons on whom perfect reliance can be placed. The only other way is to give the remedies himself; and whether the doctor prepare his medicines himself, or obtain them from a special pharmacy in Paris, does not much matter, and does not alter the question. But what now occurs? The apothecaries prosecute him as not having the right of furnishing medicines.



CHAPTER VI.—*The rights of a challenge.*—This chapter opens by a reference to the most unjust conclusions against homœopathy pronounced by the tribunal of the Seine, “That the homœopathists should depart at once from the mystery with which they have surrounded themselves; that they should endeavour to re-arrange their doctrine, and make it agree with reason and common sense, that they should cause their important experiments to be published, and that they should show that their success is not owing to chance or to accident. Oh! then the gates of the academy shall open to them the opinions of the *savans*, and the ignorant shall give them the reparation which they demand,” &c.

This includes the negation of our doctrine, its relation to phantasmagorias, or scientific trifles, and a very sorry appreciation of the cerebral strength of the poor homœopathists. These words are, in other terms, the echo of the politenesses of the gallant Chevalier of *L'Union Medicale*.

In reply to these conclusions it is asked, “Shall this serious experiment be granted to us?” He accepts the challenge, and in closing says, “When this shall be accepted, we shall see whether the gates of the Academy shall themselves open to us, and whether public opinion, the opinions of the *savans* and the ignorant shall give us the reparation which we demand.” The question is put, “Have homœopathic physicians the right of challenging the allopathists, and have the allopathists the right of refusing them?” Three conditions are mentioned which it is necessary for homœopathists to fulfil. “We claim our equality before the code of science. We propose arms, or rather equal chances. Each combatant must use his own arms, and not borrow those of his adversary, and it is evident that the chances are equal, and so much the worse for him who possesses the weakest arms and the least active tactics.” Reference is then made to the fact that on the 7th of December, 1858, Professor Bouillaud said in the meeting of the Academy, that in order to settle the question of homœopathy, he had decided to request that comparative experiments be made with the greatest publicity by homœopathic physicians, and physicians of one of the classical schools, on diseases which should be very plainly

characterized, under the inspection of a competent and impartial tribunal."

Dr. Granier says, "That this was too clear a declaration of war for the homœopathic camp to be tardy in replying to. Dr. Gastier, seconded by Dr. Binnerais, accepted the challenge, to which, however, the Academy did not reply, and in the meanwhile their lofty challenger fled." Here follow reflections, at some length, on the prudence of Monsieur Bouillaud, who, rather than accept a challenge in which he was certain of defeat, fled.

CHAPTER VII. treats of *the rights of reform*, and opens by the question, "Is homœopathy a medical reform?" Reference is made to the different meanings of the word Reform. We quote the following:—

"The general interpretation signifies the re-establishment in the order, in the ancient form, or in a better form. But the best interpretation signifies the re-establishment in a better form, without changing the substance."

Our question is very easy to answer. "Is homœopathy a medical reform?" Yes and No! No—if we think that its object is to overturn medicine. Yes—if we think that it is only to give it its true form. In a word, homœopathy wishes to construct the edifice of medicine, employing the materials scattered in the field of medical tradition. The author alludes to Hippocrates as being the precursor of Bacon, and the genius of this great observer in medical science, as having been confirmed by the genius of Hahnemann. It is contended that the biography of Hippocrates only gives a daughter to this father of medicine, and a tradition is related to the following effect:—"This daughter was converted into a horrible dragon by the wrath of Diana, and she dwelt in a cave near an old castle in the isle of Lange—that is to say, Coss—where Hippocrates was master. The inhabitants called her the mistress of the isle. She was surrounded by great treasures, and she only recovered her first form when a chevalier, and no one was hardy enough—kissed her on the mouth. Several tried the adventure, and both because they had not enough of courage, and because this horrible figure terrified them, they there

perished. But he who accomplished it became master of the lady, of her island, and of her treasures. Such is the Greek legend. What is then homœopathy? It is the daughter of Hippocrates revived, and her youth renewed, by Samuel Hahnemann."

The author asks if this daughter of Hippocrates, restored to her original form, or reformed medicine, has not the right of claiming her rights in the domain of medicine? He replies, "Yes: she has the direct, absolute right of entering into possession of the goods of her father." He demands of the most learned doctors what they have made of the works of the father of medicine, and that homœopathy, as a reformed medicine, should possess the rights of all reforms, that is to say, the right of being known.

He treats with scorn the hatred of adversaries, and the calumnies of their conversation. The chapter concludes by the oft-repeated demand to render to the daughter of Hippocrates the rights of her patrimony; to Cæsar, what belongs to Cæsar; and to homœopathy, what belongs to homœopathy.

The subject of CHAPTER VIII. is *the rights of intolerance*. It opens by the repetition of the statement that homœopathy is the true medical doctrine. "What is intolerance? If tolerance signifies indulgence in what we cannot hinder, or what we think we ought not to hinder, intolerance signifies the non-indulgence of what we can prevent, or what we believe we ought to prevent."

"The true and only true medical doctrine has the right of being intolerant. 1st. Towards all false, antagonistic principles; 2nd. Towards the false interpretation of facts; 3rd. Towards simple tolerance; and 4th. Towards an impossible fusion." These principles are enlarged upon. "A philosopher has rightly said that a declaration of tolerance is founded only on an act of intolerance." These words indicate most clearly your intentions and your conduct; and your pretended toleration is very similar to that liberty which as Napoleon I. says is a valuable fable imagined by the men who govern, to lull the governed to sleep.

Finally. The article 2,232 of the Civil Code forbids us from accepting your toleration.

This article says, "The acts of puré medicine and those of simple tolerance cannot be founded either on possession or prescription." The chapter concludes by two quotations; the one from St. Paul's Epistle to the Galatians, "If I re-establish that which I destroyed, I make myself a liar." The author maintains then that the step on the part of allopathy towards a fusion would be a progress, but on the part of homœopathsists a prevarication.

The other quotation is from a saying of Prince Metternich to "one of our most celebrated writers:" "The balance of power is an Utopian philosophy. All power is, in its nature, usurping, and exclusive of every rival power. If there exist two or more, it is not of the balance that we ought to think, but of the conflict. The conflict breaks out, and is prolonged until one of the powers has conquered the other." This is applied to homœopathy, viz., that the homœopathsists must fight with the ancient error, before building on its ruins the temple of truth.

CHAPTER IX. treats of *the rights of faith*. It is here reasoned, first, that no one has any right to complain because of what another believes. All have perfect liberty to act up to their convictions, whatever these be. As homœopathsists "we proclaim our individual rights." Faith in experimental sciences is here affirmed not to be the faith that is the gift of God, not to be the faith without knowledge, as was the case with Abraham when he went forth without knowing where he was going. But this is an enlightened faith, acquired by comparing error with truth. It is asked, first, who can deny the testimony of our examination, the testimony of our senses, and of our reason, the testimony of the senses, and the conscience of our clients? It is contested that whilst almost all have been allopathists before being homœopathsists, the reason of their change is that they have been convinced of their former errors.

Second: From pure scientific curiosity, the author would like to know how "our adversaries, probably all free thinkers, could find a single argument to oppose to the rights of faith of the homœopathsists."

It is asked again, what are the points of support? It is answered, the radical constitution of our doctrine.

Second reason of hope, the steady progress of homœopathy. The author does not stay to enumerate the various successes of homœopathy, but simply makes the passing remark that every day numbers are enrolling themselves under the banner of Hahnemann. The patients are cured; they say so, publish it, and thus effect new conversions. "The declaration of the rights of man in the domain of medicine fills us with hope, because the chief of the state is the first protector of progress. He will hear our voice, he will approve our resistance to oppression, and will establish equality among the rights of a certain class of citizens."

Thus he goes on to say, "Our hope is greater than ever. The cable of our creed is not yet broken. Our vessel sails on an immense and stormy sea, but the breeze of hope fills our sails, and Faith is our pilot."

And in our turn, if we are intolerant of their principles, we will be very tolerant of their persons. In our turn we shall make every effort to dissipate the clouds which hide from their view the sun of truth. We shall make every effort to bring them back to the sheepfold, and then the Divine word shall be accomplished, and in the medical domain "there shall be no more than one flock and one shepherd."

CHAPTER X.—*The rights of worship*.—This chapter begins by the prediction that one day there shall be but one religion, and but one worship, and that it is written, "There shall be but one flock and one shepherd." But before reaching this happy period, there are secret statutes which it is necessary to overturn. In the domain of medicine it is expected to be as in the domain of religion, but for the présent homœopaths are oppressed. Thus in 1835 a demand was made to the Academy of Medicine for the recognition of the homœopathic institute as a scientific society, authority to open a dispensary and found an hospital, which was at once refused. Reference is made to a letter of the minister, Guizot, in which he says, "It is right without doubt not to oppose any obstacle to pure scientific researches which are new; but it is the duty of a wise

administration to see that time and experience have decided on the value of new therapeutic methods, before it authorizes their introduction into public and gratuitous establishments."

Concerning this letter, our author says that he does not mean to depreciate its merits. He claims for medicine the same liberty which is possessed by the adherents of Catholicism, Protestantism, and Judaism, all of which are not only recognized, but salaried by the State. The question is put, "Why no liberty for medicine?" It is added, that whenever a new doctrine of medicine is propounded, its admission to official teaching is declared impossible. In closing the review of this chapter we may quote as follows:—"Homœopathy ought then to have its worship or official teaching; and if this right is refused to it, I demand the destruction of the Temple of Logic, and it is but just that a homœopathist give the first blow."

CHAPTER XI. treats of *the rights of taxation*.—In the first place, the articles 12, 13, and 14 of "The Rights of Man" are quoted. Article 12 is as follows: "For the security of the rights of man and of the citizen a public force is required. This force is then instituted for the advantage of all, and not for the particular use of those to whom it is entrusted."

Art. 13.—"For the maintenance of the public force, and for the expenses of the administration, a public contribution is indispensable, it should be collected equally among the citizens according to their means."

Art. 14.—"Every citizen has the right to agree, by himself or by his representative, to the necessity of the public contribution, to determine his share of the assessment, the mode of its collection, and its duration." The chapter is divided into three general heads. First, the necessity of taxation; second, its necessity as regards the State; and thirdly, as regards the citizens who furnish it. The first of these topics is dismissed in two sentences, the second and third are dwelt upon more at length, and the conclusion of the argument is that homœopaths submitting to these duties should enjoy their corresponding rights, that homœopathists bearing their part of the contributions should receive their share in the distribution.

CHAPTER XII.—*The rights of minorities*.—The drift of

this chapter seems to be to show, that although homœopathists are small in number, yet the science is only in its infancy. Reference is made to the spread of Christianity. At first, the disciples of Christ were only twelve; but soon they increased, in spite of, or perhaps because of, persecution.

To discover the new earthly world did Christopher Columbus need a majority of Spaniards? To discover a new starry world, did Newton require a majority of astronomers? To discover the new world of mathematics, had Galileo need of a majority of *savants*? And to discover the new medical world, did Hahnemann need a majority of academicians? "We are small in number, gentlemen. Our enemies, you stop our progress, you confine our efforts, and it is necessary that I tell you, you do a great wrong. We are small in number, it is true; but how many sects do you form in your infinite divisions? We are small in number, but we are united, and 'union is strength.' This, viz., that homœopathists are small in number, forms the first paradox. The second is, homœopathy is young; it cannot, therefore, have any right. The third, homœopathy is weak; it cannot, therefore, have any right." Each of these propositions is dwelt upon at considerable length. The chapter concludes by the statement that the majority should respect the minority, that the great should protect the little, and the strong should be charitable to the weak. The author reiterates the demand for the rights of homœopathists, and says, "There is a power superior to all the jealousies of colleagues, to all the calumnies of professors, to all the hatred of academicians, and it is, from this power that we dare to demand a just protection, and the declaration of the rights of man in the domain of medicine."

CHAPTER XIII.—*The rights of alluvion.*—Here our author is somewhat metaphorical. He opens by speaking of an immense river, which he calls the river of tradition. "More complaisant than the annual waters of the Nile, it constantly flows round our old medical Egypt, divided into two particular fields. In each of these fields the hand of Hippocrates has sown the germ of a doctrine, and the two doctrines on each land are opposite as the banks which separate them.

On one of these banks is born the principle of contraries, and

on the other the principle of similars. He then proceeds to speak of this river of tradition, as bearing in its bosom the most diverse theories. An alteration in the bed of the river took place, the bank of similars was extended, and profited by this rich deposit, homœopathy. Hahnemann was in possession of it, and when dying bequeathed it to his successors; and since, the alluvion has always extended. As a proof of this, the fact is mentioned that almost daily some physicians are enrolling themselves as homœopathists, and that homœopathy is surely though slowly, progressing. As usual, the chapter closes by an eloquent announcement of the progress of homœopathy, and a proclamation of rights.

CHAPTER XIV.—*The rights of patients.*—The questions asked are:—Is the actual law which establishes and rules the honorary degrees of physic conformable to our social progress? whether should each physician be paid by government or by his patients, not in respect of their diseases, but in respect of their health? In regard to all these questions, we act as if they did not concern us, and we frankly accept the *status quo*.

If each citizen with his purse in his hand has a right to demand good drugs, good advice, and good contracts, why should he not have the right to demand, on the part of his physician, good formulas and good consultations?

The FIFTEENTH CHAPTER (*the rights of students*) is chiefly occupied with a protest against the hardship of compelling medical students to pass through a curriculum, in which they imbibe many opinions considered by homœopathists to be erroneous.

In CHAPTER XVI., entitled *the rights of baptism*, is a protest against the hardship of allopathic physicians having the exclusive power of conferring medical diplomas, and a conviction is again expressed that in this respect, as in others, the rights of homœopathists will very soon be recognized.

CHAPTER XVII.—*the rights of the oath.*—And what is this oath? In presence of the masters of this school, my dear fellow disciples, and before the image of Hippocrates, I promise and I swear, in the name of the Supreme Being, to be faithful to the laws of honour and of virtue in the practice of medicine, and will give my gratuitous attention to the indigent, and will



never demand a fee disproportioned to my work. Admitted inside the house, my eyes shall never see what is passing, my tongue shall keep the secrets entrusted to me, and I shall not avail myself of my profession to corrupt morals nor to connive at crime. Respectful and grateful to my teachers, I will give their children the instruction I have received from their fathers. May men yield me their esteem if I am faithful to my promise, may I be covered with opprobrium and despised by my brethren if I fail."

The author shews in a humourous vein the absurdity of many parts of this oath.

CHAPTER XVIII.—*The rights of the diploma.*—The arrangements in this matter are complained of, as placing restrictions on the practice of medicine through the whole extent of the French territory, after having paid for the liberty to practise.

CHAPTER XIX.—*The rights of an inquisition* are occupied with asking and replying to the question "Who has the right of making this inquisition?" It is answered, "Society has the right to demand an account of his administration from every public agent." And it is demanded, that the inquisition should frequently be directed towards the writings of official medicine.

CHAPTER XX.—*the rights of the people.*—The author reviews the subject of his first theme, viz., that all the subjects of one nation have equal rights. The treatise closes thus: "It is always the same argument. Either homœopathy is a serious medical doctrine, or all the queens, all the emperors who have invested professors with the sacred right of homœopathic teaching are poor deluded creatures." This is the manner in which Dr. Granier concludes. "I have said: and the people who were ignorant shall know great things, and shall not be environed with darkness, and the light of day shall soon shine on its spirit; and then, as says the prophet Isaiah, 'The people who walked in darkness have seen a great light, and the light has been reflected on those who dwelt in the shadow of death.'"

*The Healing Art, the Right Hand of the Church; or, Practical Medicine an Essential Element in the Christian System.*

By THERAPEUTES. Edinburgh: Sutherland and Knox. 1859.

WE remember reading, somewhere, the answer which was given by a sturdy Methodist of the last century, to the question, sarcastically proposed by a divine of the Established Church, "How is it that you have no doctors of divinity in your denomination?" "Because," replied the local preacher, "our divinity is not sick, and don't need any doctoring." The author of the volume before us, deeply impressed with the fact that both the Church and divinity of the present day are sorely sick and feeble, proposes "*doctoring*," in the most vulgar sense—in other words, that all the clergy should be M.D.'s as well as D.D.'s, as the one great means which is to restore the Church to its pristine vigour and efficiency. The volume throughout is theological rather than medical: the question it proposes is addressed to Church rulers, as bearing on the Church's state and duty; the argument is supported by, and indeed built on, texts of Scripture, and its author desires that it may be judged by this standard. The book, therefore, is one which, from its subject, may be supposed scarcely to come within the range of a review devoted to medicine. But the days we live in are marked by nothing so much as the removal, in all directions, of the old barriers and walls of separation. As in ordinary society one now meets every day at the same table persons holding all sorts of opinions, both in politics and religion, who in former days could never have been brought together, but who surely are gainers more than losers by this intercourse; so in every part of the field of science and literature, things supposed to be most distinct are everywhere running into each other. We confess we are glad of it, because increasing light ever shews that the old mapping-out of subjects in sharp distinction from each other is unnatural and unphilosophical. We may, indeed, map out the surface of the earth, but such a map is superficial, and all mere outward mappings, good as they are for certain ends, from their very nature must be imperfect because superficial. Go below the surface, and come to what is hidden there,

and what becomes of all such demarcations? We rather incline to the doctrine of the old alchemists, that "everything really is everything," and therefore so far with our author, that medicine may be in Christianity and Christianity in medicine. Far more: being believers in Christ, and accepting His life and death as the true expression of what man's nature is, and may, and shall be,—in a word, regarding Him as The Truth, as the One Key, which, to those who can turn it, will unlock all the mysteries of nature and creature—believing, as St. Paul declares, that "in Him are hidden all the treasures of wisdom and knowledge," and that therefore He must needs be linked with all true science and true philosophy, we do not object to the principle of our author, that medicine should be regarded in a Christian light. We rather accept it as a sign for good, and a token of better days in store for science. And though we cannot do justice to the question except on theological grounds, we are not afraid to pursue it there, because, as we have said, we agree with Pascal, that "*en Jesus Christ toutes les contradictions sont accordées.*"

And first, as we cannot but demur to the conclusion to which our author would lead us, we must express how gladly we welcome much that he urges on several points which are too often overlooked. In his view of man as a moral being more than a machine—in his view of pain and disease as a moral discipline for such a moral being—in his recognition of God as the Great Healer, sickness and pain being the witness of some divine law broken, and health of the same divine law re-established—in his view, too, of religion generally, not as a mere system of ethics, but as ordained for the health of man in the very highest sense—in his observations on the ceremonial laws of Moses, as the best sanitary code ever given for the temporal comfort and well-being of men—in his view, too, of the physician's privilege, "who with Christ in his heart can enter—an intruder never, welcome always—the chamber of suffering, and along with the medicine, with which he soothes the anguish of physical pain, can pour, not as one hired and paid for it, but out of the fulness of his own heart, the oil and balm of heavenly consolation" (p. 247)—in all this, which, as far as we know, is new ground for a book which professes to

speaking of "practical medicine," we cordially agree with the author, believing with him that only in this direction will the art of healing ever reach its highest triumphs. But all this is not the staple of the book. These are some of the premises. Can we agree in the conclusion?

The great idea, the conclusion of the matter—at which, after twelve years of thought and reading, the author has arrived—may best be given in his own words:—

"The lamentable inefficiency of existing Church organizations has arisen from, and still depends upon, the neglect of the simplest and most precious of all rules ever given for man's guidance, viz., *to do what Jesus did, and to do what He commands*. It is not forgotten that the example and precept of Christ still stand written upon the portals of the Church, and are acknowledged as the highest sanction under heaven; but it is apparent that she has long ceased from the attempt to follow the one or fulfil the other in practical living action. . . . The prescription of the Great Physician is still the only remedy for all the peculiar difficulties under which the Church now labours; and submissive obedience to this rule, in so far as it refers to the Healing of the Sick, will more surely harmonise and give a healthy direction to the discordant elements at work in Christendom, than aught else among the varied schemes which have been promulgated to meet the ecclesiastical complications of these later days." (pp. 17-18.) "The case may be put thus:—The Lord Jesus gave the commandment to His followers, *Heal the Sick*,—a command, be it observed, which was never abrogated, and which stands written and recorded in His word, side by side with the command, *Preach the Gospel*, which has always been accepted as binding on His Church; a command, too, the import of which all His life below gloriously emphasized and illustrated. It was received and acted on by the Apostles as a prime element in their obedience to His precepts and example; it was by them sent onwards to their successors (James v. 14, 15), the elders of the Church, without any limitation as to time or circumstances. Thus enshrined in the Scriptures of truth, this command has been in the hands of the followers of Christ in all ages, yet for many hundred years it has been by them utterly ignored and unheeded. Willing as they have been to "observe all things," they have utterly failed to observe this one thing which He commanded, "*Heal the Sick*;" and neglecting this important duty,

the energies of Christendom have been concentrated on the observance of His one command to *Preach the Gospel*, as though by this the complete fulfilment of His work were secured." (p. 29.) "It is our purpose to shew that the command, '*Heal the Sick*,' is intended to be taken in its most literal sense, as a statute for perpetual observance, and that the Church has always had abundant means at her disposal to enable her to fulfil it." (p. 42.)

Now, while we honour the author for urging Christ's course as the example for His professed followers, and would acknowledge Christ's commands as the great rule, to which as Christians we all should seek to conform ourselves, we cannot receive our author's exposition, or think, that by making all the clergy doctors, we should really be obeying the commission, part of which the author quotes so often. For it is to be observed that our Lord not only said, "Heal the sick," but "Raise the dead," and "Cast out devils" also. Does our author think raising the dead is yet laid on us? He shews that he does not, by studiously omitting this part of the commission as often as he quotes the passage. But if part be not binding on us, how is the rest? Should not this have led the author to question the soundness of his principle of exegesis. Is it not rather true that the whole commission is binding, but that, like all the rest of the Scripture, it has its spirit as well as its letter, and is to be taken, either in the spirit or in the letter, according as it comes either to the members of the carnal or of the spiritual dispensation. We are aware that here we touch on points which are purely and strictly theological; but a theological point can only be argued theologically, and by the author's own confession the question is theological.

And the answer here is simply this, that Christ in the flesh, coming in a carnal dispensation, to the Jews, a carnal people, who in the flesh were taken into covenant, came with healings for the flesh, rebuking fevers and palsies, leprosies and blindness, and deafness, and death itself, and giving to His immediate followers the same divine powers over the bodies, not yet over the souls, of men, to be to carnal men a sign of what He could do in fleshly bodies, and a type of the works which He and His servants should work upon men's spirits in a spiritual

dispensation. The fleshly people for sin were soon cast out, but the fleshly healings lasted in force just as long as the fleshly dispensation lasted; and then, when the Spirit came, when at length Christ's Cross and death had shown to some at least that the true healing was not in the flesh, but out of it,—when baptism sealed the hopelessness of the flesh, burying it in a mystic grave, and declaring that our hope was not to escape death, but to rise again out of it,—then the same works of healing, which once were wrought on flesh, were wrought on men's spirits, thus carrying the healing yet further into man's nature, Spiritual uncleanness, that inward evil, of which the outward leprosy had been so long the shadow, and that burning restlessness of soul, the type of which we see in fever, and that helplessness of soul, which palsy represents, and the inward deafness and blindness, of which the outward were the figure,—all these were cured by Christ's servants, who had power also to quicken the dead in sins out of that spiritual death of which the body's death is but the shadow. For Christ yet lived and worked, and He yet lives: and if His word be true, "these signs shall follow them that believe; in my name shall they cast out devils, and take up serpents, and if they drink any deadly thing it shall not hurt them, and they shall lay hands on the sick, and they shall recover." In spirit this is, and ever has been true; and these works are greater than the other, though it may need a spiritual eye to see this.

The fact is, the cross of Christ declared the real truth as to man's life and hopes in this world. It said in effect, this life is not true life; all healings here, even of those whom Christ Himself has healed, must end again in dissolution. The true *salus* is not from death, but out of it; hence christianity, though indirectly it has added much to man's comfort, as a system has never aimed, as Judaism did, at the preservation of our first and natural life. Rather it has encouraged the losing this life for Christ, that we may attain to what is purer, and therefore more lasting.

While, however, we thus dissent from our author, who would make our Lord's commission to "*Heal the sick*" the foundation of a medical church ministry, sustained by the best and

most approved training, we avow our belief that those same powers, which once were given to meet disease and overcome it, might again appear if the faith and love of men were such that they could be trusted with the mighty ministry. In fact, diseases have been cured wherever and whenever there has been in the agent and patient that faith which does and must work miracles. The instances are numerous; three distinct ones have come under the personal observation of one in whom we have the fullest confidence, where, under deep religious fervor, diseases have yielded to the power of prayer and faith only. In the cases to which we allude, disease of the spine and tubercular consumption were suddenly cured by prayer and imposition of hands in Christ's name. In the last of these cases, that of consumption, the patient was, at her own urgent request, anointed with oil in the name of the Lord also. Nor is this confined to any age or sect: Romanists, Irvingites, Plymouth Brethren, in our days, have all such tales to tell us; while church history, as for instance the life of St. Bernard, affords other examples, which cannot be got rid of unless we affirm that, in these cases, the witnesses, from being true men, suddenly became both fools and liars.

But this is not the sort of healing for which our author contends in the volume before us. He would have the church go forth to heal, not indeed without God, but in the might of medical training and education. While therefore again and again he quotes the words, "Heal the sick," as though he built on scripture wholly, he never quotes, "The prayer of faith shall save the sick;" for it is medicine, so called, which is to accomplish what the church is lacking in. Supposing this could be done, it would not be that to which our Lord called His Apostles, when He gave them their commission. Their healings surely were not effected by what we now ordinarily call medicine. Luke, the beloved physician, goes with Paul; but the healings recorded are not the works of the beloved physician. "Handkerchiefs sent by Paul healed many." "They laid their hands on the sick and they recovered." They spake in the name Christ. It was this name, and this above all, which made them powerful. In one word, the men had faith.

They believed, what one would think should not be hard for us to credit, that if herbs, airs, waters and drugs, mercury and ipecacuanha, have each some virtue for man, and all do something for him to cure his ailments, man himself, who surely is as potent as herbs, must also have some power in him to help his brother. But the present age believes in drugs and bottles, not in men. We must have another kind of faith before we see again the healings of the new Testament.

And indeed the author's own confession should suffice to shew that the means he pleads for in the church will not effect what he desiderates. For medical missions have been tried. Is the church, in the localities where they have been labouring, more effective than it is elsewhere? "The common people, the sick, the maimed, the blind, have resorted to them in crowds; patients of all ranks flocked to them from all quarters, to be healed of their diseases." (p. 28.) "Dr. McGowan and his assistant Mr. Calman treated in 1851 not less than 8283, 457 in the hospital (at Jerusalem), 5118 out-patients, and 2713 visited at their own dwellings." (p. 200.) But is there any further result? Are these patients morally improved? Or is not the whole thing simply on a par with any other hospital?

We end as we began. There is much in the book before us full of interest. With all its faults, it aims at what is good, and urges truths worthy of all honour, and which one does not often meet in books which speak of medicine. But with this it is also full of extravagance. The author's hobby is always running away with him. He does "not hesitate to assert that medicine and medical history would give more aid in the right understanding of Christ and christianity than philology, philosophy, geography, and chronology, all put together." (p. 171.) He takes "the cup of cold water," in Mat. x. 42, as a direction to the Apostles to use cold water medicinally. (p. 87.) So again, the "bodily exercise" of 1 Tim. iv. 7, "refers to the gymnasium, embracing the gymnastic medicine; which had for ages been highly esteemed among the Greeks, with a view to the reparation of the injuries of the human frame." (p. 96.) His dictum touching the word Surgeon, and the connexion of its derivation with the gifts in the church, is no less curious:—



“The church at the present day forgets, it reads not, even in its greatest distresses and discomfitures, that it has itself laid aside its RIGHT HAND (*χειροῦργος, qui manu medicinam facit, CHIRURGUS,*) and hence “its feebleness and insufficiency.” (p. 132.) The capitals and italics are the author’s own. So again in the following quotation from Ignatius,—“Bear the infirmities of all: every wound is not healed with the same plaster; if the accessions of the disease be vehement, mollify them with soft remedies; be in all things wise as a serpent, and harmless as a dove;” (p. 142.) the author sees only directions for healing, not minds diseased, but bodies, and quotes it accordingly. But spite of all blemishes the book is worth reading; its appendix is full of curious matters, collected from many sources; and he who gets nothing from its perusal, must either be very wise or very foolish.

*Diseases of the Heart and Lungs: their Physical Diagnosis and Homœopathic and Hygienic Treatment.* By GEORGE WYLD, M.D. London: Leath & Ross. 1860.

DR. WYLD has, as he tells us in his preface, written this work to supply a want in our homœopathic literature. There is no doubt that a good work on the homœopathic treatment of the above diseases is a desideratum; and we believe that Dr. Wyld might easily have furnished us with a better one than this. We have no fault to find with the author’s description of diseases, their etiology, symptomatology, and pathology; but we regret we cannot bestow unmingled admiration on the therapeutical part of the work. The hygienic recommendations are good, especially those in connection with the subject of phthisis; but still, however good, they cannot entirely make up for the absence of careful therapeutic instruction in a professedly homœopathic work.

In a treatise on a special class of diseases intended to supply a desideratum in homœopathic literature, we should expect to have, above everything, minute directions as to the indications for different remedies in different varieties and different stages of

the diseases treated of. If these are omitted, the work may perhaps supply a want in general medical literature, but not in homœopathic literature. But Dr. Wyld has no pretensions to supply a want in general medical literature, for he knows full well that there are many treatises on the very disease he has written about, which his little book could never be intended to compete with, far less to supersede. But the therapeutics given by Dr. Wyld are as meagre as they possibly could be. In most cases he contents himself with simply informing us, such and such remedies have been recommended in such and such a disease, and in very few cases does he give even the vaguest indications for the use of one or more of the medicines. Of what earthly use such therapeutics can be to the homœopathic practitioner young, old, or middle aged, we are at a loss to conceive. The book would, in fact, have been quite as useful without this burlesque of homœopathy. There is another therapeutic feature in the work which we may notice. The allopathic treatment for each disease is mentioned for two reasons, as the author informs us; 1st, to show what the treatment really is, and especially to show those who believe that allopathy has become very mild and innocuous, that she still employs the most severe measures; 2nd, to suggest to the homœopathic practitioner the trial, in small doses, of some of the remedies employed by allopathy, in the event, we presume, of his own being unsuccessful, and to confirm him in his belief of the superiority of homœopathic medication by contrasting it with allopathic. But Dr. Wyld unfortunately caricatures allopathic treatment as much as he does homœopathic, viz., by merely giving a list of the processes adopted by allopathy, without reference to the circumstances in which they are used. What, for instance, can be made of such a specimen of allopathic practice as the following statement of the allopathic treatment of diphtheria? "Dilute Muriatic acid, applied to the membranous spots; Nitrate of silver, solid stick or a strong solution; ditto, Glycerine." What on earth is the meaning of "ditto, Glycerine?" Dr. Wyld confesses in his preface that "the reader may often find his style, if not obscure, at least somewhat cramped and unpo-

lished." But even with this warning we could hardly have expected to find such a sentence in a scientific work. We think we have met with something similar in a washerwoman's list.

At p. 209, Dr. Wyld says :—"Hæmoptysis, or spitting of blood ; hæmotomesis (*sic*), or vomiting of blood ; and pulmonary hæmorrhage, may be considered together." The first and last may well be considered together, as they are generally understood to mean one and the same thing ; but hæmatemesis is altogether different, and cannot be classed along with the others. Accordingly in the subsequent pages Dr. Wyld describes and gives directions for the treatment of hæmoptysis alone.

But we need not dwell on these minor defects of style and matter that disfigure Dr. Wyld's work, nor should we have adverted to them so particularly, were it not that in his preface Dr. Wyld invites any criticisms "that may enable him to render some future edition less imperfect."

Now we trust that if ever a future edition is called for, Dr. Wyld will take our friendly hint to correct all the carelessly written and obscure sentences in the work, and above all to expand the portions that relate to the homœopathic treatment of the various diseases, so as to render his treatise of some use to the homœopathic practitioner, beyond giving him the information he may obtain from any allopathic text-book on the same subject.

What we chiefly desire to see is a goodly number of homœopathic manuals, to serve as guides for the treatment of different classes of diseases. But unfortunately such practical manuals are precisely the kind of literature our writers do not excel in. We have excellent works, both scientific and popular, explanatory of the homœopathic doctrines, and we have plenty of admirable controversial books and pamphlets. But in the writing of handbooks and monographs of a really useful, practical character, our authors have not hitherto shone ; and with every wish to welcome cordially all works that can aid the practitioner, we regret to think how seldom we have been able to bestow unmixed praise on the attempts in this direction.

As, however, we feel confident that no good can be done by slurring over the deficiencies and shortcomings of the writers that come under our notice, we prefer the risk of incurring a little temporary unpopularity by our censures, to ingratiating ourselves by the indiscriminate praise of works that can neither benefit the practitioner nor promote the scientific advancement of homœopathy.

*Two Sides to a Question ; a few Observations on Mr. Braithwaite's "Temperate Examination of Homœopathy,"* by WM. BAYES, M.D., &c. &c. Manchester: Turner & Co., 1860.

*Homœopathy, Allopathy, and Expectancy ; a Criticism of Sir John Forbes' "Nature and Art in the Cure of Disease," and an Exposition of Homœopathy,* by R. M. THEOBALD, M.A., M.R.C.S., &c. &c. London: Leath & Ross, 1860.

WE have not space left to do more than call attention to these two excellent pamphlets. Their titles sufficiently explain what they are intended to be, the first a reply to Mr. Braithwaite's attack on Homœopathy; the second an answer to Sir John Forbes. Dr. Bayes's pamphlet is more adapted for popular reading, and Mr. Theobald's is better fitted for the profession, but both might be read with advantage by both public and profession. Cambridge is fortunate in possessing two such worthy champions of Homœopathy as Dr. Bayes and Mr. Theobald, and we trust they may frequently enter the lists to break a lance with our allopathic colleagues.

## MISCELLANEOUS.

*The Tenth Annual Report of the Board of Management of the London Homœopathic Hospital.*

By the publication of the Minutes of the General Meeting of the 12th and 17th May, and of the 3rd June, 1859, (as Addenda to the last Annual Report), the Governors and Subscribers were in-

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formed of the proceedings of the Board of Management and Building Committee, within a few days of the opening of the New Hospital for the reception of In-patients. On the 20th June last, the Wards being pronounced by the Medical Officers in a fit state for occupation, the first admissions took place. Between that date and the 31st December, 139 In-patients were received, and during the twelve-month from the 1st January to the 31st December, 1859, 2053 Out-patients were entered on the Books of the Hospital.

The following is a classified summary of the 139 In-patients treated during the six months to the 31st December, 1859.

	Total In-Patients.	Cured.	Relieved.	Discharged Unaltered.	Died.	Under Treatment 1st January, 1860.
CLASS I.— <i>Zymotic diseases</i> . . . . .	11	5	4	..	1	1
CLASS II.— <i>Sporadic diseases</i> :—						
<i>a.</i> —Dropsy, Cancer, and other diseases of Uncertain or Variable Seat . . . . .	17	6	8	..	..	3
<i>b.</i> —Tubercular disease . . . . .	15	9	2	1	1	2
<i>c.</i> —Diseases of the Brain, Spinal Marrow, Nerves, and Senses . . . . .	19	7	6	4	..	2
<i>d.</i> —Diseases of the Heart and Blood Vessels . . . . .	3	1	..	..	2	..
<i>e.</i> —Diseases of the Lungs and other Organs of Respiration . . . . .	9	5	2	..	..	2
<i>f.</i> —Diseases of the Stomach, Liver, and other Organs of Digestion . . . . .	18	7	6	1	1	3
<i>g.</i> —Diseases of the Kidneys, &c. . . . .	5	1	1	1	..	2
<i>h.</i> —Diseases of the Organs of Repro- duction . . . . .	9	1	4	2	..	2
<i>i.</i> —Rheumatism, Diseases of Bones, Joints, &c. . . . .	22	8	10	2	..	2
<i>k.</i> —Diseases of the Skin, Areolar Tissue, &c. . . . .	3	1	1	..	..	1
<i>l.</i> —Malformations . . . . .	2	1	1	..	..	..
CLASS III.—Violence, Poison, Privation, Cold, and Intemperance . . . . .	6	3	3	..	..	..
Total	139	55	48	11	5	20

One hundred and thirty-nine cases treated during six months is in the ratio of 278 for the year; but this number, although considerably in excess of the number received in any former year, is quite disproportioned to the capabilities of the present Hospital, and must not be regarded as affording any criterion of what may be

reasonably expected when the Hospital becomes better known amongst the poor in its new sphere of labour, and when Subscribers have become fully alive to the fact of how greatly they can assist the officers of the Institution by seeking out and sending cases, chiefly of an acute or sub-acute character, from amongst the poor in their several neighbourhoods.

According to the estimate of the Building Committee contained in their concluding Report of the 12th May last, the total expenditure on account of the New Hospital was set down at 10,340*l.* and it was stated that as the sums received and subscribed to the Building Fund to the 1st of that month, amounted to 9905*l.* a balance of about 435*l.* would probably remain to be provided. By the sale of articles remaining from the Bazaar in Hyde Park, a sum of 123*l.* 13*s.* 6*d.* was realised, and by the appropriation of Donations not specially devoted to the Reserve or General Funds, the above mentioned anticipated deficiency of 435*l.* has been reduced to a sum of 41*l.* 10*s.* 4*d.*, which has been met by an advance from the General Fund. The Governors and Subscribers will therefore learn with satisfaction that the whole of the liabilities, amounting to 10,215*l.* 19*s.* 6*d.*, *actually* incurred for the purchase, and for fitting-up, warming, ventilating, and furnishing the New Hospital, and for sundry incidental charges on the Building Fund from 1854 to the present year, having been paid, the Trustees of the Hospital have been put in possession of a freehold building, furnished with all the necessary appliances for carrying on the work of the Charity unincumbered with one penny of debt.

On the 1st Jan. 1859, the amount of Stock belonging to the Reserve Fund was 567*l.* 12*s.* 5*d.*, but by subsequent purchases during the year the total investments on this account amounted on the 31st December last, to 906*l.* 12*s.* 5*d.*. The Board of Management have much pleasure in reporting, that the additional subscriptions during 1859 amount to 225*l.*, and that the income derived from the Registration of Out-patients continues steadily to increase.

The sums received, and appropriated to the General Fund, during 1859, amounted to 1276*l.* 12*s.* 5*d.* which with a balance of 645*l.* 4*s.* 5*d.* remaining in the hands of the Bankers, on the 31st December, 1858, formed a total of 1921*l.* 16*s.* 10*d.* to meet the expenses of the Hospital during the year. After the payment of these expenses, which amounted to 1216*l.*, and after providing

for the above mentioned deficit on the Building Fund, and the investments on account of the Reserve Fund, the sum remaining undrawn on the 1st January of the present year was 805*l.* 6*s.* 5*d.*

In explanation of the large item of 162*l.* 2*s.* 11*d.* expended during the year 1859, for Printing and Stationery, it is necessary to state that upwards of 100*l.* of this amount has been caused by the revision of the Laws and Bye-Laws of the Hospital, and by the exhaustion of the stock of forms, books, and stationery, which had to be replaced at the opening of the New Hospital.

It is moreover to be observed, that a considerable saving of time, labour, and money is effected by the printing of many of the forms and tables in frequent use in the Dispensary and Honorary Secretary's office, a saving by no means unimportant in the small establishment of the Hospital.

The Treasurer, Mr. Nathaniel Barton, having for some time past been compelled to reside abroad for the benefit of the health of some of the members of his family, has placed his resignation in the hands of the Board; and Mr. H. Rosher (whose active and generous exertions in the cause of the Hospital are well known) having at their solicitation expressed his willingness to serve, his appointment, as Mr. Barton's successor, is now submitted for the approval of the Governors and Subscribers.

As Mr. Barton has been from the foundation of the Hospital, and still continues to be, one of its most liberal and devoted supporters, the Board would recommend that his name be retained in the list of the management, in the hope that he may ere long be enabled again to participate in the labours of the Board of Management.

Dr. Wyld has resigned his appointment as one of the Assistant Physicians, being prevented by his other engagements from undertaking an equal share of the duties assigned to his colleagues in attendance upon the Out-patients. Dr. Wyld has for some years been attached to the Honorary Medical Staff, and the thanks of the Governors and Subscribers are due to him for the services rendered to the Hospital.

By virtue of the power conferred on the Board by the 34th Law of the Hospital, and by the resolution of the General Meeting of the 3rd June last, Dr. Markwick has been appointed one of the Assistant Physicians, and Mr. William Henry Watts an Assistant Surgeon. Dr. Markwick has ever since the opening of the Hospital discharged

the very laborious duties of Assistant Physician, and the Board now submit his appointment, and that of Mr. Watts, for the confirmation of the Governors and Subscribers.

In order to meet the heavy and increasing demands made upon the Assistant Medical Staff by the rapid increase in the number of Out-patients, the Medical Council have recommended the appointment of a second Resident Medical Officer; and as the adoption of this suggestion is essentially necessary to carry on the work of the Hospital, the Board have intimated their readiness to carry it into immediate effect, subject to the approval of the Governors and Subscribers.

The Board cannot conclude this Report, without recording their grateful appreciation of the invaluable services of the Officers of the Honorary Medical Staff, whose skilful and considerate attention has earned for them the gratitude of the In and Out-patients placed under their care.

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*Minutes of the Annual General Meeting of 20th April, 1860.*

The Tenth Annual General Meeting of the Governors and Subscribers was held this day at four o'clock in the Board Room of the Hospital,

The Rt. Hon. Lord Ebury in the Chair.

The Notice convening the Meeting was read; and the Minutes of the last General Meeting of the 3rd June, 1859, were read and confirmed.

The Tenth Annual Report of the Board of Management was also read by the Honorary Secretary.

The Chairman moved the adoption of the Report and the suggestions therein contained for the appointment of Mr. H. Rosher to the office of Treasurer, *vice* Mr. N. Barton, and of an Assistant Resident Medical Officer; and adverting to the smallness of the Meeting, said, he supposed that they might regard this as a proof of the entire confidence of the Governors and Subscribers in the management of the Hospital—a confidence which he thought was well-deserved, since they had so satisfactory a proof of the wisdom and good conduct of the Board in the statements contained in the Report just read. It was, indeed, a subject of much congratulation to learn that so considerable an expenditure on account of the New Hospital, amounting to 10,216*l.*, had been fully met, and that after



adding to the Reserve Fund, now amounting to upwards of 900*l.*, and providing for the ordinary expenses of the year, they were in the proud position of being not only free from anything in the shape of debt, but with an available balance for current expenses of upwards of 300*l.* It was also satisfactory to learn that the demands for relief on the part of the poor rendered it necessary to have another salaried Medical Officer. In Mr. Rosher he (the Chairman) was sure they would have a worthy successor to Mr. Barton in the important office of Treasurer.

The Report and the suggestions of the Board were unanimously adopted.

Dr. Quin, seconded by Mr. C. Trueman, moved a vote of thanks to the Board of Management, the auditors, the Treasurer, the Sub-Treasurer, and the Honorary Secretary, for their services during the past year. This motion having been adopted, Mr. Boodle returned thanks.

On the motion of Dr. Russell, seconded by Mr. Williams, R. Jennings, George Smith, and Charles Trueman, Esquires, were elected to supply the vacancies which had occurred in the Board of Management; and the re-appointment of the Auditors and of the Honorary Secretary was agreed to.

Mr. Hughes, seconded by Mr. Rosher, having proposed a vote of thanks to the officers of the Honorary Medical Staff, said that from his constant visits to the wards as a member of the House Committee, he could testify to the great kindness, skill, and sympathy shown by the Medical Officers to the poor inmates, who were loud in their praises of the Medical Officers of the Institution. The general remark of the patients was, that in the London Homœopathic Hospital they had found not merely an asylum but a home during their sickness, and he (Mr. Hughes) could not but feel that those who, without any prospect of pecuniary or worldly advantage, had thus laboured for the good of the poor, were actuated by motives which would receive at the hands of the supporters of the Institution that meed of praise and hearty appreciation to which they were so justly entitled.

The Motion having been adopted, Dr. Russell returned thanks in the names of himself and of his colleagues, and expressed the satisfaction of the whole of the Medical Staff at the harmony that had characterised their operations, and the considerate way in which the Board of Management had attended to their wishes.

A vote of thanks to the Chairman was, on the motion of Mr. Dutton, agreed to, and the Chairman having replied, the Meeting was adjourned.

Return of Cases of In-Patients treated at the London Homœopathic Hospital, Great Ormond Street, from the 20th of June to the 31st of December, 1859.

	Total.	Cured.	Relieved.	Dismissed Unrelieved.	Disd.	Under Treatment.
<b>I.—Zymotic or Contagious Diseases:—</b>						
Acute Dysentery	1	..	..	..	1	..
Chronic Dysentery	1	..	1	..	..	..
Intermittent Fever	1	1	..	..	..	..
Continued Fever	2	1	..	..	..	1
Incipient Typhus Fever	1	1	..	..	..	..
Febricula	1	1	..	..	..	..
Febris simplex	1	1	..	..	..	..
Secondary Syphilis	1	..	1	..	..	..
Syphilitic Exostosis	1	..	1	..	..	..
Gonorrhœa	1	..	1	..	..	..
<b>II.—Sporadic Diseases:—</b>						
<b>a.—Ulcers</b>						
11	3	6	..	..	2	..
Abscess	1	1	..	..	..	..
Thecal Abscess	1	1	..	..	..	..
Epithelial Cancer	1	1	..	..	..	..
Necrosis of Femur	1	..	..	..	..	1
Bursitis	1	..	1	..	..	..
Fibrous Tumor on Lower Jaw	1	..	1	..	..	..
<b>b.—Acute Hydrocephalus</b>						
1	..	..	..	1	..	..
<b>Scrofulous Ophthalmia</b>						
8	8	..	..	..	..	..
<b>Incipient Phthisis</b>						
2	..	1	1	..	..	..
<b>Phthisis</b>						
3	..	1	..	..	..	2
<b>Scrofulous Disease of Finger</b>						
1	1	..	..	..	..	..
<b>c.—Cephalalgia</b>						
2	..	..	2	..	..	..
<b>Congestion of Head</b>						
2	1	1	..	..	..	..
<b>Melancholia</b>						
1	..	..	1	..	..	..
<b>Hysteria</b>						
6	8	3	..	..	..	..
<b>Hypochondriasis</b>						
1	..	1	..	..	..	..
<b>Sequæ of Apoplexy</b>						
1	..	..	..	..	..	1
<b>Incipient Paralysis</b>						
1	1	..	..	..	..	..
<b>Hemiplegia</b>						
1	..	..	1	..	..	..
<b>General Paralysis</b>						
1	..	..	..	..	..	1
<b>Sciatica</b>						
2	1	1	..	..	..	..
<b>Retinitis</b>						
1	1	..	..	..	..	..
<b>d.—Morbus Cordis</b>						
2	..	..	..	..	2	..
<b>Endocarditis</b>						
1	1	..	..	..	..	..
<b>e.—Bronchitis</b>						
2	1	..	..	..	..	1
<b>Pneumonia</b>						
1	1	..	..	..	..	..
<b>Pleurisy and Pneumonia</b>						
1	..	..	..	..	..	1
<b>Empyema</b>						
1	1	..	..	..	..	..
<b>Asthma</b>						
2	..	2	..	..	..	..

	Total	Cured.	Relieved.	Dismissed Unrelieved.	Died.	Under Treatment.
Aphonia . . . . .	1	1	..	..	..	..
Hæmoptysis . . . . .	1	1	..	..	..	..
f.—Ascites . . . . .	3	1	2	..	..	..
Hepatitis . . . . .	3	1	1	..	..	1
Jaundice . . . . .	1	..	..	1	..	..
Gastralgia . . . . .	1	1	..	..	..	..
Subacute Gastritis . . . . .	1	..	..	..	..	1
Cardialgia and Gastric Irritation . . . . .	1	..	1	..	..	..
Hæmatemesis . . . . .	1	1	..	..	..	..
Cancer of the Stomach . . . . .	1	..	..	..	1	..
Abdominal Tumour . . . . .	1	..	1	..	..	..
Chronic Peritonitis . . . . .	1	1	..	..	..	..
Tænia . . . . .	1	..	1	..	..	..
Tonsillitis . . . . .	2	2	..	..	..	..
Fistula in Ano . . . . .	1	..	..	..	..	..
g.—Nephralgia . . . . .	1	1	..	..	..	..
Nephritis . . . . .	1	..	..	..	..	1
Disease of the Bladder . . . . .	1	..	..	1	..	..
Cystitis . . . . .	1	..	..	..	..	1
Diabetes . . . . .	1	..	1	..	..	..
A.—Prolapsus Uteri . . . . .	1	..	..	1	..	..
Chronic Metritis . . . . .	1	..	1	..	..	..
Metritis, with Congestion . . . . .	1	..	..	..	..	1
Menorrhagia . . . . .	1	1	..	..	..	..
Carcinoma of Uterus . . . . .	1	..	..	1	..	..
Ovaritis . . . . .	1	..	1	..	..	..
Ovarian Tumour . . . . .	1	..	1	..	..	..
Chlorosis . . . . .	1	..	..	..	..	1
Hydrocele . . . . .	1	..	1	..	..	..
i.—Morbus Coxarius . . . . .	3	1	1	1	..	..
Acute Rheumatism . . . . .	6	3	3	..	..	..
Chronic Rheumatism . . . . .	6	1	3	1	..	1
Syphilitic Rheumatism . . . . .	2	1	..	..	..	1
Gouty Rheumatism of Feet . . . . .	1	..	1	..	..	..
Arthritis . . . . .	1	1	..	..	..	..
Rheumatic Gout . . . . .	1	..	1	..	..	..
Inflammation of Knee . . . . .	1	1	..	..	..	..
Inflammation of Elbow Joint . . . . .	1	..	1	..	..	..
k.—Syphilitic Verruæ . . . . .	1	..	1	..	..	..
Syphilitic Rupia and Ulceration of Leg . . . . .	1	..	..	..	..	1
Eczema . . . . .	1	1	..	..	..	..
l.—Congenital Nævus . . . . .	1	..	1	..	..	..
Deformity of Finger . . . . .	1	1	..	..	..	..
III.—Contusion . . . . .	3	2	1	..	..	..
Sprain of Ankle and Sun-stroke . . . . .	1	1	..	..	..	..
Mercurial Poisoning . . . . .	2	..	2	..	..	..

LONDON HOMŒOPATHIC HOSPITAL, BALANCE SHEET FOR THE YEAR 1859.

GENERAL FUND.

1859.	£ s. d.	1859.	£ s. d.
Jan. 1. To Stock, New 3 per cents. ....	567 19 5	Dec. 31. By Expenses—	
Balance at Bankers .....	645 4 5	House Expenses .....	£990 11 1
Dec. 31. To Receipts—		Salaries and Wages .....	361 19 5
Subscriptions .....	774 0 0	Rates and Insurance .....	34 7 1
Donations .....	346 4 6	Printing and Stationery .....	163 3 11
Registrations Fees .....	185 6 0	Furniture and Repairs .....	179 3 5
Interest on Stock, &c. (one year) .....	31 1 11	Coal and Gas .....	59 18 3
	1976 19 5	Dispensary .....	68 15 9
		Advertisements .....	21 9 8
		Postage and Carriage .....	31 9 0
		Incidental Expenses .....	13 3 6
		Building Fund (loan) .....	1316 0 1
		Stock, Consols .....	300 0 0
		" New 3 per cents .....	£339 0 0
		Balance at Bankers .....	567 13 5
	£2489 9 3		
		Balance at Bankers .....	£2489 9 3

SAMARITAN FUND.

1859.	£ s. d.	1859.	£ s. d.
Jan. 1. To Balance in hand .....	7 3 0	Dec. 31. By Petty Expenses .....	2 2 0
		Balance at Bankers .....	5 0 0
	£7 3 0		
		Balance at Bankers .....	£7 3 0

BUILDING FUND.

1859.	£ s. d.	1859.	£ s. d.
Jan. 1. To Balance at Bankers .....	1381 8 0	Dec. 31. By Expenses—	
Receipts—		New Hospital .....	£1916 9 4
Donations .....	£987 9 4	Furniture, &c., &c. ....	694 6 1
Proceeds of Sales in Board Room, &c. ....	281 5 3	Expenses of Sales in Board Room .....	13 19 3
General Fund (loan) .....	1148 14 7	Petty Disbursements .....	3 15 3
	200 0 0		
	£2700 3 7	Petty Cash Balance paid Honorary Secretary .....	2036 9 10
		Balance at Bankers .....	0 13 1
		Balance at Bankers .....	109 19 8
		Balance at Bankers .....	£2730 3 7

Examined and found correct. (Signed) HENRY GOEY,  
 GEORGE HALETT,  
 R. T. REEP.

LONDON, Feb. 24 1860.

*Hull Homœopathic Institution.*

The annual meeting of the subscribers to this institution was held on Thursday, the 7th of June, 1860, Robert Raikes, Esq., in the chair.

The committee reported that, during the past year, 1407 persons had received advice and medicine, being an increase of 151 over the number of patients of the previous year.

The treasurer's report shewed an increase of £21 4s. 6d. in the payments made by patients.

The medical officers presented the following tabular statement of the work done at the dispensary:—

	Admitted.	Cured.	Believed.	Un- changed.	Died.	Under treatment.	Total
	1208	673	405	58	10	261	1407
Remaining from } last year .... }	199						
	<hr/>						1407

The causes of death were:—

## CHRONIC DISEASE.

H.,	Saxby,	æt. 64	.....	Dropsy from disease of heart.
F.,	Hull,	„ 3 months	..	Marasmus.
W.,	Hull,	„ 18	.....	Phthisis.
C.,	Hull,	„ 3 months	..	Marasmus.
H.,	Hull,	„ 59	.....	Bright's kidney.
P.,	Hull,	„ 31	.....	Phthisis.
P.,	Hull,	„ 39	.....	Phthisis.
C.,	Hull,	„ 7	.....	Marasmus.

## ACUTE DISEASE.

McK.,	Hull,	æt. 3	.....	Pneumonia.
W.,	Hull,	„ 8 months	..	Bronchitis.

The two last, both of whom were brought to the institution in a moribund state, were the only deaths that had occurred during the year from acute disease.

The officers and committee of the past year were unanimously re-elected.

Henry Blundell, Esq. stated that he understood in some large towns offers were being made to secure a ward in the established hospitals, in order that those of the sick poor who preferred it might

have homœopathic treatment. He felt that no opportunity should be lost of bringing the desirability of such an arrangement under the consideration of the authorities of the infirmary here. He dwelt on the necessity of pressing the claims of homœopathy generally, and of this institution, on the attention of the public, and concluded by moving that the committee be recommended to issue a brief circular to the friends of homœopathy and the public generally, expressing the desirability of additional subscriptions, to enable them to carry out the recommendation of the medical officers, viz., in appointing a paid resident surgeon.

The thanks of the meeting were given to the medical officers.

Mr. Blundell, Rev. J. Dech, and Rev. A. Jukes spoke of many instances of the benefits which the poor had derived from the treatment at this institution, and their thankfulness for the good they had received.

A vote of thanks was unanimously given to the chairman, R. Raikes, Esq.

OFFICERS AND COMMITTEE FOR THE YEAR.

Robert Raikes, Esq., *President.*

Daniel Sykes, Esq., *Vice-President.*

John Skelbeck, Esq., *Treasurer.*

James R. Pease, Esq., *Hon. Secretary.*

*Committee.*—Thomas Calgen, Esq., C. M. Norwood, Esq., William Croft, Esq., Rev. A. Jukes, G. C. Roberts, Esq.

*Medical Officers.*—Drs. Atkin and Evan Fraser, M.R.C.S.E.

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*On the Arsenic-Eaters of Styria.*

By CHARLES HEISON, Esq., F.C.S.

(From the *Pharmaceutical Journal.*)

If human testimony be worth anything, the fact of the existence of arsenic-eaters is placed beyond a doubt. Dr. Lorenz, to whom questions were first addressed, at once stated that he was aware of the practice, but added, that it is generally difficult to get hold of individual cases, as the obtaining of arsenic without a doctor's certificate is contrary to law, and those who do so are very anxious to conceal the fact, particularly from medical men and priests. Dr. Lorenz was, however, well acquainted with one gentleman, an arsenic-

eater, with whom he kindly put me in communication, and to whom I shall refer again more particularly. He also says that he knows arsenic is commonly taken by the peasants in Styria and the Salzkammergut, principally by huntsmen and wood-cutters, to improve their wind and prevent fatigue. He gives the following particulars:—

The arsenic is taken pure, in some warm liquid, as coffee, fasting, beginning with a bit the size of a pin's head, and increasing to that of a pea. The complexion and general appearance are much improved, and the parties using it seldom look so old as they really are; but he has never heard of any case in which it was used to improve personal beauty, though he cannot say that it is never so used. The first dose is always followed by slight symptoms of poisoning, such as burning pain in the stomach, and sickness, but not very severe.

Once begun, it can only be left off by very gradually diminishing the daily dose, as a sudden cessation causes sickness, burning pains in the stomach, and other symptoms of poisoning, very speedily followed by death.

As a rule, arsenic-eaters are very long lived, and are peculiarly exempt from infectious diseases, fevers, &c.; but, unless they gradually give up the practice, invariably die suddenly at last.

In some arsenic works near Salzburg, with which he is acquainted, he says the only men who can stand the work for any time are those who swallow daily doses of arsenic, the fumes, &c. soon killing the others. The director of these works, the gentleman before alluded to, sent me the following particulars of his own case. (This gentleman's name I suppress, as he writes that he does not wish the only thing known about him in England to be the fact that he is an arsenic-eater; but if any judicial enquiry should arise which might render positive evidence of arsenic-eating necessary, his name and testimony will be forthcoming.)

“At seventeen years of age, while studying, I had much to do with arsenic, and was advised by my teacher, M. Bönsch, professor of chemistry and mineralogy at Eisleben, to begin the habit of arsenic-eating. I quote the precise words he addressed to me:— ‘If you wish to continue the study of assaying, and become hereafter superintendent of a factory, more especially of an arsenic factory, in which position there are so few, and which is abandoned by so many, and to preserve yourself from the fumes which injure the lungs of most, if not all, and to continue to enjoy your customary health and spirits, and to attain a tolerably advanced age, I advise you, nay, it

is absolutely necessary, that besides strictly abstaining from spirituous liquors, you should learn to take arsenic; but do not forget, when you have attained the age of fifty years, gradually to decrease your dose, till from the dose to which you have become accustomed, you return to that with which you began, or even less.' I have made trial of my preceptor's prescription till now, the forty-fifth year of my age. The dose with which I began, and that which I take at present, I enclose; they are taken once a day, early, in any warm liquid, such as coffee, but not in any spirituous liquors."

The doses sent were No. 1, original dose, three grains; No. 2, present dose, twenty-three grains of pure white arsenic, in coarse powder. Dr. Arbele says this gentleman's daily dose has been weighed there also, and found as above. Mr. — continues:—

"About an hour after taking my first dose (I took the same quantity daily for three months), there followed slight perspiration with griping pains in the bowels, and after three or four hours a loose evacuation; this was followed by a keen appetite, and a feeling of excitement. With the exception of the pain, the same symptoms follow every increase of the dose. I subjoin, as a caution, that it is not advisable to begin arsenic-eating before the age of twelve or after thirty years." In reply to my question, if any harm results from either interrupting or altogether discontinuing the practice, he replies:—"Evil consequences only ensue from a long continued interruption. From circumstances, I am often obliged to leave it off for two or three days, and I feel only a slight languor and loss of appetite, and I resume taking the arsenic in somewhat smaller doses. On two occasions, at the earnest solicitations of my friends, I attempted entirely to leave off the arsenic. The second time was in January, 1855. I was induced to try it a second time, from a belief that my first illness might have arisen from some other cause. On the third day of the second week after leaving off the dose, I was attacked with faintness, depression of spirits, mental weakness, and a total loss of the little appetite I still had; sleep, also, entirely deserted me. On the fourth day I had violent palpitation of the heart, accompanied by profuse perspiration. Inflammation of the lungs followed, and I was laid up for nine weeks, the same as on the first occasion of leaving off the arsenic. Had I not been bled, I should most likely have died of apoplexy. As a restorative, I resumed the arsenic-eating in smaller doses, and with a firm deter-



mination never again to be seduced into leaving it off, except as originally directed by my preceptor. The results on both occasions were precisely the same, and death would certainly have ensued, had I not resumed arsenic-eating."

One of the most remarkable points in this narrative is, that this gentleman began with a dose which we should consider poisonous. This is the only case of which I have been able to obtain such full particulars; but several others have been mentioned to me, by those who knew the parties, and can vouch for their truth, which I will briefly relate.

One gentleman, besides stating that he is well aware of the existence of the practice, says he is well acquainted with a brewer in Klagenfürth, who has taken daily doses of Arsenic for many years. He is now past middle life, but astonishes every one by his fresh juvenile appearance. He is always exhorting other people to follow his example, and says: "See how strong and fresh I am, and what an advantage I have over you all! In times of epidemic fever or cholera, what a fright you are in, while I feel sure of never taking infection."

Dr. Arbele writes: "Mr. Curator Kürsenger (I presume, curator of some museum at Salzburg), notwithstanding his long professional work in Lungau and Binzgau, knew only two arsenic eaters—one the gentleman whose case has just been related, the other the ranger of the hunting district in Grossarl, named Trauner. This man was, at the advanced age of 81, still a keen chamois hunter, and an active climber of mountains. He met his death by a fall from a mountain height, while engaged in his occupation. Mr. Kürsenger says he always seemed very healthy, and every evening regularly, after remaining a little too long over his glass, he took a dose of arsenic, which enabled him to get up the next morning perfectly sober and quite bright. Professor Fenzl, of Vienna, was acquainted with this man, and made a statement before some learned society concerning him, a notice of which Mr. Kürsenger saw in the *Wiener Zeitung*; but I have not been able to find the statement itself. Mr. Krum, the pharmacist here, tells me that there is in Stürzburg a well-known arsenic eater, Mr. Schmid, who now takes daily 12, and sometimes 15 grains of arsenic. He began taking arsenic from curiosity, and appears very healthy, but always becomes sickly and falls away if he attempts to leave it off. The director of the arsenic factory before alluded to, is

said also to be very healthy, and not to look so old as 45, which he really is.\*

As a proof how much secrecy is observed by those who practise arsenic eating, I may mention that Dr. Arbele says he inquired of four medical men, well acquainted with the people of the districts in question, both in the towns and country, and they could not tell him of any individual case, but knew of the custom only by report.

Two criminal cases have been mentioned to me, in which the known habit of arsenic eating was successfully pleaded in favour of the accused. The first, by Dr. Kottowitz, of Neuhaus, was of a girl taken up in that neighbourhood on strong suspicion of having poisoned one or more people with arsenic; and though circumstances were strongly against her, yet the systematic arsenic-eating in the district was pleaded so successfully in her favour, that she was acquitted, and still lives near Neuhaus, but is believed by every one to be guilty.

The other case was mentioned by Dr. Sozenz. A woman was accused of poisoning her husband, but brought such clear proof that he was an arsenic-eater, as fully to account for arsenic being found in the body. She was of course acquitted.

One fact mentioned to me by some friends is well worthy of note. They say: "In this part of the world, when a graveyard is full, it is shut up for about twelve years, when all the graves which are not private property by purchase are dug up, the bones collected in the charnel-house, the ground ploughed over, and burying begins again. On these occasions the bodies of arsenic-eaters are found almost unchanged, and recognisable by their friends.† Many people suppose that the finding of their bodies is the origin of the story of the vampire."

In the *Medicinischer Jahrbuch des Oester. Kaiserstaates*, 1822, neueste Folge, there is a report by Professor Schallgruber, of the Imperial Lyceum at Grätz, of an investigation undertaken by order of government, into various cases of poisoning by arsenic. After giving details of six post-mortem examinations, he says:—"The reason of the frequency of these sad cases appears to me to be the

\* The man above mentioned seems quite to differ with Mr. — on the impropriety of taking arsenic with spirituous liquors, and actually employs it as a means of correcting their effects. All others that I have heard of concur in saying that it should be taken fasting.

† The fact of the preservation of the bodies shews that some considerable quantity must be retained.

familiarity with arsenic which exists in our country, particularly the higher parts. There is hardly a district in Upper Styria where you will not find arsenic in at least one house, under the name of hydrach. They use it for the complaints of domestic animals, to kill vermin, and as a stomachic to excite an appetite. I saw one peasant show another, on the point of a knife, how much arsenic he took daily, without which, he said, he could not live. The quantity I should estimate at 2 grains. It is said, but this I will not answer for, that in that part of the country this poison is used in making cheese; and, in fact, several cases of poisoning have occurred in Upper Styria—one not long since. The above-mentioned peasant states—I believe truly—that they buy the arsenic from the Tyrolese, who bring into the country spirits and other medicines, and so are the cause of much mischief." This report is, I believe, mentioned in "Orfila's Toxicology," and one or two other works; but I have not seen it quoted myself. It is interesting as being early and official evidence of arsenic-eating.

Since I received the above information, a gentleman who was studying at this hospital told me, that when an assistant in Lincolnshire, he knew a man who began taking arsenic for some skin disease, and gradually increased the dose to 5 grains daily. He said he himself supplied him with this dose daily for a long time. He wrote to the medical man with whom he was an assistant, and I have been for a long time promised full particulars of the case; but beyond the fact that he took 5 grains of Arsenic, in the form of Fowler's solution, daily for about six years, and could never leave it off without inconvenience and a return of his old complaint, I have as yet not received them.

I have proposed to the gentleman who furnished me with the particulars of his own case, either to make an estimate of the arsenic contained in his own urine and fæces during twenty-four hours, or to collect the same and forward them to me, that I may do so; but as yet have received no answer.

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#### *Radical Cure of Phthisis in the third stage.*

M. Piorry has authorised a medical gentleman, of the name of Guirette, from Lyons, to institute in his wards a series of experiments in order to test the value of a new plan, proposed by the said

Dr. Guirette, for the radical cure of phthisis pulmonalis during its third or suppurative stage.

Such a proposition, at first sight, is unpromising, and especially at the Charité, whose wards are still echoing with the cruel humbugs and deceptive professions of the Docteur Noir; nevertheless, I am disposed to think M. Piorry quite justified in giving the present scheme a fair trial. The method of treatment consists in the establishment of a fistulous opening through the integuments of the thorax and the pleura into the lung at the diseased part, and in the free admission of atmospheric air into the cavity of the abscess, which at the same time discharges its contents externally. Dr. Guirette was led to believe in the feasibility of such a plan by a pure accident. Having at the hospital at Lyons applied an issue to the chest of a phthisical patient over the site of a cavity, and having inserted a pea in order to keep up the counter-irritation, this practitioner found that the foreign body had worked its way into the lung, and caused the pus contained in the abscess, which was a very superficial one, to escape at the artificial opening. The result, so far from being fatal to the patient, was so beneficial as to lead to complete recovery. He left the hospital apparently cured, and emigrated to Rio Janiero.

Since the occurrence of this case, Dr. Guirette has applied the penetrating cautery in three instances, and each time with the best success. Encouraged by this experience, he has come to Paris to submit his plan to public criticism; and although he has met with many rebuffs, is now enabled, by the kindness of M. Piorry, to plead his own cause—or rather, that of his new system of treatment of this most incurable complaint. Operations have already been commenced; and a lad, aged about 18 years, with all the symptoms of an abscess under the left clavicle, has been handed over to Dr. Guirette, who applied, on the 3rd instant, a cautery of Vienna paste in the third intercostal space, toward the axilla. This, when the eschar falls, will be replaced by a pea attached to a thread of silk.—(*Lancet*.)

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*The Administration of Ozonized Oils.*

By Dr. THOMSON.

These ozonized oils were prepared by saturating different oils with oxygen gas, and then exposing them for a considerable time to the direct rays of the sun. The presence of ozone was indicated by the bleaching properties acquired by the oils, and by their action upon

iodide of potassium and starch. Eighteen cases of phthisis are mentioned which were treated with these ozonized oils. It does not appear that the treatment was productive of any lasting improvement; its chief effects seemed to be a slight increase in weight, and a remarkable diminution in the rate of the pulse. That this diminution of the pulse was due to the ozone was rendered highly probable from the circumstance that the same result did not follow the use of the simple oils. In one case the simple and the ozonized oils were alternated three times, and on each occasion with a direct and remarkable alteration of the pulse. The subject introduced by Dr. Thompson is one which merits further investigation.—*British and Foreign Med. Chir. Journal.*

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#### *Tanghinia.*

In a paper on this poison, Professor Pelekan states:—This tree grows in Madagascar, and belongs to the family of apoginæ (to which, also, vinca and nerium oleander belong). It contains a milky juice; its most poisonous part is the fruit, a large berry, similar to a lemon, with a stone resembling that of a peach, which is the principal seat of the poison. Professor Pelekan had an alcoholic extract prepared from the leaves and stalk of the plant, and, aided by Professor Kölliker, experimented with it on frogs. The experiments proved that it does not belong to tetanic poisons. Its effect is particularly directed upon the heart, the action of which it paralyzes, leaving the ventricles in a bloodless condition. This effect is a direct one, and not brought about merely by the medulla oblongata and the spinal marrow. Secondly, it paralyzes the motor nerves in the direction from the centre towards the periphery; tertiarily, it paralyzes the muscles of voluntary motion. The tanghinia is thus to be considered a specific poison for the heart and muscles. It paralyzes the muscles less rapidly than upas, veratrine, and sulphocyanide of potassium; but in regard to its paralyzing action upon the heart, surpasses considerably the two other poisons, veratrine and the sulphocyanide.—*Verhandlungen der Phys. Med. Gesellschaft in Würzburg*, Band IX. p. 1; and *North American Med. Chir. Rev.*, Jan. 1860.

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#### *Poisoning with Kunaree.*

Assistant-surgeon F. Broughton, Civil surgeon Kholapore, reports that a case of poisoning occurred at the above place with this vege-

table. The Kunaree (*nerium odoratum*, or oleander) is well known and extensively resorted to in this part of India as a poison, the expressed juice from the red variety being considered the strongest and most fatal. Large doses are so generally followed by death, that this is the first occasion in which it has been possible to mark the effects of a known quantity.

Kardaree bin Dewba, a wood-cutter, aged 35, of slight and delicate appearance, was brought to the Civil Hospital at Kholapore, on the morning of the 9th of August, 1858, in a state of insensibility. It appeared from the evidence of his wife, who accompanied him, that a quarrel had arisen between them in reference to the *res angusta domi*, and that he had swallowed a cup of Kunaree. From a subsequent investigation, it was ascertained that the cup contained a little more than an ounce of expressed juice of oleander, and that at the time of drinking the poison he was standing five yards from his door, towards which he walked immediately, and fell senseless at the threshold.

On admission, his face and eyes were flushed, head hot and perspiring, with stertorous breathing, and foaming at the mouth. This was accompanied by violent spasmodic contractions of the muscles of the entire body, but more remarkably so in the superior than inferior extremities, and also more developed on the left than on the right side. The effect of this was remarkable. During the intervals of spasm, the patient lay evenly upon his back; and when action commenced, the greater contraction of the left side threw him over on his right, in which position he remained during the paroxysm, after the subsidence of which he fell back into the natural position of exhaustion. Emetics of antimony having failed, sulphate of zinc produced the ejection of large quantities of greenish matter.

Insensibility remaining, with quick pulse and hot skin, leeches were applied to the temples, and sulphate of magnesia given as an aperient. The bowels were moved, although involuntarily, and the evacuations were watery, greenish in colour, containing but little feculent matter. The spasms returned at intervals of an hour, and were apparently produced by any attempts to move or rouse him. Towards evening the spasms decreased, the face became pale, the pulse sank to a thread, the eyes sank into their sockets, and the extremities rapidly became cold. Frictions, mustard poultices, with hot bottles, ammonia, and camphor restored the circulation, but insensibility continued, and the bowels were moved involuntarily. In this condition he remained the whole of the next day; the spasms

were less violent, and diminished in frequency. He swallowed the ammonia, camphor, and magnesia, which were continued, but the urine and evacuations still passed involuntarily. On the evening of the 10th, reaction was established, the skin became hot, and the pulse increased; there were no spasms, but insensibility remained as complete as before. A full dose of castor oil was given; and the bowels acted freely, after which he seemed to be in a quiet sleep.

He awoke in the morning of the 11th, restored to speech and reason. Weakness only remained, as the natural consequence of so violent a seizure. He entirely recovered, and was not, Mr. Broughton fears, particularly grateful for his recovery, as he anticipated a recurrence of domestic trouble. He assured Dr. Broughton, however, that he recollected nothing from the moment he swallowed the draught, and could form no opinion of the time which elapsed since the suicidal attempt and his recovery.—*Transactions of the Medical and Physical Society of Bombay.* 1859.

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#### *Fate of a Medical Fact.*

M. Piorry, physician of the Charité, some years ago astonished the medical public by the announcement that the dissentient action of the sulphate of quinine upon an engorged spleen was almost instantaneous; and that, on percussing the region of the enlarged organ thirty seconds after the administration of a potion containing a certain dose of this drug, a considerable diminution might be observed in its size. This theory he delighted to demonstrate, by mapping out with coloured chalk the limits of the spleen, and then requesting some bystander of sceptical aspect to convince himself of the fact, by testing with his own fingers the striking alteration produced so rapidly by a wine-glassful of quinine mixture. Not a few of your readers, some even of the incredulous St. Thomas stamp, have been thus converted to a belief in the magical influence of bark in dissipating engorgement of the spleen with a "presto pass" charm, that rivals Robert Houdin, or Anderson, the Wizard of the North. To-day, however, comes a Marplot, a dispeller of these pleasant illusions—prosaic M. Nonab. He takes the same coloured chalk pencil to the bedside of a patient suffering from ague, draws the same pretty sketch of his engorged spleen, gives the patient a drink of water only, and finds the organ reduced within the limits of the pretty sketch, to the same extent that M. Piorry did when administering

his bitter draught; explaining the same by saying, that as the stomach is in the habit of contracting its walls upon receiving the stimulus of an ingestum, the spleen, which is perched like a coachman on the diekey, at its left side, follows the contracted organ, and its surface is thus withdrawn in part from contact with the abdominal walls. This is too bad; and M. Piorry has to swallow his long-cherished quinine theory, in the shape of a bitter pill.—*Lancet.*

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*A case of suspected Poisoning by White Precipitate.*

By A. C. SHOUT, M.R.C.S.

The object of my paper is to lay before your readers a case of suspected poisoning by white precipitate powder, and which, on account of its rareness, may prove interesting, especially as there is no authenticated case to be met with in works on Toxicology. It has just been investigated by the coroner, and has terminated in a verdict of "wilful murder" against the accused. I am sorry to say the previous history of the case is very imperfect, as there was no suspicion of foul play during life, and such only came to light a few hours previous to the burial of the infant.

The history of the case is as follows:—

H. Moore, a young woman, with her illegitimate child, aged three months, was admitted into Petworth workhouse on November 17, 1859, under an order of removal from Guildford, where she had previously been confined. The child appears to have been suffering from disordered alimentation consequent on improper food; for in a few days after its admission into the workhouse, my attention was drawn to it by the matron. I examined the child carefully, but could not discover anything seriously the matter, except that it appeared griped, as from wind; there was no diarrhœa, and it took its food well. As the mother had been feeding it on bread sop, in consequence of having no milk of her own, which failed about a week after her confinement, I ordered milk, arrowroot, sugar, and a little ginger to be substituted for the original diet; likewise a powder containing hydrarg. c. cretâ, gr. ij., pulv. rhei, grs. iij. at bedtime, and a teaspoonful of castor oil in the morning.

The child was plump and well formed, and did not appear to be suffering from any acute disease, beyond what infants of the same age often suffer from. I did not see the child again till two or



three days after the first administration of the powder, when my attention was again called to it, and I was informed it was suffering from diarrhœa, and as this disorder was very prevalent at that time among the inmates, and having several children affected, I was not surprised. I prescribed *confectio aromatica*, *mucilago acaciæ*, a small quantity of *tinct. camphoræ comp.* and *aq. menth. pip.* The infant was under treatment nearly three weeks, and it had, during that time, only four powders, each containing *hyd. c. cretâ, gr. ij., pulv. rhei, grs. iij.*, which were given at intervals of a few days, and always followed by a teaspoonful of castor oil in the morning. The child rapidly improved under this treatment, and was considered well, the last powder having been given on Friday evening, December 16, after which time no more medicine was administered, or was my attention directed to it professionally.

On Wednesday morning, December 21, a message was brought from the matron, wishing me to call at the workhouse during the day to see another child, likewise informing me that the infant Moore was not so well. As the message was not urgent, I did not arrive at the house till nearly noon; upon my arrival I was informed that the infant Moore had been taken ill during the previous night, that there had been vomiting and purging, and its cries had been so bad as to keep the rest of the women sleeping in the same ward awake the greater part of the night. I at once proceeded to the hospital where the child then was, found it lying on a bed; its countenance was most peculiar, the eyes being deeply sunk in its head, with dark areolæ round the orbits, the features drawn and remarkably acute, more resembling an old man than an infant of three months; the whole surface of the body very pale and cold; the pulse small, weak, and thready—at times imperceptible; there were no head symptoms, the child being perfectly sensible, for when touched, it cried out. On making pressure on the epigastrium, the whole countenance gave evidence of severe agony, and the infant uttered a piercing scream. I pronounced the child dying, and gave it as my opinion that it was then beyond medical aid, and that a few hours would close its earthly career. Such being its state, I did not feel justified in increasing its sufferings by administering medicine in any shape or form; and as the mother informed me the throat was sore, with difficulty of deglutition, I ordered the nutriment to be given in a liquid form. I then retired, when one of the women informed me that the mother had administered cold food during the night; and this was during the late severe wea-

ther, the ground covered with snow, and intense frost at night. I remonstrated with the mother upon her cruelty in giving cold food to an infant lately ailing with bowel affection, especially as she had ample means at her command for warming it, and remarked, if such was the case, I was not surprised at the result.

I did not see the child any more that day, nor did any message reach me till the following morning, when I was informed the child lingered on during the night, gradually becoming weaker and weaker, when death terminated its sufferings early on Thursday morning, December 22.

On Saturday morning, December 24, I received a written message from the matron, wishing to see me. Immediately upon my arrival I was informed of the rumours among the women inmates, of the child having met its death unfairly, and of the mother having purchased a pennyworth of white precipitate powder on the previous Tuesday afternoon, and that the same night the child was taken seriously ill. Such being the case, I thought it my duty to inform the coroner, who was then absent, but nevertheless laid the whole statement before his deputy, who at once communicated with the Superintendent of Police, and he proceeded to the workhouse, and, finding the charge so serious, took the accused into custody.

Upon my return home in the afternoon, I found an order from the Coroner authorizing me to make a post-mortem examination, and report on the result. It being then too late, and finding the other medical men absent from home, unable to procure assistance, and not liking to incur responsibility in such an important case, I deferred the examination until the following morning, when the body was opened in the presence of two other medical friends, with the following results:—

The autopsy was made on Sunday, December 25th, 1859, at ten A.M., on the body of the infant, named A. J. Moore, aged 3 months and 4 days, inmate of Petworth workhouse, who died on Thursday, December 22. External appearances:—Body well formed, and rather taller than usual for a child of that age; pale and slightly emaciated; countenance anxious, and indicative of great suffering of an acute nature; eyes sunken and unusually glassy. There were no external marks of violence; no ulceration of the lips. The abdomen greatly distended; no decomposition, but great redness surrounding the anus, indicating that the excretions were of an acrid nature and extending to the nates, and slight excoriations contiguous

to the outlet. No eruption on the genitals or folds of the groin. The abdomen was first opened. No increase of fluid, but the large and small intestines were greatly distended, apparently by flatus, and presented externally a highly vascular and bright vermilion appearance in places of an arborescent form, and of a dry feeling, having in many parts lost the usual glistening slippery character, and towards the right and anterior parts were unusual signs of congestive vascularity. The small intestines were much tinged with bile in many spots, and bore strong indications of being much implicated. No effusion of lymph or serum discoverable on or between the convolutions. The peritoneum not inflamed; the liver of natural size and healthy (removed); gall-bladder full (removed). The stomach externally appearing pretty natural, excepting a small, dark-coloured patch on the lesser curvature, seeming to contain some thickish matter (tied and removed.) Kidneys large, but apparently healthy. Bladder healthy externally, and empty (removed). Thorax—Lungs inflated; highly vascular, particularly the lower lobe of right lung, which presented a bright vermilion appearance at inferior margin; no adhesion to ribs; no effusion (removed). Bronchi examined; natural. Thymus gland well seen. Heart of usual size; base of mitral valve highly inflamed, having a vascular, fringe-like border; tricuspid valve slightly vascular; no clot in cavities; parieties natural; no increased fluid in pericardium. Mouth—No ulceration of, or fauces. Tongue—Papillæ much elevated towards the base, but exhibiting no signs of ulceration. Œsophagus—Nothing peculiar at upper part; about the middle the mucous membrane was somewhat congested, and coated with a thick, mucus-looking secretion (removed). The stomach contained about one and a half table spoonful of white, curdy-looking substance, somewhat thick and gritty, like lumpy gruel, or arrowroot half-cooked; a patch about the size of a threepenny piece upon the mucous coat of the lesser curvature, about the centre, denoting inflammation; and patches in different other parts (removed). Duodenum and jejunum (removed). Small and large intestines (removed). Rectum—The lower five or six inches indicated no traces of inflammation or ulceration, and contained no fluid or fæces. Head, full-sized; congested; right ventricle contained about one and a half drachms of fluid; left ventricle natural; nearly one tablespoonful of serous fluid at the base of the brain.

The whole of the viscera were placed in jars, and sent to Dr.

Taylor for analysis. Suffice it to say that mercury was found in the œsophagus, liver, kidneys, and intestines; and in the stomach itself a number of chalky particles, which readily subaided when mixed with water. They did not dissolve, and had the appearance of mineral matter; were examined microscopically and chemically, and were found to consist of starchy matter, undigested food, and mucus. With these was an insoluble compound of mercury, which Professor Taylor pronounced to be white precipitate. There was likewise a napkin, with matter of a green colour upon it, a quantity of starchy matter, and, in addition, a comparatively large quantity of a mercurial compound, larger than was found in the body.

The accused has been tried at the late Lewes Assizes, and found guilty, and sentence of death recorded against her. From the experiments of Dr. Pavy, of Guy's Hospital, who was especially retained to give evidence, the pathological signs exhibited in this case exactly corresponded with that seen in dogs when poisoned by white precipitate; and from what he had seen of its effects on those animals, there was no doubt it was a poison of a most irritant kind, and a few grains were quite capable of destroying life in an infant who had been previously weakened by sickness. The quantity supposed to have been administered was one scruple, and out of this quantity there was found only five or six grains as the result of analysis; and if the entire quantity was given, it is probable it was lost in the evacuations. It remains now for future investigators to bear out the accuracy of the pathological signs as exhibited in this case, as the post-mortem was very carefully performed, and every circumstance worthy of observation noted down.—*Med. Times and Gazette*, May 5th, 1860.

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*Iodide of Potassium in Large Doses.*

To the Editor of THE LANCET.

Sir,—I think the profession and the public at large are much indebted to the gentlemen who volunteer to test the powers of drugs in heroic doses upon their own persons; and the letter of Dr. Sisson in *The Lancet* of the 14th of April, detailing experiments, tried upon himself, with iodide of potassium, does credit to his caution and courage, and entitles him to thanks for his experimental inquiry; at the same time I feel assured that larger experience will satisfy him

that the salt in question ought in all cases to be prescribed with due caution. True it is that a large proportion of patients can take it, even in large doses, with impunity; but, judging from my own experience, there are many to whom it cannot be given, without inconvenience, even in small doses. I confess I was staggered on reading of the iodide having been given by our continental brethren to the extent of an ounce per diem; still, I know that some constitutions will tolerate almost any dose of powerful drugs when gradually augmented. Calomel may be given to some persons to an almost unlimited extent without producing any of its ordinary effects upon the system; whilst in another individual a single grain will excite ptyalism. Thus it is with iodide of potassium: one patient may possibly take an ounce per diem with impunity and perhaps benefit; and another will be half-killed by a grain or two. I gave to a middle-aged gentleman a mixture containing iodide of potassium—a dose, containing three grains, to be taken three times a day. He took one dose at night; I saw him in the morning, when his sister informed me he had been, to use her own expression as near as I can recollect, half mad all night, and she dared not give another dose of the medicine. He was getting better, but had ferrety eyes, when I saw him. He took no more. The party had suffered from some head affection resulting in partial paralysis of the lower extremities some years before I knew him, and the iodide was prescribed for chronic enlargement of the testis. The same dose was given to another middle-aged person affected in a like manner, but otherwise healthy. He took a dose at night, and in the morning I found him in bed with his head wrapped up in a flannel night-cap; he had got a desperate cold, somehow, the day before, with which he woke up, but was getting better. He took no more iodide, and was free from his desperate cold the next day.

I gave the same dose recently to a lady, the subject of ovarian dropsy. A few doses made the head very uncomfortable, and brought out blotches on the face and other parts of the body. Its use was discontinued, and afterwards resumed with the same results.

To the daughter of the same lady, eight years old, it was given in one-grain doses. On the second day I found the patient with a shade on; she had caught cold in the eyes and could not bear the light. The iodide was discontinued, and the eyes were well in twenty-four hours.

A lady suffered from neuralgia of the face, for which the iodide

had been prescribed on a former occasion—she told me in one-grain doses: it cured the neuralgia, but deprived her of voice for a long time. I doubted her report as to dose, so the prescription was looked up, and it proved to be a five-grain dose. She was anxious to try it again, if its inconveniences could be obviated, I directed a few drops of laudanum to be added to each dose, which proved effectual.

I took the iodide myself, some time back, for a rheumatic affection of the acromio-clavicular joint. The dose I began with was three grains, thrice daily. This was taken three or four days, when a grain per dose was added. Finding no inconvenience or advantage, another grain was added in a day or two. The effects of the medicine now began to show themselves. I awoke the morning after the five-grain doses had been taken with an uneasy feeling of the left eye. On applying the hand, I found the edge of the orbit, at the external part, tender on pressure, and on inspection the eyelids were found swollen and infiltrated on that side. The following morning the right side was similarly affected: the tenderness was evidently seated in the periosteum of the orbit, and exclusively at the outer part. On the following day, a strange sensation was felt: it appeared like a pain extending in a direct line from the external border of one orbit to that of the other at the same spot; the sensation was very peculiar and difficult to describe—it was pain and something more, which made me decide at once that it was better to have rheumatism than that, for to-morrow, perhaps, the dura mater may be quarreling with the iodide in a like manner to that manifested by the periosteum of the orbit to-day, and so I gave up my remedy.

I am, Sir, yours, &c.,

H. C. ROODS, M.D.

—*Lancet*, May 12, 1860.

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*Iodide of Iron in Phthisis,*

By Dr. COTTON.

In my last communication I noticed the effect of iodide of potassium upon twenty-five cases of consumption, in the Hospital at Brompton. I have now to record my observations with respect to the iodide of iron.

This substance was first introduced as a remedy for phthisis by M. Dupasquier, of Lyons, and has since gained considerable repute

at the hands of other medical practitioners. I have employed it for some years, and frequently with marked success, in cases of general struma in children, as well as in phthisis, and chronic pneumonia. I am now, however, anxious to compare it, as fairly as such observations will admit, with other remedies in the treatment of consumption. For notes of the cases I am indebted to Mr. Hyde, one of the resident clinical assistants.

The twenty-five cases upon which it was tried were not selected, but taken just as they arrived at the hospital, those only being excluded which either were at too advanced a stage to admit of any remedial treatment, or which happened to be labouring under some inflammatory or other important complication.

The iodide was administered in the form of the *syrupus ferri iodidi* mixed with water, in doses of a drachm, twice, and sometimes three times a-day. It was continued, according to its effects, for various periods; the shortest being one month, and the longest three months.

Of the twenty-five patients, eleven were males and fourteen females; their ages varied from eighteen to forty years. Eight were in the first stage of the disease; three were in the second stage; and fourteen presented positive evidence of pulmonary cavities. In ten cases there was great improvement; in four moderate improvement; and in eleven no improvement.

In analysing these results, it was found that of the ten greatly improved four were in the first stage of the disease, and six in the third. Of the four moderately improved, one was in the first stage, one in the second, and two in the third. Of the fourteen in whom no improvement was noticeable, three were in the first stage, two in the second, and nine in the third.

Three cases of improvement were very decidedly marked; two of these patients, whose disease was only in the first stage, left the Hospital with their pulmonary affection quiescent, and apparently restored to health, calling themselves, indeed, "quite well;" and the other, although more advanced, and in the third stage of phthisis, was marvellously improved, and able to resume his occupation.

In two cases hæmoptysis came on during the administration of the iodide, and in two the iodide was discontinued on account of headache and dyspepsia. The spitting of blood, probably, was in no way attributable to its use, hæmoptysis having occurred previously in the same patients; but the other symptoms, having ceased or diminished

with a change of medicine, might perhaps fairly be referred to its employment. Except in these instances, the iodide of iron appeared to agree very well with the patients, several of whom improved very much in appetite and strength.

Three of the patients in whom there had been no improvement, afterwards derived benefit from other medicines.

In eight of the cases cod-liver oil was occasionally taken in combination with the iodide; one half of these were found to belong to the class of improved, the other half to that of not improved.

Of the fourteen improved cases ten gained in weight, some of them very considerably, three remained *in statu quo*, and one lost two pounds while under treatment. The improvement, however, was not always in proportion to the increase of weight, some of the patients who had increased the most having improved the least.

It is, perhaps, worth recording that one of the patients took, accidentally, an ounce of the syrup, which would contain thirty-two grains of the iodide of iron. It produced a distressing feeling of weight at the epigastrium, attended with nausea and subsequent purging. For several weeks afterwards there was a loss of appetite, depression of spirits, and a constant feeling of uneasiness in the region of the stomach, all of which, however, gradually passed away, leaving the patient apparently none the worse for the overdose.

After making due allowance for the influence of concomitant circumstances, such as rest, hygiene, and hope, all of which, as I have previously remarked, claim a prominent share in the improvement of all hospital patients, we are justified, I think, in arriving at the following conclusions:—

1. Syrup of the iodide of iron, in doses of a drachm twice or three times a day, occasionally produces headache with some dyspeptic symptoms; but, for the most part, it is found to agree very well with consumptive patients.

2. Although very far from exhibiting what might be termed a *specific* effect, it nevertheless seems to act beneficially in a fair number of consumptive cases, especially in those where the disease is only in an early stage.

3. Under its influence the patient's weight is generally increased.

—*Med. Times and Gazette.*



## CLINICAL RECORD.

*Hydrastis Canadensis in Constipation.*

By DR. ROBERT ROGERSON.

*April 12th.*—Margaret Shaw, æt. 38, came to the dispensary with the following symptoms. For the last eight years she had been troubled with constipation, during which time her bowels had never been moved more than once or twice a week, and only then with the aid of opening medicine. Castor oil and pills generally had been taken, consequently she complained of constant headache, more especially in the morning, bad taste in mouth, foul tongue, pain in back and shoulders, a sense of constriction in the hypogastric region, which was only relieved by opening medicine; also rather bilious, of a yellow complexion, black hair, skin smooth and dry, and great pain after each stool, which was of a hard and nodulated consistence, and of a brown or clay colour. I now ordered her to take Hyd. c every morning and evening, and to leave off taking all opening or purgative medicines.

*April 16th.*—Headache much better, also pain in back and shoulders, the bowels having been moved for the first time naturally on the 13th, also on the 14th, and morning of the 16th. Continue Hyd. c. morning and evening.

*April 20th.*—Headache now entirely gone, and free from all pain, stools quite easy and healthy, the yellow hue from the face gradually disappearing, and appetite much better. Continue Hyd. c.

*April 26th.*—Has had no headache for six days. Bowels moved without any pain every day. General appearance much better. Feels now quite strong, and able to follow her usual employment. Continue Hyd. c. every evening.

*May 4th.*—She again made her appearance to-day, stating that as she now felt quite well, and being some miles from the dispensary, wished to discontinue her attendance, her employment being a few miles out of town. Ordered her to take Hyd. c. every other morning.

*March 28th.*—Sarah Howarth, æt. 29. Complaining of sore neck and throat, the latter much relaxed and inflamed, more especially the posterior part; headache, cough, and spit; pain in side while stooping and rising from the recumbent position; breath bad; tongue

foul, and coated with a thick, white fur; appetite bad, and bowels for some seven or eight weeks very much confined; so much so, that she had been obliged to resort to opening medicine every Saturday evening; they were generally moved three or four times every Sunday, and not again until the medicine was repeated on the following Saturday. Being the mother of two children, she accustomed them to the use of castor oil or senna, along with herself, on the Saturday evenings, they also being constipated. She was then ordered Hyd. c. every morning and evening.

*April 22nd.*—Feels rather better; breath not so bad; tongue moist, and more healthy; appetite increasing; bowels moved three times on the 29th, and every day since. Continue Hyd. c. every morning.

*April 10th.*—Feels now nearly well, unless a slight pain while swallowing any solid food. Bowels moved now every day, and all former uneasy sensations have quite gone. Appetite greatly increasing, and gaining strength every day. Continue Hyd. c.

*May 8th.*—She has now been at work for the last four days. The medicine having been finished on the 23rd, did not return to have it repeated, on account of her body being so open, and her general health so good.

Thomas Oscar, æt. 46. Has been for several months troubled with general anasarca, difficulty in making water, which was of a high colour, depositing a cloudy sediment while standing, and having been in active service during the Crimean campaign, was accustomed to sleep out in the open air, and being so exposed for a series of weeks and months, suffered from an acute attack of rheumatic fever, which laid the foundation of his present illness; his bowels for the last two months having been very much confined—so much so, that he was necessitated to resort to opening medicine once or twice a week. On my first visiting him however on April 21st, I prescribed Hyd. c. every morning and evening.

April 28th. Has since taking the medicine had his bowels moved two or three times every day—he also makes much more water—more freely, and of a better colour. Continue Hyd. c.

May 4th. His bowels have been moved every day with the exception of yesterday; his water increases; tongue better; sleeps very well, and feels in every respect great relief from his former sufferings. Continue Hyd. c. every morning.

May 26th. Bowels more quiet, regular; swelling much diminished. Water free, clear, copious and healthy. Feels now nearly well. Continue Hyd. c. every other morning.

The above cases are only a few of the many in which I have tried it with great success. It seems to act most beneficially on those who have undergone or constantly resort to a course of opening medicine. In all cases of derangement of the system, purgatives may temporarily relieve, but always tend to constipate the body afterwards. It also seems to act best on those who have spent an active

life, but from circumstances are necessitated to confine themselves to their homes, or who have been in active business, and changed for one of a lighter nature, and who are, for the want of that natural stimulus so necessary for the perfect performance of all the bodily functions, bound in their body, the nervous, vascular, and muscular systems becoming quite lethargic. On another occasion I will be more able to present you with a correct detail of numerous cases now under treatment.

#### *New Homœopathic Periodical.*

The First Number of the *Annals of the British Homœopathic Society and of the London Homœopathic Hospital* is now before us. We heartily welcome the appearance of this new publication, the object of which is to record matters of interest connected with the history of the British Homœopathic Society, reports of the Society's proceedings, lectures delivered, and cases treated at the hospital. Some mode of communicating to the provincial members the business transacted by the Society has long been wanted, in order to keep up their interest in the body, and bring them into closer connection with their metropolitan brethren; and now that a Homœopathic Hospital is in full operation, with a large staff of medical men and clinical lecturers, it is important that the experience gained in the hospital and the instruction given in the lectures should be available to the many who cannot watch the progress of the cases in the wards, or listen to the prelections.

#### *German Homœopathic Congress.*

The annual meeting of the German Central Society will take place on the 10th of August this year, at Hanover, under the presidency of Dr. Weber. We have received a letter from Dr. Weber warmly inviting English homœopathists to assist at the meeting. These annual meetings are always profitable and pleasant, and we are sure Dr. Weber will do all in his power to make their visit to Hanover as agreeable as possible, should any of our countrymen feel inclined to attend the Congress.

#### BOOKS RECEIVED.

- Two Sides to a Question*, by WM. BAYNES, M.D. Manchester, Turner, 1860.
- Homœopathy, Allopathy, and Expectancy*, by ROBERT M. THEOBALD. London, Leath, 1860.
- The First Annual Announcement of the Hahnemann Medical College*, Chicago, 1860.
- Report of the Cheltenham Homœopathic Dispensary.*
- Potencies in connexion with Crudities*, by B. F. JOSLIN, M.D. New York, Smith, 1860.
- The Small Doses of Homœopathy*, by JAMES T. ALLEY, M.D. New York, Smith, 1860.
- The American Homœopathic Review.*
- Bulletin de la Société Médicale Homœopathique de Paris.*
- Tracts of the Ladies' National Association.* 7.

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HOMŒOPATHY.

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ON THE THERAPEUTIC EFFECTS OF COPPER.

By DR. KISSEL.

(Continued from page 450.)

D. *Pneumonia. Bloodletting, Saltpetre, Calomel; aggravation.  
Then Cuprum; slow amendment and cure.*

The daughter of H. K., aged 5, on the evening of July 2nd was seized with a chill and shivering, followed by moderate heat, stitches in the left side, and dry cough. About ten o'clock I was called to her, and found the tongue clean, pulse 130, small, thin, tense. Auscultation and percussion gave no result. Stool of that day of normal colour and consistence. I gave  $\frac{1}{2}$  a drachm of tinct. acet. Cupr.\* in 2 oz. of water, to take a teaspoonful every hour.

July 3rd. The stitch was gone; the cough less frequent, dry. Percussion detected a somewhat fainter tone than in the healthy side; auscultation, a crepitating sound. Skin still hot; pulse 106, soft, somewhat full. As the child had vomited once, I bade them go on with the medicine in somewhat smaller doses. In the evening I found the chest symptoms as before, but the head confused; the eyes bright; skin burning hot; pulse, as on the former evening, 130, quick and tense. The mother wished to have leeches applied on the forehead, which was done against my will. Upon this, the Cuprum was of course laid aside, and Saltpetre given.

\* Rademacher's tinctura Cupri acetici is thus prepared. Take of pure Sulphate of copper 3 oz., of pure Acetate of lead 3 oz. 6 dr. Triturate the two salts together, till they form a thickish paste; put this in a copper vessel and add 17 oz. of distilled water and heat to ebullition. Add to the mixture when cool 18 oz. of highly rectified Spirits of wine. Let the whole stand four weeks, being frequently shaken, then filter.

July 4th. In the morning the heat was burning as on the previous evening; pulse 130, quick and tense; stool normal; urine not kept; the head relieved; chest symptoms unchanged. Afternoon, about two, quiet delirium set in, alternating with a lethargic condition. Pulse thready, 150; expression listless; pupils normal. This condition remained unaltered till 6 P.M., when the child returned to consciousness. I reminded them once more of the danger of the present treatment, and the parents wished for a consultation. My colleague declared the disease to be congestion of the brain, and ordered me to give 1 grain of Calomel every two hours, to put on cold lotions to the head, and to apply mustard plasters to the calves of both legs.

July 5th. In the morning 6 grains of Calomel had been taken. In the night, during restless sleep, a watery stool passed, with small soft portions of fæces. The child complained of nothing, and had continued conscious, only feeling weak, with feeble expression of the eye, with pupils normal; heat moderate; urine straw-coloured, clear, acid; pulse small and thready, 140. The treatment was continued, giving, however, the grain of Calomel only every three hours. In the afternoon lethargy again set in, out of which the child awoke startled; and in the evening the pulse was quick, soft, and small. After two lax evacuations, tenesmus commenced.

July 6th. The child was conscious after good sleep, and complained of no pain; but the respiration was frequent; the cough rattling; bronchial breathing was heard in the upper posterior part of the thorax, on the left, and a vesicular râle towards the vertebral column. Tongue dry, and coated brownish yellow; pulse 130, small and thin; skin moderately warm; one more green lax evacuation. In the evening the pulse was 140, small, quick; respiration 60 per minute; bronchial breathing louder, and extended over the whole thorax behind; the vesicular râle gone; the heat increased; a more copious green diarrhœic stool had occurred, and the child so weak that it could no longer sit up in bed. At last the parents comprehended the growing aggravation, and asked me to do thenceforward what I liked. The child resumed the  $\frac{1}{2}$  drachm of tinct. Cupr. per day.

July 7th. In the morning, pulse 130, small, soft; skin normally warm; tongue moist, clean in front, still brown at the back; urine remained clear, bright yellow, and acid; diarrhœa abated. The child can sit up again, though as yet with fatigue, and complains of

nothing. Respiration slower; cough as yesterday; bronchial breathing the same. Repeat Cuprum.

July 8th. Pulse 110, soft, somewhat fuller; tongue cleaner; sleep sound; skin normally warm; one more stool, yellowish green, pappy; some appetite. Bronchial breathing and cough unaltered.

July 9th. More cough, with rather globular sputum; bronchial breathing still there; deep down, the *rhonchus sibilans* audible; pulse 110, soft, full.

July 10th. Cough now increased, with much thick sputum; the bronchial breathing is now only present between the spine and shoulder-blade; pulse still as yesterday.

July 12th. The cough and the bronchial breathing diminished, and on the 15th the child was quite well.

**E. Pleurisy and Pneumonia. Iron, Saltpetre, and Bloodletting; aggravation. Then Cuprum, and rapid cure.**

Sept. 27th. I was called in to Johann B., aged 24, who on the 25th was taken ill on his journey to this place. He had at first severe chill with shivering, pain in the forehead, vertigo, and a great sensation of febleness; in the evening, a hot fit in bed. His sleep was uneasy the following night; but it was not till noon on the 26th that the stitch in the left side set in.

At this time this stitch was severe, and the respiration in consequence painful, yet, in other respects, neither confined and short, nor laboured. The cough frequent, and brought up small white sputalike saliva coloured with blood. Percussion detected a dull tone from the shoulder to the spine; auscultation, bronchial breathing in the same quarter, surrounded by crepitation, with the friction-sound of pleurisy. Percussion caused pain to the patient, so that, at each stroke of the finger on the two others laid on the thorax, he shrank and uttered a cry of suffering. The anterior thorax presented nothing abnormal. He could easily sit up in bed; his face was earthy and pale; tongue clean in front, slightly coated with yellow at the back; pulse 80, full and quick; skin moderately hot, dry; thirst moderate; urine deep yellow, clear, and acid; no stool occurred for two days. As the previous attacks of pneumonia had been soon cured by Ferrum, I gave 1 oz. of tinct. Ferri acet. per day, and a blister.

28th. Yesterday afternoon the patient had been more restless,

slept badly at night, and talked much in his sleep, and this morning there is manifest aggravation of the disease ; so that Ferrum cannot be the remedy. Respiration short, confined, and distressing ; the stitch still more severe than yesterday ; cough frequent, with the same expectoration. The whole of the posterior part of the left lung useless : a dull tone and bronchial breathing, but no longer any pleuritic friction-sound or crepitation. Muscular power as yesterday. Tongue more coated ; thirst moderate ; pulse 90, moderately full ; skin dry and hot ; stool brown and consistent ; urine deep yellow, clear, and acid. I prescribed the loss of  $\frac{1}{2}$  oz. of blood from the left arm, and  $\frac{1}{2}$  oz. of Natron nitricum per day.

29th. The blood drawn yesterday has a strong buffy coat. The patient feels better ; the respiration easier and freer ; the stitch still there ; coughing brings up small yellowish sputa, without blood. Physical examination gives, as yesterday, perfect hepatization of the posterior lobe of the lung. Pulse 90, moderately full and quick ; skin hot ; stool normal ; urine madder-coloured, with little clouds of mucus. *R* Natri nitrici ʒvj, Aq. dest. ʒvjij, Gm. Arab. ʒj, a spoonful every hour. In the afternoon I was called in, and found the respiration short, painful, with pain in the upper intercostal muscles, especially under the arm, which was increased by pressure. For this I ordered a blister on the part.

30th. The patient could not sleep, and was in delirium through the night, and in the day too, with short intervals. When one calls to him he comes to himself, and can at times give an account of what happened to him. Thus, he asserted that, shortly before my visit, he had seen a trough, which stood near his bed, and in which his father was laid ; and he was not quite sure, whilst telling me, whether it was but a dream or a reality. He complained of vertigo, and was not in a condition to raise himself in the bed. Respiration short, distressed, moaning, and so loud that I heard it on opening the ante-chamber ; the oppression of the chest so frightful, that he can only speak in broken sentences, and thinks he must be suffocated. Cough short, painful, and can only now bring up small, tough, brownish-yellow sputa, seldom tinged with blood. The stitch in the side and the muscular pain is gone, and instead of it the patient feels stitches in the upper anterior thorax, and a pressure there as if a heavy load lay upon it. Physical examination gave the same results as yesterday, namely, complete hepatization of the posterior lobe. Pulse 110, moderately full, quick ; urine brown, turbid with flakes of mucus,

acid ; heat severe ; skin generally dry, perspiring only on the chest ; thirst greater ; stool normal ; tongue dry, coated black.

This condition shewed at first that Dietl's observation (according to which, after the completion of hepatization, relief and amendment of the chest and fever symptoms ought to commence) is not correct ; and secondly, that the antiphlogistic method had induced a very serious aggravation, still more serious than the Ferrum had. Now it was also manifest that Cuprum must be the true remedy ; since, in all the symptoms, a lowering of the nutritive process was manifested. So the patient had 2 drachms of tincture Acet. Cupri in 8 oz. of water, to take 1 tablespoonful every hour.

At six in the evening I visited the patient, and found such an improvement of his condition as can only be observed on the right employment of a remedy in desperate cases. He told me that, after each spoonful of the medicine, he felt plainly how much better and easier he became. The respiration was easy, deep, noiseless ; the pain and difficulty of breathing, the heavy oppression of the chest, had entirely disappeared ; the tongue was moist ; the pulse 80, quiet, and moderately full ; the hepatization still remained, as in the morning.

Oct. 1st. The patient had slept well in the night, but with intervals of slight delirium. In the morning he was in full consciousness, and could again raise himself in bed, though not yet without fatigue. The respiration was free and deep ; the patient felt still a sense of tension in the forepart of the chest ; expectoration looser, and consists of globular yellow clots of mucus, without blood. Percussion still gives a feeble tone, but auscultation detects a vesicular râle, which is heard through the bronchial breathing. Pulse 80, moderately full, and soft ; skin dry, and still hot ; tongue moist, clean in front, coated with brownish black behind ; urine madder-coloured, quite clear, and acid ; stool normal. Repeat Cuprum.

Oct. 2nd. Low delirium often in the night, but of shorter duration. In the morning great sense of feebleness, but no longer actual muscular weakness. Pulse 75, moderately full, soft ; skin generally warm and perspiring ; respiration easy and deep. Cough and results of physical examination as yesterday, with this difference, that the bronchial breathing is not so strong and loud. Two pappy brown stools had occurred ; the urine was bright and clear, became turbid on cooling, and proved acid when tested chemically. R Tinct. Cupri acet. 3jss. per day.



Oct. 3rd. Sleep good ; at times quiet delirium. Pulse 60 ; skin normally warm and moist ; urine brownish, clear, slightly acid, and no longer turbid on cooling. No more difficulty of breathing ; the cough brings up globular sputa ; the bronchial breathing is weak. No stool has occurred since. Repeat.

Oct. 4th. The normal respiratory sound is plainer ; the bronchial breathing quite weak. Urine golden yellow, clear, neutral ; pulse 60, full and soft. Repeat.

Oct. 5th. Appetite commencing ; urine deep yellow, clear, neutral. Bronchial breathing quite gone. Repeat.

Oct. 6th. Urine deep yellow, clear, neutral. Nothing morbid now to be observed, except a sense of feebleness. 15 drops of the tinct. Cupri per hour.

Oct. 7th. Urine deep yellow, clear, acid, and the appetite very strong. The sense of feebleness disappeared in a few days.

Oct. 8th. The patient left his bed, the disease having occupied thirteen days, the exhibition of the remedy eight days.

#### 7. ENDOCARDITIS AND ACUTE RHEUMATISM.

A. Feb. 16th. A. M., aged 25 years, desired my help. He had been ill six days, commencing with cold and hot fits, both intense ; and the latter had continued with little remission. The patient complained at first of pressure under the lower part of the sternum, and of oppression of the chest. After three days' pain, heat and redness in the knee-joints, with immobility ; then in the hips ; lastly, of the elbows. Pressure on these joints is painful, and they are all swollen. The patient cannot move any joint, not even the shoulder, in which the affection is also beginning ; so that he is obliged to lie still, quite helpless. His head is free ; skin moderately warm ; pulse 85, full, quick ; pulsation of the heart and the tone feeble and dull, as if it came from a greater depth ; tongue slightly coated with white ; stool normal ; urine deep yellow, clear, frothy, and acid. *R* Natri carb.  $\zeta$ ss., Cupr. oxyd. nigr. gr.  $\text{jv}$ , Aq. dest.  $\text{ʒv}$ ijj, Gm. arab.  $\text{ʒj}$ , a table-spoonful every hour.

Feb. 17th. The pains, redness, heat and swelling have disappeared from the joints that were yesterday affected ; in their stead the same symptoms appear in the ankles, especially the left, where pressure is very painful. The tongue is cleaner, the taste still bitter ; stool normal ; urine as yesterday. *R* Tinct. Cupri acet.  $\zeta$ ss., 15 drops per hour.

Feb. 18th. The pains in the ankle are gone, and no new ones appear in any other joint. Pulse 60, soft, full; urine bright yellow, clear, acid; heart pulsation and tone less feeble.

Feb. 20th. The patient walks about the room; there is no longer anything abnormal to observe.

B. K. H., aged 40, fell ill Feb. 24th, with chill, heat, palpitation of the heart, oppression of the chest, pressure under the sternum and in the precordium, and had vomited once.

Feb. 26th. I found by auscultation a bellows-sound at every other beat of the heart; feeble pulsation of the heart; and tongue thickly coated. Stool daily; urine not noticed. R Natri carb. ʒss., Cupr. oxyd. nigr. gr. jv daily.

Feb. 27th. Tongue clean; stool bright yellow and formed; urine deep yellow, clear, acid. The patient feels better. R Tinct. Cupri acet. ʒjss. daily.

March 2nd. He complains no more; and the heart shews nothing abnormal.

March 4th. He is now quite well.

c. *Endocarditis. Aggravation from Bloodletting; cure in six days by Cuprum.*

Feb. 28th. The wife of A. W., aged 48, sought my aid. Three days ago chill, heat, palpitation of the heart, oppression of the chest, pressure under the sternum and in the precordium, great feebleness and tearing pains in the limbs had set in. The joints were free; the tongue clear; stool normal; urine reddish and turbid, with red flaky sediment, and acid. Instead of the second beat of the heart, I heard a bellows-sound and friction-sound. Pulse soft, thin, 100. She wished to be bled, and my warnings of the danger made no impression. She lost 12 oz. of blood, and took  $\frac{1}{2}$  oz. of Natron nitricum daily.

March 1st. In the night more severe oppression of the chest set in; the restlessness of the patient, and the palpitation, accompanied by a feeling of anguish, increased, and she fell at intervals into still delirium, out of which she was startled with anguish. In the morning she was conscious, and felt so much worse than yesterday, that she begged of me now to treat her in my own way, as she now felt sure she had grown worse from the loss of blood. The blood mean-

while had the *crusta phlogistica*. Pulse small, thin, 100. Auscultation gave the same result as yesterday. She took  $1\frac{1}{2}$  drachm Cupri acet. for the day's dose.

March 2nd. The patient, after a good quiet night, found herself much better. The chest easier; the palpitation gone; pulse soft, somewhat fuller, 80. Auscultation of the heart detected still blowing, but no friction-sound. By continuing the medicine the cure was completed on the 6th.

#### DYSENTERY.

Rademacher cured a sporadic case of autumnal dysentery seated in the rectum rapidly with Copper. The tenesmus in this case was so violent that the patient, a strong woman, frequently nearly fainted from it. Inflammation of the ovaries and uterus, and phlegmasia alba dolens were often quickly cured by copper when it suited the prevalent epidemic constitutions.

#### 8 ENTERITIS MUCOSA.

Sept. 6th. My help was asked by Mrs. W., a sensitive lady, who had been ill eight days. After strong fever symptoms, pain in the middle and lower part of the abdomen had set in with diarrhoea, first of faecal but at last only slimy masses streaked with blood. She had been treated first with Rhubarb, then Opium. I found her in a sad condition, complaining of pains in the gastric and hypogastric region, which were unceasing, but before each evacuation increased to such a point that fainting often ensued. The evacuations were extremely small in quantity, amounting to a tablespoonful each time. Under the microscope they appeared to consist of globules of mucus mixed with blood globules. Urine deep yellow, clear, very acid, and emitted in very small quantities. Face gray and pale; the features collapsed; the tongue thickly coated; pulse small, thin, 120; sleep none for three nights. At last tenesmus had set in. Pressure on the abdomen very painful. The patient at first took Natrum carbonicum; and, since the tongue became cleaner thereby after one day, Cuprum acet. half drachm per day. Even after six hours exhibition of the Cuprum, the pain and fainting ceased, and the pulse began to be slower and fuller. The next night, quiet unbroken sleep; and in two days all morbid symptoms had disappeared.

## 9. INFLAMMATION OF THE VEINS.

J. D., aged 54, had been ill eight days, when he applied to me for assistance. He complained of a pinching pain which drew from the inner malleolus of the left foot along the inner side of the leg quite to the groin, and made walking difficult and painful, and rising up most painful; both however were possible, so that the patient did not take to his bed, as he felt otherwise well, with no fever, and merely a bad appetite. On the seat of pain the *vena saphena magna* was found raised through its whole length from the foot to the groin, and the skin over it dark red. The greatest swelling is at its course along the thigh, precisely as if a cord under the skin of the thickness of two lines had raised it. Pressure on these parts also very painful. Tongue clean; stool normal; the taste good; pulse small but not frequent; skin of normal temperature; urine not seen. I gave half a drachm of tinct. Cupr. for the day's dose, and after three days the objective as well as subjective symptoms of inflammation of the vein had disappeared.

A. *Herpes Scrotalis and Preputialis, Swollen Glands and Hyperæmia of the Liver.*

A man, aged 30, of weak constitution, had been ill twelve months. At first jaundice had established itself; then the lymphatic glands of the neck and the axillæ were swollen, and at last herpes commenced on the scrotum and prepuce; and after this some herpetic vesicles on the lips. The patient complained of pressure on the precordium, eructation, and pains in the loins at times. Tongue clean; appetite good; stool bright yellow and pappy; urine deep yellow, clear, very acid, with red amorphous sediment of uric acid which settled in the vessel. Since the liver was evidently the organ primarily affected I gave tincture of Chelidonium 30 drops daily. After eight days the pressure on the precordium slighter, but everything else unaltered.

Cuprum was added to the Chelidonium, and after employing it for eighteen days I observed that the herpes was cured everywhere, and the glands become smaller. The stool was now consistent and brown; the urine bright yellow, clear, and normally acid. In twelve days more everything abnormal had disappeared.

B. Dommès cured a gangrenous boil with colliquative diarrhœa in a man 60 years old by the internal and external use of Cuprum.

C. In the case of a chronic eczema of the whole body which con-

tinued a whole year upon a strong man, aged 35, combined with œdema of the feet, Cuprum was employed inwardly and zinc salve outwardly with speedy curative result, so that one cannot determine with certainty what result is to be ascribed to the Cuprum.

#### 17. BRONCHIAL CATARRH.

The Wife of Mathias F., aged 35, had suffered a week from a dry shaking cough and hoarseness when she sent for me. She complained of fatigue, had still a good appetite, and clean tongue, and a healthy look. In both sides of the chest I detected *rhoncus sibilans*. A  $\frac{1}{2}$  oz. of tinct. Cupr. taking 10 drops per hour sufficed for the cure.

Joseph W., aged 70, had suffered several weeks from dry cough, which shook his whole chest, produced no expectoration, and weakened him seriously. To this were added latterly feebleness, a pappy taste, loss of appetite, thin white coating of the tongue, and unfrequent costive stool. Both sides of the chest gave *rhoncus sibilans*;  $\frac{1}{2}$  oz. of Magnesia usta removed the gastric symptoms and produced some pappy stools. Then I gave  $1\frac{1}{2}$  drachms of tinct. Cupri. per day, which twice repeated succeeded in removing the cough. In this, as in the previous case, no *rhoncus mucosus* set in after the disappearance of the *rhoncus sibilans*, but the latter abated by degrees.

M. Sch., aged 35 years, suffered eight days from cough with little mucous expectoration; stitch in the right side, and pressure under the sternum. The stitch is trifling, and not so oppressive and troublesome to the patient as the pressure on the right side; slight *rhoncus sibilans*. No fever; tongue clean; appetite good. After a single day's use of the Cuprum the pressure was less, and the cough brings up more and easier sputa. The *rhoncus sibilans* had disappeared, and a moderate mucous râle was to be heard. One oz. of the tinct. cured the patient.

#### 18. CATARRH OF THE INTESTINAL CANAL.

The wife of M. G., aged 30, had diarrhœa for three days, when on the 3rd of September she wished to have it removed. Six watery stools per day. The patient felt fatigued by this, with nausea, bitter taste, but the tongue clean. Two drachms of Carb. ammoniæ restored the normal taste and removed the nausea, but the diarrhœa continued. Also 20 drops per day of Sydenham's Laudanum given

for that symptom did no good. But Acetate of copper, 6 drops per hour wrought a cure, and that in twenty-four hours.

## 21. DROPSY.

Frequently as I have cured dropsy of the abdomen with Cuprum associated with a remedy for the liver, seldom had I an opportunity of curing it with Cuprum alone. Except the case quoted in the *Handbuch* only a single perfect cure by this remedy is within my knowledge which is related by Dommes.

Charlotte König, a widow of 66, on the awful night of March 19, 1848, sprang terrified out of bed and remained sitting in a cold room till morning in her night dress. Next day her legs swelled. After employing in vain various aperients and diuretics, she was entrusted to my care April 16th. Not only the legs but the whole surface of the body and the abdominal cavity were distended with water; yet appetite and stool normal; urine dark brown, acid. At the orifice of the aorta I heard the bellows-like sound accompanying the systole. The patient said she had two years before recovered from inflammation of the lungs; one year ago had diarrhœa, and for three years suffered from cough with occasional hæmoptysis. Decoction of Digitalis seemed to relieve the breathing which was somewhat affected; but, after using it for four days, neither diminished the swelling nor increased the diuresis. As the patient could best endure lying on the left side, and complained of a pain in the left inguinal region, which was aggravated by pressure, I tried acorn-water; and as this had no better effect, and the urine proved strongly acid by tests, I tried on the 23rd Sal ammoniac, which again gave relief to the respiration; and on the 26th cubic Saltpetre.

May 2nd. The swelling of the legs less, but the quantity of urine not greater; great feebleness and easy lachrymation. The golden rod, to which I next had recourse, at first acted as a diuretic.

May 25th. The dropsy was again as before; the feebleness more decided; the eyes sunken; face earthy pale. The Acetate of copper, now introduced, at first 10 drops, afterwards 15 per hour effected so rapid a cure that on the 28th when I visited the patient, whom I had never seen before her illness, I scarcely knew her.

May 30th. I found the secretion of urine enormously increased, the strength of the patient restored, the swelling of the feet so much reduced that she could wear her shoes again. The improvement

was interrupted on the 2nd and 3rd of June by a diarrhoea which I removed by an emulsion with Opium, but afterwards progressed regularly to complete recovery.

## 22. PHTHISIS.

In tubercular consumption it might be a dangerous experiment to give Copper, because this medicine hurries into suppuration indurated glands. But in the same way as it is possible that the inflammation set up round the tubercles can be of a character curable by Saltpetre or Iron, it may also be of a kind suitable for Copper, and thus an impediment to the spontaneous cure of tubercles be removed. The bursting of vomica in otherwise healthy lungs may be hastened by Copper, and the unhealthy suppuration made healthy so that the cure is thus made possible.

In the year 1849, during the prevalence of forms of disease amenable to the curative powers of Copper, I was called on the 11th of September to a boy of 11, who had been ill for four months. The disease began with a slight, unfrequent, dry cough, which received no attention owing to its seeming unimportance.

Gradually, however, this cough became stronger and more frequent, and produced an expectoration which by degrees got thicker, and at last yellow and sweetish tasted. The boy was confined to bed and wasted away. For some weeks he had chills and heat in the evening, and sweats in the morning. His complexion was sallow; the eyes deep set; skin moist and flaccid, pulse small and frequent. Percussion yielded a dull sound below both clavicles and between the scapulæ, and the respiratory murmur was in these places indistinct and scarcely audible; by very deep inspiration there was a slight *rhoncus sibilans*. The tongue was clean and taste natural, but appetite null. Daily five to eight very fetid watery brownish stools. There was no hereditary predisposition to tubercles, and I therefore regarded the case as proceeding from a chronic non-febrile bronchitis which was then the most frequent expression of the epidemic constitution of disease. But at the same time I thought it not impossible that this disease bearing all the appearance of advanced phthisis might be arrested, because the physical examination in such cases seldom affords an accurate diagnosis of the state of the bronchial

mucous membrane, and more particularly does not enable us to recognize the existence of any superficial or sinuous ulceration of the same.

I ordered 6 drops of tincture of Acetate of copper every hour.

On the 15th such an improvement had taken place that no doubt remained of the prospect of an actual cure. The diarrhœa had ceased and the appetite returned; the morning sweats and evening fever were more moderate, and the cough and expectoration less frequent and copious. The Copper was continued in the same dose for fourteen days more, and then the little boy showed no more morbid symptoms. In particular the percussion and auscultation symptoms had vanished. He was quite well and has continued so since.

### 23. PURPURA HÆMORRHAGICA.

The daughter of Sule the tailor,  $7\frac{1}{2}$  years old, of darkish blond complexion, was brought to me June 26th, 1848. She had been for eight days as it were, sown "broad cast," with dark red spots from the size of a millet seed to a shilling. These spots especially occupied the upper half of the body, the chest, upper arms, face, and mucous membrane of the mouth. Otherwise her health seemed undisturbed. Also the urine was in normal condition. Under the use of Chloride of iron, which was used up to July 1st, the number and size of the spots increased: on the forehead, both eyelids, and elbows, bluish ecchymoses of the circumference and height of a half walnut arose. From one alveolar process from which the child had herself extracted an incisor tooth two days before, blood continually flowed; her cheeks and lips were pale; her strength gone. "Haller's Acid," to which I then had recourse, stopped the trifling alveolar hæmorrhage, and seemed to raise the general strength, but by no means proved a true remedy for the disease. For after trying it for eight days, besides several fresh spots, a boil of the size of half a moderate apple developed itself on each shin-bone. The Acetate of Copper, which I gave July 9th, 4 drops per hour, at once arrested the progress of the disease.

July 13th. A pretty smart itching of the spotted portions of the skin set in, followed by the usual change of the purple hue of the ecchymosis shining through the skin which became green and yellow. And by the end of the third week of this month, all morbid symptoms had disappeared. (*Dommes.*)



Pauline Wenzel, aged 7, complexion dark blond, Oct. 27th, 1848, showed me a great number of dark purple red (but not bleeding) spots of various sizes, which had made their appearance twenty-four hours before, and occupied almost exclusively the upper part of the body, including the tongue. Otherwise the health of this child seemed undisturbed and blooming, and the urine was of the ordinary colour and chemical properties. From the advice of Dr. Schmidt I tried an infusion of Arnica flowers ʒii to ʒii, six teaspoonfuls daily, and repeated it on the 29th, notwithstanding the visible aggravation of the spots. On the 31st frequent bleedings of the tongue commenced; the strength decreased. Acetate of copper employed after this ʒss. with ʒvij of gum water, and ʒi cinnamon water produced in this case also a rapid and perfect cure, preceded by the same itching of the skin and change of colour. (*Dommes.*)

Marx of Cologne, court physician, reports in his treatment of pulmonary phthisis and hæmoptysis the following observation:—

A man of melancholic temperament in the prime of life, who was taken ill on a journey, consulted Dr. Marx in 1772. He complained of feebleness and want of appetite, had a dry cough not very severe, and at times expectorated blood. On various parts of his skin bluish red spots were seen, and reddish blue stripes under the tongue. Pulse small and irregular; blood occurred in the urine and stool, and also in the saliva. Respiration difficult, with cold and hot fits. Dr. Marx gave him the above named solution of Copper vitriol in cinnamon water. In three weeks all morbid symptoms had disappeared, and the patient was able to continue his journey.

#### 24. SCARLATINA.

Rademacher gives the following case as an example of the action of Copper in this disease:—

The patient was a man in the flower of his age. On the first day of the fever the pulse was strong, full, and quick; the angina moderate. Head painful; face red; eyes brilliant; urine clear and acid, and darker than natural. *Natrum nitricum* was given. On the second day there appeared a slight redness on various spots of the body, and all the symptoms were aggravated.

On the third day the symptoms were increased, and the eyes were now reddened, and the urine darker, but still acid and growing

turbid on cooling. Now it was plain that the Nitrate of soda would not do, and another blood-medicine was required. Nevertheless, Rademacher waited for some more distinct sign of the exact character of the morbid state. On the following morning the indications were plain; but at the same time it was unfortunately equally plain that the life of the patient was in great danger. The loss of strength was so much that he could not raise himself in bed without the greatest difficulty, and his head was in the state that precedes delirium, or may be termed the first stage of it: *i. e.*, his memory was so weak that he could not find the desired words and substituted wrong ones, though at the same time he was conscious of the mistake. The pulse though quicker had quite lost its fulness. The eruption was in the same state. The urine as before dark, acid, and turbid on cooling. Here now the whole phenomena taken together, *viz.*, the peculiar state of the head, and weakness of the muscles, and acid urine gave a well pronounced indication for the state curable by Copper. The patient therefore received ʒij of Acetated tincture of Copper to be taken at regular intervals within twenty-four hours. The action of this was remarkable: even in the same day after about twelve hours taking of the medicine, the progress of the disease was brought to a stand, and towards evening the head was unmistakably better. Next morning the patient was free from all dangerous symptoms.

The diseased process arrived at a certain point can thus be arrested by Copper, but the exanthema must run its course, though new eruptions of it and extension of the disease to the meninges, &c., can be prevented. If diarrhoea is present in cases of scarlatina otherwise suitable for Copper, it is desirable to give it in an oleaginous emulsion.

In some epidemics of measles, and varioloid, and erysipelas of the face, Cuprum aceticum has been found the specific.

## 25. HERPES.

Some cases of chronic moist herpetic eruptions, which spread over great part of the body, were cured by Rademacher by Copper, but not often, as these mostly depend on idiopathic disease of the skin or kidneys. The following is an example:—

For more than a year a young man had suffered from a moist

herpetic eruption, which had resisted several inward and outward medicines. The extent was so considerable that the extremities could not be moved. The patient also was growing thin and weak, the sleep was bad, and he suffered much pain in the limbs and broken out parts so that he was unfit for work. Rademacher gave 30 drops of the Copper tincture six times a day. After three days of this treatment symptoms of amendment were seen; the patient stated he felt less of the prostration of strength. This improvement increased daily so that he soon regained the feeling of strength and health. But up to this time not the slightest amendment was visible in the eruption, though the patient said the itching was less troublesome, and in fact it ere long ceased entirely. And now an improvement in the eruption became visible; the redness paled, and the oozing gradually dried up while the cuticle scaled off and was replaced by new and healthy skin. In three weeks a cure was obtained which remained permanent.

Heinecke also was acquainted with the curative powers of Copper in herpes; but he was not aware that it was not a specific in that disease, and could only cure it when the latter was merely the external manifestation of the blood disease for which Copper is specific.

## 26. APOPLEXY.

Mr. L., 63 years old, had already about two years before a threatening of apoplexy, as follows. Wishing to feed his bird in a cage hanging from the ceiling, and to step on a stool for that purpose, after putting one foot on the stool, he could not bring the other from the ground, became giddy, deadly pale, and had to be carried to bed. The physicians then called in pronounced it to be a slight fit of apoplexy, and prescribed bleeding. This attack had soon taken place again, but the man was since then altered in his whole condition. He sat nearly the whole day in an easy chair and slept; and afterwards suffered from violent trembling.

Feb. 8th of this year he was one evening at the Inn, and after he had been there some time laid his head on his arm on the table looking as if asleep. As he often fell asleep in company, and especially of late, the other guests were not surprised at this. But when the Police-hour drew near, and they shook him, they first remarked that his right arm was paralysed. They now sent for a physician, who ordered a purgative which did not operate; then an

infusion of Arnica; but the condition of the patient was not improved.

Feb. 11th. On this *third* day in the afternoon I was called in. I found him in a perfectly unconscious state: he was speechless, with his mouth drawn to the left side, the right anterior extremity completely paralysed, without motion or feeling; he started a little with his leg when I pinched him hard on the calf; his face is pale and sunken; his breath rattling; pulse hard, unfrequent, and slow; occasionally suspending a beat. No stool since Feb. 8th, and half an hour before a clyster of chamomile tea with oil and salt had been tried, which returned unaltered; he voided urine in the bed involuntarily; swallowing was very difficult. He got  $1\frac{1}{2}$  drachms of Acetate of copper per day.

Feb. 12th. Swallowing improved with each spoonful of the medicine. A remarkable change had commenced in him. He looked about him and observed every thing that passed. He twitched with the lower extremity on being pinched slightly, and more severely with the upper also; the urine which could be received in a vessel was dark orange coloured, clear when first passed, but after cooling depositing a sediment like brick-dust; on testing it proved acid. No stool had as yet occurred. R Tincture Cupri acet. ʒii per day.

Feb. 13th. The patient had after a clyster passed a considerable portion of blackish fæces, horribly fetid. He is becoming livelier; had eaten yesterday and this morning some soup with relish, and attempts to speak. When his arm was pinched, he cried out, "That hurts," and drew it in quickly, and he could put his leg up on the bed.

A cough had set in bringing up thick clots of mucus. The respiration proceeds evidently with more ease.

Since yesterday evening he makes known by signs his need of urinating. The urine to-day was less dark, but still turbid and deposits the same sediment as yesterday. Repeat Cuprum.

Feb. 14th. The patient constantly tries to speak, but only single syllables or short words are intelligible to his relations. Yesterday evening he drew his weak arm out on the coverlid without support, looked at it alternately with the other arm, touched it, and then began to weep violently. To-day he could hold his arm free when I raised it, bend the elbow and wrist a little, though still in doing so it

trembled much. Large clots of mucus were continually thrown up by the cough. Yesterday he went, supported by his wife, from the bed to a sofa that stood opposite about six steps off. Urine to-day dark gold yellow, clear and acid. Repeat Cuprum.

Feb. 15th. The patient now daily takes twice a day his little walk from the bed to the sofa, and that without his foot slipping back in the least; also the mobility of the arm constantly increases, but his speech gets on very slowly. Yesterday evening a stool occurred of the same quality as on the 12th. He still throws up much mucus continually. The urine is somewhat brighter; tongue clean; appetite very good. He could not yet put out his tongue. Repeat Cuprum.

The patient continued this medicine, and up to the 19th the urine was straw coloured and clear, by the 23rd the cough and expectoration had ceased too. He now kept out of bed the greater part of the day. In the first days of March he began to walk about in the house, and from March 17th he went out in the open air from half an hour to an hour almost daily. In his walk one observes nothing morbid; but his arm trembles on the least stretching, and his speech is no longer fluent. (*Mayer*).

## 27. MARASMUS SENILIS.

Carl Platz, an old man 75 years old, who lived on alms, greatly emaciated, with earthy pale complexion, had suffered a long time from such debility that he had to keep his bed and complained besides of cough and want of appetite. For fourteen days he had pain in the bowels and a bitter taste with apparently normal stool and urine; also œdema of the lower legs and back of the hands. I detected moderate mucous râle in the middle posterior portion of the lungs, and a weak slow pulse. After the ineffectual use of several medicines the Acetate of copper was administered March 15th, 1846. Already on the following day the tongue was less coated, the appetite returned on the 17th; the œdema of the legs diminished, and on the 20th the old man could positively assure me that he found himself decidedly better. Only the hands were still œdematous, and the tongue again coated. Eight days later, health was restored. (*Dommes*).

## 28. IMPOTENCE.

A strong fresh coloured man, aged 28, two years married, had never yet been able to effect coition because the member immediately became flaccid again, though sometimes semen escaped. Also after a hard stool the orifice was moist. During the transient erections he felt some tension in the perineum, and often complained of rheumatism in the back and legs. The genitals were normal. After the use of one ounce of Acetate of copper all was well and the pains disappeared. In other cases the tincture caused pollutions, and did away with the effect of lupulin. (*Hirschel's Archiv*, 1854, s. 158).

## 29. DISTRESSING AFTERPAINS.

The effect of Cuprum in speedily removing afterpains, already noticed in the "Handbuch," I have constantly found verified in all cases where it was employed. In the case of women, where they used to continue otherwise for three days, they have usually disappeared after some hours.

## 30. FORMS OF IRRITATION.

a. *Disturbance of the Psychological Functions.*

In the night of 24-25th September, my help was demanded in haste by the daughter of G. M., aged 23. Having felt and appeared perfectly well till bed time, she awoke suddenly out of sleep, sprang up, ran about the room, railed, screamed, roared, and wanted to run away. Being prevented, she sprung to the closed window, and was on the point of breaking it when she was secured and brought back to bed. After some time her passion ceased to degenerate into violence, but now she upbraided her parents, who are very excellent people, with being wicked and the cause of her unhappiness, and that she must therefore positively die that very night. Now I was called in and found the patient in a state of complete aberration of mind. She would give me no answers and bade me go away, as she was not ill. She merely wanted spiritual help to prepare her for death. As I fell into her idea and agreed with her in everything, she then consented to speak to me, but kept crying out for the Pastor, who would (she said) delay too long and let her die. At

last I discovered that she had headache and had not menstruated for several months. Her head was hot; pulse 100, soft, and small; stool hitherto normal; tongue clean in the middle, with a narrow white stripe on each side. I ordered tinct. Cupri acet. ʒjss. to ʒviii of water, to take a half spoonful every half hour, and ordered cold applications to the head, more by way of employment than because I expected any benefit from them.

25th. In the morning she was quite quiet and sensible, and nothing morbid could be noticed except the coating of the tongue. Repeat Cuprum.

26th. Complained of stitch in the short ribs of right side, which had disappeared on the following day. She took Cuprum one day longer, after which the menses commenced and she continued well.

### 81. TONIC AND CLONIC GENERAL CONVULSIONS.

The little daughter of B. W., aged 12, in the afternoon of May 26th, after having always appeared up to that time in good health, was seized with sudden twitching of all the extremities, and of the muscles of the chest and face, which lasted half an hour, and was accompanied with loss of consciousness. After this attack, the child complained of pains in the whole of the head, in the back, and scrobiculus cordis. A gentle touch of the scalp or the pit of the stomach was painful, and all the vertebræ felt such pain on slight pressure that the child instantly shrank from it. She was extremely debilitated, and could not raise herself in bed. Skin hot; pulse small, quick, 140. With this, I found a coated tongue, and bitter taste. R̄ Natri carbon. ʒss. aq. dest ʒviii, Gum. arab. ʒj a spoonful every hour. Two days after, the feverish movements and the pains in the region of the nervous centres had disappeared. No fresh attack had occurred; but the debility continued to the same degree, so that I had to expect another sooner or later. I gave on that account a  $\frac{1}{2}$  oz. of the tinct. Cupri, 6 drops to be taken every hour. Now the weakness disappeared more and more; and, after finishing the medicine, the child was strong and brisk, and also continued so.

The son of a widow, aged 13, on the afternoon of July 27th, complained of severe pain in the whole head. Upon this he began to speak incoherently, and said he saw all sorts of apparitions before him; after which, he became unconscious, and fell into tonic spasms like epilepsy. These lasted about a quarter of an hour, and, on

recovering consciousness, he complained of extreme feebleness, pain in the whole head, and pressure on the precordium; pressure on the skin of either part gave no pain; on the other hand, upon gently touching any of the vertebræ, the boy manifested the most lively pain, and twitched together. His tongue was thickly coated with white; urine and stool normal; face red.  $\mathcal{R}$  Natri Carb.  $\mathfrak{z}$  ss. Cupri oxydati nigri gr. ii per day.

July 29th. The pressure on the precordium was gone; the spine painless, debility alone now remaining; and, instead of the headache, vertigo had come on. The use of the Cuprum for some days perfectly removed these symptoms.

Guggenbuhl also cured spasms in the case of Cretins with Cuprum.

### c. *Epilepsy.*

Carl Gottfried B., aged 21, of choleric temperament and strong constitution, had since his fifteenth year suffered from epileptic spasms; which, without determinate type, returned sometimes within two sometimes four or five weeks, and not unfrequently used to reach a very serious height. Nevertheless no help was called in by the parents of the invalid, until, in November, 1823, a fit came on with severe hemorrhage of the lungs. Bleeding and antiphlogistic treatment, which hereupon was employed, resulted in a fit, within three weeks, which far surpassed all previous ones in severity. No cause of the illness was to be discovered, and the parents ascribed it to the patient's passionate disposition. The prescription was now Cuprum sulphurico-ammoniatum  $\frac{1}{2}$  a grain twice a-day; and every second day increased about  $\frac{1}{2}$  a grain again. The next fit, which followed in five weeks, was at once milder; the ensuing fits came seldomer; and after the fifth came no more. Two years later, from the time when the report commenced, the patient had still continued well. He had taken only 16 grains of Cuprum.

Johanna Dorothea L., aged 36, had from childhood enjoyed almost uninterrupted health up to Feb. 1825, when she heard the frightful news of her husband's death by assassination, and was attacked by the most violent epileptic convulsions. During the first days, the fits are said to have recurred almost every hour; afterwards, when my medical assistance was required, they came on five or six times a day. After the removal of gastric symptoms, they



remained unaltered; and the patient then took Cuprum sulphurico-ammoniatum,  $\frac{1}{2}$  a grain twice a-day. After half of the 12 prescribed powders had been taken, nausea set in, with tendency to vomiting; and also the attacks appeared more violent rather than milder. The powders were omitted for one day, and then resumed. When they were finished, she had twelve powders of the same medicine,  $\frac{2}{3}$  grain as a dose, to be taken twice a-day. Soon after a few of these powders, unmistakable traces of a happy result showed themselves. The frequency of the fits remained the same, but their severity was diminished, and their duration shorter. Nausea and vomituration reappeared; only in so slight a degree, that the use of the medicine never had to be interrupted, and in proportion to the number of doses taken the intensity of the disease abated to a continually lower degree. Once more was the same remedy administered, and that with a whole grain of the Cuprum twice a-day; and now the number of fits also diminished from day to day: so that, by the time the patient had finished 26 grains, the disease had disappeared without leaving a trace behind, and did not shew itself again.

Since then I have employed the above remedy in three cases of epilepsy with permanent effect; in all three, the disease had become inveterate by duration of years, and was in all probability called into existence at first by psychical influences. (*Urban*).

#### D. *Headache.*

The daughter of H. W., aged 25, slender and thin, with suffering expression of face, ashy pale complexion, and small thin pulse; had previously in her eleventh year got over abdominal dropsy, and in her twenty-second year typhus fever; had menstruated at fifteen; always scantily, lasting two days, with a discharge of partly watery partly dark blood. All through the winter she had drawing and tearing pain in the extremities, and in the muscles of the neck. At present, March 30th, 1847, these sufferings have lasted fourteen days, with the addition of pain and heat in the head; which last comes on for a time, and soon disappears. The headache commences generally in the evening; includes the whole head, and is pressive; warmth is then acceptable to her. The tongue is thinly coated with white, appetite bad; stool hard, black, crumbly, and occurs only every second or third day. The urine is bright yellow,

clear and acid. The two lowest cervical vertebrae are painful when pressed. She took Cuprum sulphurico-ammoniatum  $\frac{1}{2}$  grain four times a-day. On the 6th of April she was quite well.

Mrs. Rh., aged 28, of slight figure and weak frame, greyish white complexion, with a circumscribed patch of dark red in the cheeks, was suffering for eight days from severe headaches. These began at 4 a.m. and lasted till 2 p.m., occupying the right side of the head. They began gradually, and abated in like manner, when vomiting followed. Cold applied to the head relieved her. The tongue was clean; pulse small and thin; sleep bad, with weariness and a sensation of weight in all the limbs. All the vertebrae free from pain. She took daily  $\frac{1}{12}$  of a grain of Cup. sulphurico-ammoniatum four times. That day there was no pain, and the patient had slept better than for the last week. In two days, the sense of weight was diminished, and the pain appeared no more. From that time forth she continued quite free from the headaches.

#### E. *Faceache.*

The daughter of J. N., aged 23, suffered for a quarter of a year from headaches, and sought my assistance, when pains in the face, ears, and teeth had supervened. The pains commenced in the evening in the whole head, and then go on tearing through the ears, the face, and all the teeth on both sides. They are furious, stunning, and spoil her sleep, which is restless, interrupted and dreamy. They last all the morning, and first abate towards noon; without, however, a complete intermission. When I examined her during the fit of pain, every slight touch on the scalp was painful; and the combing the hair caused such great pain that she was obliged to defer it till the moment of abatement: the third dorsal vertebra was very painful on pressure. The tongue was clean, the appetite good and taste normal. Complexion natural. Her countenance was expressive of pain. Pulse small, not too quick; stool and urine normal. To take 10 drops of Cuprum aceticum every hour. After finishing 3 drachms, the pains had subsided and appeared no more.

The wife of M. M., aged 50, requested my help on December 15th, having suffered three weeks from pains which commence in the right infra-orbital foramen, and from thence extend partly into the cheeks and teeth, partly into the ear, up to the forehead and the middle of

of the head. At the beginning they were endurable, but gradually became quite furious, with only short abatements, and no complete intermission. The patient's complexion is ashy pale; the tongue clean; taste and appetite good, but she cannot eat sufficiently, because chewing instantly aggravates the pain to the highest degree. Pressure on the cheek or infra-orbital foramen is painful. The gums and palate are very pale; the teeth, with a single exception, sound; this one is hollow, but does not ache at all, whilst its sound neighbour does, excessively. Stool normal; urine deep yellow, clear, alkaline. R Tinct. Ferri acetici ʒij, to take a dessert-spoonful in water four times a day.

Dec. 17th. Already the pains were slighter, and pressure on the above-named parts was no longer painful. She had finished the medicine. Repeat.

Dec. 18th. The pains had occurred only once yesterday, after complete intermission, and they did not draw up into the ear and head, but were confined to the cheeks.

Dec. 20th, however, stronger and more lasting pains set in, and pressure on the said parts was painful. I then ordered Zinci acet. ʒjss. for the day.

Dec. 22nd. The pains were gone, and kept off till Dec. 26th, when they again set in, as the patient had chosen to discontinue the medicine. Then, too, they disappeared, after using it, within two days. The lady continued well till March in the following year. When she had me sent for, March 17th, the pains had seized her eight days before, exactly as in December. I first gave Zinc, which effected abatement, but not cure, as the fits returned. Then, because the urine was natural, I gave Iron, which, however, brought no relief. At last I gave Cuprum, after one day's use of which the pains at once ceased, and did not reappear; the patient this time continuing to take the medicine for a longer time.

#### F. *Neuralgia intercostalis.*

The wife of F. T., aged 30, of brown complexion, and strong build, always menstruates copiously and for eight days; has suffered for three years from a tearing pricking pain in the lowest ribs, on the left side, halfway between the spine and sternum. When aggravated, it draws as far as the shoulder and the scapula. The fourth and fifth dorsal vertebræ are painful on pressure, and this produces that

pain immediately. The tongue is clean and deep red; and the patient, in addition, complains of gastric suffering. Urine deep yellow, clear, acid; stool normal. After the removal of the gastric catarrh, she had to take  $\frac{1}{4}$  grain of Cuprum sulphurico-ammoniatum four times a day. After three days the pain in the side was gone; but the powder excited nausea, so the dose was diminished to one-half. In four days more the pains had kept off, and the powders were laid aside, because they again produced nausea. The pain, however, returned three days after. The Cuprum was given this time in doses of  $\frac{1}{16}$  of a grain. Immediately the pain ceased, and came no more, whilst the powder, which no longer produced sickness, was continued some time longer. The painfulness of the spine had also disappeared.

#### G. Whooping Cough,

With frequent attacks, preceded by mucous râle, lasting five or ten minutes, was cured by Müller in four weeks. (*Hom. Vierteljahrschrift*, iv. 280.)

#### H. *Gastrodynia neuralgica.*

This I cured in eleven cases with Cuprum. They all occurred in women whose menstruation was sometimes normal, sometimes deficient, sometimes excessive. In some, metrorrhagia preceded; and several had already exhibited symptoms of gastric catarrh, after the removal of which the gastrodynia remained unaltered. This occasioned very severe pains in the præcordium, which extended from thence as far as the spine, and lasted one or more hours. Then the intermission was complete, till the fit returned after some hours. In most cases, the third and fourth dorsal vertebræ were painful on pressure. Scarcely any pain arose from pressure on the gastric region, which was neither hard nor tumid, but rather drawn in. Stool, urine, appetite, &c., presented nothing abnormal. All the patients had a pale complexion. Cuprum aceticum, as well as sulphurico-ammoniatum, soon brought relief, and, by persevering in their administration, complete cure.

Lembke also reports (*Allg. Hom. Zeitung*, B. 45, No. 6) the cure of gastrodynia (which had lasted four months, and was

associated with nausea, oppression of the chest, trembling of the hands and feet, and feebleness) with *Cuprum metallicum*, trit. 2, as much as would lie on the point of a knife, four times a day.

1. *Neuralgia calhaca.*

The wife of W. E., aged 24, sent for me on the evening of August 16th, in a hurry. She was suckling a child several months old. I found her writhing in bed, with outcries and groans; and it was very difficult to get the needful answers from her. She complained of severe constrictive, pinching, tearing pains in the præcordium, which extended neither towards the back nor anywhere else, but always remained for an hour on the same spot. This, however, was not her chief complaint, but a sensation of swooning, when she believed that she was in the last extremity—that her life was about to terminate. Her eyes were without expression; her countenance collapsed; her extremities cold; pulse wiry. From pressure on the third and fourth dorsal vertebræ the patient manifested pain; and a slight pressure on the gastric region caused great pain, whilst a more brisk and deep one was beneficial. The attack had occurred for the first time four weeks before this, but much less intense; and in the interval she had been quite well. Stool, urine, tongue, &c. presented nothing abnormal. I prescribed *Cupr. acet.*, ʒjss. per day, a dessert-spoonful to be taken every half-hour.

The pains and the swooning sensation continued two hours, till at last the medicine arrived. Next morning, the patient, who looked well and felt so too, told me that she clearly observed how, with each spoonful of medicine, every symptom gradually amended, till, after two hours' administration, she had not a trace left, and thereupon fell asleep; only that she afterwards got them to awake her every hour, to take her dose. I repeated the prescription twice, after which all further attacks were discontinued.

Mrs. W., aged 30, for the last year and a half menstruated more feebly than before, and had, during eight days, repeated attacks, which were successively more intense and lasting. At last, on Oct. 30th, she could no longer endure them, and sought help. I found her in one of these. She described most severe constrictive pains

in the præcordium, which extended along both hypochondriac regions and quite into the neck, with oppression of the chest. She was in the greatest restlessness and anguish, would get out of bed, tossed herself about, then grasped again with both hands at the *scrobiculus cordis*, leaned upon it, threw herself upon her face, and knew not what to do, or how she should procure any alleviation. So she kept crying that she must die, she felt that it was soon to be all over with her. The præcordium was contracted, a light pressure upon it was painful; a heavier not so. The third and fourth dorsal vertebræ were so painful on gentle pressure, that she shrank from it. The duration of the attacks, which appeared at irregular times, was gradually extended to three hours. The extremities were cold, the pulse small and thin. Every thing else normal. R Tinct. cupri acet. ʒjss. daily. From the first exhibition of the Cuprum, there were no more attacks; but two days passed before the feeling of exhaustion was quite removed. On the 2nd of November the tenderness of the vertebræ had also disappeared. I ordered her to take, in all, 1 oz. of Cuprum. No fits occurred subsequently.

#### κ. *Hyperæsthesia plexûs hypogastrici.*

The wife of J. Z., aged 47, who had ceased to menstruate for five years, and was old-looking, short, and stout, complained, October 16th, that for about seven weeks she had experienced attacks of pain in the lower bowels. These she described as follows,

At first she felt a pain, with crawling sensation, on the right crista ilii, and from thence to the *Os pubis*, which often extended as far as the sacral region, but mostly remained in the first spot, and produced in the region of the uterus a sensation of pressure and tension, so that the patient thought she was pregnant. So much was she impressed with this idea, that she repeatedly consulted me about it. She had borne one child about twenty years before, and none ever since. The fits of pain were short, only lasting a few minutes, and were in addition accompanied with the feeling of heat and itching about the crest of the ilium. In walking, she felt nothing of this. The attack came on often in the day. Local examination of the part affected, and also of the spine, detected nothing. Every thing else I found normal, and the patient besides only complained of occasional transient heat in the head, and fatigue. She also looked well. R Tinct. Cupri acet. ʒss. 15 drops every hour. On the 22nd, all morbid feel-

ings were removed, excepting the crawling sensation on the skin. One ounce of the tincture which I prescribed in addition, gradually removed this symptom too, and the lady continued well.

L. *Neuralgia plexus spermatici.*

The unmarried daughter of J. W., aged 23, had been ill for a week, when she applied to me. At first she had not been bedridden; but at last became so from necessity, because she felt herself over-fatigued, and sitting and walking proved a labour to her. She complained of a continual unremitting pain in the lower bowels, exactly behind the *Os pubis*, which sometimes extended to the inguinal region. Deep pressure on the region of the bladder behind the os pubis and on the groin was painful. Eight days before, menstruation had set in, normal in quantity and at the right time: afterwards, however, there was a discharge of mucus from the vagina, not severe, but continued to the time of my visit. Her countenance was expressive of deep suffering, and her complexion was pale: the tongue thinly coated with white; appetite bad; stool normal. The urine was not to be seen. No fever present. I gave Acetate of copper, 15 drops hourly. On the following day the places above-named were already free from pain when pressed; nor did the patient suffer at all when at rest. When however she moved her legs, she observed pain in the inguinal region. Also the discharge per vagina, had ceased, and the tongue was clean. In two days after, she felt herself quite well; was so, and continued so.

M. *Hysteria.*

A widow, aged 38, of feeble menstruation, who had experienced adverse circumstances, and lost her husband in a sudden and frightful way, felt ever since (i.e. for two years,) a weakness which often compelled her to interrupt her occupation of the care of children, and to keep her bed. There was added to this, especially at the beginning, a sensation of faintness in the præcordium, which however never proceeded to the height which is common in cases of *Neuralgia cæliaca*. On the contrary, this symptom was, in a further stage of the disease, a subordinate one, whilst new appearances of cerebral irritation were manifested, which made her doubtful about her future. For instance, there occurred, beginning from the slight-

est degree, attacks of such a seizure of the mind, that she feared she would become quite melancholy. In general, quite suddenly, without any external cause, she felt that her head was disturbed; that a hot uncomfortable sensation rose into it from the chest upwards, which gradually increased so much, that her senses were confused, and her thoughts became indistinct. After some continuance of this state, violent weeping commenced, without any amendment of her general sufferings, only that the individual fit ended with it. The feeling of debility was permanent. Her complexion was ashy pale, yet the digestion was good; tongue clean; appetite pretty good; stool normal; urine bright yellow, clear, and acid. I gave her Tinct. Cupri acet., 15 drops every two hours. In a week, she felt already stronger and more cheerful, and the attacks of irritation had become less frequent. She continued to take the Cuprum for about 14 days, when she found herself well, and gave up treatment. As, however, her complexion was still but little improved, I considered her feeling well was not a sign of perfect recovery. And in this I was right; for she subsequently complained to me that, though she was in better spirits, yet she again suffered from debility. I advised her again to take the Cuprum; but cannot report whether she followed my advice, as I have not seen her since.

32. *Mercurialism.* Tronmüller (*Deutsche Klinik*, 1855, No. 2—3) became acquainted with the curative powers of Cuprum in mercurial ulcers of the mouth. He gave 8 to 10 gr. of sulphate of Copper to 8 ounces of water with mucilage.

33. I have repeatedly ascertained that Cuprum kills tape-worm, and that it passes with the stool in separate portions, or is partly digested in the alimentary canal. According to Oehme's observations, it failed to expel the tape-worm; but he saw, on the exhibition of oxyde of Copper, that merely portions passed off. Wherefore he declares it to be a means of diagnosis for the presence of tape-worm. (*Hirschel's Z. f. h. Klinik*, 1855, No. 9.)

By the external application of Cuprum the following disorders have been cured.

1. Scrophulous inflammation of the Conjunctiva and Cornea, which was of long standing in feeble ill-fed subjects. I applied on the Conjunctiva twice a day the bulk of a lentil of



salve composed of a grain of oxyde of copper to a drachm of lard.

Hoppe (*Deutsche Klinik*, 1858, No. 8,) prescribed a solution of from  $\frac{1}{2}$  to 1 scruple of the oxyde to 2 drachms of lard, with the addition of Opium or Belladonna, to be rubbed into the temples for inflammation of the lachrymal glands, or the cellular tissue of the orbit, for periostitis, for inflammation of the bulbus and conjunctiva, where the cellular tissue of the eyelid is swollen by secondary inflammation.

2. Specks on the Cornea, I have cured with that salve, when they were of long standing. Hoppe also succeeded in removing them by a salve of 1 gr., gradually increased to 10 gr. of the oxyde to 1 drachm of lard.

3. Inflammation of the salivary glands was in a short time either dispersed or else, when of longer standing, brought to suppuration by a salve of 15 gr. of the oxyde (or 10 of verdi-gris) to 1 oz. of lard, applied four times a day.

4. Inflammation of the axillary and inguinal glands.

5. Panaritia, in the second and third stages, were speedily brought to suppuration by this salve.

6. Inflammations of the female mammary gland and ovary were very rapidly cured by this treatment. I communicate an instance of the latter.

The wife of A. M., aged 33, called on me (July 27th,) because, during the preceding days, she had pains in the meso-gastric and hypogastric region, which sometimes abated somewhat, and at others increased again. The abdomen was drawn in, and hard to the touch; heavy pressure on it was painful, but slight pressure not so. The pain became more sensible as the pressing hand approached the right hypogastrium; and was worst in the right iliac region. As, however, the whole abdomen was hard and tense, nothing could be discovered below the abdominal walls, where the seat of the pain was. The patient could lie best on her right side; when she lay on the left, the pains were aggravated. She had an ashy pale complexion, and was thin; the tongue thinly coated yellow, the taste pasty, with nausea and tendency to vomit. Skin rather warm; pulse small and frequent; stool hitherto normal—urine not kept. It was manifest that here some one organ in the abdomen was

affected; but which, it was impossible to distinguish precisely, because the symptoms of morbid intestinal secretion disguised the diagnosis. I therefore first gave magnesia usta  $\bar{3}$  ss. daily.

July 28th. The pains in the umbilical region, with the nausea and pappy taste, had disappeared; the hard tense abdomen had become soft, so that now a diagnosis was practicable. In the right hypogastrium, as far as the groin, I found now by strong pressure a tumour, which caused considerable pain there, whilst in all the rest of the abdomen it did not. Pulse moderately full, as frequent as yesterday; skin still warm; tongue clean; some soft brown stools had followed. I ordered some salve of Cupri oxyd. nigr.  $\bar{3}$  j ss. Ax. porc.  $\bar{3}$  iij to be applied to the said parts every three hours, and after this measure, no morbid symptom could any longer be observed.

7. Hardness and swelling of the portio vaginalis were removed by Hoppe, on applying the salve immediately on the part.

8. Also enlargement of the liver, and induration of the mesenteric glands in children, successfully treated by the same.

9. Tumor of the testicle I have often removed by salve of Cuprum. Hoppe also reports similar success.

10. Inflammations of the skin and muscles I have often dispersed by cuprum salve; and where this was no longer possible, brought them to speedy suppuration.

11. Contractions of the muscles and tendons and joints have been removed by Hoppe in the same way; such as flexure of the knee during convalescence after operative extension of a bent knee—after the operation for a club foot where the remaining stiffness required it—after the operation for a splay foot (or even in many cases to supersede that operation)—in cases of stiff joints, especially those whose origin is due to previous inflammation with subsequent exudation—in contractions of paralysed limbs, also in scoliosis.

12. Inflammatory diseases of joints, and caries I have sometimes cured with copper salve. Hoppe prescribed it especially in ulcerous inflammations of the body of the vertebræ, and intervertebral ligament; inflammatory diseases of the shoulder, elbow, wrist and hip joints, *malum coxæ senile*, fungus medul-

laris of the hip joints; in diseases of the knee joints, as preparatory to operative extension—in ankylosis after penetrating wounds of the knee—slight dropsy of the knee—white swelling—as an after-treatment for all operative extensions or flexions of the knee—for removal of the stiffness which remains after thorough cure of joint diseases in *tumor albus* of the ankle, with or without a *splayed* condition of the foot.

13. Hoppe dispersed goitres by means of the copper salve. I have as yet had no instances of this affection brought to me, where I have not removed the lymphatic kind by Iodine, and the hard round ones by Carbonate of Soda.

14. Falling off of the hair; in some individuals early baldness, where it is not hereditary, but which, from some unknown cause, had gradually come on, I have twice succeeded in curing, so that new hair grew again, which, however, did not attain the strength of the previous crop. For this purpose, I employed rubbing in of a drachm of sulphuric oxyde of copper with 16 oz. brandy.

## NOTES ON THE CHEMICAL AND PHYSIOLOGICAL BALANCE OF THE FOOD.

By DR. MCGILCHRIST.

SOME writers have evinced a tendency to treat of digestion as if it were mainly a vital process. It is so, inasmuch as it depends on the action of a fluid which no chemical combination out of the living body can produce, viz., the gastric juice; but, apart from the *secretion* of this fluid, many of the phenomena of digestion which may occur under the action of the gastric juice out of the body as well as in it, are of a chemical or chemico-physical nature. Thus the process by which the food taken into the stomach is converted into chyme, and is reduced by the gastric juice, &c., to a condition which admits of its being taken up by the lacteals and absorbents for the nourishment of the body, may be regarded as analogous, in part, to chemical solution; in part taking into account the facts of artificial

digestion to fermentation; and in part also to catalysis, or chemical action by contact; chemical solution, as it affects the whole bulk of the food; fermentation, as it affects the amylaceous or starchy principles of the food; and catalysis, as it affects more particularly the albuminous principles. So far as it is a chemical solution of the food, we may consider digestion as a simple process of absorption taking place in the stomach, where soluble substances pass into the blood, almost at once and almost unaltered, while the insoluble ingredients of the food make their way into the chyle, having first been rendered sufficiently attenuated to admit of their imbibition by the lacteal vessels. Besides substances in solution, the digestive absorption of the *albuminous* principles of the food takes place in the stomach. The rest of the alimentary canal, when experimentally examined, shows almost no trace of albuminous solution in its contents. Into the intimate nature of this albuminous digestion we need not now enter.

Leaving the nitrogenous elements of the food, it is important to remark, we also leave the stomach: when we follow the non-nitrogenous elements, their digestion conducts us to the intestines. The conversion of the amylaceous or starchy principles of the food, it is true, is slowly effected in the course of the whole alimentary canal. It is supposed to commence in the mouth, under the action of an alkaline fluid—the saliva; to intermit in the stomach, exposed there to an acid solvent—the gastric juice; and to go on again in the intestines, under the influence of the alkaline bile and pancreatic fluids. But the oleagenous principles pass through the stomach without undergoing any change: it is in the duodenum where, under the action of the bile and pancreatic fluids, they are formed into an emulsion, in which condition only, it would seem, are they fitted for absorption.\*

\* This emulsion is found through nearly the whole intestinal tract beyond the duodenum. And in proof of the fact that absorption of the oleaginous principles depends on a mixture with the bile and pancreatic fluids, it has been shown, by the experiments of Schwann, in cases of artificial division of the bile duct, with subsequent discharge of its contents through a fistulous orifice in the walls of abdomen, that the animals thus experimented on,

On the whole, therefore, we may say, that the physiological function of digestion in man is plainly divisible into two actually distinct, though mutually related digestions—a *stomachal* and an *intestinal*. In the former, the azotised principles—or the protein compounds as they have been called—are chiefly absorbed, whilst in the latter the nonazotised articles of food are subjected to certain chemical changes, by whose operation they are assimilated and then absorbed. The protein compounds, for the most part, require simple solution and subjection to the gastric fluid; the nonazotised group have to travel further through the alimentary canal, and undergo more complicated chemical metamorphoses. The reason obviously is, that the former are already in their essential nature more nearly assimilated to the living organism which they are fitted to nourish, whereas the latter require to be organised, as it were, by a living chemistry, before they are fitted to subserve—in a different way, as we shall presently notice—a like purpose. Comparing animal fibrin, albumen and caseine on the one hand, with gum, starch, sugar and oil on the other, we perceive at once, merely viewing them as articles of aliment, how much more highly organized are the first group than the second. Butcher's meat (without the fat), white of egg, cheese, are the representatives of the one, and the substances themselves standing for the other, offer a wide distinction, such as might lead us to suspect, in the absence of scientific or experimental information, the former of natural, easy and simple, the latter of more complicated and difficult digestion.

Such facts, taken in connection with the ultimate ends which the two great divisions of the food may be held to subserve in the animal economy, serve to pave the way for a variety of interesting considerations illustrative of the practical utility of animal chemistry (a study too much neglected, it is to be feared, by physicians in general) and the physiological con-

though they often perfectly recover from the immediate effects of the operation, die from inanition as soon nearly as if they had been entirely deprived of food. This experiment further proves, so far as it goes, that the oleaginous principles are absolutely necessary to complete nutrition and a continuance of life.

sistency, on the whole, of most of its modern theories bearing on diet in health and disease. In this relation, the theory which refers the proximate cause of gout and rheumatism to a morbid chemistry of the blood will presently be adverted to; and other diseased conditions are no less capable of being explained, theoretically, by a reference to the chemistry and physiology of digestion. For instance, the mode of assimilation of the amylaceous and saccharine elements of the food throws a direct pathological light on the disease called diabetes.\* It would appear, as Bouchardat and Sandras first endeavoured to show—that sugar is, in normal digestion, gradually converted, during its passage along the alimentary canal, into lactic acid, and that in general it is absorbed in this form. Starch, likewise, although its particles are very little acted on unless previously ruptured by mechanical agents—as may be the case during cooking—is converted, in the course of digestion, first into dextrine and grape sugar, and ultimately into lactic acid also, in which state it is absorbed: so that sugar and starch have a close affinity, in view of their ultimate normal assimilation. But what is most important to observe is, that the conversion of starchy matters is effected *very slowly* in the course of the whole alimentary canal (as already noticed); and the slowness incidental to this conversion of starchy matters into sugar, and thence into lactic acid, may be regarded as a provision of nature to insure adequate conversion and healthy assimilation. If

\* The experimental facts (which, however, probably need confirmation) advanced by Claude Bernard (see the translation of his third lecture on *Experimental Pathology*, quoted from the *Medical Times and Gazette*, in the July number this year of *The British Journal of Homoeopathy*) and others—whereby it is sought to be shown, that albuminuria, diabetes, and, in fact, every form of perverted urinary secretion can be artificially produced by excitation of definite points of the medulla oblongata—are certainly very interesting and significant, as illustrating the intimate relation which subsists between the brain and nervous system, on the one hand, and the organs and functions which depend on that brain and nervous system, on the other hand. Such experiments do not, however, prove that, in ordinary or spontaneous diabetes, a morbid change at a definite point of the medulla oblongata must necessarily *precede* the pathological phenomena which are more evidently characteristic of the disease, and which, as we know, are those of deranged assimilation.

sugar be too quickly or suddenly formed, it is introduced into the blood comparatively unchanged, and in such a case it is drawn off by the urine without exerting its heat-sustaining agency on the system. The grand function, as we shall presently notice further, of the non-nitrogenous elements, which is to supply and maintain the animal heat is thus interfered with, since sugar instead of being assimilated becomes excrementitious. And this is, from our point of view, the rationale of diabetes. In a double sense the diabetic patient dies of starvation—starvation by cold no less than by non-assimilation.

We may now notice more specially the two great divisions of the food, in view of the ultimate ends which these azotised and non-azotised elements relatively subserve in the animal economy. On a general view of the animal machine, so to speak, two primary and fundamental processes are found to be in continual action; the waste of the tissues which compose its various organs by a species of attrition, and the consumption of its fuel by respiration. The maintenance of vital action, and of life as such, depends on the first; the maintenance of the animal heat on the other. Now, the waste of the tissues is repaired mainly by the azotised or nitrogenous elements, while the temperature of our bodies is maintained mainly by the non-azotised or non-nitrogenous elements of the food. The nitrogen of the former, having little affinity for oxygen, is, as it were, guarded against combustion, and enabled to perform the function of repair: the carbon of the latter, having on the contrary a great affinity for oxygen, combines with the oxygen taken in in respiration, and so gives rise to that species of internal combustion whereby the animal heat is maintained.

In the first of these actions or processes, much nitrogen—thrown off from the system by excretion—is expended; in the second, much carbon—exhaled from the lungs—is consumed. As we have said, the nitrogenous elements of the food supply the nitrogen expended in the attrition of the tissues, while the non-nitrogenous supply the carbon burned in the process of respiration. But inasmuch as the nitrogenous elements contain more or less carbon also, they also may subserve the demands of respiration, and so far take the place or partially assume the

function of the other great class of elementary substances; whereas the non-nitrogenous elements can be of no service in repairing the waste of the tissues, and therefore cannot in any sensible degree, supply the place of the protein compounds.\* This is an interesting fact, and has an important bearing on certain dietetic and physiological theories relating to disease.

We may consider the uric or lithic acid diathesis as one of the prominent evils which sometimes result from a too highly nitrogenised diet. While, however, the amount of nitrogen thrown off with the urine varies sensibly according to the nature of the food, whether animal or farinaceous, the ingestion of an unusually large quantity of azotised matter does not, as might be expected *a priori*, give rise to an increased development of the fibrinous and gelatinous tissues. Hence we must infer, especially since superfluous nitrogen cannot, like fat, remain stored up in the system, that superfluous azotised matters are eliminated from the blood, and this almost entirely by the kidneys. Now, as it is in the form of urea that this elimination takes place, it does not prove that a superfluity of azotised matters in the system must necessarily give rise to an increased production and excretion of uric acid. It has been shewn, indeed, by Dr. Lehman,† that the effect of a purely animal diet is to increase the amount of the uric acid, as well as that of the urea in the urine, but the difference in the quantity from the usual standard is very slight, and does not warrant the inference that the kind of diet is the one sole cause of it. A highly nitrogenous diet may, however, induce a superfluity of nitrogenised matters in the system, and the uric acid tendency or condition, which may be only slightly, or not at all, apparent from the state of the urine, may exist *in the blood*. Dr. Garrod‡ has proved by analysis, that traces of lithic acid may

\* We shall see, subsequently, how far this observation requires modification, in view of Liebig's theory of the ultimate conversion of amylaceous matters into fat.

† See the result of his experiments made on himself, and detailed in *Carpenter's Physiology*, on the influence of various kinds of aliment upon the amount of the solid matters in the urine.

‡ See his recently published work (1859), which contains—with much



be detected in the blood of persons who are comparatively healthy, or who are affected with other diseases than gout, but in this malady the amount is much greater. Crystals of lithic acid have also been separated from the blood of patients suffering from derangement of the kidneys with albuminuria.

Such facts accord with the now old theory which refers the proximate cause of gout and rheumatism to the presence of a morbid matter—say lithic acid—in the blood, and which views the paroxysm of gout and the onset of acute rheumatism as the results of a reaction which may succeed—as it is intended to—in eliminating the offending matter, and thus relieving the system. Just as it has been found by analysis [see again Garrod] in several cases of gout, that lithate of soda could be detected in very appreciable quantity in the blood, though at the commencement of a fit of gout there is a marked diminution of it in the urine; but on the abatement of the attack the lithic acid, or its compounds, appears in increased quantity in the urine, and that in the blood is hence diminished.

On the evidence of such facts, we may fairly conclude, that a too highly nitrogenised diet—one, say, exclusively composed of animal food—has the effect; 1st, of creating in the system a superfluity of azotised matters; 2nd, that this superfluity has a tendency to accumulate in the blood, where it may exist for a time in morbid quantity without the excretions or the presence of manifest disease affording palpable evidence of the fact; 3rd, that the ultimate effect of such accumulation in the blood is to occasion a febrile excitement—say a fit of gout or acute rheumatism—which has for its object the expulsion of a circulating poison from the system.

Nevertheless, such general conclusions must be viewed as subject to certain modifying considerations; the physiological chemistry of man being a very complicated subject, involving not only the separate elucidation of several different functions, but also the balance of certain mutual actions and reactions

quite extraneous matter, and a startling display of lacquered learning—the substance of his former papers on the subject of the blood in gout. Sir Henry Holland, however, was the first to point decidedly to uric acid as the *materies morbi* of gout.

which are known to subsist more or less between these functions and their appropriate organs. We know, for instance, that a certain sympathy of function subsists betwixt the liver and the lungs, as it were, on the one hand, and betwixt the kidneys and the skin on the other.\* And this simple fact even enables us to understand how it happens, that many, if not most, or perhaps all diseases, are, in their ultimate essence, complicated, and how it is that disease is sometimes cumulative in the system; and how more still may often occur *in the course* of disease. Thus it has been found that, when the liver has been injured by organic disease, so that its secreting action has been impaired, the kidneys appear to have taken on its function, to the extent

\* The sympathy, in health and disease, between the skin and the kidneys is matter of common observation. The vicarious relations of the lungs and liver are, perhaps, more interesting and at the same time more extensive. It is well known that the function of the liver becomes deranged when too much labour is required of it. This is specially liable to happen among Europeans in tropical or warm climates, where, the temperature of the air being high and the amount of exercise taken—and consequently the amount of oxygen inhaled and of carbonic acid exhaled by the lungs—less than in colder countries, where the direct effects of the sun's rays are neither oppressive nor dangerous, the liver has to do part of the work of the lungs. In such circumstances, the symptoms called *bilious* are of common occurrence, and arise for the most part from the products of the food—chiefly non-nitrogenous—accumulating in the blood. To relieve such symptoms, the pernicious practice of stimulating the liver by poisonous doses of calomel is still in its "orthodoxy." Illustrations of a different kind derivable from embryology and comparative anatomy, go to show, that these viscera are almost universally compensatory, and that when the one is small and inert, the other is large and active: the lungs in reptiles are feeble, but they have a comparatively large liver. The lungs of fishes are only rudimentary (gills), but their livers are always large, and sometimes enormous. Insects, on the other hand, have minute livers, but are distinguished by a large and complicated system of air tubes. In man, the liver is, during the whole period of fœtal life, in excess—comparatively, it is the liver of a fish: it is also the first of the organs which is fully developed. The lungs being then in collapse, the liver is great in size, and proportionably active in function, pouring out constantly great quantities of meconium. But after birth, when the lungs come into play, the liver rapidly diminishes in size, and its functional activity diminishes to the balance-point of normal breathing life. Thenceforth its chief function evidently is, to relieve the system of its superfluous carbon, by secreting the bile—a fluid so highly carbonized, that Demarcay has found its chief constituent, choleate of soda, to contain sixty-three per cent. of carbon.

of separating at least some of the elements of the bile.\* So that not only organs which are complementary, as the liver and lungs, but also those which are normally quite unallied in function may, under the pressure of circumstances (disease), serve as channels for the elimination of each others' effete matters. And this is true, not of secretion only; the same may be shewn in regard to assimilation and respiration. We have presumed that the nitrogenous elements of the food, in virtue of their containing carbon as a part of their chemical composition may assume, to some extent, the usual function, and so far take the place of the other great class of elementary principles. And if this be the fact, it must go to modify in no trifling degree the conclusion generally arrived at in reference to a too highly nitrogenous diet, viz., that such a diet has an invariable tendency to cause a dangerous accumulation of azotized matters in the blood. In many, or most, cases it may be so—the cause in question does undoubtedly produce the effect; whence the lithic acid diathesis, and its frequent explosive or expulsive consequences, gout and acute rheumatism. But in not a few other cases the same cause may exist without giving rise to the same effect. For the carbon of the protein compounds may act as a safety-valve to the system; a superabundance of nitrogenous matters may possibly go to supply a temporary deficiency in the non-nitrogenous: combustion may do the work of eliminative excretion: the lungs may relieve the kidneys.

Thus it probably happens, that many persons whose dietetic habits and general mode of life would otherwise give rise to gouty and rheumatic affections, &c., are saved from such inflictions; and it seems even likely, that the cases of disease which do arise from the above natural, and as we might call them, in this connection, normal causes, are really exceptional cases, so to speak, after all,—cases in which combustion refusing any longer to do the work of eliminative secretion—the safety-valve having got clogged—the system undergoes the inevitable con-

\* The elimination of kiestine, which is nearly allied to caseine, by the kidneys, in pregnancy, is another example somewhat in point.

vulsion attendant on the effort to throw off the morbid matter now beginning to circulate in, and poison the blood.

In a like relation, it is interesting to take up, by way of contrast, the function of the other great class of the elementary principles of the food, and glance at the way in which these non-nitrogenous elements act in giving rise to animal heat.

It is now allowed, that the production of animal heat is due to the changes in chemical composition which are continually going on within the system, and of which changes respiration is the external manifestation. The saccharine and starchy principles which, from the quantity of carbon and hydrogen, in the absence of nitrogen, they contain, have been called the hydrates of carbon, pass into our bodies as food and are there converted into blood. This blood in its venous state is highly charged with carbon, and it is by a process analogous to combustion that these elements of the food combine with oxygen when the blood undergoes aëration or conversion from venous to arterial blood in the lungs. As long, therefore, as respiration goes on, carbon and hydrogen—the latter combining with the oxygen of the air to form vapour or water—are necessarily consumed; so that the non-nitrogenous elements of our food may be said to be burned in our bodies. While the air is thus a chief agent in the arterialisation of the blood, and while it is by means of the capillaries spread out on the lining membrane of the air-cells of the lungs that water and carbonic acid, the products—the smoke we might say—of this combination are evolved; yet the water and carbonic acid are not formed in the lungs, but previously contained in, and excreted from the venous blood itself. It is certain that water and carbonic acid are formed in the systemic circulation, and merely evolved from the venous blood when it arrives in the capillaries of the lungs, as oxygen is absorbed and carried with the arterial blood into the systemic circulation; neither the oxygen nor the carbonic acid being free but in a state of combination in the blood. The chemical combustion, therefore, which attends the act of respiration, takes place not in the lungs but in the blood. This fact, taken in connection with that already stated in reference to the nitrogenous principles of the food, viz., that a superfluity

of nitrogen in the system sometimes accumulates in the blood in the form of lithic acid, points plainly to the blood as the seat of the most important chemical transformations which occur within the body, and as the centre whence originate the more remarkable diseases to which it is subject.\* In which aspect the blood comes to be viewed as the grand medium by which the various and separate organs of the body communicate with each other—(by water, as it were—the nerves representing the other great, more rapid, and say, rail-road or telegraphic, means of their communication)—and occasionally both interchange and exchange—to some extent at least, and more decidedly under the pressure of certain pathological conditions—their relative functions.

As we have noticed, in regard to the nitrogenous elements of the food, though their chief and normal function in the action of life clearly is to repair the waste of the tissues, yet owing to the carbon they contain, they can, when in excess, subserve to some extent the purposes of respiration. And just so, may the other great class of principles now under consideration also answer sometimes a double purpose in the animal economy. For although the saccharine and starchy principles of the food, owing to their excess of carbon and hydrogen, mainly go to feed the chemical combustion continually going on, yet they also, when in excess, go to the production of fat,†

\* This is as true of fevers and exanthematous diseases as it is of such affections as gout and rheumatism. Both of these very different classes are truly blood diseases; and if we were to express the difference between them by a hypothetical pathological generalisation, we should say of the first, that their *causa morbi* is a *fermentation*, while that of the second is a true *poisoning* of the vital fluid.

† The intimate nature of the change which starch undergoes into sugar, and sometimes doubtless into fat also, has been referred to a digestive *fermentation*. Liebig's theory of this conversion deserves notice. He held that gum, starch, and sugar are not simply and always convertible into lactic acid, in which state alone they are absorbed, but that they may, "by the elimination of a certain quantity of oxygen, be converted into fat in the blood itself." The great French Chemist, Dumas, on the other hand, referred the derivation of animal fat directly to vegetables. "Oils in fat (he says) are produced by vegetables; they pass ready formed from them into the bodies of animals, and there they may be either burned immediately in order to supply the

which may be stored up in the system. This is an important fact, as bearing practically upon the mutual vital relations of the two classes of principles. If, on the one hand, the carbon of the nitrogenous principles acts as a safety-valve to an excess of them in the system; on the other hand, this conversion of starch into sugar and thence into fat may likewise afford a safety-valve, not so much, perhaps, to an excess of starch and sugar in the system, as to a want of normal proportion in the whole elements of the food, affecting the condition of the blood. It is, for instance, matter of popular observation, that the obesity of certain persons is not to be satisfactorily accounted for by a reference to their dietetic habits; those who eat least, and take an average amount of exercise, being, often, more corpulent than others who consume more food of the same kind and lead less active lives. The enigma is readily solved on the theory of a chemical and physiological balance of the food. In certain persons, owing to peculiarities of anatomical or functional development, the healthy balance is not in the first instance struck between digestive absorption, eliminative secretion, and respiration,—between waste and repair and the maintenance of animal heat. The overplus, in any one particular direction, which might otherwise go to derange or arrest the entire living machine—and which certainly would do

heat which the animal requires, or they may be laid up in the tissues, more or less modified, to serve as a reserve for respiration. With a view to verify this idea, we instituted many experiments; which all led us to recognise in the food of herbivorous animals quantities of fatty matter superior to those found in the milk of the cow for example. With which facts before us, it appeared natural to admit, that animals assimilated directly the fatty substances of vegetables, without modifying them at all, or modifying them but little."

In opposition to this, Liebig showed, that fatty matters are formed in the herbivora at the cost of their food. Dumas also, subsequently, with Bousingault and others, on repeating the experiments of Huber, which proved that bees, fed with sugar alone, have still the power of producing wax, which must of course be derived from the transformation of the sugar, ceased to doubt that amylaceous and saccharine matters can be converted in the living body into fatty or oleaginous matters; although it would seem that some obscurity still covers the *modus operandi*, as well as the precise situation, of this conversion.

so, if the body were constructed on the imperative mechanical principles of a watch, for instance, to which it has been most erroneously compared, often, by mechanical philosophers and narrow theologians—is productive of no immediate injury; it is either burned off by an extra effort on the part of the systemic circulation and the lungs, or it is thrown upon the liver or kidneys, or, finally, it is put past, so to speak, in the form of fat, to be afterwards got rid of as opportunity may serve or necessity require.

This partial conversion of the saccharine and starchy elements of the food into fat, and the storing up of that fat in the animal body, have their analogue in the other great division of organic nature—the vegetable kingdom. It is certain that between animal bodies and the fruit of plants there exist some points of real resemblance. Thus, the fecundation heat of plants corresponds to animal heat,\* and the fruit of many plants is the seat of certain metamorphoses in the course of which their sugar disappears and becomes changed into fatty matter, or what vegetably corresponds to it. At the periods of germination and flowering—as careful experiments have proved beyond question—plants evolve an amount of heat which is often quite perceptible. Now, this fact can be accounted for only by believing that at such periods plants change their ordinary character, and that, instead of giving off oxygen and storing up carbon, they absorb the former and consume the latter, as animals do.† It may therefore be said that at the periods of germination and flowering, the plant becomes approximated physiologically in its nature to an animal, since it is, in some sense, then an apparatus of combustion. Moreover, it has been found that the fuel which the plant consumes in this combustion is chiefly

\* Sir B. Brodie is one of the few eminent physiologists who have held, that animal heat is generated rather by the nervous system than by the respiratory organs. But the conclusive answer to this is, that in the vegetable kingdom, where something analogous to animal heat is also generated, there is no nervous system.

† In distinguishing plants from animals, some botanists and chemists have described plants as *carbonized*; animals as *azotised*. This is true as to vegetables, in so far as they are *nonazotised*; but as applied generally the antithesis is confusing or contradictory.

the saccharine or starchy matters which it had previously stored up. And when we consider, that it is chiefly, or only, such sugary and starchy matters, stored up in vegetables for the purposes of their caloric, that man selects for his food, we again arrive by a different, an analytic, process, at the conclusion otherwise synthetically deduced; That sugar and starch are the chief, though not always the only, matters burned in respiration and in the development of the heat which invariably accompanies that process.

Again, when plants become diseased, and when the fall of their leaves is about to take place, it would seem that their tissues undergo a kind of incipient decay, under the pressure of which they evolve carbonic acid at the expense of the sugary, starchy, or fatty matters stored up by them during the periods of their former vigour. And it has been observed that something analogous to this occurs in the human body during the progress of some wasting diseases; as in the severer fevers, in which little or no food is taken. In such fevers, the quantity of carbonic acid given off by the lungs is for the most part much increased, and rapid emaciation ensues, although no exercise is taken, while, at the same time, eliminative secretion is generally in abeyance. The rapid emaciation is, therefore, to be explained, not by the excessive waste of the tissues directly, but, more indirectly, by the demands made by the respiration, to satisfy which all the fat in the system is soon consumed. Without, therefore, underestimating the importance of the nitrogenous elements of the food, or the part they play in supporting the wear and tear, so to speak, of the tissues, we are in a position, with the foregoing exposition in our view, to understand the importance which ought to attach also to a corresponding ingestion of saccharine and starchy compounds, in virtue of the part which the latter play as supporters of combustion and animal heat, as well as hindrances, sometimes, to the fatal termination of wasting diseases.

*(To be continued.)*

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## EXERCISE.

It is a cut-and-dry phrase of philanthropic stump-orators that "man is not a machine," and doubtless much might be said in support of this assertion. But in certain aspects man is a machine, and like other machines he must do his work perfectly if he would keep in good order. Before the steam-engine was invented, it must have been difficult to point to a machine possessing more than one or two features suggestive of a likeness to the machine—man; but this want, among many others, has been supplied by Watt's discovery, and we may now read a lesson to man in its workings.

Man, like the steam-engine, is supplied with fuel in the shape of food. This fuel is consumed in the generation of steam or nervous irritability, which is employed in the production of movement. If the supply of fuel or food be insufficient, or if it be imperfectly consumed or assimilated, the motive power is defective and the engine works feebly, or not at all. If the supply of fuel be excessive, while the consuming power continues equal to the supply, the steam generated becomes increased, and the motion must be quicker and more violent in order to use up the increased power. If the increased power caused by the increased fuel be not expended on motion or activity, the machine must go wrong or burst, unless some artificial safety-valve is opened to let off the power without putting it to use.

We daily see instances of all these irregularities in the human machine. A. has a fixed idea that the true secret of living is to eat sparingly, and to take a great deal of exercise. He rises very early from a bed where he has had an insufficient supply of blankets, and where he has felt chilly and shivery all night long in cold nights. He despises fires, whether in his sitting or bed room: "If you wish to warm yourself," he says, "go out and take a brisk walk." After losing still more caloric by a cold bath, he goes out before breakfast for a long walk. His breakfast is somewhat below moderation, as he thinks it wrong to eat to the satisfying of his appetite. He pursues his peripa-

tetic course till dinner time, when he eats scantily and drinks nothing, and at night he retires to his chilly bed, and wonders how it is that one living such an exemplary life as he does cannot sleep for cold. His system, he thinks, cannot be wrong,—he only does not carry it far enough. He will walk still more, and eat still less. In winter he is blue with cold; in summer he is overcome with heat and debility. He feels a gnawing at his stomach, which he thinks is dyspepsia, whereas it is only that organ clamouring for food. His blood becomes thin, sometimes escaping from the capillary vessels here and there, and forming ecchymoses; he has chilblains, constipation, low spirits; he is restless without being active; shuns society, and yet is miserable when alone. Without any actual overwork, the brain becomes weak, perhaps in the end soft.

In this case the supply of fuel has been insufficient to keep up the heat and supply the motive power in sufficient quantity. The engine had to burn up its own frame work in order to supply heat and motive power sufficient to keep it going in its constrained velocity. The caloric was abstracted by the insufficient coverings during sleep, and by the cold bath; and it was not replaced by external artificial heat, nor yet by the natural internal fuel—food. A temporary warmth was induced by violent exercise, but this at the expense of all the combustible parts of the frame itself. The cure of this state is obviously to make the patient take less exercise, cover himself better at night, have his room properly heated, or else to cause him to eat and drink more and more frequently. Common sense would dictate a combination of these two methods. No medicine is required; all that the patient needs is a restoration of the lost equilibrium betwixt the food and the exercise.

B. is affected somewhat in the same way as A., not because he has any fanciful notions with respect to the maximum of food required by man, but because his digestion is bad, and consequently his power of assimilating nourishment defective. His business requires him to take a considerable amount of exercise, but he is always fatigued, languid, and good for nothing. He has no craze for cold, like A., but the fuel he takes in is not consumed, so he feels chilly, and his extremities

are always cold. B. requires medicine to restore his impaired digestion; unless that is effected not much can be done by regimen. He might be more comfortable if he could diminish his amount of physical labour—but that, perhaps, is impossible. He would say, with Shylock: "You take my life when you do take the means whereby I live." So nothing remains for us to do but by means of medicine and a careful attention to diet to enable him to assimilate the quantity of food requisite to keep the machinery going.

C. eats as much as he can; his digestion is good; he assimilates his food rapidly, but his occupation is sedentary, and he is not alive to the necessity of working his machine actively in order to dispose of the power generated by the large supply of fuel he takes in. Accordingly he suffers in sundry ways from not getting rid of the accumulation of fuel or power produced by the fuel. He suffers from plethora, from obesity, from congestions of various organs, particularly the liver and lungs; often also the head, eyes, and abdominal viscera; he is lazy, sleepy, irritable; he is "hipped." Women suffering in this way are hysterical generally. His muscles are flabby, and he is easily tired; he may be subject to periodical losses of blood, by the anus, nose or lungs; he may have irregular fits of diarrhoea, dysentery, or diuresis. After all such evacuations he feels relieved, and, acting on what he thinks a hint of nature, he regularly has himself bled, purged, or sweated. The relief that follows such openings of the safety valve leads him to think that this must be the perfection of medical treatment for his case. Or he gets varicose veins and ulcers on the legs. If such ulcers are healed he feels uncomfortable; he becomes more congested, and perhaps apoplectic.

John Hunter was once consulted by a person suffering in this way as to what he should do with a running sore on the leg which bothered him. John's advice was more rational than elegant: "let it run and be d—d." And so the older school of physic used to establish artificial ulcers in such victims of excess of fuel, in the shape of issues and setons, and the patients felt much relieved by such methods; but once an artificial ulcer was established, it could no more be healed up with

impunity than could the natural ulcer. We know several cases which illustrate most forcibly the danger of healing up either natural or artificial ulcers in subjects such as we have described without changing entirely their habits of living. One case, a friend of ours, an old Waterloo man, who had long been enjoying his *otium cum dignitate*, and a fair modicum of whiskey-toddy every day, was persuaded by an eminent surgeon to allow an ulcer he had had for many years on his leg to be healed up. A blister was laid on the ulcer, the patient was kept on his sofa, and in a few days the old ulcer was gone. The patient, a stout, lazy old gentleman, went on his lazy way, eating and drinking as much as he could. But the safety-valve was closed up, and the machine burst ;—in a few weeks he was dead of apoplexy. Another case was that of a stout elderly retired soldier, who was bothered with congestive headache, which was considerably relieved by a seton at the back of the neck, which he had worn for years. He was induced to remove the seton, and he, too, died soon afterwards of apoplexy. When the congestion affects the liver, the patients are usually taught to open the safety valve with a mercurial key. The purgative waters of Homburg, Harrowgate, Püllna and many other places are in great repute among those who have taken in more fuel than they work off. Bleeding piles are the safety valve of many of these unfortunates. When the piles stop bleeding the patient is very apt to die of apoplexy. The Germans are a much more sedentary race than we. Those sports which are almost a necessity to every English beef-eater, are almost unknown to the equally gross-feeding German; accordingly the Germans, as a rule, suffer much more from bleeding piles, and very often die of apoplexy. An observant and humorous friend of ours lately returned from a few months' residence in Germany, told us that he was quite amazed to find how many Germans died of "Schlag." It appeared to him that all the Germans who died during his sojourn in Heidelberg were victims to this fell disease, the "Schlag." And so it is, and must be. A sedentary life, with a partiality for the pleasures of the table, almost always induces that state of the system which predisposes to apoplexy.

The cure for such cases which common sense suggests, is to cut down the amount of food and drink, or to increase the amount of work to be done. We must feed the machine with less fuel, or make it move more rapidly. A combination of both plans is the best.

The relief given by the water cure in such cases is great, but nowhere are its dangers greater. While the patient is undergoing the actual water-treatment, his skin constantly being purged, and vigorous exercise and scanty food enforced, he generally feels wonderfully well; but after a six weeks' or two months' course at Malvern or elsewhere, he returns to his former mode of life. The safety-valve of his skin, which was kept open at the water-cure establishment, is shut up again, an attack of paralysis, apoplexy, or acute congestion of liver or lungs, occurs, and the patient dies just when he thought he was cured. A case in point occurs to our remembrance. A merchant in the city, devoted to business by day and to gastronomy after the day's work was over, but very shy of using his muscles, became subject to headache, giddiness, and other signs of congestion of the head. He was persuaded to go to the water-cure, whence he returned after a two month's treatment, feeling as well as ever he had done in his life. He instantly resumed his business habits and his good dinners: but the safety valve was carefully shut down; his skin no longer acted as at Malvern, nor did he use up the fuel he consumed by vigorous exercise. Not many weeks after his return to town we were summoned to see him, and found him labouring under what seemed to be acute encephalitis. He was quite unconscious; the eyes congested; the breathing stertorous; and, in short, he died after a few hours' illness. Now this gentleman—he was of middle age—might probably have lived many years if he had adopted a system of active exercise, fared less sumptuously every day, and kept up a considerable action on his skin. But there lies the danger of the water-cure in such cases. The patient feels so remarkably well that he thinks he has gained a new stock of health on which he can draw with impunity for years to come; he thinks his machinery has been thoroughly renewed, whereas all that has been done is to clean

out the coal bunker and to let off the steam; the machine remains as creaky as before, and if the fuel is again supplied in excess, the safety valve tied down, and the slow pace continued, sooner or later the whole machine explodes at its weakest point. The strength of the human, as of the mechanical machine, is the strength of its weakest part; too much pressure put on that part, and it gives way, and the whole machine is brought to a stand-still.

Of the four modes of averting the catastrophe from the machine, to wit: regulating the fuel, *i.e.*, dietetics; opening the safety valve, *i.e.*, employing depletive processes, such as bleeding, blisters, setons, diuretics, purgatives and the water-cure; patching up the weak parts, *i.e.*, administering specific medicines to fortify the feeble organs; and, accelerating the movements of the machinery, *i.e.*, exercise, we propose to consider the last only on this occasion. No physician can be considered an adept in his art unless he is able to avail himself of each and all of these methods when they are required; but it would lead us far beyond the length of a paper, indeed it would necessitate a complete system of medicine, to treat fully of all these methods which together constitute nearly the whole of the physician's art. To treat exhaustively the whole of the one subject of exercise would of itself involve more time and space than we have at our disposal; we shall therefore content ourselves with jotting down a few notions that have occurred to us during our meditations and observations.

There is no remark more frequently made in works on medicine than that the physician must not be a mere drug prescriber, but that he must know how and when to employ the great resources of hygiene; and yet there is no fault so frequently committed by medical men than that of trusting solely or almost entirely to drugs in their daily practice. Homœopathists are not exempt from this error,—indeed they are peculiarly disposed to fall into it. Given an array of symptoms, the homœopathist almost involuntarily sets about thinking what medicine will cover them. The very richness of our *Materia Medica* is a temptation to us to sin in this way; and this error is fostered and propagated by our works on homœopathic practice. It

would be quite a startling novelty to find in one of the thousand and one domestic guides the recommendation to treat a malady in this way: "the patient should eat and drink less, work more, use the dumb-bells, take a pedestrian tour in the Highlands, lie a shorter time in bed, and have a cold tub bath every morning." And yet such treatment would cure many patients who resist the reiterated appeals of all the dilutions, low and high, of all the medicines, from Aconite to Zinc. The symptoms caused by tight-lacing may precisely resemble those produced by Pulsatilla, but no amount of Pulsatilla would remove them as long as the tight-lacing was continued. So the symptoms caused by inaction and *gourmandise* may have their exact counterpart in the pathogenesis of Nux vomica; but it would be vain to expect relief from the medicine as long as the patient retained his unwholesome habits.

The poverty of his *Materia Medica* should, one would think, protect the allopathic practitioner from falling into the error of trusting solely to drugs to which the homœopathist is so exposed; but alas! the blight of routine is so universally prevalent, that there are few practitioners who can restrain their fingers from writing a drug-prescription for every case that comes before them. An amusing illustration of this inveterate habit in one of our greatest surgical authorities, occurred to ourselves some few years back. Having some painful and inconvenient symptoms, the cause of which was so obscure that every one of our colleagues whom we consulted suggested a different explanation of them, and we were variously declared to be suffering from every possible disease, from muscular spasm to lumbar abscess; we were at last induced to take the opinion of the veteran champion of London surgery. He frankly confessed that he was quite unable to determine what the disease was, but he obligingly gave us a long prescription beginning with the inevitable "R̄," and terminating with the direction "Cyath. mag. ter indie sumend." If such absurdities are perpetrated by the great men of the profession, can we expect the smaller ones to do otherwise than feebly follow their example. Lucky would it be for their patients did they never prescribe for obscure diseases anything more dangerous than the small-beer

and potash-water ordered in the prescription we were favoured with.

Physicians of both schools would do well to remember that if they would treat a vast proportion of diseases successfully, they must lay aside altogether their drugs, and enjoin a suitable regimen for their patients. Many practitioners have obtained an easy reputation and effected many cures by devoting their attention entirely to one or other of the neglected hygienic means, and applying it in every case. Thus—to confine ourselves to exercise—it is well known that the fame and success of a celebrated provincial physician were chiefly owing to the pertinacity with which he insisted on his patients walking a certain number of miles every day, whereby he earned the title of the peripatetic doctor. Another obtained a great name for the treatment of hysteria and nervous disorders, by compelling his patients to scrub the floor. The professed gymnastic doctors, and the professors of Ling's method of movements, belong to the same category. If, then, so much good can be effected by such one-sided methods of treatment, how much more could be done by the physician who knows how and when to avail himself of every method of treatment, hygienic and medicinal.

The almost universal desire to get speedily rich, which is said to distinguish the present age beyond all preceding ones, leads the mercantile and professional classes to devote themselves too exclusively to their offices and chambers, and tends to make them forget that their bodies need exercise as much as their minds if they would retain their health, without which riches can never be enjoyed. Hence it is that every practitioner has a great proportion of patients to whom he finds it necessary to give a warning against too exclusive mental pursuits, and to enjoin exercise of his muscles.

Now exercise to be of much use to any one must be of an agreeable character, and indeed if it be not so we might save ourselves the trouble of prescribing it, for the tradesman or professional man whose nerves are in a high state of irritability from harassing mental occupations and sedentary habits will not attend to the advice to walk so many miles a day, or to use



the dumb-bells for so many minutes. A "constitutional walk" as it is termed is found to be a bore, and dumb-bells are not at all amusing. So we must combine our dose of exercise with a sufficient seasoning of pleasure in order to render it palatable to our patient. Exercise pure and simple is useless, unless perhaps in the case of some hysterical patients, whom we need not hesitate to fatigue with vigorous exercise performed without pleasure and as a mere hard task.

To render exercise agreeable and amusing is the great difficulty in most cases. We have to take into consideration the mental disposition and the circumstances of each case and to vary our prescriptions accordingly. What suits one may be totally unfit for another. There is no universal exercise suited for all cases, as there is no universally applicable diet, and no universal medicinal panacea. To estimate accurately the species of exercise suitable for each case is the grand desideratum.

The prevention of disease is as much a part of the physician's duty as its cure, and the family practitioner will often have opportunities of exercising his preventive skill, and so rendering his curative services unnecessary. We may illustrate this by a case, that came under our observation not long since. A lady, whose family we had long attended, requested us to take an opportunity of talking to her husband, who she said was not ill, but still he was changed somehow. He came home at night fagged and low spirited, he was irritable and captious, contrary to his usual nature, and in short "he was not himself," as she expressed it. On talking to him, he said he was quite well, and got through as much work as ever he did in his life. He confessed however that he felt irritated at the least trifle, that he was nervous, despondent, and had no pleasure in his occupations. His memory was not so good as it used to be, and he was subject to sundry neuralgic pains proceeding as he thought from his teeth, which were scarcely worth mentioning, but which seemed as he said to take all the strength out of him. His appetite was good and his digestion seemed perfect. But his pulse was small and weak, he was thin and had an anxious look about him. His eyes had a peculiar glazed

appearance. The circulation in his extremities was not good. He felt fatigued when he walked, and his back was weak. With all this he was sure he was not ill, for he got through a prodigious amount of work. He rode into the city every day in the inside of an omnibus, and read a book the whole way. He managed his own business in the city, and as his business knowledge was in great repute, he managed the affairs of several of his friends who always came to him in their difficulties. He seldom got home to dinner before half-past 7 o'clock, and after dinner he generally had some class connected with the church of which he was a member to teach, or a lecture to give or some business matters belonging to the church to arrange. In fact he was in a constant "worry" all day long, and at night he often did not sleep from sheer anxiety of mind. He had no time for exercise, and his muscles were flabby from want of use. He was about 48 years of age. When young he had been remarkable for his muscular agility. He was the best runner and leaper and the strongest among his companions.

He was inclined to pooh-pooh our advice to diminish his mental work and resume his muscular exercise. To get him to comply with our directions, we warned him that if he went on as he was doing, he would speedily break down altogether. As he was a man of great sense and sound judgment, we had no great difficulty in convincing him of the truth of our warning, and he consented to leave the cares of business for a while and take a tour in Switzerland. When there he enjoyed amazingly the resumption of his muscular exercise. He walked many miles each day, scaled the hills without other aid than a stout *alpenstock*, crossed glaciers and peered into crevasses, and in short thoroughly enjoyed the change. We were pleased to find on his return from his trip that he was greatly improved. He had lost all that feeling of despondency and languor, his pulse was firm and full, his neuralgic pains had all disappeared, and his muscular vigour was quite restored. He now took pleasure in his business and he had lost all that irritability which had so distressed himself and his family, and which was so foreign to his natural character.

This is a good example of the preservative power of bodily exercise. We feel convinced that this gentleman would soon have fallen a victim to some formidable disease of the nervous centres, probably softening of the brain, had he continued straining his mental faculties and neglecting his muscular system.

Of course when we call such a case an instance of the good effects of exercise, we know that many things besides exercise contributed to his cure. There was the cessation from the mental strain and the worry of having too much to do, the excitement of beautiful and novel scenery, the fine bracing air, and all the accessaries that go to make up the agréments of foreign travel. But the exercise was the main element, and that exercise would and could never have been taken in town and while engaged in business.

It is not always however that we can induce our patients to abandon business in this way and devote themselves to health-seeking alone for a season. We must discover some mode of procuring them adequate exercise without the necessity of abandoning their business occupations for a time or for a permanency. And indeed it is evident that the spurt of exercise obtained during a two or three weeks' tour can only be of temporary benefit. Bodily exercise should be a daily act as much as eating or sleeping. A person renovated and refreshed by a tour, will soon relapse if he resumes the same occupations and habits that induced his illness at first. With an annual period of recreation of several weeks he may indeed continue to push along with more or less comfort; but all cannot have holidays, and we must provide for those cases where holidays cannot be had, or where they are insufficient.

It is evident that walking or riding exercise to a very considerable amount do not always suffice to keep in health the man daily engaged in continuous business; and yet in such cases it will often happen that a week in the country, with no greater amount of exercise but a totally different current of thoughts occasioned by the change of scene, will effect a great alteration for the better. In such a case however the benefit will scarcely endure longer than the change; as it was not so much an

increased amount as a different kind of exercise that was here required, combined with a cessation of harassing business thoughts.

The following case will illustrate this. A solicitor in good practice consulted us some time ago. He complained of uncomfortable full feeling about the head as though he should have a fit; the bowels were very constipated. He stated that as soon as he went into the country he became free from constipation and headache, and felt a cheerfulness and elasticity of spirits which he never experienced in town. And yet it was not from want of exercise, for though he sat very closely at work in his chambers every day, he had a good long walk to and from his place of business, and he was sure that when he went to the country he did not take more exercise than when in town, if anything, less. His town exercise however consisted in a monotonous walk through the streets, and even when walking his head was constantly full of his business. In the country on the contrary he had no head-work, he walked and rode and drove, fished and shot. In this case the nervous power was exhausted by the incessant strain upon the mind, and the exercise was languidly and wearily performed as a duty to be done not as a pleasure or a relaxation. The steam escaped all at one point and there was not sufficient power even for the languid movements of the machinery. Stoppages and congestions were the consequence. To relinquish business was impossible, and yet the mental strain was too much. As a *pis aller* we recommended that the patient should obtain as frequently as possible a cessation from his daily drudgery by an outing in the country.

Most men engaged during the week in business can so arrange matters as to be able to spend from Saturday afternoon till Monday morning in the country, and this is a great preservative of health in many instances. Some could only have the Sunday free for a country excursion. Religious prejudices often interfere with this mode of spending Sunday; and it not unfrequently happens that those who see no objection to a Sunday trip themselves are deterred from it by the dread of what their pious friend Mrs. Grundy may say. To some who

have not the fear of that highly respectable lady before them, it appears that the command to labour six days and rest the seventh is not obeyed, if a hard week's work at their business is followed by a hard day's work at church-going and ennui. Those who do not obey the part of the fourth Commandment enjoining six days labour, cannot with propriety prescribe what is rest to those who do. The Sunday's occupation of going to church and teaching a children's school may be pleasant relaxation and recreation to one who has no particular business or occupation during the week, but it may be an irksome continuation of the six days' mental strain to many who obey the injunction, "Six days shalt thou labour." The sanitary instincts of our working countrymen prevail over Sabbatarian prejudices and hence those frequent Sunday excursion trains on our railroads, and those crowded vans which every fine Sunday transport thousands of six-day workers for their one day of rest and recreation to the green fields and shady groves at a distance from the scene of their weekly toil.

It is not however exercise as much as relief from hard labour that the classes who profit most by Sunday excursions thus obtain, and of such it is not our present purpose to treat. We seek appropriate exercise for the sedentary merchant or professional man.

The tendency of the age is decidedly favourable to hygienic measures. Probably the attention to ablutions excited by the practice of Priessnitz has the merit of having introduced that almost universal prevalence of cold sponging and tubbing which so eminently distinguishes the present generation. The writings of Kingsley and his school have also tended to elevate muscular power into a sort of cardinal virtue, and the manly exercises of cricket, racket, and rowing were never pursued with greater zeal than at the present time. Even "the noble art of self-defence," as the patrons of the P.R. are in the habit of styling their favorite amusement, has recently undergone a sort of "revival." A few years ago the general excitement we recently witnessed relative to a prize fight between a couple of Irishmen calling themselves respectively the champions of England and America, would have been impossible. The climax

of this modern taste for exercise would seem to be the existence of an Alpine Club whose members' sole object seems to be to get to the top of the most difficult peaks and passes in Switzerland, not for any scientific object that we can discover, but solely it would appear for the purpose of going through a prodigious amount of exertion.

The manly game of cricket is one of the best forms of exercise we can prescribe to young men who have sufficient leisure to practise it. The varied muscular movements required in batting, bowling and fielding, the pleasant excitement of the game and the qualities of alertness, quickness of eye, and correctness in judging distances it develops, all combine to render cricket one of the finest inventions for perfecting the bodily powers. It is however only to young men of not very delicate constitutions that cricket can be recommended with safety. We could not advise it to those who could not stand a considerable amount of exposure and fatigue, and it could scarcely be taken up for the first time by persons who have already reached the shady side of 40, though when commenced in youth it may be and often is continued with pleasure and profit up to an advanced age.

Almost the same advantages and the same objections would apply to the game of racket. The agility required here is more than can be expected from a man whose muscles have been stiffened by 20 or 30 years of sedentary life.

Rowing is an excellent exercise ; it brings into play the muscles of the arms, back, abdomen, chest and legs, and is suitable for all periods of life, and for both sexes. It does not demand the same strain on the attention, nor the practised quickness of eye, required in cricket or racket, but it is a fine manly, healthy exercise. It is not every one that is suited for contending in boat races, and, indeed, these excessive strains on the strength can only be indulged in by few. The training into which the contending champions are put previous to the race tends to do away to a great degree with the hurtful effects of the supreme effort, but, on the whole, it would be injudicious to advise boat racing indiscriminately as an exercise ; but daily rowing, on a river or lake, may be recommended to all who have the oppor-

tunity—the amount to be regulated by the capabilities of the rower.

Golf is an excellent species of exercise; it exercises the eye in judging distances, the limbs in walking, and the muscles of the chest, arms, and back in striking the ball. It is, unfortunately, but little known south of the Tweed, but might be advantageously added to the list of English pastimes.

Archery is but a mild form of exercise; the eyes more than the muscles are here called into play. It is an exercise suited to young ladies, who are thereby induced to be more in the open air, and more upon their legs than they might otherwise be.

Cricket, racket, rowing, golf and archery, may be regarded as constant occupations with many; indeed, to attain excellence in any of them, an assiduous practice is necessary. When, then, they are available, we may advantageously recommend them. Bowls, skittles, football, hockey, and many other games, though in themselves excellent exercise, can seldom be pursued as an occupation like the others mentioned. They may, however, serve as occasional exercises, and will usefully vary the more habitual ones.

Running, leaping, wrestling, boxing, fencing, are all fine athletic exercises, and where they can be pursued will be found eminently conducive to health, apart from the accidents to which their votaries are exposed.

But such muscular games are not available or not suitable for a large class of the exercise-requiring population. Many have not the opportunity of engaging in them; many have not the inclination. Some think it beneath them to indulge in such pastimes; others are too old or too grave to commence. Many, again, have not sufficient strength for such exercises, which are mostly of a fatiguing, not to say violent description. To many the new associates they would have to make, so different, probably, from the circle in which they have hitherto been content to move, would prove an insuperable obstacle: though some of the best fellows that ever breathed are to be met with in the ranks of cricketers and rowers, still our supposed exercise-needer might not be a fitting companion for these best fellows, nor they for him. A mode of procuring exercise of an inter-

esting and agreeable character, that shall be available for all classes and for all ages during which exercise is useful and practicable, is the desideratum—and this has been supplied by the volunteer movement.

A consciousness of the defenceless state of England, and a patriotic desire to remedy that state, may have had much to do with the volunteer movement, but the muscular spirit of the age has also had no inconsiderable share in bringing it about. The days are past—we hope for ever—in this country, when it was thought a fine thing to develop exclusively the mental, and neglect the bodily powers,—when midnight oil was held in repute, and elbow-grease contemned. A more proper appreciation of the dignity of the whole man now prevails, and even among our religious authorities it is remembered that God made the body as well as the soul, and both in his own likeness, and that both are, therefore, equally worthy of cultivation. Now that “muscular christianity,” as it has been called, is a popular tenet of a wide-spread religious party, the spiritual hero of the past generation, with the high forehead, pale cheeks, and attenuated legs, is no longer a popular model; but even the clerical hero of modern romance must possess, besides all intellectual attributes, broad shoulders, herculean strength, never flagging activity, high courage and robust health. This fondness for muscularity, even in the religious world, shows how deeply-seated and how widely spread is the conviction of the excellence of physical strength and symmetry. Whatever is admired, it will become an object of ambition to obtain. The worship of physical strength being so prevalent, the wish to attain it has become all but universal; and we have seen the wish endeavoured to be realized by a revival of fondness for all British athletic sports and games, by unheard of pedestrian tours, and by a general increase of all out-door exercise. Still, the general desire was not half met by these desultory exertions. It was not till the volunteer movement was begun that a means was offered whereby all, to whom other exercises were not accessible, could enjoy an opportunity of combining vigorous exercise with agreeable excitement.

The regimental drill develops the best physical qualities of



the man. It gives him muscular strength, a fine carriage, expands his chest, makes him long-winded, and brings down any excess of fat. It teaches him to concentrate his attention on a given subject, gives quickness to his apprehension, and imparts a readiness and activity equal to that bestowed by many of our athletic sports. Nothing is so effectual in removing that *gawcherie* which is owing to imperfect response of the muscles to the will. The manual and platoon exercise and position drill are a very fine system of gymnastics. A good march out is better than any constitutional walk. An afternoon of skirmishing is not inferior in exercise or excitement to a school boy's steeple chase across country, or a vigorous game at cricket. Judging distances is good exercise for the eye, and the rifle practice at the target is almost as good fun as a day on the moors or among the turnips. It is, moreover, eminently calculated to strengthen the nerves and educate the eye. He who can make a good score at the short ranges from the shoulder, and at the long ranges from the knee, must enjoy good muscular strength, steady nerves, and an accurate eye. Many who had never before had a rifle in their hands, have, since this volunteer movement, by dint of assiduously practising position drill, proved excellent shots at the target. In all likelihood those gentlemen would have been unable to hit the target at all had not the position drill imparted to them muscular strength, steady nerves, and accurate aim.

Volunteering is an exercise open to all classes, and almost all ages. A kind of *mauvaise honte* would deter most middle aged men from joining a cricket or boating club composed chiefly of young men, however strongly they might wish for such a means of expending their superabundant energy. But no feeling of this kind can interfere with their joining a volunteer rifle corps. They will there meet many of their own age, and probably many of the same profession, to keep them countenance. The hours of drill do not interfere with business. Some corps drill in the early morning, some in the evening. Both times have their special advantages. On the whole, however, we think the evening drill the best arrangement. In order to attend it the volunteer must make an early dinner; but that will do

him no harm occasionally. He will find the evening drill a wonderful reviver after a day spent in business or professional pursuits.

The exercises of volunteers are not limited to regimental and battalion drill and rifle practice. Every corps will have, or ought to have, instruction in fencing, single-stick and bayonet exercise; and he who perfects himself in these arts will have gone through an amount of exercise scarcely inferior to what is required to make an expert cricketer or a first-rate oarsman.

A great advantage of the volunteer movement is that a member of a corps can take just as much or as little exercise as he wishes. If he merely wishes to be able to get respectably through his drill, he can be satisfied with a minimum of attendance—but on the other hand if he wishes to become an adept, or if he is desirous of obtaining a great amount of exercise, he will have ample opportunity of doing so. He will likewise, if inspired by a real desire to become an efficient soldier and good shot, supplement the formal drill and practice by private exercises at home, such as dumb bells, Indian clubs, and other modes of increasing his strength and activity. With the object of attaining military efficiency, the dumb-bell practice is divested of that irksomeness which without such object it possesses. And yet in themselves the dumb bells and the clubs, especially the latter, are excellent exercise. When one feels heavy, languid and irritable—the consequence of what John Fletcher calls accumulated nervous irritability—half-an-hour's vigorous employment of the clubs, in absence of a better exercise, will often suffice to let off the pent-up steam and restore the equilibrium of the system.

We consider a volunteer rifle corps as the best possible gymnasium, and we have no fear that the movement will die out in this country—for it meets the wants not only of our defenceless state, but also of our unexercised citizens. It has already caused a quiet social revolution in the Saturday half-holiday, which bids fair to become universal throughout the country, and which made no progress at all until volunteering was set on foot. This Saturday half-holiday is a most important hygienic measure which will go hand in hand with the volunteer move-

ment, and without which, indeed, the latter could scarcely be carried out to the desirable extent.

Some have expressed their fears lest the good of volunteering be not more than neutralized by the amount of beer drinking and tobacco-smoking it may give rise to: this fear, we think, is quite unfounded. A glass of good beer and a pipe or two of tobacco in the course of a hard day's or afternoon's work in the open air, are not likely to hurt any healthy person, and those who are under medical guidance will know how far they may indulge in such accessories of amateur soldiering.

On the whole we look on the volunteer movement as a first-rate sanitary and hygienic measure, and as an excellent gymnasium which we may confidently recommend to those who we believe would be benefited by regulated and regular exercise.

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## PHTHISIS TUBERCULOSA.

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THE advances of pathology and organic chemistry have thrown some new light upon the nature and constitution of tubercle. But although these important researches have opened a wide field for speculative treatment, the Registrar General's returns, it would seem, testify to no very flattering decrease in the mortality per cent.

The blood origin of tubercle formerly prevailed exclusively: this hypothesis has been so modified by modern researches as to be almost nullified. Imperfect digestion and malassimilation are now the scapegoats of the wilderness. Recent researches tend to remove still further the place of origin,—to that still recondite region the nervous system. The experimental feats of Mr. Claude Bernard in producing Pleuritis, Pneumonia, &c., by irritation or division of the pneumogastric, have somewhat startled the theorists out of their propriety; and no doubt have afforded their arch enemy—the redoubtable author of the “Fallacies”—cause to triumph. That writer asserts in his work that all diseases have their origin in the

brain, and Bernard's researches go far somewhat strangely to warrant the odd idea. Who would have imagined that Diabetes should have its '*fons et origo mali*' in the brain? and why not as likely Phthisis?

1. The disease has been commonly regarded as a hereditary or acquired dyscrasy, the blood being imperfect in normal or containing some abnormal constituents.

The more prevalent opinion at present refers its origin to "indigestion," and an acidified condition of the primæ viæ, the blood the vehicle of the "kakoplastic" element of the disease.

2. Later researches assume its primary offset in derangement of the vegetative nervous system, consequent imperfect assimilation, and finally the blood becoming freighted with "Albumen possibly of a deteriorated quality," "circulating through the lungs, by the action of the oxygen of the atmosphere and some occult affinity of the texture of the lungs for this eliminated oxidized or protoxidized element, a substance resembling caseine is deposited."

3. Others conceive that the disease arises from deficient supply of the inorganic elements, such as Phosphorus, Iron and Potash, by which the nervous system is deprived of its essential stimulus, and the blood and tissues of necessary reagents and components, exudations of a low grade are in consequence deposited.

4. Or, the disease may be considered as essentially specific, the remote cause being altogether extrinsic; constitution, temperament, and conditions of lowered vitality rendering the *causa causalis* able to operate.

Considered from these various stand-points, new series of remedies were readily suggested. The remedy, 'tis true, in some cases appears to have suggested the hypothesis. Bennett directed the acidified state of the primæ viæ to be neutralized by alkalis in order that the fatty food—Cod Liver Oil—might be efficiently assimilated—others improving thereupon, from suggestions of Rokitansky and Andral, that the blood in tuberculous disease is too arterial, or holds too large a quan-

tity of oxygen,\* to correct which alcoholic liquors and beverages, it was inferred, were applicable, improvising as it were in the person of the patient the idea of the "warm carbonaceous atmosphere of the swamp," held as antagonistic to Phthisis. Some combined the carbonaceous and hydrogenous remedies, while others possibly conceiving that as caseine differs from protein by containing no phosphorus, this must be "the very identical flute." Accordingly Dr. John Francis Churchill before the Academy of Paris in 1857 advanced:—"The proximate cause, or at all events an essential condition of the tubercular diathesis, is the decrease in the system of the phosphorus which it contains in an oxygenizable state. The specific remedy of the disease consists in the use of a preparation of Phosphorus, uniting the two conditions of being in such a state that it may be directly assimilated, and at the same time at the lowest possible degree of oxidation. The hypophosphites of soda and lime are combinations which hitherto seem to fulfil these two requisites. The effect of these salts upon the tubercular diathesis is immediate, all the general symptoms disappearing with a rapidity which is really marvellous. The hypophosphites of Soda and Lime are certain prophylactics against tubercular disease."—(*Ranking's Abstract*, No. 26.)

Aforetime, Iron (being found defective) was set down as *the* specific. Clotar Müller has lately made some efforts to resuscitate its claims on homœopathic principles. A certain chemist at Shrewsbury or Warrington some time ago sent me a circular announcing the discovery of the Art of Breeding to order, and hinting that the secret of Hebe had been divulged to him, the principle of which was the prevention of the human body's tendency to ossification. From some obscure references to the qualities of food, it would appear that phosphorus was the great agent to effect this grand desideratum—rejuvenescence, or perpetual youth.

So far is it true that certain dyspeptic troubles in many cases

\* On the other hand, Dr. McCormac of Belfast, in his work on Consumption, maintains that the disease originates from defective interchange of oxygen and the carbonic acid in the process of aëration, and in consequence the *carbonaceous* excess is deposited in the form of tubercular exudation.

some time precede any pulmonary disorder, that they may be readily predicated as the contingency thereof. In the main however these instances must be regarded rather as idiopathic. We cannot always refer the primary origin to malassimilative function, however co-ordinate the process of tubercularization. Clotar Müller refers to the common occurrence of individuals, so-called hereditarily predisposed, robust up to a certain period, and who all at once, about the age of 21, go off in a canter. Without taking into view the various *direct* influences, such as sword and needle grinding, stone masoning, &c. &c. the *origo mali* may depend on other relations than mere chylopoietic disarrangements. Experiments on rabbits no doubt prove that exclusion of light, damp, and insufficient nourishment, evolutionize tubercular deposits; but the disease frequently exhibits itself where these causes have not been operative. Depressing emotions no doubt influencing sympathetically the assimilative organism frequently develop a tubercular manifestation, but by no means invariably. The Italians look upon it as a specific disease, and by some it has even been assumed, as we shall see, to arise from hydatids. So that the *verata questio* of its direct origin in the lungs or blood, or as a product of elimination from faulty nutrition, or both, or neither, remains at present *sub judice*. No doubt the temperament, mode of life, and other circumstances, entail a certain proclivity, but these are only predisposing not exciting causes. To say with M. Chausier that "the alteration of the vital forces constitutes the genera and species of all diseases, of which all the differences consist essentially in the degree, the nature and the seat of this alteration" may do very well to explain proximate conditions, but affords no explication of the excitative energies of differential causations, or the peculiarity of their attractive relationships.

It would almost appear that ardent enquirers after final causes, "wearied with conjectures," at length come to content themselves with by glozing over what they cannot comprehend, and by process of finical refinement attractively suited to the meanest capacity, reduce diseases to utter simplicity. The sage even when suffering would not admit pain to be an evil; and the theorist while theorising will hardly allow diseases to be

diseases at all, but like up and down they are mere relative terms. An old philosopher, Lord Bacon tells us, used to say that life and death were just the same. "Why then do you not kill yourself," says an objector. "Because it is just the same."

And so says the theorist. "Health and disease," says John Brown, "are the same state, depending on the same cause, excitement, varying only in degree." Consequently the lower degree, depression, was represented by—"Janet, bring me the moderate stimulus of 60 drops of laudanum in half a mutchkin o' whiskey." Tomasini and Rasori slightly varied the formula, and finally Broussais topped the climax by resolving all disease to a central focus of vital excess, and bled to death the unhappy subjects of his hypothesis. In a similar manner, and with the same object of plausible simplification, treading on the heels of their predecessors, others have labored to condense the whole catalogue of disease into a single one, maintaining with Rush that "they only differ in degree, and that every form or variety of disease consists of irregular action, and that this irregular action in its turn is the approximate form or modification of disease." Or, with Chambers, Sir John Forbes, and the redoubted author of the "Fallacies of the Faculty"—who declares that the former have filched from him the very brass which they attempt to utter as sterling metal,—contending that all disease may be consigned to a unity of species, of which (says Dickson) ague is the type, the head, and front of the offending. Broussais referred the *point de depart* to the stomach, Dickson to the brain. With the ancients the four elements in divergence of unanimity, explained all diseased phenomena. Electricity, galvanism, heat or vitality, suffice with the moderns. Coffin drew the plebeian herd after him by exalting heat as the principle of life, and likened the body to a steam engine whose motive power is vital warmth, and the generating pabulum cayenne.

Thus with logic worthy of a Berkeley the theorists resolve disease into a nonentity, or a unity, and by reasoning in a circle, one party stops at a position, the other proceeds, and while proceeding denies, as the problem-propounder did, that there is no such thing as motion—that health and disease are only the same state.

Diseases are different despite the Procrustean efforts of theorists. A bite of a rabid dog will not induce measles however conditioned the susceptibility, nor will cholera-malaria excite hydrophobia—at least as far as observation has shown. Disease is not therefore a unity, but a diversity of species; nor is it to be remedied by a simple process, according to a supposition of excess or diminution of excitability or debility; nor by a single remedy, as one of our school suggests (Hering); nor again, is it so divergent from all rule, as Hahnemann would assume, and that every phase of it is an individual. Disease may arise from an “*occasional*” cause, the receptivity subserving to its form and duration, or from a *specific* excitement, the *species* modified by the individual condition, but *generally* cognate in exemplification and result.

Whether Phthisis may be ranked as of specific origin, or merely the effect of “*occasional*” causes; whether the disease may be at one time generated within the system as a consequence of its own derangement, or that this condition only provides a nidus for the proper development of the germ, or that the disease may be entirely derived from without, or inherent as the process of acute tuberculosis would afford grounds to infer,—are questions, as said before, yet to be determined. “A multitude of diseases,” says M. Claude Bernard, “may be brought into existence by a simple modification of the elements which the animal economy originally contains without having recourse to any new principle; and if we were to examine the other systems of the body results analogous in their nature would be obtained. Fever itself, that essentially medical symptom, can be excited by a mere mechanical irritation of the nervous system, and the products of inflammation, such as pus, false membrane and plastic exudations, nay, any or all of them can be called into existence in a similar way. In an animal previously enfeebled we can produce directly pleuritis with purulent deposit, by the simple division of the great sympathetic nerve; in order however to insure success in this experiment, it is absolutely necessary that the state or condition of the animal's health should be previously lowered. The question is whether we shall be able to embrace pathology in its entire extent within the compass of biological



explanations, or whether we shall in addition to all which we can imitate or explain, for ever be compelled to recognize a *special* principle, mysterious in its nature, which we must acknowledge as a morbid or vital phenomenon?" Further he states, that "tubercle, cancer, and other morbid productions, are found in animals and man. Every disease which gives birth to morbid tissue, is evidently a perversion of the nutritive function, but who will venture to deny the influence which the nervous system exercises over this physiological act."

The formula of tubercle according to Simon is  $C_{48} H_{35} N_6 O_{14}$ ; Albumen: Prot.<sub>10</sub> S<sub>2</sub>, Phos.<sub>1</sub>, Fibrine: Proteine<sub>10</sub> S<sub>1</sub>, Phos.<sub>1</sub>, Caseine: Prot.<sub>10</sub> S<sub>1</sub>. Hasse concludes, from numerous analyses carefully compiled from Vogel and Cerutti, that the organic component parts of tubercle are principally caseine with some fat and a little albumen. Güterbrock and Preuss furnish coinciding descriptions generally. Thenard found albumen in excess. Scharlan's analysis yielded nearly equal proportions of gelatine, fibrine, and albumen. Hecht from crude tubercle resolved: albumen 33 parts, fibrine 30 parts, gelatine 27 parts, water and loss 27 parts. Boudet found caseine, gelatine, and a considerable quantity of cholesterine. Grover: pyine, albumen, but no caseine or fat. L'Heretier found softened tubercle to consist of albumen, very soft fibrine, fatty matter, and lime. This diversity of results may no doubt be accounted for, as Ansell observes, by the changing condition of the tubercle itself, and its associated materials. "It is," he says, "always difficult and frequently impossible for the chemist to separate these different products, or to estimate their different proportions. Tubercle must also from the same causes exhibit differences according to the nature of the tissue in which it is situated. Still, chemical analysis leaves no doubt that tubercle contains a protein compound as an essential constituent, which appears to bear a close analogy to if it be not identical with caseine. Tubercle has a decidedly cheesy appearance to the naked eye, and tuberculous pus resembles a mixture of soft cheese and water, both in color and consistence. The quality of tubercle and scrofulous pus indicates the presence of a nitrogenous compound of a caseous nature, in the

liquor tuberculi, shewing that from the liquor sanguinis of the tuberculous blood, a caseous blastema is exuded differing from the ordinary healthy blastema. Its caseous quality renders it unfit to nourish the tissues, and gives it a tendency to solidification." Preuss, in tubercle carefully separated from pulmonary tissue, found no gelatine. Ancell says, pyine is by no means a constant constituent; like the fibrine, it is possibly the result of the inflammatory action; hence the essential constituents may be represented by caseine and albumen. These analogous substances may be readily confounded; they differ, as shown above, by the absence of phosphorus in caseine.

According to Ancell, tuberculous blood is defective in vital qualities; the red globules are deficient in number and defective in structure; the globulin, hæmatin, and iron are all deficient. The serum of the blood is vitiated in quality; the water, albumen and lime in excess. Casein does not exist normally in the blood, and hence the defect in the albumen may consist in its tendency to be converted into casein. The fibrine is rather deficient in quantity and defective in quality; the fats probably deficient, as also the alkaline and earthy salts, especially the chlorides and phosphates of potass and soda.

Some regard tubercles as wholly unorganized (Gluge). Fletcher says they appear to be "an organized mass." Laennec and Louis favor this opinion. Macartney, Alexander, Thomson, and Hyrtl of Prague, believe that they have detected by injection the proper vessels of tubercles. Others again with the utmost care have failed in this experiment (Baillie, Lallemand, Andral, Meckel, Lobstein, &c.). By Hippocrates, and later by Fernel, Sennert and others, they were represented as merely petrified phlegm or mucilage. A similar opinion of their unorganized texture was adopted by Reid, Chambers, Cruveilhier, Ruysch and Lloyd. Galen looked upon them as cicatrices of blood-vessels, ruptured by hæmorrhage. Carmichael of Dublin declared they were nothing but acephalocysts. Baron, following a suggestion of Jenner, considers them as nothing more than transmuted hydatids. Schenck, who wrote in 1665, speaks of worms in the lungs being a common cause of cough. The remittent, or "worm" fever of children,

frequently terminates in phthisis ; the ova could as readily be carried by the blood to the lungs, as escape primary digestion in the flesh of mutton and pork. However Naase and Sebastian oppose these ideas. Dupuy and Andral observed that a deposition of tubercular matter often occurs around hydatids. In 1694 Clayton found that an injection of mercury into the veins gave rise in various parts to the deposition of tubercles, in the centre of which a globule of mercury was always found. Though the same experiment was repeated by Saunders, Cruveilheir, and others with similar results, yet Sebastian maintains that the substance deposited was plastic lymph and not tuberculous matter. While the researches of Andral go to shew that they are the product of inflammation, the plastic lymph and tuberculous matter would appear rather convertible terms.\*

According to Rokitansky the combination of tubercle and hydatids is extremely rare. The formation and growth of tubercle might infer a separate organization, and accordingly Laennec contends that its softening is nothing more than a natural consequence of its death ; this idea is supported by Lobstein, who points out its resemblance to fungus medullaris and other similar morbid growths. On the other hand, Lallemand, Gendrin, and Carswell, believe that the tubercle only acts as a foreign body, and excites a secretion of pus, in which the tubercle is dissolved. Laennec, Meckel, and Lobstein maintain that the softening proceeds from the centre ; Carswell holds that it more frequently originates from the periphery ; Andral and Sebastian believe that it occurs in either way. According to Rokitansky, the discrete tubercles begin to melt at the centre, but the conglomerate tubercles begin in several points corresponding to the centre of the granular tubercles, of which they are composed. Virchow says that it is not a specific transudation, but a special transformation of tissue, akin to fatty, atheromatous, calcareous, and other degenerations ; but not to inflammatory or any living growth (cancer), due to depraved nutrition. According to Simon, Anel and Rokitansky,

\* "Lymph, tubercle and pus, are only modifications of each other." (Williama.) "Growth, nutrition, inflammation, and scrofulous diseases, are analogous phenomena." (Addison.)

"Tubercle is a misdevelopment of the protein ingredients of the lymph and blood, the essence of which lies in the solidification of something which should remain fluid : this is due to the proteine ingredient precipitated in combination with oxygen. Hence most likely to take place in the glands where lymph is brought into combination with arterial blood, and in the lungs where it meets with the oxygen of the air, it may arrive any where when chemical reaction occurs with a nutritive blastema. In accordance with this, all the great leaders of modern pathology agree on the formula that 'venosity of the blood excludes tubercle.' It explains the great superiority of dietetic and hygienic measures, the efficacy of cod-liver oil, spirituous liquids, and the warm carbonaceous atmosphere of swamps, in arresting or retarding tubercular development." (*N. Am. Jl. of Homy.*, May 1857.)

Dr. Bennett's observations on Leucocythemia have shown that an increase of colorless cells in the blood is connected with enlargement of the spleen and other glandular organs (*Lond. Jl. of Med.*, April 1852.) According to Mr. Drummond the number of colored corpuscles in the blood increases in proportion to the development of the lymphatic glandular system, and the nuclei in the spleen, varying in size in different animals, correspond with the nuclei of the corpuscles in the blood. The pain in the left side is a characteristic of early phthisis, whatever connection it may have with cellular development or splenic function. The increase of fibrine, as Bennett observes, may be readily accounted for. "During the disintegration of tubercular (and other) exudations, the animal matter broken down is again rendered fluid, repasses into the blood and there constitutes the excess of fibrine detected by chemists." And as Turnbull remarks: "As regards the blood itself, from which it is an exudation or secretion, the only change of any importance which seems to have been discovered, is an increase in the quantity of the fibrine; but this does not seem so much due to the tuberculous diathesis, as to the inflammation which accompanies the softening of tubercle." In the primary stages the fibrine is relatively increased, in the latter it is diminished. The corpuscles are generally considered to be diminished, as in

all cases of lowered vitality, but if fibrine is produced by disintegration of these bodies in the primary stage, the diminution must arise from the rapid destruction of the corpuscles then somewhat in excess. Modern physiologists are pretty well agreed in regarding the blood corpuscles as the efficient agent in securing the conversion of fibrine. "Whatever the proportion of the other organic elements, the *albumen* in all the various states of health and disease in which the blood has been examined, has still been found very constantly within or little beyond the limits of 70 and 80 in 1000 parts. It would seem as if nature had found it necessary to have at hand something like an unvarying stock of the raw material out of which all the other principles of the blood might be fashioned, according to the varying states and requirements of the organism. One particularly interesting point in connection with this view is found in the fact that relatively the albumen and the blood globules appear to alternate with one another in their several proportions—if the globules fall off in amount, the albumen is increased; and *vice versa*, when the globules abound, the albumen is diminished." (Gairdner.)

"Numerous facts," says Bennett, "render it probable that while the blood is normal in simple exudation it contains an excess of nutritive material in cancerous, and a deficiency of them in tubercular exudation."

"The peculiarity of phthisis is that an excess of acidity exists in the alimentary canal, whereby the albuminous constituents of the food are rendered easily soluble, while the alkaline secretion of the saliva and the pancreatic juice are more than neutralized, and rendered incapable either of transforming the carbonaceous constituents of vegetable food into oil, or of so preparing fatty matter introduced into the system as will render them easily assimilable. In consequence more albuminous than fatty matters enter the blood, and the necessary waste of structure is supplied by the absorption of the adipose tissue of the body,—hence the emaciation which characterizes the disease. In the meanwhile the lungs, not having so much carbon to excrete in the form of carbonic acid, become especially liable to local congestions, leading to exudations of an albuminous kind, which is tubercle." (Bennett.)

According to M. Reynoso the urine in phthisis and in all lesions of the nervous centres which cause a lowering of temperature, and thereby a marked decrease of combustion is deficient in urea. If so, we may expect an equivalent excess of urea in the blood, as in Bright's Disease; and accordingly M. Reynoso says such is found to be the case.

*Anatomical and microscopical character.*—Schroeder maintains that the origin of tubercles is from lymph deposited in the pulmonary cells, and asserts that with the microscope cells may be seen full of lymph, destitute of air, which gives the increased density to the parenchyma. Carswell and Cruveilhier believe them to be deposited in a semi-liquid form like lymph. According to Rokitansky, tubercles occur in the lungs originally in two forms: (a) the interstitial tuberular granulation, round greyish bodies found discrete or collected into heaps; their seat is the interstitial tissue between the smaller lobuli and the cells of the lungs, and on the walls of the cells themselves. This is by far the most common form of deposition. (b) Tuberculous infiltration. This form is a deposition in the pulmonary cells, as a result of the process identical with common pneumonia, except that the lymph deposited in the cells, instead of being resolved or running into pus, becomes, from the influence of tubercular diathesis, the yellow tuberculous matter, thus constituting hepatization by means of a tuberculous deposit. This form is always the result of a high degree of the peculiar diathesis. Microscopical examination has shown that tuberular matter consists of corpuscles which are characteristic of tubercle and of granules, and minute molecules. The corpuscles have no nuclei, and are considered to be undeveloped cells, which approach more or less nearly to the exudation or plastic cells of healthy inflammatory deposits. The miliary tubercle has some appearance of cells and fibres, but the crude yellow tubercle has no appearance of organization, and during softening the corpuscles swell, burst and discharge granules.

*Relationships of tuberculosis.*—Struma is generally admitted a cognate form of disease with diverse manifestation. Albuminuria and diabetes seem also closely related. It was observed

in Berlin, Königsberg and Dantzig, that phthisical patients were very seldom attacked with cholera during its prevalence in these places. According to Rokitansky the co-existence of tubercle and typhus is extremely rare. A similar relation as regards dysentery has been observed. The two latter would appear to have more relation to cancerous formations, with respect to which Rokitansky concludes: "that the states of nutrition which produce carcinoma and tubercle are mutually incompatible, and the progress of either process is arrested by the other, and therefore they must be essentially opposed in their nature." Hypertrophy of the heart and dilatation of the bronchi, asthma, &c., would also appear to be incompatible with tubercular formations according to the same authority. The relationships of the latter to the gouty and rheumatic diathesis may include these in the same category.

*Physical signs.*—In the early stage one of the most important as diagnostic is that percussion of the sub-claviolar region exhibits a dulness of sound. According to Dr. Theophilus Thompson, the earliest sign by *auscultation* is a prolonged audible *expiratory* murmur. When tubercles are more plentifully deposited, the pectoriloquy of Laennec, the bronchophony, and bronchial or tubary respiration of Skoda become evident. When suppuration takes place, there are mucous and gurgling râles; when caverns are formed, there are found increased resonance and the *tintement métallique*, the amphoric or cavernous rhonchus. From the time of Laennec, who invented that "pretty tool in the hands of a quack," till that of Skoda, who upset a good many of the elaborate stethoscopical cognoscenda, auscultation has been pursued to a bewildering degree of minutiae of sounds and rattles. Practically, a dulness at the clavicle, a sense of roughness to the ear, suffice to attest the disease at its onset, taken in connection with the general symptoms. A short, hacking cough, accelerated pulse, easily fatigued, quickened respiration, and dyspnoea on ascending an eminence, pain of the side, languor, failure of the appetite and animal heat, hæmoptysis, frontal headache, especially after partaking of malt liquors, evidence the primary stage; purulent sputa, diarrhoea, night sweats, rapid small pulse, dilated pupil,

pearliness of the sclerotic, club fingers, emaciation, abundance of lithates in the urine, evening exacerbation, thirst, &c., exhibit the progress of the suppurative and ulcerative stages. Towards the termination the fever abates; coldness of the surface, extreme emaciation, clearness of the intellect, and attachment to life, are observable characteristics. The appearance of the tongue is varied; at first it is usually bluish, the papillæ become prominent, and there is generally a dislike to salt, while acids are agreeable. With the feverish condition the tongue is furred chiefly at the side, and reddened towards the tip; towards the climax it becomes usually unnaturally red, clean, shining and contracted.

*Treatment.*—As late physiological and pathological researches refer phthisis to disordered nutrition, in the old system lung specifics are somewhat in abeyance. Cod liver oil, chalybeates and tonics, together with climatic and dietetic arrangements, are the main resources. Cod liver oil has already paled from its meridian, and, as Dr. Cormack shows, the Registrar General's returns exhibit no comparative decrease of mortality since its introduction. In cachexia of children it affords some advantages that might, however, be more agreeably compensated. In adults, the good it effects is usually transient and uncertain. In general it rather interferes with than aids healthy assimilation, in summer months especially; it disorders the stomach and injures the appetite. On the whole, as a remedy, it is one in which no reliance should be placed; and it is questionable if it ever modifies the course of the disease, and may therefore be fitly relegated to the oblivion of its congener specifics.

In homœopathic practice the routine system of symptom following, like "hide and seek" and "hunt the slipper," has not presented many attractions of especial credit. Clotar Müller lately exhibited the antiphthisical qualities of iron. A similar display of the rôle of various other medicaments would tend to excite similar hopeful expectations. Phos., Kali carb., Sulph., Bryon., Calc., Carbo, Lycopod., Puls., Iodium, &c., &c., present a symptomatology of characteristic homœopathic suitabilities; but experimental observation of their special value is altogether



wanting. It would be very desirable that records of cases carefully selected should be drawn up, evincing the failure or efficacy of a single well chosen remedy. The records of such trials at the Brompton Hospital are full of interest; but to a homœopathist they would be more especially so if the range of the dose were less revolutionary.

Accepting the theory of the origin of the complaint in the vegetative system, evidence of the operative influence of remedies which modify this sphere would be very desirable. Hahnemann asserts that Kali carb. is indispensable: this has not been verified, and is altogether questionable. Sulphur, he states, in the primary stage, is apt to hasten suppuration. Lycopodium, in considerable doses, I have tried in the latter stages with manifest advantage; under its use the appetite is increased, and the pulse much reduced; a decline of the hectic is also apparent, the sputa diminished, and more healthy secretion effected. Administered in the primary stages the results were less satisfactory; but more extensive trials are necessary to determine its applicability. In one case Pulsatilla, in the mother tincture, appeared to be followed with rapid amelioration, in a female; recovery seemed progressive, when relapse followed. In another diarrhœa, and some blood by stool, after a few doses only, interrupted the observation of the effect of this remedy. At present I am testing the relative value of other medicaments. A young lady about to be married, while laughing felt something give way, as she expressed it, in her chest, and on examining her handkerchief was surprised to find it of the hue incarnadine. She was not a little alarmed, as several of her family had died of phthisis—two sisters in the preceding winter and spring. Apis mel. was given to arrest the bleeding, after which was prescribed a continuous course of *Berberis vulgaris*. I was directed to this remedy by her pronounced family bilious diathesis. Examination showed dulness under the left clavicle, and roughness of the inspiration; the expiratory murmur prolonged. During the use of the remedy, while on a visit to Manchester, she was suddenly attacked with a discharge of blood from the bowels. She had suffered from a similar attack some years previously, so

that the *propter hoc* of the medicine, although a part of its pathogenesis, was somewhat problematical. On her return the remedy was continued. At the last examination, after between two and three months' treatment, there was no difference of sound on percussion at either apex, the expiratory murmur very faint, while the general health is almost perfect. Graduated muscular exercise was conjoined, a diet chiefly vegetable, fruity and farinaceous, and a small allowance of porter at dinner.

Calc. carb. is a useful adventitious remedy,—the digestive organs are improved in tone thereby: this, however, is more temporary than otherwise—the pulmonary symptoms are little affected. Kali carb. is of possibly equal advantage; that it will cure phthisis requires confirmation stronger than Hahnemann's assertion. Ars., Ant., Phos., are serviceable expedients to remedy complications. Bry., Coloc., Colch., Verat. belong to the same category, as influencing chiefly, though differently, the vegetative system. More *extended, accurate* observations of their special efficacy in phthisis is desirable. Carbo and Sepia require more *patient* investigation than their promise would seem to warrant.

From what I have observed of the effects of Acon., Puls., and others of the ranunculaceæ in several cases of phthisis, very favorable conclusions may be assumed. These medicines were applied in form of the mother tincture, 10 to 60 drops to an 8 oz. mixture. If "shake the timid" at any contemplation of heroic measures, the "brave" need only "stand still" till gentle "aggravations" go quietly by; from the routinist and the "fancy" fraternity, nothing need be expected or hoped. Stannum and Ferrum are, I apprehend, not specifics; the latter is and has long been noted as a valuable medicine when the disease appears imminent in young females whose menstrual functions have become deranged. Thuja and Sabina certainly, in the latter stages, cause a manifest decrease and change of expectoration; the bowels become, also, much constipated, a by no means unfavorable complication. Of the suitability of these medicines to the inceptive stage, I can at present afford no

testimony. It may be observed, however, that a remedy which may be found highly serviceable to any one stage of a complaint, in a curative point of view, must be suitable, as a curative agent, to all the stages of the same. Whether a single and universal specific shall ever be discovered for this complaint is very doubtful indeed. Some medicaments which relieve merely the prevalent sympathetic disturbance, have no proper title to specific remedies, unless it may be assumed, which is not impossible, that these, by the diversion and the removal of obstructions—the probable origin of the complaint—being effected, the disease thereupon is either temporarily intercepted, or entirely overcome.

Of other remedies I have little evidence to offer. Chel. maj. deserves some consideration in somewhat similar cases as that in which Berb. was tried.

*Hygiene and Diet.*—The exercises of Ling are indispensably important. Horse riding from the time of Sydenham has sustained its repute, less practised perhaps than it should be, Ling's movements no doubt in a great measure supersede. Beef-steaks and porter, with carriage exercise, was the system of Erskine, who established a repute for his system. In general flesh meat to the phthisical is by no means tolerated; there is an absolute distaste for it; and theory would not seem to advocate its use, as it increases the fibrinous constituents of the blood. Fruit, the farinaceous and starchy elements are more agreeable. The experiments of Boeker on dogs, show that sugar mixed with food tends highly to prevent the waste of the system—an important circumstance in the treatment of a consumptive disease. I may here remark that the old prejudice to Bark, as an exciting cause of phthisis, applied to Quinine, seems to me to have no unjust foundation. We need not wonder at Hahnemann averring that the complaints induced by its abuse were more incurable than those by Mercury. Pulmonary and hepatic abscesses I have traced to its indiscriminate employment. The hectic irritative fever which it sets up, readily develops a determination in the phthisically predisposed to the pulmonary organs.

Iodine seems better suited for scrofula than phthisis. These diseases, though so closely allied as to be considered identical with varied manifestation, present obvious distinctive features and appear somewhat linked to rheumatism, which however, according to Rokitansky, is antagonistic to phthisis. Mercury, which was tried by the Dublin physicians some years ago, on the hypothesis of its value as an absorbent, deserves further investigation. Paracelsus set it down as the representative of the lungs. As tubercles are stated to be deposited primarily as fluid lymph in the cells or parenchyma, there is good reason to suppose that its eliminative action, in the primary stage, might be attended with favorable results. Lately at the dispensary, a case of incipient tubercle presented, whom I have subjected to a course of trial of the Merc. sol., commencing with the third trit. As usual it was at first vaunted by some as a specific for this complaint. It may palliate or relieve some of the symptoms, equally with others, in the latter stages, but as a remedy its suitability is more than problematical. Given as it frequently is in dyspepsia, I have little doubt it furthers the erethistic disposition of the phthisical to a tubercular deposition. At first it seems to benefit the subject, but the reaction is only the more violent and decided.

Alcoholic liquors have been lauded by some, and the instance of the inebriate advanced as a corollary to their efficacy. But the most hopeless cases of this disease are those who have over-drawn their credit by indulgence in this respect. Red wine and good porter are serviceable adjuncts to the treatment of this affection, of course in very moderate supply. Ale and spirits are highly intolerant to the consumptive, even in moderate quantity, inducing feverishness, headache and drowsiness. Asses' milk was formerly in high repute; butter-milk agrees well, and if we may credit the report of a late writer (Lewis), a Dane who could lift a stone, to which ten men were unequal, subsisted chiefly on copious libations of this fluid, and tea and coffee, thus rivalling the prowess of Ajax Telamon himself:

“ Not ten such men the enormous weight could raise,  
Such men as live in these degenerate days.”

Acidulous drinks are always agreeable. There is a popularly prevalent opinion that vinegar will induce leanness. The following case related by Portal, exhibits a pathogenesis pretty tolerably homœopathic to Phthisis. "A few years ago a young lady in easy circumstances enjoyed good health. She was very plump, had a good appetite, and a complexion blooming with roses and lilies. She began to look upon her plumpness with suspicion; for her mother was very fat, and she was afraid of becoming like her. Accordingly she consulted a woman who advised her to drink a glass of vinegar daily. The young lady followed her advice and her plumpness diminished. She was delighted with the success of the experiment, and continued it for more than a month. She began to have a cough, but it was dry at its commencement, and was considered as a slight cold, which would go off. Meantime from dry it became moist, and a slow fever came on, and a difficulty of breathing; her body became lean and wasted away; swelling of the feet and legs succeeded, and a diarrhœa terminated life."

I have endeavoured to present collectively the chief features respecting Phthisis, and I again express the desirability of thorough experimental observations of the extended use of single medicines and a careful record of the results. Only in this way shall we furnish interest to our periodicals and advance the true progress of medical science.

## CLINICAL OBSERVATIONS ON GRANULAR OPHTHALMIA,

AND ITS TREATMENT ON HOMŒOPATHIC PRINCIPLES,

By DR. JOSEPH BAERTL.\*

I FIRST became intimately acquainted in the years 1825-6, at Palermo in Sicily, with the contagious form of Conjunctivitis, called also Conjunctivitis contagiosa, common Egyptian Oph-

\* From the *Homöopathische Vierteljahrsschrift*, vol. xi, p. 2.

thalmia, *Blennorrhœa oculi Egyptiaca*—*Ophthalmia granulosa*, granular conjunctivitis, *Sycosis oculi*, *Trachoma*, &c. I did not again meet with this disease until the year 1850 when at Lemberg in Galicia, where however it was much less intense in character, although far more wide spread.

During my stay at Palermo two regiments of Neapolitan infantry, called the King's and the Queen's, were ordered from Messina to the garrison at Palermo, but they had hardly taken up their quarters in the barracks when a large number were sent to the hospital suffering from inflammation of the eyes.

The disorder was not at first looked upon as in any anything peculiar, by the military surgeons, for they considered it an ordinary catarrhal ophthalmia, but when the attack of ocular inflammation was found to be rapidly extending, whilst in many cases loss of sight had followed, and the local surgeons had expressed various opinions on the subject, the number of sick already exceeding one hundred, the king sent Dr. Quadri the professor of diseases of the eyes at Naples, and at that time a famous oculist, to Palermo, to investigate the nature of this attack and to superintend the treatment.

Quadri came and examined both the healthy and sick men of the two Neapolitan regiments, and ordered even all slight cases of ophthalmia into the infirmary, declaring that the disease was contagious, and adding "e chi non lo crede, che si faccia meter un penello riempito con questo mucchio nel suo occhio" (and let whoever disbelieves it, fill a brush with the discharge and stick it into his own eye). He commanded a rigid separation of those affected from the healthy, of the severe cases from the slight, and of the convalescent from all others. As I was at that time ordinary attendant of the Austrian sick in the neighbourhood of the Neapolitan eye hospital, and had to visit my hospital every day, I took the opportunity of visiting also daily Dr. Quadri's institution, of watching the course of the disease, and thus of ascertaining the views of this oculist.

By little and little he expressed the following opinion. "This disease of the eye is the so-called Egyptian ophthalmia, which is contagious, and is seated in the ocular conjunctiva; it was brought to the sick of these two regiments by some soldiers

who had been drafted into them before complete recovery, and probably was propagated from one to another by the indiscriminate use of the towels of the regiment. Since the disease is doubtless catching, and special attention was not in the first instance paid to it, it has gradually spread to its present extent. The essence or characteristic peculiarity of this disease, at its commencement, consists of an exudatory process and the secretion which is here formed during the inflammatory process, is confined to the palpebral conjunctiva, and serves as a vehicle for the contagion. Nevertheless the serum also which accompanies the chronic form, or so called granulations, can be a contagious medium, and then spread the disease further."

The disease is very similar to the simple catarrhal inflammation of the same parts, but by careful comparison great distinctions may be detected; it is also no less similar to gonorrhœal Blennorrhœa, or that of new born infants, and they may be confounded together, if only superficially examined. With regard to the cause of the disease, it is usual to ascribe it to insufficient covering, and consequent congestion in the head, followed up by exposure to chills; but still the chief source must always be the contagious principle; a peculiar morbid product which spreads the complaint from one man to another. Doubtless other causes may favor the development of the disease, thus: when a number of men live together in a confined space; and some among them have their eyes exposed to the contact of other morbid secretions. Moreover unfavorable climatic influences—bad situation of a locality, exposure for a length of time to a high temperature, and the consumption of large quantities of spirituous drinks, etc. favor the production of these diseases of the eyes.

On the appearance of this disorder in Palermo it was shown to have an epidemic character, and to be contagious.

The complaint appeared in the first instance as a contagious catarrhal inflammation of the conjunctiva, with tension in the neighbourhood of the eye, and the organ itself feeling as if sand or dust were in it, dimness, intolerance of light, a watery appearance, and somewhat increased secretion of tears: slightly injected conjunctiva, and a corresponding redness of the eyelids,

with tumefaction and a collection of mucus in the corners of the eyes and in the lashes. On everting the lid one could find the commencing granulations in crowded prominences, especially in the corners of the lids.

When the disease had proceeded, either slowly or rapidly, from the first stage to the second, all the morbid appearances greatly increased; the characteristic secretion of mucus was more abundant; a thinner mucus, like white of egg, mixed with tears, flowed down the cheeks, but with a tendency to harden upon the cilia, and in the corners of the eyes, and to form crusts on those parts, so that, on waking the patient, the eyelids might be found stuck pretty fast. The intolerance of light and the pain increased, the latter reaching the orbits and side of the head. The patient complained of intense, tensive, lancinating and particularly burning pain in the eye, increased on each movement of the eyeball. The eyelids became often bright red and considerably swollen, especially the upper, and not unfrequently an erysipelatous swelling extended upwards towards the forehead. If, after the swelling was somewhat abated, the eyelid was turned out, the conjunctiva could be detected studded with watery, sponge-like excrescences, which were dilated with blood, and either looked dry or held in their interstices mucus or a puriform secretion. Sometimes these excrescences bled when touched. The conjunctiva over the sclerotic was found much reddened and injected with blood, and sometimes even thrown into a kind of wall around the cornea. The palpebral conjunctiva, especially the upper portion, often so swollen that it projected, dark and distended, through the palpebral tissue. These appearances, together with the hindrance to the escape of mucus, and consequent cloudiness of the cornea, the contraction of the pupil from sympathetic irritation of the iris, and, finally, the febrile reaction, characterized the second form of this disorder as the contagious blennorrhœa.

On the accession of the third stage the thin mucous secretion in the eye became changed into a thick, yellow, pus-like matter, which, after a time, so increased in quantity, that it escaped from beneath the upper eyelids, flowed down the cheeks, and often caused them to ulcerate. At this point all the other



symptoms also attained their greatest intensity ; the redness and swelling of the conjunctiva increased more and more, and the redness of the upper eyelid became of a livid hue ; the tumefaction enlarged and spread to the orbital ridge, became dark and hard, and so overlapped the lower lid that the patient was no longer able to open the affected eye ; the pain in the eye became more severe, spreading not only to the eyelids, but also to the globe, the orbital cavity, the forehead and temples ; it was intense, *burning, lancinating, penetrating*, intermitting, and often markedly accompanied by vesperinal exacerbations, reaching their acme of intensity about midnight. The patient felt as if he were holding his eye over red hot coals, of which sensation he greatly complained. Others not unfrequently complained of a pain like to electric shocks transmitted through the eye. The intolerance of light was intense, the pupil remaining, thereby, motionless. The swollen conjunctiva of the upper lid now often projected considerably through the palpebral fissure, and prevented the escape of the pus from the eye. When the diminution of the swelling permitted a sight of the inner surface, the palpebral and ocular conjunctiva were found much injected and swollen, and running with pus and mucus ; the vascular meshes were in this stage no longer distinguishable ; round the margin of the cornea appeared a pale red, soft, irregular, mottled swelling, in which the cornea appeared to be buried, and was almost lost sight of. By drawing aside the red folds which were around the cornea, and which appeared on the surface smooth and level, they were often found to cover granulations seated on the conjunctiva. When the iris could be seen, it was observed to be rigid, and the pupil motionless ; the whole system was much affected by the disorder, and exhibited intense fever, accompanied in irritable subjects by delirium at night. In this stage we recognized the third form, or the contagious blepharo-blennorrhœa. When much swelling appeared in the lower lid, it had the effect of displacing it and producing ectropion. Frequently, also, attempts to open the eye gave rise to ectropion, which, however, when thus caused, was only temporary. Towards the termination of this period, extravasation of blood from the vessels of the palpebral conjunctiva also took place, which was followed

by diminution or change in the secretion, and sometimes by its complete cessation.

The duration of each period varied with the intensity of the symptoms. Sometimes the disease was of a chronic, sometimes of an acute character, according to the rapidity of progress, greater or less intensity of the symptoms, and nature of the inflammatory products which it exhibited. The first stage lasted hours or days, the latter were prolonged to days or weeks. After the acute form, morbid alterations and hypertrophy of the conjunctiva rarely remained, whilst the chronic form was followed by a variety of morbid products. On everting the upper lids after abatement of the swelling, one could find warty growths, spongy, filamentous or cauliflower-like excrescences, with which the conjunctiva appeared to be studded; these appeared fissured, and contained in the interstices pus: often, however, they were dry, distended with blood, and bled when touched if of the softer sort. These granulations, which were found after the subsidence of the blennorrhœa and blepharo-blennorrhœa, would then remain for a long period without inflammation, with the form of roelike transparent vesicles, or of milky yellowish knots with a pearly lustre, and bathed in serum, without the knowledge of the patient himself. The growths which appeared on the conjunctiva also assumed various forms in part already mentioned; the brush-like and watery exudations were usually firm and hard, of fibrinous character; they were more commonly found on the upper than the lower eyelid. Those on the tarsal portion were small, and appeared in rows side by side; in other parts of the conjunctiva they appeared in groups heaped together, and these vesicles or granules would, in confirmed cases, remain for a long time stationary. These several granulations on the conjunctiva indicated the fourth form or "trachoma." This last (the roughness of the conjunctiva) indicated the chronic condition of the membrane, which stood to it in relation of cause to effect.

The prognosis, according to Dr. Quadri, both in the second and third stage, was always expressed with caution, since he always considered the blennorrhœa as the most dangerous.

I subsequently heard similar opinions from other physicians, and lately more particularly, during the epidemic at Lemberg,

from the oculist Dr. Hawr, and I gladly homologated them having learnt their value from my earlier experience. I also received from the last named professor the confirmation of the idea, that the peculiarity of granular ophthalmia in the very commencement consists of the exudation of organizable plasma beneath the conjunctival epithelium, in the form of small, distinctly translucent, light, and subsequently distended vesicles, which arrange themselves in rows like a string of pearls behind the tarsal margins, or may be found scattered with equal abundance over the whole mucous surface; and further, that those seated on the tarsal surface are smaller, flatter, and less regular in form; than in very chronic cases they may, in the way mentioned, remain for weeks without almost any abnormal vascularity of the conjunctiva, and without any complaint from the patient of painful sensations, or at the most only of some heaviness in the lid; whilst no increase of mucus, and but slight cloudiness can be detected in the eye, which appears rather moist, and at most a little œdematous. On the other hand, the process in the acute attack has commenced before the patient's attention has been drawn to the part by any pain or redness of the eye; but in this the duration is not for weeks, but only for days, or even a few hours, before a notable congestion of the part takes place, with its accompanying phenomena, such as burning pain, feeling of sand in the eye, and increased secretion of tears and mucus. The lids become more or less œdematous, the conjunctiva becomes distended, and in the first place infiltrated with simple serum, and traversed with fine, closely netted blood-vessels; the vesicles, clear at first, become opaque, yellow or grey, and finally red; they may be distinguished from the surface of the membrane by their paler colour.

Subsequently a deposit of plastic exudation takes place into the parenchyma by which the conjunctiva is increased in thickness and thrown into folds. Should the parenchyma become infiltrated without involving the papillæ, the membrane between the vesicular granulations is thickened, but still growth, but more frequently stasis and exudation take place at the same time, also in the finer vesicular meshes that supply the papillæ. Congestion and enlargement of the papillæ, and hypertrophy of

the papillary body itself, (papillary granulations), by organization of the plastic exudation. These often appear on the tarsal surface of the conjunctiva palpebræ superioris, whilst as yet only vesicular granulations can be detected on the lower lid, and from these they are distinguished by their small, pointed, closely packed granules, which are very distinct, and of equal elevation. Whilst the vesicles are found to prefer the lower lid, the others are more frequently seen in the upper, where they occupy the interspaces between the more scantily developed reddish yellow flat and round vesicles; they cover only the tarsal conjunctiva, whilst the vesicular granulations may involve the whole extent of the palpebral conjunctiva, and were also observed even on the *conjunctiva bulbi*.

On the accession of granular ophthalmia, there sometimes appears a livid redness and phlyctenæ around the margin of the cornea—accompanied by intolerance of light—lachrymation, spasm of the orbicularis muscle, and pain in the course of the supraorbital nerve—symptoms which might mislead one to diagnose a rheumatic inflammation, these are however only from sympathetic irritation, and disappear on the cessation of the original evil, that is to say, of the vesicles on the palpebral conjunctiva.

In a pure case of granular ophthalmia the formation of pus, and consequently the deposit of exudation on the free surface of the conjunctiva, is so slight that we have no right to range it under the lower grades of the blennorrhœal form. Its essential characteristic is the exudation of an organisable plasma in the tissue of the conjunctiva, and the production of new tissues.

Microscopic examination satisfied Hawr that in the vesicular granulations the exuded plasma was charged with young epithelial cells, and that the epithelium itself was considerably increased in thickness by stratified deposits of new elements. In the case of the red granulations he describes numerous vascular loops in the mass of young cells, which loops appear to owe their origin to increased development and projection of the deeper papillary bodies into the mass of young cells as to a new growth of vessels.

If the granular ophthalmia be not checked at the very commencement, but allowed time for the plasma to become organised, the vesicles get firm and red, that is to say, they change into granules and become the so-called vesicular-granulations, and if then no appropriate treatment be directed against this more advanced form, or if the patient in addition lives in unfavorable circumstances, both forms of granulation increase in number and organisation, evidently in consequence of the constant friction and repeated infiltration; so that at last they present those forms which are known under the name of sarcomatous growths. A granular conjunctiva is also an object of constant attention to the oculist, because in the first place it can very slowly be brought back to its normal condition, and secondly it is a fruitful field for the development of acute blennorrhœa. Additional unfavorable consequences of granular ophthalmia are ectropion; hypertrophy of the tarsus; conversion of the soft granulations into hard fibrinous feebly vascular excrescences; partial or complete atrophy of the conjunctiva in consequence of the pressure from the exudation upon the normal conjunctival tissue; synblepharon posticum, and entropium in consequence of this atrophy, and finally pannus as a consecutive disease, caused by the friction to which the cornea is exposed from the rough inner surface of the lids.

The chronic nature of the disease, its liability to pass into acute blennorrhœa, and the frequent occurrence in its progress of incurable textural changes of the conjunctiva, render it all-important in the very commencement of granular ophthalmia to avail ourselves of such measures as will stifle the disease in its infancy, and securely guard against the subsequent morbid changes which threaten the powers of vision.

Temporising, or the use of means not perfectly suited, in cases of catarrh and blennorrhœa, gives the disease time to set on foot those changes which endanger sight, confine the patient by their chronic character for a length of time to the bed or sofa, thus favouring the development of cachexiæ, and are in many other ways dangerous.

## TREATMENT OF GRANULAR OPHTHALMIA.

Since the commencement of the disease makes itself manifest by the appearance of the above-described vesicles, whilst the organization of their contents is the basis of all the subsequent important transformations, it is the most important point, and also the proper indication for treatment, to exterminate the vesicles immediately on their appearance, and thus to bring the disease speedily to a termination in its first stage, and whilst it is still apparently local.

This can only be effected most rapidly by means of the nitrate of silver (*Argentum nitricum*), fused, which has been already proved, and corresponds almost completely to this disorder, and which, being held like a pencil in the fingers, is introduced carefully between the eyelid and globe, whilst the patient looks upwards, and rubbed on the vesicles, which are seated on the conjunctiva, and on them alone, until they are destroyed. The burning pain which follows must be alleviated as much as possible by washing the eye, and applying cold water cloths.

It is true that in this way the *jucundé* of treatment is lost; but when the object is to be attained more certainly and more quickly than by any other means, why should we hesitate on that score? Experiments with this have been already made, and mostly succeeded well.\*

If the homœopathic physician will not venture to use a heroic remedy such as this, he has no other alternative but to follow the old homœopathic plan—namely, to investigate the pathognomonic characters of the disease presented to him, to conquer them with the remedies which fall to his choice, and to use the appropriate one internally, and, if it appear desirable, externally also, in the form of lotion, or by dropping it into the eye.

On the outbreak of granular ophthalmia, every sufferer must be separated from the healthy or convalescent, and be kept apart until completely recovered; the eye must be protected from light, draughts of air, and dust; all alcoholic drink forbidden, and the diet, drink, and the patient himself carefully

\* We beg to remind the reader of some observations on this subject in vol. vi. p. 216.

watched. As soon as the patient comes under the care of the surgeon, he should be ordered clean linen, and a towel of his own, to be used by *no one* else, to avoid further contagion.

If the attack is quite recent, and consisting of a contagious catarrhal conjunctivitis, one of the following remedies will be found advantageous—namely, Aconite, Apis, Argent. nitr., Arsen., Bellad., Euphras., Digitalis, Mercur., Lycopod., Rhus, Sulphur, as all of them possess qualities corresponding to this disease, and some have already proved themselves curative.

With the first symptoms of commencing catarrh, and before anything could be detected of vesicles on the conjunctiva of the lid or canthus; when the patient complained of tension, as of dust or sand in the eye, and felt dryness of the eyeball, itching in the eyes and eyelids, and a disagreeable heat and burning, as if the eye were about to inflame, accompanied by redness of the eye and swelling of the lids, and when also, to a small degree, lachrymation and closure of the eye were present, I used Sulphur, 3rd dilution, in doses of 1 grain, once or twice a day; and in such cases this remedy has frequently proved serviceable.

With more marked symptoms of inflammation, when improvement is delayed longer than was expected, a tablespoonful of a mixture composed of 8 drops of Aconite (2nd or 1st dilution), in 8 oz. of water, should be taken every hour or half-hour, and a drop or two of the same mixture should be placed on the diseased eye by means of a clean sponge, kept specially for the purpose, or a glass rod.

In some cases it will be advisable to use Apis, 3rd dilution, with water in the same proportion, alternately with the Aconite. The local application will in the latter case be omitted.

The dropping must be performed whilst the patient is recumbent, and into the inner corner of the eye; and, as it is of importance that the solution should remain as long as possible in the eye, the patient should be charged to remain in the same position, with his eye closed, for at least a quarter of an hour. When this local treatment is to be undertaken, the patient should remain, with the head quiet, in bed.

To afford relief to the patient from the aching pain, cold cloths may be applied over the affected eye: they must be either cold or ice-cold, according to the state of the part.

In intense inflammation, snow or pounded ice, in a bladder, may be applied directly, or with the interposition of a piece of linen rag. It will be advantageous to use in the first instance cold applications for several hours, and then to apply the ice, if necessary. When rags are used for fomentations, they should be well wrung out, for it is the cold and not the wet that is required; therefore, when they have been dipped in cold water, they should be held by the *ends* and wrung out, so that the other parts may not get warmed by the hand. So soon as the cloth has got warm by contact with the eye, it must be changed for another. When the intensity of the inflammation abates, the fomentations, which are excellent palliatives, and also the medicines, may be used less frequently; and the latter in diminished doses.

If the symptoms do not abate, and the pain in the eye is throbbing, Belladonna, 3rd dilution, administered as the Aconite, may be alternated with that medicine.

Should the pain in the eye become more tensive, Digitalis should be employed, either alone or alternately with Mercurius, and both, but especially Digitalis, given in small and frequent doses. I found both these medicines, also, very useful in gonorrhœal ophthalmia, giving of the former one drop of the 2nd or 1st dilution, and alternating with Mercurius in the 6th dilution, and requiring only at the last the use of Lycopod. to complete the cure.

But if no decided improvement followed the use of these remedies, one should not hesitate to have recourse to the Arg. nitr., as it is a remedy which appears indicated in most forms of this disease, and has already shewn itself, in many instances, to be capable of inducing a rapid cure. In the contagious catarrhal ophthalmia, we should commence by administering one drop of the 6th dilution, in water, twice daily, or more frequently, according to the acuteness of the symptoms. If improvement do not rapidly follow, one drop of the 3rd dilution may be, in the same manner, administered in a spoonful of water, whilst at the same time the affected eye should be washed over with the medicine in water: in the first instance, 10 drops of the 1st dilution in 1 oz. of water, may be used; afterwards, if



necessary, a solution of 1 grain of nitrate of silver in the ounce of water, for which purpose a pledget of linen, folded, and moistened with the solution, is laid over the eye, and when dry should be renewed, certainly not less frequently than twice in the day.

In blennorrhœal ophthalmia, the medicines are in both stages (blennorrhœa and blepharo-blennorrhœa) almost the same; but the thoughtful physician will regulate their application according to circumstances, as the degree of inflammation and concomitant symptoms, and will use them for a longer or shorter time, according to necessity.

In blepharo-blennorrhœa, it is not unfrequently necessary to apply drops of a solution of the nitrate of silver within the eyelid, and to raise the strength of the solution, according to the severity of the symptoms, to 3 or 4 grains to the 1 oz. or 2 oz. of water. When the discharge of pus diminishes, and the swelling of the eye goes down, the use of the remedy may be less frequent, and the strength of the solution gradually diminished.

When much pus is secreted by the eye, as occurs in the advanced second stage, it is advantageous, and, in fact, necessary, to wash the eye frequently. This is done with lukewarm water. The lids must be separated as much as possible, to wash off the pus from the surface of the cornea, and prevent its destruction. A small sponge may be used, dipped in the water, which is squeezed out at the inner corner of the eye, whilst the head is held on one side, so that the water flows over the surface of the eye to the outer canthus, and so clears off the pus from the bulb, and particularly from the cornea. This washing should be performed at least every half-hour; and it is also well to open the lids afterwards, from time to time, to allow of the exit of the accumulated moisture, exudation, pus, &c. This proceeding is the more required when the local application of nitrate of silver is used; and whilst letting the moisture escape, the opportunity may be used for removing any adherent pus, &c., by lightly brushing the surface with fine linen rag.

With the granulations, it appears necessary to touch lightly with lapis infernalis those places on which they are seated, and

immediately to apply ice-cold cloths, for the purpose of alleviating the burning pain and moderating the reaction. Two or three applications to the granular surfaces, avoiding the surrounding parts, are usually sufficient to destroy the morbid growths. I was more especially compelled to avail myself of this treatment, using the lapis like a pencil, in the so-called hard, fibrous granulations. I rubbed them over with tolerable firmness, and applied immediately the cold fomentations.

The *Argentum nitric.* is an excellent remedy in inflammations of the eye (even often when of the more severe kind), especially when there is a tendency to blennorrhœa; also, when there are ulcers on the cornea, a drop of a solution of 2-4 gr. in the ounce of water, applied once or twice daily, or every second or third day, is very efficacious, and used less frequently, as the disease abates.

No one need fear to use the nitrate. If anyone fears to drop it into the eye, he can bathe the part with a solution of 1 or 2 gr. in the ounce of water, and allow a pledget of lint, soaked in the solution, to remain over the eye; or he may follow Dr. Sokulsky's plan of applying a pledget soaked in the solution (1 gr. to  $\frac{1}{2}$  oz. of water) over the eye, spreading cotton wool over it, and confining the whole with a bandage, the patient remaining recumbent. At the end of an hour the bandage is removed, and the eye bathed with warm water. The physician can then more frequently ascertain how the cure progresses, and adapt his further treatment accordingly. When this proceeding has not the expected effect, he should proceed immediately to stronger external applications of the remedy, if it be still indicated, and, as before said, he must not fear its caustic action.

I saw Nitrate of silver used externally (by allopathic physicians it is true) to a very large extent in granular ophthalmia, and must acknowledge that it was in most cases with a good result.

Dr. Hawr, professor of ocular surgery at Lemberg in Galicia for example, treated slight cases of blepharo-blennorrhœa with drops of a solution containing 5—10 grains of nitrate of silver in the ounce, (after careful washing of the eye), and frequently with astonishingly good effect, in as much as in some the cure was completed in a few minutes. At the very commencement

of granular ophthalmia, even when accompanied by highly inflammatory symptoms, considerable redness and swelling of the conjunctiva palpebr., redness of the eyeball radiating from the corneal margin, photophobia, lachrymation, spasm and headache, Dr. Hawr would have recourse to the *Lapis infern. mitigat.* immediately upon detecting the characteristic vesicles in the conjunction of the lids, and undeterred by the inflammatory symptoms, in order to avert the chronic state. The milder preparation consisted of two parts of Nitrate of silver and two of pure nitre, and its use was followed soon by abatement of the symptoms and a speedy convalescence. He affirmed that this treatment was better, quicker, and more certain, even if not more pleasant, than the so-called antiphlogistic, and very exhausting plan.

As in the beginning of this disease no extensive signs of irritation could afford him contraindications for cauterization, so it was also in the chronic cases which had run on with intolerance of light, excessive flow of tears and spasm of the orbicularis, for here he would not allow the symptoms to interfere with the use of the *lapis infernalis*. It is true that he searched carefully the conjunctiva palpebr. sup., where it is most likely that he would find the cause of the persistent reflex—phenomena of local hyperæsthesia—namely the granulations, and by cauterising them he attempted, and very often with success, to remove them, and thus to get rid of the photophobia, lachrymation, cramp and pain. This physician cut off sarcomatous growths and then cauterised the raw surface with *lapis infernalis* or other means. The Russian military surgeons assured me that they were in the habit of using nitrate of silver solutions in blepharo-blennorrhœa of the strength of 6·10 and even 20 grains to the ounce of distilled water, and with very good results.

When the pain in the contagious ophthalmia is unbearably scalding, and the eye-ball feels like a red hot coal in the orbital cavity, *Arsenicum* will be found more useful than any other remedy, and it may therefore be used early, even before recourse is had to arg. nitr. Ice-cold lotions may be used during the administration of this remedy to alleviate the pain, taking

care to renew the application every 5, 10 or 15 minutes, and to squeeze out the water from the linen each time.

If the conjunctiva forms a wall round the cornea, whilst the intense pain, in spite of the above line of treatment, continues or increases; then, if no other remedy can be found, a portion may without hesitation be cut out of the conjunctiva—a proceeding which will greatly contribute to recovery.

The operation is done by means of a pair of curved scissors, raising first a piece of the puffy membrane with forceps, and then cutting with the convex surface of the scissors. If, however, the wall around the cornea is not very large, and the eyelids are not swollen, it may be let alone until it returns of itself to a normal state.

When on the other hand the wall so surrounds the cornea that the secretions are accumulated in the centre, so as in the advanced stage greatly to endanger that structure, whilst the pains are not confined to the eye itself but extend to neighbouring parts, then also, in the absence of any other means of relief, a piece must be snipped out of the conjunctiva.

If the conjunctiva of the upper lid is puffed and protruding so as to prevent the opening of the eye and the necessary washing—here also a portion must be summarily cut off, unless there be a prospect of relieving the inconvenience by medicinal means. No harm is done by the operation, but rather, the swelling of the eyelid is at the same time diminished.

When under these operations, the patient may retain the recumbent position.

When the eye is visible, the physician must examine carefully into the state of the organ and direct his further treatment accordingly.

In the second stage of blennorrhœal inflammation with specific suppuration of the eyelids, where frequently no drug can be found capable of checking the mishap, Arsenic is amongst the most reliable—and it is often used in the smaller doses.

To check as far as possible exudation, it has been found advantageous to drop into the eye every quarter of an hour (or even every 5 or 10 minutes) a little of a solution of nitrate of silver containing two grains to the ounce of water, in which

case the eye must have been previously washed with a sponge or glass rod dipped in filtered water—(the latter proceeding must always be carried out before the use of the nitrate).

When the contagious ophthalmia is accompanied by great intolerance of light and Arg. nitr. is found of little or no avail, the general condition of the patient must be examined to see whether the use of one of the following or some other remedy be not indicated: Aconite, Apis, Arsen., Bellad., Conium, Kali bichrom., Pulsat., Rhus, Sepia.

In rupture of the cornea Bellad. should be used, especially externally—for which a solution of 3 gr. of Extr. Belladonnæ in 2 drachms of water may be dropped into the eye. By this means the pupil is retained in a permanent state of dilatation and the sight thus preserved after the cornea is healed. It is sufficient to drop the solution into the eye once or twice daily.

In intense ulceration of the eye, one of the following remedies, chosen according to the other symptoms, will be found useful, Arsen., Alum., Baryt., Bellad., Calc., Carbo veg., Hep., Lycop., Mercurius, Natr. mur., Pulsat., Rhus., Sepia or Sulph.

Spots or nebulæ on the cornea, which remain after the inflammation or ulceration have disappeared, may be removed by the use of Apis, Arsen., Calc., Cannabis, Conium, Kali iod., Lycop., Mercur., Staphis., or other remedies.

Cannabis administered in low dilutions two or three times daily internally, and dropped into the eye in the form of solution containing gtt. vi. of Tr. cannabis in each drachm of water will be found very useful, as will also Acidum nitri. alone or alternately with Cannabis.

Ulcers of the cornea which have not yielded to the Nitrate of silver, may be treated with Arsen., Calc., Euphr., Hep., Mercur., Nitri acid., or Sulphur. The Euphrasia particularly has here been found useful administered internally in the 1st dilution once or twice daily, and applied to the eye in the form of tincture, gtt. vj of which are diluted with 100 of distilled water.

Ulcers of the cornea with intolerance of light may require according to circumstances Ars., Bellad., Calc. c., Conium mac., Crocus, Hepar s., Hyosc., Lycop., Mercur., Nux vom., Phosph., Rhus., Sil., Sulph.

In rupture of the cornea *Sepia* has in one case been found sufficient for the cure, and in another case Sulphur.

In staphyloma of the cornea, *Apis*, *Hepar*, *Merc.*, or *Silica* will be found most available. When pannus remains, and the use of nitrate of silver, which is generally good, is not found to answer, Arsenic should be tried, as it has already done good service in Pterygium.

I have seen pannus which did not yield to nitrate of silver, inoculated with blennorrhœal secretion, and Hawr affirms that the plan was successful.\*

In a case of Pterygium terminating at the margin of the cornea in a small ulcer, and where the patient was also troubled with a dry itching eruption in the palm of the hand, neither of which yielded to sulphur or other remedies, I gave *Psor.* 6th dilution in globules every 48 hours, and the cure of both complaints was completed after a few doses.

*Mercurius* also proved serviceable in certain cases of Pannus. In the *Hygea*, vol. xvii., it is stated that calomel, blown into the eye was the remedy—when cicatrices or opacities are left on the cornea; Acid nitric may be tried, or some other remedy mentioned as useful for spots and nebulæ. When the cicatrix or nebulæ are seated in the centre of the cornea so as completely to obscure vision, and will not yield to any remedy, an operation for the formation of an artificial pupil may be performed, provided there is any clear portion of cornea remaining.

I saw the operation performed by Dr Quadri, opposite the lower portion of the cornea in two cases where that part alone remained clear. Both operations were eminently successful. After making a horizontal incision (as is done in the operation for cataract,) Quadri drew out a portion of the iris and snipped off so much as he thought needful for leaving a suitable artificial orifice. Both the soldiers obtained a tolerably good eyesight after the operation.

When a hypopium does not speedily disappear, one of the following remedies, according to circumstances, may be administered: *Hepar.*, *Plumb.*, *Sulphur*, *Silica*.

Ectropion (eversion of the lids,) requires *Apis*, *Bellad.*, *Calc.*,

\* See case by Dr. Dudgeon, Vol. II., p. 320.

Merc. and if remedies are unsuccessful recourse must be had to operation. Calcar., or one of the previously mentioned remedies, may be found useful in Entropion. Apis., Bell., Calc., Natr. mur., Kali bichrom., Phosph., Silica, and Staphisag., are useful in any excessive flow of tears which may remain.

If any symptoms of conjunctivitis are left, the use of such remedy as may have been found successful must be continued; if it were the nitrate of silver, the use of the weaker solutions as local applications, once or twice daily, should be continued.

Hæmorrhage and ecchymosis in the eye will yield to Arn., Bell., China, Nux vom., Phosph., Puls., Sulph. Granulations and excrescences must be treated as mentioned under trachoma.

The diet should be limited at the commencement of granular ophthalmia, the patient having gruels, &c., thrice daily; but after a time a good nourishing diet must be allowed, in gradually increasing quantity, to ensure the elaboration of improved blood.

In the treatment of the chronic granulations of trachoma, in addition to Arg. nitr. cryst., and fusum, especially internally, Arsen. and Rhus may with advantage be administered internally, in alternate doses. If the granulations are hard and firm, pyramidal and wart-like, and do not yield to the above remedies, Kali iodatum may be tried internally, especially if there is scrophulosis present; and failing this, the fibrinous growths may be painted over twice daily with a brush dipped in tincture of iodine, when they will be observed gradually to diminish, and finally disappear, without leaving any trace. When treating them in this way, the patient should be recumbent, and remain so for a time, that the remedy may come thoroughly in contact with the morbid growth. When the granulations are softer—cauliflower or mulberry-like excrescences, which bleed on the slightest disturbance—the patient may be tried with Thuja, a low dilution, once daily; and after a time, when the ash-grey appearance indicates that they are drying off, the growths may be painted with a brush dipped in tinct. Thujæ, once daily.

An acute attack of conjunctivitis of the lid, following upon trachoma, requires the remedies and other treatment as given above, amongst which remedies *apis* must not be forgotten,

as much good is to be expected from its numerous phenomena. In the first instance, 2 drops of the 3rd dilution may be mixed with 8 oz. of water, of which the patient should take a small spoonful more or less frequently, according to the more or less acute course of the disease. When improvement ceases, or the disease returns, a higher dilution should be tried, and the result watched for several hours; and if this be not sufficient, Apis should be given in alternation with Aconite, the latter in the lower dilution, as the Apis had been before.

When these proceedings and these remedies are unavailing, other medicines must be sought, on the basis of "*Similia similibus*."

COMPARISON BETWEEN SIMPLE CATARRHAL, AND CONTAGIOUS CONJUNCTIVITIS.

1. In simple catarrhal inflammation, the edges of the eyelids are either partly or entirely hard, sensitive, and swollen; but the swelling does not extend beyond the margins.

1. In contagious blennorrhœa, the first symptoms of inflammatory swelling are confined to the palpebral conjunctiva on the tarsal surface; the inflammation does not extend here, as it does in the other case, from without inwards, but from the point of origin, both outwards and inwards.

2. The capillary injection is here in irregular branching meshes, rarely is the eyeball entirely red, as in contagious ophthalmia; and even then it only appears after long duration and maltreatment of the disease, or after repeated relapses.

2. The vascular injection is uniform, and the single vessels indistinguishable, for the whole eyeball is red, the conjunctiva as if broken down, and of an opaque lustre.

3. The disease in the mild form is distinguished by the formation of phlyctenæ and abscesses, which always arise side by side, on a patch of connected parallel vessels.

3. Here the inflammation in the mild form is confined to the palpebral conjunctiva. In the more advanced state, a delicate homogeneous network of closely-packed vessels is formed over the sclerotic.



4. The secretion contains epithelial cells in the earliest stage of development, and fatty globules from the meibomian follicles; and it is moderate in quantity through the whole course of the disease.

5. Serous infiltration of the sclerotic conjunctiva and of the eyelids is rare in simple conjunctivitis, and always moderate, if present.

6. In acute catarrh, none of the neighbouring parts, except the nose, are implicated in the disorder.

7. The conjunctiva is only slightly swollen and velvety.

8. The pain in catarrhal inflammation is in the first instance stinging and itching, principally in the corners of the eyes and on the lids; subsequently it is burning, in consequence of the overdistension of the capillaries.

9. The flow of tears is increased and continuous; the tears scalding; intolerance of light considerable, and lasting at least as long as the excessive secretion of tears.

10. Generally this form is the result of atmospheric changes, especially sudden variations of

4. In the contagious blennorrhœa, the secretion contains fully-developed epithelial scales, a few mucus corpuscles, and no fat-globules, but abundance of pus-corpuscles.

5. In this form the serous infiltration, and consequent bulging around the cornea, are always present, and the swelling of the eyelids is considerable.

6. In the contagious form, the parts around the eye, and especially the cheeks, are puffy, and the temporal region is often also erythematous. The nasal organ is only implicated when scrofula is present as a complication.

7. Here the conjunctiva swells so much, as the serous infiltration increases, that it projects through the fissure of the lids and causes ectropion of the lower eyelid.

8. A feeling of sand or dust under the lids is here characteristic, and depends upon the inflammatory swelling in the tunic of the conjunctiva.

9. Flow of tears diminished coincidentally with photophobia. In the commencement, and at the height of the disease, the intolerance of light is very great.

10. Occurs in great and moist warmth, during great electrical changes, at which times pre-

temperature, mists, damp residence, &c., and most common in spring and autumn.

11. It sometimes happens that this disease is catching, but it is not always so.

12. Catarrhal ophthalmia never exhibits the characteristic vesicles.

13. The lower lid is usually the first affected.

existent disease is apt to increase in severity.

11. Always, and under all circumstances, contagious, though not always traceable.

12. In blennorrhœa, the vesicles are always from the first distinctly visible on the conjunctiva of the eyelids.

13. The upper lid in this form is the first attacked.

#### DURATION OF GRANULAR OPHTHALMIA.

It may be considered a rule that, in most sporadic cases, and in some epidemic and endemic attacks, when occurring in a mild form, in the period of development of exudation with disease, may be limited to six or eight to twenty days under suitable treatment, and disappears by disintegration and absorption. Under unfavorable circumstances however it may reach a considerable virulence in the second stage within six or twelve hours.

The results of the exudation, whether ulcerative or higher organisations, may also appear within twenty days, but also sometimes not for two months under the usual treatment hitherto adopted.

In further development of the exudation the growths assume various forms as already described.

On the outbreak of an epidemic we should suspect in the first instance that those persons might be attacked who are in intimate relation to the sick, and those exposed to any injurious agencies for any length of time; moreover those in whom, with the naked eye, we can detect, in everting the upper lid, a small red elliptical spot seated in one or other, rarely in each, angle, whilst the rest of the conjunctiva is normal, and in the centre of this spot a red projection of the membrane with one or more little eminences, (commencing granulations,) the patient all the while complaining of nothing else.

Congestion of the conjunctiva with diminished secretion must also be looked upon as a mild form of attack.

We consider it a severe attack when the granulations arise over the whole surface of the conjunctiva and cornea, and are accompanied by increased secretory activity. The most severe cases are those in which not only a constant discharge of pus exists, but often also ulceration and its consequences appear in the course of a few hours or days. Whilst those are convalescent in whom the conjunctiva has suffered no abnormal change, and the blood has recovered from the morbid change which it had undergone.

## A WORD ON THE EXTERNAL USE OF SULPHUR.\*

By Dr. R. GIESELER.

ALL that relates to the external application of pure Sulphur is limited, for the most part, to that of Sulphur ointment. Whilst, by heating Sulphur with animal oils, a chemical combination of the two results to a certain extent by the displacement of some atoms of Hydrogen [*Corpus pro balsamo Sulphuris*], it is notorious that the grease is merely a vehicle in the simple officinal Sulphur ointment. Hence the effect of this ointment depends entirely on the Sulphur; and accordingly there are many physicians, (Chaussier, Brechet, &c.), who are accustomed to use flowers of Sulphur in a pure state, as such. The equability and certainty of application, however, bespeaks a preference for the ointment, apart from grounds directly leading thereto. As for the effects of Sulphur ointment, it is an established fact that hyperæmia ensues after rubbing it in energetically on the skin. Now one might be tempted to assume that this result had a mechanical origin; but one simple experiment with the electroscope informs us that the first rank is due to the property possessed by Sulphur of becoming negatively electric by rubbing. The development of this electricity is, however, greater after the

\* Journal für Pharmacodynamik, &c., von Dr. Reil. Halle, 1859. Vol. ii. p. 227.

use of the salve than that of the powdered Sulphur; and this coincides with Becquerel's observation that, in consequence of the fineness of subdivision, the molecular condition of a powder sprinkled on the friction-wheel of an electrical machine exercises the greatest influence on the development of electricity.

What has led me to the exhibition of this salve as a remedial agent is as follows. In 1840 Midavaine prescribed Sulphur ointment as a remedy for the suppuration of small-pox; and in 1842 Durant established the utility of rubbing it in, in cases of confluent small-pox. Every one will at once be reminded of the so-called Small-pox Spa, near Burtscheid, of which the inhabitants of that place used to avail themselves, in order to eradicate the red spots after recovery from small-pox. Nearly at the same time Heidenreich (*Corresp. Bl. bayer. Aerzte*, 1841, No. 1) observed with the electroscope of Bohnenberger and Berzelius the electricity given out in various diseases from the organism. In this treatise it is remarkably indicated that, during the course of the vaccine disease, negative electricity is developed. The affection of the dorsal muscles resembling rheumatic pain, in the antipodes of this disease, viz., small-pox, should almost lead to the conjecture that here *positive* electricity would be produced.

For in the same treatise the observation is recorded that, in rheumatism, positive electricity of the skin is predominant. Even though we can not predicate as known the genesis of various diseases, along with the information that in one group of them the negative and in another the positive electricity predominates, yet unquestionably that information is of great importance. This must be regarded as in the physiological state of that of the muscular and nervous currents always in the light of a concomitant phenomenon only, like the gradations of animal heat in the healthy and diseased organism.

But what induced Richter to point out Opium as the greatest antiphlogistic? I suppose, because it removes, under certain circumstances, the pain, a merely partial symptom, but at the same time an exciting cause of the increase of violent genuine inflammations. I have thus always been unable to reject the idea that by contact electricity the opposite currents that syn-

chronously invade bodies must in their operation neutralize each other; and that, most of all, on the place of application, thus within very small circuits, they are capable of producing the chemico-physical effects proper respectively to the positive and negative pole. Even as a remedy for cataract, the employment of galvanism has not been able to make a way for itself. In this sense I think I must take up the complaint of the worthy Eisenmann which he lately raised against the contempt with which Duchenne and after him Erdmann have treated the effects of static electricity in their lately published writings, Eisenmann, in his critique recalls to memory the so-called "electro-negative bath" of Giacomini, by means of which the produced negative electricity in the organism of the patient was conducted away, and a corresponding *quantum* of his natural (positive) electricity was withdrawn. The employment of this bath is said to remove chronic inflammations, headaches, and neuralgias very speedily.

Although the above sufficiently comprehends the grounds which have led me to the employment of Sulphur ointment for rheumatism, yet it is not uninteresting to examine, one by one, the local remedies prescribed in old and recent works for rheumatic affections, in as much as we shall thereby very shortly become acquainted with the fact (to omit the problematic utility of narcotics) that, at least, a *part* of those remedies consists of substances which by rubbing become electrically negative.

But so long as the *principle* on which is grounded the successful external employment of the said substances for rheumatism was unknown, it is clear that they could only be used with the desired effect by mere accident; nay, that at last the authoritative scepticism at present so fashionable is enough to deter physicians from further researches into the true value of these remedies. Thus Sulphur, for the rational internal use of which I am prepared to bring forward some further notices, perhaps very soon, has received, in one of the most widely circulated handbooks on *Materia Medica*, the epithet of a "*Sinecurist!*"

The *Oleum Terebinthinæ crudum* has, as far as I know, been first used by veterinary surgeons for rheumatism in horses; and

its resinous properties ensure its effect. The rectified oil, whose use the human doctor may have pardonably preferred, suffers by the rectification the loss of its resinous properties, and thereby of its anti-rheumatic powers. Without doubt, therefore, it is only the rheumatic form of ischias, which usually gives way to the external use of crude oil of turpentine.

The *Oleum Succini crudum*, from the use of which its dreadful smell deters one, may be effectual by virtue of the small amount of resin it contains, which is very soon developed by the decomposition of the volatile oil of amber.

The other pure ætherial oils brought into use to cure rheumatism, as *Ol Petræ*, *Ol Dippelii*, &c., at any rate cannot be effectual through detention of the positive electricity, any more than the "*Charta anti-rheumatica*" of the English. The former do not become negatively electric by rubbing, and of course in the method of applying the resins in the form of plaster, there can be no development of electricity.

All these remedies, as well as the *Spiritus formicarum*, the *Tinctura Cantharidum*, the *Linum phosphoratum*, act as local stimulants, and stand essentially on the same footing with contact-electricity, where, as we have said, at any rate, there can be no talk about the detention of an extra-developed kind of electricity of the organism in large regions. One consequence of the external use of the liver of sulphur in the form of a bath is undoubtedly to be expected only when it, either through the entrance of atmospheric air, or else after decomposition by acids, deposits sulphur on the skin of the bather; and this, after the bath, becomes negative electric by continued friction. The occasional addition of sulphuric acid to the natural sulphuretted-hydrogen spas must, on the same principle, enhance their efficacy. And the mud baths, that are everywhere established at the sulphur springs, might hereafter acquire a more rational method of use than is usual, as far as I know, up to this time.

Now, as to my method of employing the *unguentum sulphuratum simplex* to cure rheumatic affections, I must, in conclusion, call attention to a few points.

First, a good deal (say 3 j) must be rubbed in at a time;

then it is necessary that the rubbing be performed pretty briskly with a woollen rag. This necessary condition might the more rapidly remain unfulfilled, inasmuch as the electricity that is developed excites a strong pricking sensation almost amounting to pain (which afterwards becomes weaker with each successive rubbing), and might deter sensitive patients from persevering with this method. Lastly, the rubbing must be undertaken pretty often (at least every half hour), and, after each application, the part affected should be thoroughly protected with wadding. Even in muscular rheumatism it is advisable to keep the patient in an equable temperature. As to the efficacy of this method in the ordinary rheumatic affections (*e.g.*, muscular rheumatism), any one can so easily satisfy himself of that by the frequency of the instances, that a list of individual observations would be perfectly superfluous. The following, however, are cases worthy of special notice.

A married lady, aged 27, who had been troubled now and then with the rheumatic form of prosopalgia for some years, and had tried the usual therapeutic agents each time, with doubtful effect (inasmuch as the pain used to abate of itself after some weeks), was, on the morning of Aug. 20th this year, again seized with an attack of this disorder inside the whole length of the left *trigeminus*. The night before, she had returned home from a party slightly clad and overheated. We began with our method at mid-day. Great as was the sensitiveness at the commencement of each rubbing, the conviction of its efficacy so forced itself upon the patient, that not half-an-hour could pass but she of herself begged for the rubbing. On the evening of the same day the neuralgia had disappeared; a quiet night followed; and, up to this day (September 18th), the affection has not shown itself again.

A servant maid from Bremerhaven was seized, on the 21st of July, with a very painful affection of the right wrist, in consequence of a severe cold which she took whilst scouring. A physician employed on the spot ordered cold fomentations, after which paralysis of the forearm and hand set in. The patient now sought assistance from a physician at Geestemünde, who attempted to conquer these secondary affections by means of

ordinary remedies, but in vain. On Sept. 12th the disconsolate patient bespoke my help. Complete inability to move the joint of the wrist or finger; œdematous swelling of the forearm and hand; and at the same time perceptible cold of these parts: such were the objective symptoms that presented themselves. The patient only felt pain when one tried to move the paralysed limb. On the above named day, recourse was had to energetic employment of the Sulphur ointment. Even on the 15th the forefinger and thumb could again be moved somewhat by the patient.

On the 16th of the same month she was able, compelled by necessity, to handle her knitting apparatus with this same finger and thumb. On the following day, in order to make the surface of the diseased limb more susceptible to the further use of the ointment, I ordered it to be cleansed every day in a warm hand bath.

To-day, Sept. 18th, the patient was able to bend and stretch all the fingers and the carpus; though, naturally, the movements are still feeble. I frankly confess that, ever since I have practised medicine, no amount of success in any one treatment has given me so much satisfaction as the above case.

Immediately before the above observation, the medical oversight of the dock workmen at Geestemünde was at one time confided to me. There the total number may amount to about 1500; so that I had thereby opportunity to try my method very often, and to prove it to be extremely sure. In acute rheumatism of the joints I have not yet had sufficient opportunity of employing it to be able to judge.

In general, as a neuralgia proceeds to neuritis, or a rheumatic hyperæmia of a joint-capsule to gout, the indication is first to lower the character of the stasis, and then, (*sit venia verbi*), to prescribe an anti-rheumatic treatment.

A case, in many respects interesting, of paralysis of the right forearm and hand came under my treatment, Oct. 7th of this year.

In 1856 the boy, now 13 years old, had in consequence of a fall suffered, as was supposed, a dislocation of the right elbow. No traces, however, of such an injury are now to be observed;



the joint is in a perfectly normal state. Four weeks after the accident the patient professes to have progressed so far in the use of the injured arm that he could use it in eating, for instance, quite as well as ever. The acting physician is said to have advised him to exercise the arm as much as possible. On the ground of this recommendation the boy must needs be employed in the potato harvest at Michaelmas of the same year; and thereby brought on (rheumatic) inflammation of the right elbow and wrist, after the termination of which, the said paralysis of the forearm and hand is said to have shown itself. Within the two years which now follow the patient has undergone a variety of treatments, the details of which we may advantageously dispense with here. We must, however, bring forward the fact that, by one of the different physicians whom the patient consulted one after the other during this period, galvanism was also tried for four weeks, entirely without success. In despair over the inefficacy of the rational methods, the distressed parents at last turned themselves to the *ci-devant* post secretary, but then manufacturer of pseudo-medical tracts, Mr. Lutze, of Köthen, who, at any rate, knew how to keep up their hope for three quarters of a year, by dint of magnetic powders and promises, which last always especially referred to such and such a tract. When the boy first presented himself to me (Oct. 7th), the examination of the diseased limb gave the following result. The paralysis of the combined muscles of the forearm and of the hand was complete; the elbow was, indeed, moveable, but the movements were powerless, so that the boy, when urged to move it briskly, unconsciously set the shoulder joint only in motion, and the whole arm wobbled backwards and forwards like the limbs of a puppet when set in motion. Also the nerves of sensation in the paralysed part had, in a great measure, lost their conducting power; one might press and pinch the skin severely without the patient feeling the least pain, only the attempt to bend the hand violently (of which more below) was perceptible to him. The whole arm felt cold, and was in a high state of atrophy; whilst the several parts of it, as to *length*, were not left behind in growth by those of the healthy arm. The breadth of the atrophied palm

amounted to 2''·3''', that of the healthy one to 2''·11'''. The healthy forearm had, midway, a circumference of 5''·10''', the diseased one only 4''·2'''. The circumference of the healthy upper arm, midway, was 6''·7''', that of the diseased 4''·10'''. When I gave the paralysed hand a position corresponding to supination, whilst the forearm was supported in a horizontal position, it fell at right angles from the forearm, without the exertion of any power by the extensors. Now, suppose the hand brought over into the posture of pronation, then it retains the horizontal position of the forearm. In a dead body, it is notorious that, in the absence of fulcra for the hand, and with a horizontal posture of the forearm, the deviation of the hand, in obedience to the law of gravity, from the line of the forearm, is far more striking in pronation than in supination. An exudation or fatty deposit on the bent flexor surface of the wrist, and over the whole extent of the palm, which displayed itself by the doughy condition of the soft parts there, and also by the fact that the attempt to bend the hand forcibly was unsuccessful, and painful to the patient, seemed to me to be the cause. We began with our treatment on the same day (the whole arm and the region of the neck corresponding with the four lower cervical vertebræ were subjected to the rubbing), but were obliged to interrupt it, however, on the 12th October, as the patient on that day showed symptoms of the marsh fever, which had been already raging in this place for months; that is to say, in order not to interfere with the action of the skin, which is so necessary to the favorable termination of this disease, I thought it advisable to limit the rubbing (which evidently involved undressing) to once per day. On the 20th October, when the patient was quite convalescent, I first resolved to resume our treatment for paralysis more energetically, adding to it a local warm bath every day. I now substituted "*lac sulphuris*" (on account of its finer subdivision) for the "*flores sulphuris*." I had a salve prepared in the same proportion by weight as is prescribed for the "*unguentum sulphuratum simplex*," both in the Prussian pharmacopœia and our own. Foreseeing that the otherwise very problematical result of our exertions might keep us long in suspense, I ordered, for fear the

too frequent rubbing might cause erythema, that it should be performed only four times a day. A strengthening diet was prescribed at the same time.

The first voluntary movement, which was in the *extensores carpi*, was already manifested before the breaking out of the remittent fever. The patient was able, whilst the forearm was supported in the attitude of pronation, to raise the back of the hand (but not to stretch out the finger), and also, by relaxing the action of those muscles, to draw back the hand in the direction still peculiar to it, as already observed, during pronation, viz., keeping itself in a right line with the forearm. It was, however, more than doubtful whether in the latter action the *flexores carpi* should be considered to have taken any part, since no contraction of them could be observed; moreover, during supination the hand still constantly dropped at right angles from the forearm, and those flexors in this posture had no power to exercise the smallest influence upon it. As, during the whole of his illness, the patient had been unable to bring it beyond that simple movement, which he had to undertake laboriously, the sad idea forced itself on me that the doughy condition of the soft parts on the bend of the wrist might possibly be the visible indication of a fatty degeneration of the collective flexors.

Nov. 2. I first observed that my patient could, with some straining, effect a slight movement of the third, fourth and fifth fingers towards the extensor side. The nervous impulse was also manifestly received in the region which is governed by the radial nerve, in as much as the movement shewed itself first in the *extensores carpi*, then partially in the general extensors of the fingers and the *extensor digiti minimi*. It was worthy of remark, that just those very fingers alone could execute the extension whose dorsal surfaces are almost entirely supplied by the dorsal twig of the ulnar nerve, whilst the thumb and forefinger, whose dorsal nerves only belong to the radial, remained immovable as before. At the same time, the irritability of the sensitive fibres, whose conducting power had been almost destroyed from the very beginning, was completely revived. The whole arm was sensible of every mechanical stimulus, and the

patient complained of pain at each rubbing. It was also a striking circumstance that, about the same time, an erythema shewed itself only on the nape of the neck; a redness on the upper surface of the arm and hand, but merely transient after each rubbing.

Nov. 7. I adopted an orthopædic remedy which presented itself opportunely, and was at any rate new. The boy was thenceforward several times a day ordered to rock the cradle of an infant (a country practice not even yet banished), an employment which he had to attend to only by means of the paralysed arm (supported by bandages) till it was fatigued.

Nov. 10. Not only the power of extending the said three fingers was pretty strong, but also their flexion was already perceptible. Moreover, there might be observed a contraction, though very feeble, of the *musculus adductor pollicis*, which is supplied from the *N. ulnaris volaris profundus*. Also, the *flexores carpi* contracted sensibly, but as yet were always unable to bend the hand in the least during supination. But the patient could now bear the passive bending of his hand without pain.

Nov. 15. The contractions of the muscles already restored to activity had gained in strength. The *flexores carpi* were indeed not yet in a condition to bend the hand during supination. This function, however, proceeded to revive as the hand assumed a position between pronation and supination. Also, in the forefinger and thumb the power of extension and flexion could be perceived, though with difficulty, and the attempt at pronation and supination succeeded independently, and actually unassisted, with repeated success. At last the boy was enabled to hold up his arm, slightly bent, for a short time in a horizontal posture. At this juncture, when the vitality was fully restored in the sphere of sensation and almost entirely so in that of motion, whilst no adequate reactive development in the vascular nerves was ever manifested, after the above energetic application of a local stimulant, I considered it suitable to employ, with the same views, a local remedy perhaps more exactly corresponding with that sphere. I therefore availed myself (in accordance with my enlarged view of the nature of

the local effect of Sulphur) of an alcoholic solution of the resin of Mastic and Olibanum, which I added to the local warm bath in daily use as before. I need hardly remark that the employment of the resin in the form of salve is erroneous, and that any other resin would answer the purpose equally well; I had however at hand (casually, on other grounds) saturated solutions of the resins of these substances. (The *Spiritus Mastichæ compositus* contains merely the volatile oil of that substance). I was astonished when I remarked, after the abstersion which always immediately followed the bath, and was also effectually repeated, a permanent, beautiful erythematous reddening of the whole forearm and hand.

I feel no hesitation in giving a place in this article to the above notices respecting the progress of the case, as far as I have observed it. From my exposition, every one will easily find out my grounds. The treatment, *in sensu strictiori*, has done its duty, inasmuch as by means of it the motor, sensitive and nutritive system of the suffering arm has been restored to vitality.

It will be in the widest sense of the word a dietary problem, first by restorative feeding up to give gradually more strength to the atrophied substance of the arm, when an increase of bulk can yet be perceived; and secondly, to provide for the progressive strengthening of the limb by regulated or orthopædic exercise. It need scarcely be added that the aim of this problem, viz. the perfect usefulness of the afflicted limb, is still a distant prospect.\*

\* Hufeland, in his practical survey of the best baths in Germany, relates the cure of an obstinate gout (chronic rheumatism) which he had previously combated in vain with every possible internal and external remedy, by a six weeks' course at the baths of Neuendorf. Amendment is said to have occurred during the outbreak of a critical eruption. I have already above communicated my view of the *modus operandi* of the sulphur springs and mud baths. A paralysis of the animal nervous system is, without delay, followed by that of the vegetative. If both functions are gradually restored to activity, each in their appropriate fashion, at last the time must come when each local stimulant treatment must produce its proper effect on the vegetative sphere which is now restored to full activity.

## CHEMICAL ANALYSIS BY LIGHT.

By WILLIAM SHARP, M.D., F.R.S.

THE successful application of *electricity*, obtained by the galvanic battery, to chemical analysis, resulting in the discovery of the metals contained in the alkalis and alkaline earths by Sir Humphrey Davy, in 1808, formed an era in modern science.

The application of *light*, decomposed by a prism, to chemical analysis, just now made by professors Kirchhoff and Bunsen, will form another still more remarkable era.

The discovery is based upon the two following facts:—

Certain substances impart characteristic colours to the flames in which they are heated. For example, if a salt of strontium is dissolved in *weak* alcohol, and the solution is set on fire, the flame is *red*; if a salt of barium, it is *yellow*. This fact is familiarly known.

And when coloured light, thus produced, is analysed by a prism, spectra exhibiting different coloured bands, or *lines of coloured light*, are seen.

These coloured lines are found to be *characteristic* of the substances thus exposed to the high temperature of flame. They therefore constitute an entirely *new method of chemical analysis*.

The apparatus employed consists of a box in the form of a trapezium, containing the prism, and perforated on one side by a small telescope, in the focus of which the substance to be examined is burned in the flame of a Bunsen's lamp, and perforated on the opposite side by another small telescope, through which the ray of light decomposed by the prism is viewed.

This apparatus is more fully described in the number for the present month (August) of the *Philosophical Magazine*; where also the details of the experiments to which I am now alluding are given.

The discovery thus announced will be of the highest interest to the chemist, to the geologist, and also to the astronomer, for it even gives a power to analyse the atmospheres of the sun and of the fixed stars; but it may possibly be of more immediate practical value to the homœopathist than to any of these, inasmuch as it holds out a better prospect of demonstrating the

existence of the remedies used by him when divided into very minute doses, than any previously known method.

It will be remembered that an attempt to accomplish this object by the aid of *electricity*, with an instrument called the magnetoscope, was made a few years ago, but which altogether failed. It was proved by me at the time, that the phenomena produced were attributable to *mechanical* causes only.

I have long thought, that if attempts could be made for the adaptation of *light* for this purpose, they would be more hopeful. The arrangement of the instrument now described seems well suited for some experiments of this kind, and I trust, before much time has elapsed, to be able to make them.

In the mean time—and whether these proposed experiments of mine shall succeed or fail—it is now demonstrated, not only that infinitesimal particles of known substances exist, but that such particles can be analysed, and be made to *exhibit characteristic properties*. This has been effected by a method independent of the careful observation of the action of such particles upon living beings, the only method of examining them previously known. The effects produced by minute quantities of matter upon living bodies have been much doubted, and often denied; the new experiments with prismatic light are not likely to be questioned.

To what extent of subdivision the particles of the substances examined by Professors Kirchoff and Bunsen have been carried, may be learned from a single quotation from the paper I have referred to:—

“In a far corner of our experiment room, the capacity of which was about 60 cubic metres, we burnt a mixture of about 3 milligrammes of chlorate of sodium with milk-sugar, whilst the non-luminous colourless flame of the lamp was observed through the slit of the telescope. Within a few minutes the flame, which gradually became pale yellow, gave a distinct sodium line (bright yellow), which, after lasting for ten minutes, entirely disappeared. From the weight of sodium burnt, and the capacity of the room, it is easy to calculate that, in one part by weight of air there is suspended less than  $\frac{1}{20000000}$ th of a part of soda-smoke. As the reaction can be observed with all possible

comfort in one second, and as in this time the quantity of air which is heated to ignition by the flame is found, from the rate of issue and from the composition of the gases of the flame, to be only about fifty cubic cent. or 0.0647 grm. of air, containing less than  $\frac{1}{20000000}$  of sodium salt, it follows that the eye is able to detect with the greatest ease quantities of sodium salt less than  $\frac{1}{2000000}$  of a milligramme in weight."

Such are the infinitesimally small particles of matter now experimented upon with so much readiness and certainty!

I trust it will interest your readers to be made acquainted, without loss of time, with these new and interesting facts; and, as the direction of scientific inquiry is steadily towards the atomic forces, these discoveries may be followed by others. Thus, perhaps, we may be encouraged to hope that, ere long, the sneer of contempt and the abrupt denial with which the statements of homœopathists have hitherto been met, will be laid aside, and a tone more consistent with reason and charity be assumed.

I may remark, in conclusion, that should the experiments I have suggested succeed, they will supply us with an effectual check upon our chemists, by enabling us at any time to test their preparations.

## REVIEW.

*On the Injurious Effects of Mercury in the Treatment of Disease.* By S. O. HABERSHON, M.D.: Lond. &c. London: Churchill, 1860. pp. 86.

THE tide of scepticism regarding the remedial capacity of medicines administered in large quantities, an ever-changing hypothesis, appears to advance in a ratio directly proportionate to the increase of our knowledge regarding the nature of disease. The so-called heroic treatment, hitherto deemed indispensable for the cure of acute diseases, is gradually becoming shorn of its terrors. First one drug, all potent for evil as well as good, becomes discarded on account of its supposed un-



manageable propensity to the production of serious consequences; then another follows in its train, and so on till therapeutics bids fair to become a system of dietetics, good nursing, anodynes, tonics and stimulants. Errors of commission are in great part becoming renounced; merely, however, to be superseded by those of omission. Fortunately for suffering humanity the latter are far less important than the former.

Unhampered by the complicating and injurious influences of powerful drugs, the organism is in many instances competent to rally from the inroads of disease. The time requisite to this end is doubtless long, the result of the struggle necessarily uncertain; still recovery in acute cases is speedier and safer under the practically expectant method, so rapidly gaining ground at the present day, than under the severe measures in the propriety of whose employment confidence has been so rudely shaken. While, however, we cannot but congratulate our allopathic brethren upon the progress they have made in improving the art of healing, we must remind them that much yet remains for them to learn; there is even yet a vast and most essential difference between the modified plans of treatment they are now inaugurating, and that system of therapeutics which can alone afford them true confidence at the bedside; which alone enables one to obtain an insight into the real nature of the relationship subsisting between the physiological properties of medicine and the pathological conditions met with in practice. When homœopathy comes to be understood, and the *Materia Medica Pura* to be studied by them, they will become aware that many of these remedies they are now abandoning in despair have an importance they had little expected to find in them, and are capable of contributing to results such as they had never dreamed of being able to derive from them. Of these Mercury is one, if not the chief. There is scarcely a single drug in the pharmacopœia that has been so variously prescribed; and it can hardly be doubted that it has inflicted a greater amount of unnecessary suffering than any other that could be named. But given its effects upon the healthy, and the homœopathic law to direct the practical application of these experiments, and that

which was so largely a source of disease, becomes transformed into a health-restoring agent of primary importance.

In the work before us Dr. Habershon has laid bare, with no sparing hand, the very serious consequences that flow from the use of Mercury; the unsatisfactory nature of the various theories which have from time to time been framed to explain its *modus operandi*; the entire absence of the necessity for its exhibition, and the disadvantages which attend its employment in the majority of the morbid states in the course of which it has hitherto been prescribed; concluding with a brief reference to those conditions in which he conceives it to be capable of doing good.

In the first chapter our attention is drawn to the physiological action of Mercury on the glands, mucous membranes, the kidney, bladder and skin, to its influence on the process of nutrition; and to the consequences of its absorption as seen in the salivation, purging, mercurial fever, mercurial erythema, paralysis and cachexia. The description of these several phases of mercurial action is very interesting. When however we reflect that the results here recorded have been derived, not from scientific experiments upon healthy individuals voluntarily submitting themselves to the ordeal of taking this very active and searching drug for a considerable period of time, but from the unscientific treatment of disease, the picture is indeed appalling, and will we trust tend to deter our allopathic brethren from that indiscriminate use of Mercury to which they have been so long and fatally addicted.

In the second chapter the various theories which have been devised for the purpose of explaining the mode in which mercury operates in disease are reviewed. After a brief explanation of each of the several hypotheses advanced by different authors, Dr. H. remarks: "This cluster of names—sedative, stimulant, tonic, special stimulant, entropic, alterative, spanæmic, resolvent—are of themselves indications of the limited extent of our knowledge, as to the precise mode of action of a drug, perhaps more extensively used than any other." p. 16. "It is," says Dr. H., "very generally believed that mercury prevents the effusion of lymph, and if effused promotes its

absorption." On this theory he remarks: "We have sometimes found that the effusion of lymph commences during salivation, as pericarditis coming on whilst a rheumatic patient is under the influence of mercury; and again we have seen in acute pleurisy that the effusion has gone on increasing as long as the mercury was given, and unless discontinued it would probably have destroyed the patient; in these cases instead of acting as a so-called antiphlogistic, it was really the reverse; but in this, as in many other instances, a theory is made beautifully adapted to supposed circumstances, and upon that ideal basis others are built in almost endless variety. Theories of inflammation are made and mercurial action fitted in." (p. 20.) In conclusion our author observes at p. 24: "We must confess that we are not satisfied with any of the theories of mercurial action; and the facts known do not warrant us to state more than that after its introduction into the system in small medicinal doses, the circulating fluid is changed in character, nutritive processes modified or checked, and glandular organs excited to increased action." So that though our allopathic brethren are at length fully cognisant of the baneful tendencies of mercurial action, they are entirely at a loss for a rational theory which will direct them to take advantage of it in the cure of disease. This is one of the many unsatisfactory results of that experience we are called upon to respect from the fact of its having been accumulating during the last 2000 years.

We are brought in the third chapter to the consideration of the more special instances in which mercury is injurious—where in short it has been usually given, but as Dr. H. thinks ought never to be prescribed. The forms of disease cited are as follows. "1. In strumous diseases of the brain, lungs, abdomen, skin, bones, &c. 2. In degenerative changes of advanced life, as atheromatous deposits in the vessels, leading to apoplexy, ramollissement of the brain, &c. in, fatty degenerations of the heart, aneurism. 3rd. In fevers and exanthemata, as scarlet fever, typhus, measles, small pox. 4th. In conditions consequent on exhaustion, whether from over fatigue, preternatural drain, mental anxiety, insufficient food, loss of blood. 5th. In passive congestion of the lungs, uterus, &c., in

states of weakness, and loss of power. 6th. In cancerous diseases. 7th. In degeneration of the kidneys. 8th. In diseases of the mucous membranes it is of very questionable utility, as bronchitis, enteritis, cœcal disease, dysentery, &c. 9th. In diseases called inflammatory, as of the membranes and substance of the brain, of the lungs and pleura, of the pericardium and peritoneum, in croup, &c, whilst in some cases the products of disease become absorbed and health restored, in very many instances the malnutrition consequent on the mercury leads to increased effusion. 10th. In rheumatism and its complications the advantage is not equivalent to the injurious effect." (pp. 25, 26,)

Under each head Dr. H. discusses the reasons why mercury is considered injurious in the disease particularized; and the method of treatment which may be advantageously substituted for it. The homœopathic practitioner will at once recognise, in the several morbid states here brought under notice, various conditions in which he has frequently used mercury with none but the happiest results. He has done so simply because while he has prescribed enough to do good, he has not given so much as would incur the risk of inducing any mercurial disease. Action in the homœopathic law demands small doses of medicine; they are the inevitable consequence of its adoption as a therapeutic basis. How small, experiment alone can decide. The not only obvious failures of allopathic practitioners to administer mercury with the success we are in the habit of doing, but the serious consequences which so frequently follow their practice with it, are very striking illustrations of the danger which is likely to attend the prescription of a homœopathic remedy, at the hands of those who are ignorant of the homœopathic law and its necessary corollaries.

Dr. Habershon concludes his essay with a few observations "on the beneficial use of mercury." He regards it as of great value in cases where the symptoms seem to indicate a retention of the secretions of the liver, kidney, pancreas and numerous small glands of the intestines; as an occasional purge; in enlargement of the liver; as an intercurrent in the dyspepsia and biliary derangements frequently met with in chronic diseases, otherwise contraindicating its employment; in syphilis; in

irritation of the mucous membrane of the stomach, and as a stimulant to some forms of sluggish ulceration. To syphilis, to gastric irritation, and to hepatic congestions, as well as to many other morbid states, mercury is doubtless homœopathic ; and when its use is restricted to small quantities, and its action thus kept within bounds, Dr. Habershon, as well as those practitioners who make the homœopathic law the guide of their treatment, will find it in the highest degree serviceable.

But in these cases its excessive exhibition is as detrimental to the patient, as in any of those cited in the preceding chapter. And indeed in few has its lavish use been productive of so much misery as in syphilis ; where its modified employment is so valuable.

We cannot but regard the publication of so candid an investigation into the effects of a powerful medicine in common use, as a step in the right direction. And we trust, that it will be followed up by similar brochures on other therapeutic agents almost equally detrimental to the animal organism. Such a course of study will necessarily lead to safer modes of treatment ; and must ultimately, conjointly with other, and perhaps more direct influences, attract a greater degree of professional attention to homœopathy than is now bestowed upon it. When such has become the case, all these injurious effects will be found capable of being turned to some more practical account, than the simple abandonment of the drugs producing them.

## MISCELLANEOUS.

### *Case of Diphtheria,*

By DR. SÜSS HAHNEMANN.

MISS S., aged 19, affected with tænia, and of a scrofulous constitution, but otherwise healthy, arrived on a visit from Germany the 16th October, 1858, in London. She seemed to bear the change of the climate at first very well, but during the ensuing winter she frequently caught cold, and on several occasions got ulcerated sore-throat.

Belladonna and Mercurius were always sufficient to restore her health. In the spring, 1859, her health began visibly to decline; she lost colour and flesh, became low spirited, and complained frequently of general debility. Towards the middle of June she again caught a severe cold, accompanied with a great deal of coughing and expectoration.

An invitation to a friend in Essex was readily accepted, as change of air was thought likely to benefit her failing health. However, she became from bad to worse, and after a short stay in the country she returned to London; and on the 2nd of July she was taken to Hastings. This place was, under the circumstances, considered the most suitable spot, and from the fine weather which then had set in, it was confidently hoped and expected that her cold and cough would soon yield to the influence of the mild sea air; but, unfortunately, her friends were in this respect greatly disappointed: her cough, though diminished in the day time, became worse at night, and on the third day after her arrival in Hastings, symptoms of sore-throat began to show themselves. As this was nothing unusual, there was very little notice taken of it at first, but as the next day the difficulty in swallowing increased, I was communicated with. The report I then received being, however, very unsatisfactory, I considered it advisable to go down to Hastings myself, when I found the patient in a very alarming state. During the last two nights she had not been able to sleep at all, so great had been the pain in the throat and the difficulty of breathing; the expression of her countenance was anxious, with staring eyes, and great external swelling of the submaxillary and left cervical glands; her pulse was very quick, skin burning hot, great thirst and loss of appetite; her voice was very feeble, and slightly hoarse, and her cough resembling that of croup. On examination, both the tonsils were found greatly enlarged, and completely covered with a peculiar whitish exudation, which also covered the uvula and the whole velum palati; her breath was intolerably offensive. I removed her myself by the next train to London, where I sought at once the assistance of Mr. Engall and Dr. Dudgeon, who both agreed with me that this was a most severe case of decided diphtheria, the prognosis of which was considered of course very doubtful. With regard to the

treatment, it was thought best to follow the advice of Dr. Madden, and to administer  $\frac{1}{2}$  gr. of Biniodide of Mercury 1, every two hours, as well as to apply locally to the exudation tincture of Muriate of Iron and Glycerine. As for the diet, the most nourishing food was recommended. The painting of the diphtheric exudation caused in the beginning much pain, and seemed at first to render deglutition still more difficult. During the first two days of this treatment, which began 11th July, no alteration whatever took place. Continued fever and cough; no sleep, whilst the weakness and prostration increased; the smell remaining as intolerably offensive as before, so that door and windows had to be kept continually open, and the best disinfecting fluid freely to be used. On the 14th July, part of the exudation on the velum palati was discovered to hang somewhat loosely to the mucous membrane underneath, and a fit of coughing brought it the next day clear away. The treatment was continued as before, with the exception that the medicine was administered in longer intervals.

On the 16th July, another piece of membrane was loosened by the cough, and very soon afterwards expectorated. By this time the fever had much abated, the skin become less hot, deglutition improved, and on several occasions the patient had been able to sleep for a short time; the smell was less offensive. On the 17th July the whole membrane, which had enclosed the uvula, came in one piece away; the Muriate of Iron was now only applied to the remaining part of the exudation. The swelling of the submaxillary and left cervical glands was much reduced in size.

Biniodide of Mercury was still continued in much smaller doses; the diet remained as before. The patient slept now oftener and longer; she certainly gained daily in strength. On the 19th the last piece of membrane came away, and the patient ceased to take the Biniodide of Mercury, and left off the Muriate of Iron. On the next day she left her bed, although unable yet to walk. Arsen. was now ordered to be taken morning and evening, and after this she steadily improved.

On the 22nd the tongue and palate and tonsils, as well as the uvula, were found all at once covered with small ulcers; the patient complained again of difficult deglutition, and had

slight fever, probably the consequence of a cold. The former treatment was at once resorted to, and by dint of great attention and care the ulcers gradually went away again, and had entirely disappeared on the 25th.

The patient was now removed to the country, where she got much better in every respect; still she complained of short breath and inability to lay down at night, which of course prevented her from sleeping. Not finding that benefit which was expected she ought to derive from her stay in the country, she was advised to come to town again, which she did in the beginning of August. She began now to suffer much from palpitation of heart, which made it quite painful to ascend stairs. China and Digitalis seemed to have very little effect, and Mr. Engall recommended therefore Spigelia, from which she derived some benefit; she took gentle walking exercise, but always felt as if her legs were very stiff. In the night from 4th to 5th of August she was suddenly seized with violent palpitations, together with a most ravenous appetite. She thought at first it would go soon off, and did not on that account call the servant, who slept on purpose in the next room; but finding herself getting worse, she attempted to get up, but her strength altogether failed her, and she fainted away.

It happened most fortunately that, from a certain pre-sentiment, I called to see her at this crisis, and found her, as I then thought, in a dying state. I ordered at once some nourishment to be given to her, which revived her a little, and prescribed Arsen.

After this she got slightly better, when I left her; but at half-past eight o'clock I was fetched again, as she had been seized with a most violent attack of cholera. Incessant purging alternated with vomiting; a cold clammy perspiration broke out all over her; fearful cramps seized her in her calves and abdomen, and her countenance had a most ghastly appearance. Six yards of tænia, in one piece, came away during this attack. There was no pulse to be felt, her heart beating most tumultuously, and causing her the feeling as if she should be suffocated every minute.

Spirit of Camphor was freely rubbed on abdomen and calves, whilst hot flannels were incessantly applied to her cold limbs.



Veratrum was prescribed as medicine, yet on drinking the slightest quantity she began to retch directly. The bowels became by and by calm, whilst small pieces of tænia continually came away. As the patient felt very thirsty, ice was ordered her, which seemed to relieve her much. Dr. Dudgeon and Mr. Engall met me again in consultation, and both gentlemen had not the slightest hope for her recovery.

The sickness continued on and off all day long, and during the following night, which I sat up with her : occasionally she kept a teaspoonful of mutton-broth on her stomach. In the morning of 6th August she began to be seized with spasms again, which were only relieved by rubbing her stomach with Cognac. As this had almost a magical effect upon her, she desired to have all her limbs washed with Cognac ; and by repeating this process frequently during the day, she rallied wonderfully ; even her heart began to beat regularly, and her sickness ceased entirely towards the evening. Veratrum was continued, under the influence of which she decidedly improved. Her face and body, however, began to swell, and she felt quite uncomfortable from it. In her legs she had a most curious sensation, as she expressed herself ; in fact, she hardly felt them—they were like dead, and could be moved only with great difficulty.

Arsen. was here considered the most suitable medicine, which also removed gradually the swelling of body and face, but did not improve her legs. At the end of the week she could sit up again, and during the following week she left her bed : her legs had slightly by this time become stronger, but still she felt as if a straw could make her to stumble. Cocculus was now ordered to her, and under the action of this remedy she remained up to the end of August, when she could take a little walking exercise ; her walk appeared, however, very shaky and uncertain.

Fearing that the autumn in England would be very detrimental to her health, and retard her recovery, it was resolved to send her home again. By the 19th September she was so far restored as to be able to undertake the journey ; but, although she travelled with all the comfort which it was possible to afford her, and her brother took the greatest care and paid the most unceasing attention, yet the journey from London to her native

place, Dresden, had been too fatiguing to her, and on her arrival home she lost again the entire use of her legs. Dr. Trinks was then consulted, under whose skilful treatment she at last recovered the use of her limbs again, and feels now as well as ever.

*Report of the Proceedings of the Meeting of the Société Médicale Homœopathique de France, held Jan. 16th, 1860. President, Dr. DAVET.*

(From the *Bulletin de la Société Médicale Homœopathique de France*, Vol. I., No. 1.)

DIPHTHERITE.

Dr. Escallier communicated the following case.

A child aged 4½ years. Constitution lymphatic; subject to coryza and bronchitis, especially in winter. The parents took the present attack, which had lasted eight days, for influenza. The child was very pale, with sero-sanguinolent discharge from nose, puffy face, and fœtid breath; submaxillary glands swollen on both sides. On examining the throat (of which he had not complained), the sides of the mouth and tonsils were found to be coated with false membrane, and the spoon was covered with membranous shreds, soft and bloody; voice slightly altered; cough thick; sometimes a mucous râle in the larynx; no sibilation nor croupy cough; pulse 92, soft, pretty full; little thirst; no appetite; a clear case of diphtherite of a week's standing, which had commenced with the nose, invaded the mouth, then the pharynx, and was advancing fatally to the larynx. Merc. sol. 6, every two hours. Next morning, slight hoarseness of the cough, and greater alteration in the voice. Hepar and Lachesis alternately. At night, a fit of choking, with mucous obstruction of the upper part of the larynx, required Tartarus emet. as a mechanical agent, which produced calmness for half a day. During the three next days the child took, successively and alternately, Hepar, Tartarus (3 and 5 trit.), Lach. 5, then Bromine 3. No sensible aggravation—even some amendment in the mouth and pharynx; but the voice altered more and more; cough, still thick, was oftener hoarse; pulse still high, with aggravation towards 3 o'clock A.M. and P.M. Arsenic 5 subdued this, and caused six hours of very perceptible amendment. Next, Hepar and Arsen. 24; but in twenty-four hours after the pulse was small, weak and very frequent;

larynx more and more choked with mucus, but without sibilation or fits of suffocation; and the little patient expired after fourteen days illness and seven of treatment. Dr. E., from this case, classed diphtherite with severe fevers, especially of the eruptive class, recommended general treatment, with attention to the local and characteristic sufferings as *secondary*, and condemned the recent discussion in the Academie de Medecine, where cauterization, canulas and tracheotomy were spoken of as if it were a simple local affection of the upper air passages. The mother of this child had lost a sister by phthisis, and two younger brothers by acute cerebral disease, and the dwelling was ill-ventilated. Dr. E. had cured three out of five diphtheritic cases (four of them croup) since he had adopted homœopathy. In two of these Lachesis, alternated with either Merc., Hepar, or Tartar, was the chief remedy. In No. 1 the disease was arrested without reaching the larynx, and without cauterization, and the child was out of danger the very day that a little neighbour, treated exclusively by cauterizations, died.

No. 2. A child 8 years old. The disease had lasted six days, and had reached the larynx, in spite of cauterization united with homœopathy. The first doses of Tart. 3 and Lach. 6 arrested the suffocation; some membranes were expelled, and the cure was effected, with loss of voice for two months.

Dr. Cretin's experience confirmed Dr. Escallier's statement; he had also seen, constantly, similar results where diphtherite invades the organism when reduced by a long illness.

A CASE.—Commenced with sore throat and swelling of the left tonsil. A physician prescribed Bell. 1, every three hours. Two days passed without aggravation; but on the third the child's case became suddenly alarming, and Dr. C. was called in, the other being absent. Great prostration; submaxillary glands exceedingly swollen on the left, and that tonsil enormously prominent and covered with a white, pearly, false membrane, which could not be torn away; skin dry, not very hot; pulse 120; tongue furred. Hourly drops of Bell. (mother tincture), Lach. 1 alternately. Next day the doctor had returned and exchanged Lach. for Hepar. 1. By evening the membrane was reduced to a kind of jelly, and next morning had disappeared; the tonsil retained its dimensions, and in three days suppurated: the child seemed cured, but in two days the right tonsil was inflamed, and ran the same course. On the 10th day from the first attack all seemed restored to order, the throat free, deglutition easy, but *no return of appetite*. The skin continued dry;

pulse 100 to 108; the child extremely feeble. No relief from Nux, China, or Arsen. Dr. C. adds, "from that time forward I feared the worst. I have long been convinced that, in membranous angina, as in severe fevers, the issue is rarely favorable, unless convalescence is *prompt*. In this case my predictions were too true; the child died after six weeks of continued exhaustion; the digestive functions not being restored; cough incessant, from no cause indicated by auscultation; fever continued, without notable aggravation; skin dry, like parchment; and emaciation having proceeded without interruption."

Another case of Dr. Cretin. A girl, 11 years old. Diarrhœa for six weeks had resisted opiates, astringents of all sorts, and chalk mixtures. At last Professor Trousseau, in consultation, prescribed pills and injections of Nitrate of silver, quite in vain. He tried Ipec., Calomel, and, at last, injections of Sulphate of copper; the aggravation was so great that one of the doctors pronounced death approaching. In despair they had recourse to homœopathy. I found the child in actual marasmus, with skin dry, features drawn, emaciation extreme, with enormous distension, which seemed due not to tympanitis, with obstructions of the mesenteric glands. The tongue and mucous membrane of the mouth and pharynx were covered with little white patches of membrane, difficult to detach. Was this plastic exudation the result of a poisoning of the system (intoxication), produced by an intestinal affection continued for several weeks?—or, ought it to be ascribed to the general and local effects of the medicines? This is what I intend to ascertain by experiment. I shall place a vigorous and healthy animal, say a dog, under the same treatment as that unfortunate child; I doubt much if he will survive the course. Be that as it may, Merc. cor. and Nux diminished, but did not remove, the diarrhœa. Notwithstanding some gleams of hope, neither strength nor appetite returned. Sulphuret of mercury at first diminished the aphthous patches, but soon failed. Cough set in as severe and obscure as that in the previous case. Diarrhœa continued; aphthæ covered the alimentary canal to the very anus. After six weeks of treatment the patient sank from gradual wasting.

The doctor compared the resemblance of these two cases, *originally so different*; noticed other cases where tracheotomy was tried in vain; and also where typhus, after running its course, was not followed by a speedy rally; and ascribed death in all these to the same cause, viz., *a poison infecting the general system, and not the*

*local disorder*: he protested, from sad experience, against cauterization, and quoted M. Marchal to the same effect; recommended homœopathic treatment exclusively, unless where tracheotomy is—*very rarely*—a vital necessity; advised *prevention*, referring to the case, neglected as mere sore throat, and to three others, fatal through neglect.

He then reported the case of a child four years old, at first treated for simple amygdalitis, and then, for ten days, with astringent gargles, alum, chlorate of potash and nitrate of silver. Then, as usual, M. Cabarrus was called in, in despair. In his absence, Dr. C. gave Bell. and Lach. with remarkable improvement at first; but this not continuing, Lach. was exchanged for Hepar. In the night, great aggravation; next morning marked oppression; laryngo-tracheal râle, prolonged in expiration; face pale; extremities cooling; no anæsthesia nor imminent suffocation, but diphtherite had reached the larynx and the doctor ordered Tart. emetic as an emetic. Meanwhile Dr. Bouchut had been called in and left his "tubes" (lately brought into notice) in case of extreme urgency, but confirmed the prescription of Tart. emet. in a large dose. The tubes were not used. The patient died in two days.

A girl, 11 years old, took a cold in the head on Saturday, and on Sunday went out with her parents. On Monday lassitude and slight sore throat were ascribed to fatigue. The symptoms continuing on Tuesday, a doctor was sent for, who did not see her till Wednesday afternoon. Pharyngeal diphtherite was extensive. The most active and rational means merely arrested its progress at first; it spread to the larynx, and that day week the child died of croupal asphyxia. Four days of inaction had given the poison time to penetrate the organism, and to render it proof against the action of the medicines.

Another child, three years old, after four days of neglected prognostics, was carried off in twenty-four hours by a croup of great intensity. Bryonia and Tartar emet. were unavailing.

Dr. Cretin, in conclusion, pressed the maxim *Principiis obsta*, believing that diphtherite of the larynx (*i. e.* croup) is not cured so often as is supposed, even by homœopathy. M. Raymond contended that croup and diphtherite are totally distinct; croup being almost confined to children, and especially the robust and well fed, and attacking the larynx at once. The false membranes are strong, dense, fibrinous, often organized. Principal symptoms a sharp hoarse cough, which is afterwards stifled, with spasms of the larynx,

and at last asphyxia and suffocation. Diphtherite (*l'angine couenneuse*), on the contrary, is *common to all ages*, and especially selects feeble lymphatic subjects, living under the most unfavourable conditions, and with defective vitality. The false membranes here are formed by a thin pultaceous exudation, rather mucous than fibrinous. When diphtherite is confined to the upper part of the larynx (which it seldom goes beyond), one never observes the sharp sibilation of croup, nor the spasms and *fits* of suffocation (see case reported by Dr. Escallier), but a kind of "rhoncus mucosus," and marks of slow and progressive asphyxia.

Dr. Curie identifies, with Dr. Cretin, croup and diphtheria, ascribing the difference in the respective membranes to their situation in each case, and the difference of the asphyxia to its suddenness in laryngeal affection. He asked whether, in contagions, the two supposed diseases did not equally transmit each other, the affirmation of which he considered as decisive of the question. M. Cretin, without denying the distinct *forms* insisted on by M. Raymond, considered them, with Dr. Curie, as forms of the *same disease*, depending on the constitution and condition of the subjects, and calling for variations in the treatment. He pressed the fact that when, in "croup," the suffocation is prevented by tracheotomy, the patients very often sink slowly in an adynamic state, just as in "diphtherite." M. de la Pommerais had often seen, in the hospital for children, a robust child with croup enter a ward where no diphtherite existed, and next day *pharyngeal or nasal diphtherites broke out amongst the sickly ones*. Again, in a family, he saw a child die of "diphtherite" without "croup," and the *latter* form at once broke out in the two other children.

M. Serrard hinting that *treatment* would clear up the question, M. Raymond observed that Bell. 6 had succeeded best in the pharyngeal disease, when epidemic, at Chalons, in 1856. As for croup proper, he had seen wonderful effects from Iodine mother tincture, 6 drops in 150 grammes of water, a spoonful every hour.

M. Cretin saw no proof of distinct disease in the success of these separate remedies. We too often look for "specifics" in the mistaken sense of the old schools of medicine.

M. Curie was disposed, if there *must* be a "specific" admitted for diphtheritic affections, to claim the merit for Bryonia, having only lost one case out of twenty-five, in the winters 1857-8 and 1858-9. For the dose he gave a child six years old 6 drops of the mother tinc-

ture in eau sucrée, during 24 hours, in fractional doses every hour, and that throughout the treatment. Generally the malady is arrested in twelve hours, *i. e.* false membranes cease to form, respiration is freer, and the mucous surfaces less dry. Thenceforward, all that is not yet organised gradually separates, and generally in 48 hours at the latest the false membranes *which have any consistence* begin to detach themselves; and this goes on perhaps for a fortnight, whilst others disappear completely in from 48 to 72 hours. He objected to tracheotomy, unless where death from suffocation is imminent. In the absence of M. Teste, he acknowledged our obligations to him for having, some years ago, made known the value of Bryonia alternated with Ipec., though he (M. Curie) gave all the credit to the Bryonia.

M. Curie mentioned having (after the challenge given to homœopathy by the Academie de Med.) written to the President, simply proposing the above named treatment, not only was this letter not acknowledged, but *never even made known to their own members.* "The Academy (observed the Doctor dryly) seems to have a mamma who prevents her daughter from reading dangerous works."

After some desultory conversation on the wisdom of adhering to one remedy when it was of any service, and on the respective claims of Lachesis, Bryonia, Bromine, Bromuret of mercury, "eau bromée" and Iodine, M. de la Pommerais regretted that the meeting had completely neglected the importance of antipsoric treatment in dealing with these maladies, and the meeting broke up at eleven o'clock.

#### *Action of Helleborus and Veratrum.*

Professor Schroff has been instituting a series of experiments to determine the physiological effects of Helleborus and Veratrum. The following are the results of his investigations:—

**HELLEBORUS.** 1. The fatty oil bears no share in producing the effects.

2. The possessor of the narcotic action is the bitter principle which appears in the crystals of the alcoholic extract.

3. The acrid principle has not yet been separated.

4. The narcotic principle does not affect the nerves of sense nor the other cerebro-spinal nerves. It differs in this from Veratrum. It resembles colchicum, digitaline, aconitine, but it does not produce such a paralyzing effect on the heart.

5. The acrid and narcotic principles have a strong affinity for the intestinal canal. They can cause emeto-catharsis with choleraic collapse, but not gastro-enteritis.

6. Neither *Helleborus* nor *Veratrum* belong to the drastics, but to the narcotico-acrids.

7. In diuretic action, *Helleborus* is superior to digitaline and colchicum. *Helleborus niger* is uncertain, *H. viridis* is better, *H. orientalis* is best. (Our *H. niger* is not the legitimus of the ancients.) *H. fœtidus* is uncertain, fickle, variable in its preparations. *H. viridis* most resembles the *orientalis* of the ancients.

8. The best preparations are the extracts; the watery extract contains especially the narcotic; the alcoholic, the acrid principle.

Schroff contests Hahnemann's views that the *H. niger* was unknown to Hippocrates, and that the *H. niger* employed by the later Hippocratic authors was the same as ours. Schroff contends that it was the *H. orientalis*.

In the druggists' shops different species are generally to be found mingled together, especially the *H. niger* and *viridis*.

**VERATRUM.** 1. The various localities where it grows have no effect on its action.

2. The roots proceeding from the rhizoma are stronger than the cortical substance and the central substance of the main root.

3. The active constituent parts of the root are in the cortical substance; the heart of the wood is inactive.

4. There is no difference between the action of the cortical substance and that of the central substance of the rhizoma.

5. The rootlets act more intensively and differently from the main root, like veratrine. Death was preceded by convulsive actions of all kinds, which are not observed with the rhizoma. The seat of veratrine is therefore to be sought chiefly in the cortical substance of the rootlets. In the rhizoma there is less of it, but there is another, the principle that causes reflex paralyses.

6. There is no volatile principle. The fresh root behaves precisely the same as its powder many months old.

7. *Veratrum* causes only a transient hyperæmia in the place it acts on; if its action be more intensified, it causes a rapid degeneration of the gastric mucous membrane, but not gastro-enteritis.

8. *Veratrum* causes nausea and vomiting; its purgative action is uncertain.

9. It diminishes the respiratory function more than *Aconite* or *Digitalis*.



10. It acts on the medulla oblongata, causes reflex spasms and reflex paralysees, especially convulsions.

11. A drachm of the fresh root is equal in power to a grain of veratrine.

12. The alcoholic extract acts about half as strongly as veratrine.

13. The root is two or three times stronger than the rhizoma.

14. Helleborus and Veratrum are quite different. The first acts more on the ganglionic system, the last on the spinal cord.

15. Sabadilline only differs from veratrine quantitatively: it is weaker.

16. Veratrum nigrum acts more weakly than V. album; otherwise their action is identical.—(Hirschel's *Hom. Klinik.*, ix. 14.)

*Dr. C. Bernard on Experimental Pathology.*

In our April number we called attention to the third and fifth lecture of M. Claude Bernard on Experimental Pathology and Operative Physiology. To those interested in operative physiology these lectures will afford much pleasure, as well from the success of the operations as from the carefulness and tenderness the lecturer always exhibits towards the animals that are being operated on.

In this place we mean to refer specially to the lectures on Experimental Pathology. Lecture VII., "On Catalysis," contains many important facts bearing on "the chemical agents of disease in the living body." This lecture is "entirely devoted to the study of certain affections in which nervous influence does not appear to interfere—we allude to septic, virulent, and contagious diseases." Dr. Bernard's experiments abundantly prove "that animals debilitated by want of proper nourishment submit less readily to the agency of certain poisons than others in a vigorous state of health." This the practitioner has every day opportunity of confirming: the weak and delicate resist the inroads of fever and malaria with a power that is altogether unknown to the healthy and robust. This also we have often observed in the homœopathic treatment of disease: the more robust the patient, and the more sudden the attack, the greater the power exercised by small doses of medicine; while, on the other hand, the weaker and more emaciated the patient, the more stubborn and intractable is his disease to the action of remedies.

Our limited space forbids our dwelling on the many facts and illustrations exhibited in the present lecture, or from doing more than simply noticing the eighth lecture, which treats of "Diseases arising from the Vitiated Development of Cells." This last needs to be studied as a whole, and is replete with much that is sound in doctrine and beautiful in experiment.

Lecture X., "On the Rational Principles of Therapeutics." These, as the author informs us, "from their very nature, are intimately connected with the foundations of medicine itself," and form "a science towards which converge all the other branches of the healing art; for the restoration of health to the sick must evidently be the ultimate end of all the physician's endeavours; and in this manner alone can he fulfil his noble mission."

From the earliest period of medicine, we find the medical body divided in opinion as to the duty of combating disease by powerful remedies, or by leaving the cure to nature. There have been—as there probably ever will be—expectant and heroic treaters of disease.

"The notion entertained of the *vis medicatrix*, or healing power, by the ancient physicians, was that of an innate tendency or instinct residing within the organs of the living body, and which, after they have been disordered through morbid influence, led them by degrees to resume their former state. It was therefore believed that, whenever man interfered in the struggle, his part should exclusively consist in favouring those efforts of nature which tend to the re-establishment of health; and thence arose the doctrine of crises and critical days, which in the writings of Hippocrates holds so prominent a place. He supposed that, at certain stated periods, the evacuation of the *materies morbi* was spontaneously accomplished through some extraordinary discharge."

Bringing down his studies to later days, M. Bernard contends that, while both the heroic treater and the partisan of the *vis medicatrix natura* have "truth to some extent on their side, still it would be dangerous for medical men to attach themselves exclusively either to one opinion or the other. It is true Nature frequently exerts herself in the cure of disease; but her efforts are often impotent and ill-directed, and stand in need of the assistance of art."

The assistance art supplies is in the form of medicine; and this medicine is given with a view to modify the course of the diseases. By means of medicine, the practitioner hopes either to gain the

return of health, or delay the progress of death. Hence M. Bernard observes: "It is indispensable for every medical practitioner who desires to be unfettered by the trammels of a slavish empiricism, to ascertain their precise action, in order that he may be in a suitable position to use them when an occasion shall present itself."

On the important and interesting question, What are medicines? we cannot enter at length; but would notice in passing, "that medicines are foreign substances introduced into the economy, there to determine such and such phenomena: it is therefore the nature of their action which it is our duty to specify."

M. Bernard, in seeking to determine what are medicines, remarks that "all medicines are in their nature poisons; the only difference between the two consisting in the extent of their action." Our author asserts that "those substances which already exist in the physiological state in the system, are *null* in their effects, being neither useful nor otherwise in the re-establishment of health when it is deranged."

On the action of medicine, M. Bernard treats us to much that is curious and instructive, as to the effects of the introduction of putrid substances into the veins; as to the power of regeneration possessed by the entozoa and various kinds of polypi; as to the reproduction of lost tissue in man; and then goes on to state that various opinions have been held as "to the *modus operandi* of each medicinal agent."

"For a long time it was believed that the medicinal substance, penetrating to the interior of our organs, addressed itself directly to the morbid principle, with a view to neutralising it: mercury addressing itself to the syphilitic virus, acids to the principle which generates scurvy." Of course all can see that such a theory of medicinal action as this is altogether false; and M. Bernard demolishes all such theories with great force and ability.

Then comes the doctrine of another sect, who seek to explain medicinal action on purely chemical grounds. Others attempt to explain the action of certain medicines by endosmose, while others cling to elective affinity; but all these theories M. Bernard declares to be unsatisfactory, and that the *modus operandi* of medicines is yet to be explained.

The review of this subject we propose more fully to develop in our next number.

*Ergot of Rye and Belladonna in Congestion of the Spinal Cord.*

C. E. BROWN-SEQUARD, M.D., F.R.S.

In a Lecture entitled *Prognosis and Treatment of Myelitis, of Spinal Meningitis and of Spinal Congestion*, he says—"The two remedies most powerful in diminishing congestion of the spinal cord are Belladonna and Ergot of rye. Experiments upon animals have shewn to me, in the most positive manner, that these two remedies are powerful excitants of unstriped muscular fibres, in blood-vessels, in the uterus, in the bowels, in the iris, &c. Both of them dilate the pupil; both are employed with success to produce contractions of the uterus; but each of them has more power in certain parts than the other, so that we find Belladonna acting more than Ergot on the blood-vessels of the iris (which is the principal cause of the dilatation of the pupil), on the blood-vessels of the breast (which is the principal cause of the cessation of the secretion of milk), on the muscular fibres of the bowels (which is the mode of its action in cases of strangulated hernia), on the sphincter of the bladder (which is one of the causes of success against nocturnal incontinence of urine), &c.; while on the contrary, we find that Ergot acts more than Belladonna on the muscular fibres of the womb, on the blood-vessels of the spinal cord, &c. We cannot here give the proof of the exactitude of these assertions on the mode of action of these two remedies, but we must at least answer an objection which probably will arise in the mind of many persons. It will be asked—how is it that, of two remedies that are able to excite contractions in smooth muscular fibres, one produces them more in one place, and the other more in another place? The answer to this objection is indeed very simple. The excitability of smooth fibres, as well as that of striated muscles, varies exceedingly in different parts of the body. An exciting agent (whether it be galvanism, cold, heat, or Belladonna and Ergot of rye) will produce powerful contraction in some places, and hardly any in other places. The smooth fibres of the uterus contract more than those of the bowels or the bladder, and less than those of certain blood-vessels when stimulated by galvanism; the smooth fibres of certain blood-vessels contract more than those of the uterus under the excitation of cold; still more, the blood-vessels of the cerebral lobes and the face, which contract so much when their nerve (the cervical sympathetic) is irritated, contract but very little when excited

by Belladonna and Ergot, while these two excitants produce powerful contractions in the blood-vessels of the spinal cord.

“Not only have I seen the diminution in the calibre of blood-vessels of the pia mater of the spinal cord taking place in dogs after they had taken large doses of Belladonna or Ergot of rye, but I have also ascertained that the reflex power of the spinal cord (most likely as a consequence of the contraction of the blood-vessels) becomes very much diminished under these two remedies, which in so doing act just in the opposite way to that of strychnine.

“Led by the knowledge of the above facts, we have employed Belladonna and Ergot of rye in cases of paraplegia due to a simple congestion or a chronic inflammation of the spinal cord and its meninges, and we have obtained a greater success than we had dared to hope for. Whatever be the value of our experiments on animals as regards the mode of action of these remedies, it is now certain that they have really a great power in diminishing the amount of blood in the spinal cord and its membranes.”

Again, speaking of ulcerations and sloughs on the nates, sacrum, or other parts, he says—“Led by the view that sloughs are chiefly due to an irritation of the vaso-motor nerves, producing alterations in the nutrition of certain parts of the skin, I have thought that alternate applications of cold and heat to the parts where there is a threatening of sloughing, by acting upon the blood-vessels, so as to produce in them considerable contractions and dilatations, might prevent the effects of the irritation of the vaso-motor nerves in the spinal cord, and the success I have obtained shews that this view is probably quite right. The means I propose is the alternate application of pounded ice in a bladder, and a warm poultice, the ice to be left ten minutes, or less, and the poultice an hour. It is in cases of fracture of the spine, followed by myelitis, that I have employed these means, but hitherto only on animals.”

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### *Phases of Allopathic Faith.*

The special correspondent of the *Lancet* at Paris says, in reply to some remarks in the *Gazette des Hôpitaux* to his strictures on the general character of the hospital practice at Paris—“But let me inform this journal of a fact which it seems to ignore, and this is, that there exists in medicine as in religion, an atheism—an absence

of conviction—an unsteadfastness of creed, fully as dangerous in its influences as is socialism in the political sphere; and that this absence of definite principle, this recklessness, is engendered by the very capricious and experimental style of treatment to which I referred in my letter. Let me give you a little sketch of his own confrère, traced by a French physician, one of the notabilities of the present day. I own that it is somewhat overdrawn; but though a caricature, it is still very like. An hospital physician, says my friend, goes through three phases of conviction. He enters the career at thirty, let us suppose; he is then full of hope, places the most sanguine reliance on the omnipotence of the *Materia Medica*, has at his fingers' ends twenty remedies for each disease, has a counter-agent for each symptom, and passes fifteen years of his life in trying a legion of drugs with more or less success or disgust. In the second stage, at forty-five, on returning to him again, we find a sadder, but a wiser man; he has no longer the same indiscriminating confidence in the power of drugs; he has had many disappointments; his praises of the *Pharmacopœia* have gradually grown fainter and fainter, and he has discarded all his imaginary specifics. Two or three medicines, however, have proved less faithless than the rest, and these he uses *à tout propos*—adding, in his moments of conviviality, 'these are his sheet-anchors, and for all the rest he does not care—a fig.' At length our friend attains the age of sixty; his head is wonderfully clear, and between his intellect and his experience he ought to be an excellent therapist, and render valuable services to the cause of humanity. How now? Apathy, incredulity, *médecine expectante*, in place of energy, confidence and vigorous treatment? Yes, so it is, alas! the career begun with hope and vigour, terminates in discouragement and inaction! Now I do not mean to give to the above a general application, but there is so much truth in the portrait, that I have reproduced it for your contemplation.

#### *Aloes in Gonorrhœa.*

Dr. Gamberine, of Bologna (Lectures on Clinical Surgery at the Hospital St. Ursula) in that city, reports great success in gonorrhœa, by means of injection of diluted tincture of aloes. It is said to cure the discharge even in the most refractory cases, more rapidly than the usually prescribed astringents. The formula is as follows:—*Rx* tr. aloes ʒiv.; aquæ ad ʒiv.; m. ft. lotio; ter in die injicend.—*Lancet*.

*Registration of Medical Students.*

(Letter from Dr. FRANCIS HAWKINS.)

Sir,—A good deal of uncertainty appears to prevail as to the regulations proposed by the Medical Council respecting the general education and examination of students. This uncertainty has probably been increased by the circumstance that in the Report of the Committee on Education, as it appears in the 24th number of the Minutes of the General Council, the present year, 1860, has through a misunderstanding, been fixed for the compulsory registration of students, instead of, as it should be, the ensuing year, 1861. I think, therefore, that it would be useful and acceptable to many of your readers if the following resolutions of the Medical Council, which bear upon the subject in question, were placed before them in the following order.

“ 6. That after October 1st, 1861, all medical students be required to be registered.

“ 8. That no student beginning professional study after September 1861, be registered, who has not passed an Arts examination in conformity with resolutions 2 and 4; viz.—

“ 2. That, so far as may be practicable, testimonials of proficiency granted by the national educational bodies, according to the following test, be accepted, with such additions as the Medical Council may from time to time think proper to make: A Degree in Arts of any of the universities of the United Kingdom, or of the colonies, or of such other universities as may be specially recognised from time to time by the Medical Council. Oxford Responsions or Moderations. Cambridge previous Examinations. Matriculations. Examination of the University of London. Oxford Middle Class Examinations, Senior and Junior. Durham Examinations for Students in Arts in their second and first years. Dublin University Entrance Examination. Queen's University, Ireland, two years' Arts course for the Diploma of Licentiate in Arts; Preliminary Examinations at the end of A. B. course; Middle Class Examinations; Matriculation Examinations. An examination by any other university of the United Kingdom, equivalent to the Middle Class Examinations of Oxford and Cambridge.

“ 4. That students who cannot produce any of the testimonials mentioned in the second resolution, be required to pass an examina-

tion in Arts, established by any of the bodies named in Schedule A. of the Medical Act, and approved by the General Council; provided that such examination shall be in every case conducted by a special board of examiners in Arts."

I am, Sir, your obedient servant,

FRANCIS HAWKINS.

*Medical Registration Office, Soho Square.*

London, August 15, 1860.

—*Lancet.*

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### *Medical Bourbonism.*

The same day on which we read in the daily papers the telegram announcing Garibaldi's triumphant entrance into Naples amid the enthusiasm of the populace, we received a private despatch through the penny post to the effect that the British Medical Association had expelled one of their members, Mr. Josiah Pritchard of Bristol, in consequence of his avowal of a belief in homœopathy. Evidently however low the Neapolitan Bourbon may have fallen, medical Bourbonism still reigns triumphant here. It possesses all the strongholds, it expels or excommunicates whom it likes. It has learnt nothing however much it may have forgotten during many years past, and it presents the anomaly in the scientific world of refusing to hear a word about reform while every other science is advancing in the path of improvement with gigantic strides. Does an individual reared in its bosom hint that he believes it to be not quite perfection, there is no place for him in the Bourbonic stronghold. He must be expelled, lest he contaminate the faithful garrison, or seduce some of the partisans of medical Bourbonism from their allegiance. Naples has deposed the Bourbon and received Garibaldi with open arms; old medicine still sticks to Bourbonism, and thrusts the revolutionary free-thinkers away. The representatives of all the other departments of science have repeatedly urged, both by precept and example, the adoption of reforms by the allopathic Bourbon, but hitherto in vain. When a theologian (like Whateley), a mathematician (like De Morgan), a chemist (like Gregory), a philosopher (like Sir W. Hamilton), have urged the necessity of progress and pleaded in favour of the admission of homœopathy, the answer they have each and all received is to mind their own business and not interfere with



the established and traditional mode of Bourbonic government. Bourbonism knows best how to manage its own affairs, and has no need of extraneous advice. And so medical Bourbonism goes on in the old way, or rather stands stock still on the old spot. It cannot be blind to the defections that are daily occurring in its camp, but it pretends to treat them with contempt, and either takes no notice of them, or now and then sends a shot after the retreating traitor.

What will be the end of medical Bourbonism? Mayhap the recent extinction of its Neapolitan prototype may shadow forth its own fate. Its array of adherents wears a brave look at present. Tall well-dressed fellows, apparently well-armed, and commanded by smart-looking "tightly drawn-in" officers. All would appear to presage a strong force and a long reign. But how among the people—the non-medical public? Alas! there are strong and unmistakable signs there of disaffection and discontent. Already, looming in the distance is a body of enthusiastic rebels, very few of whom has a diploma in his pocket, but who notwithstanding have the audacity to believe themselves a match for the regular troops. They advance confidently; the regulars affect to despise them. An occasional expedition is sent out against them, but always returns terribly mauled. The rebels have friends and abettors in the very stronghold of allopathy, desertions occasionally occur from the regular army, though the deserter has sometimes to run the gauntlet of a fearful discharge of allopathic artillery in order to gain the rebel camp. Each allopathic hero that marches out to attack begins by affecting the utmost contempt for the enemy, and swears he will annihilate the irregular rebels; and indeed frequent bulletins are published in which this desired result is said to have been accomplished; but somehow or another no one believes these reports of the destruction of the revolutionists. Indeed the latter very soon give indications of their existence, and every day sees them gaining more adherents and establishing their position more firmly. How the struggle must end is doubtful to no impartial on-looker. Medical Bourbonism, like its political antetype, is an anachronism and an impossibility in the present day. It is doomed to perish and to disappear before the advancing army of scientific progress.

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*On the Treatment of Alcoholism.* By Dr. SMIRNAFF.

Dr. Smirnaff states that he has become convinced, by repeated trials, that the *Asarum Europæum* well deserves the reputation it has obtained in Russia of being an excellent remedy for the effects of drinking. The influence of a continuous abuse of alcoholic drinks is first exerted locally, but afterward dyspepsia is produced, and the nutrition and functions of the entire economy, especially of the central portions of the nervous system, becoming interfered with, the blood itself being loaded with an injurious foreign material, the *dyscrasia potatorum* is at last completely established. The *asarum* fulfils various indications, acting beneficially on the alimentary canal in those cases in which the digestive powers are so much at fault. Its aromatic principle confers upon it a stomachic power, and regulates the condition of the intestinal discharges, producing purging and vomiting when given in large doses. Its most beneficial action, however, is manifested on the defective appetite, and by its counteracting the invincible longing for alcohol. The horrible sensations with which drinkers awake in the morning, and which compel them to seek temporary and delusive relief from renewed libations, are much blunted and mitigated by means of a glass of strong infusion of *asarum*, and some other nervine, *e. g.* *valerian*. Its immediate effect is often to produce vomiting, and sometimes purging; but the painful sensations at the epigastrium undergo relief, and the appetite becomes invigorated. Persons who have long habituated themselves to alcoholic drink cannot, however, have these suddenly suppressed with impunity; and in such cases Dr. Smirnaff gives the *asarum* in brandy, applying at the same time a blister or an issue at the pit of the stomach. By this means the normal activity of the stomach becomes excited, and the longing for alcohol diminished. The Doctor, however, cannot agree with those who would still allow a small quantity of spirits to habitual drinkers, even when the morbid desire for it has become appeased.

The continuous use of a decoction of *asarum*, even when it does not succeed in extinguishing the desire for alcohol, always supports the powers of the patient; and it is remarkable in some cases, in which the individuals have been long accustomed to periodical intervals of drunkenness, ending in *delirium tremens*, how much longer these intervals will become, and how much less likely *delirium tremens* is to recur. The patients themselves are sometimes sur-

prised at the comparative impunity with which they can continue their drinking. The doctor prescribes three or four glasses a day of an infusion made with ℥ij. of asarum root, ℥i. of valerian root, and ℥ss. of orange peel; but he does not state the quantity of water employed. In cases of drunkenness another formula is composed of decoction of asarum (made by boiling from ℥ss. to ℥i. of the root), ℥vi., tinct. of valerian ℥ij. to ℥iij., Sydenham's laudanum gtt. xij., syrup of orange peel ℥ss. A tablespoonful of this is taken every two hours. He finds from two to five grains of Bismuth taken four times a day a valuable adjunct. He has also found the following popular Russian remedy of service in cases of drunkenness:—℞ Ammon. carb. ℥ss., aceti vini lb. i., oxymel scill. ℥ss.; two tablespoonfuls every two hours.—*Med. Zeit. Russland*, 1859, No. 8, from *Medical Times and Gazette*.

#### *Ex Ungue Leonem.*

In going the round of the wards of the Charité with M. Beau, a novice will not be a little surprised at seeing him scrutinize closely the finger-nails of each newly admitted patient, telling him occasionally, after a few moments' examination of his cuticular appendage, "My friend, you had a bad illness so many months ago—a very severe illness—that pulled you down a good deal, and then you had a relapse, and so on." This sort of inverted palmistry puzzled me sorely at first, and I confess that even the explanation, when given, left me very sceptical as to the infallibility of this retrospective fortune-telling. Nevertheless, although I do not believe in Hume the spirit medium, any more than in Hahnemann and his microdosic followers, I do believe in this sign of the past as indicated by the nails. If you look at the fingers of a man who has had typhus fever three months ago, let us say, you will find on the nails, towards the centre (at that interval of time) a transverse furrow, deep and well marked, coinciding with the moment when their check in nutrition occurred, the depth of the depression being in proportion to the severity of the illness, its breadth with its duration; and the several consecutive relapses (if such occurred) being each notched on the unguinal appendices as on so many tally-sticks. Few men know that they have the past history of their own cases so thoroughly at their fingers' ends.—*Foreign Correspondent of Lancet*.

*Case of Sclerema.*

A boy, aged nine, in the service of M. Roger, at the Hôpital des Enfants Malades, presents an example of a most rarely met with pathological condition, entitled by the French physicians "sclerema." The lad was originally admitted for heart complaint and slight difficulty of breathing; the interne, however, remarked, on examining the child, that the surface of the chest presented to the touch the sensation of a cuirass, from the existence of a firmness very unlike the ordinary elasticity afforded by handling a normally developed frame. Dr. Roger's attention was drawn to the case in consequence, and I happened to be present at the very minute and detailed investigation made into these symptoms. The general health of the lad seemed good, and there was no fever or pain; on pressure of the skin nearly all over the body, the sensation afforded was that of touching a membrane of considerable power of resistance on the tight stretch, the parts exempted from this condition being the palms of the hands, the soles of the feet, the ears, lips and eyelids. There being no change of form, nor any swelling, nor pitting on pressure, a casual observer might easily have overlooked this curious state; and, indeed, the patient himself said that, beyond a little stiffness, dating a week back, he had felt nothing unusual. The heart was examined, and a strong mitral bellows-sound detected, but with this exception, nothing abnormal could be made out. The urine, especially, was quite healthy, and contained no albumen, sugar, nor even any excess of its natural components. This state of sclerema must not be confounded with the "œdeme des nouveaux nés," which carries off so many children annually at the Hospice des Enfants Trouvés during the cold weather; that is accompanied by pitting on pressure to a certain extent generally, and always by a great diminution of temperature. The temperature of the child in the real "œdema neonatorum" has been found to range as low as 20° centigrade. In this patient the skin is of natural warmth, though dry and harsh. What explanation can be offered of this extraordinary condensation of the tissues (probably the cellular and adipose) of this elephantiasis, without elephantine proportions, apparently so rapid and stealthy in its advance? And what is the prognosis? I know not: my duty is to chronicle, not expound; and I leave the question to wiser heads than mine.—*Lancet*.

*Poisoning by Arsenic and Strychnine.*

Dr. Abegg was summoned at midnight, on the 8th of January, to a patient who was taken ill at eight o'clock.

The patient exhibited all the signs of strychnine poisoning, but none of those common to arsenic. On enquiry, it was found that he, the patient, had first taken a dose of arsenic, and then a dose of Strychnine, in order to secure a more unfailing and rapid result. An emetic of ipecacuanha was given, and also citric acid and hydrated peroxide of iron, with calcined magnesia. After the emetic, the frequency and intensity of the spasmodic attacks seemed rather to increase. The last fatal attack occurred about two o'clock. At the *post-mortem* examination, which was postponed until the 15th of January, there were found external signs of commencing putrefaction. The muscles which had stiffened during life, retained their rigidity. This rigidity, indeed, lasted eight days after death. The lungs were infiltrated in patches; the heart was full of thin fluid blood. The brain contained fluid blood. The mucous membrane of the larynx was loosened and reddened, as in death from asphyxia. In the lower part of the stomach and in the pylorus there were dotted extravasations, but no further indications of an irritant poison. In the stomach and small intestines there was found arsenic in large quantity; in the urine no trace of poison was found. The rapid absorption, and therefore suddenly fatal effects of the strychnine, shows why the arsenic discovered after death in great quantity could not develop its peculiar effects during life. The patient, whilst alive, exhibited the pure form of poisoning by strychnine, whilst after death so little strychnine was found in proportion to the arsenic, that it might easily have been overlooked in a less accurate chemical scrutiny.—Julius Clarus, in *Schmidt's Jahrbücher*, Band. cii., 1859.—From *Günzb. Zeitschrift*, 1858.

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*Tobacco.*

A great deal has lately been written and talked about the use of tobacco. The medical journals began the controversy, and week after week the columns of the *Lancet* teemed with letters and leading articles, attacking or defending the practice of smoking. Just the other day Sir Benjamin Brodie favoured the world with his views

upon the subject in a letter to the *Times*. Since the appearance of this letter, hardly a daily or a weekly paper has refrained from its particular contribution to the great tobacco question. The chief subject of interest seems to be the smoking of tobacco. Is the practice injurious to the health?—is the question sought to be answered by the partisans on either side. At one end of the scale we have Dean Close, of Carlisle, who delivers lectures in that ancient city, wherein he declares that tobacco-smoking is an invention of the devil, if not the very devil himself, and that all who indulge in it are not only nuisances in themselves, but that they ruin their health and imperil their souls by their filthy habit; at the other end we have various anonymous correspondents of the journals, who swear by tobacco as a sort of panacea for almost all the bodily and mental ills of humanity; midway between these two extremes we have Sir Benjamin Brodie, who says that tobacco smoking ought to be pernicious on account of the nicotine contained in the smoke, which is a well-known poison—and has been used for criminal purposes, as in the celebrated Boccarmé case—and which must mingle to a greater or less extent in the circulation; but he admits it is not so deleterious as we might, *a priori*, suppose it to be, and that it is in some cases even of use. The chief evil that Sir Benjamin Brodie attributes to tobacco smoking is that it makes people lazy, and deprives them of all energy. Apparently corroborative of this view is the statement that has recently gone the round of the journals in reference to an investigation said to have been recently instituted in the Polytechnic School of Paris, whereby it appeared that the non-smokers distinguished themselves much more than the smokers in the competitive examinations. On the other hand we have the well-known fact that many of the most active and energetic men of the day are, or have been, inveterate smokers. We need do no more than mention the names of Napoleon III., Hahnemann, Stephenson, Brunel, Carlyle, Tennyson, and this list might be almost infinitely extended. The Polytechnic fact may be susceptible of some other explanation than that smoking is injurious to the intellect of man. Thus the smokers were boys and youths of tender age; and it is generally allowed that smoking is likely to be injurious to the undeveloped system of a youth. Then smoking is forbidden at the school; and the fact of its being practised would, of itself, show a tendency to idleness and neglect of rules scarcely compatible with diligence and attention in other directions. Thus, smoking at the

Polytechnic School might be rather a proof of laziness than a cause of it.

It appears to us, that in this tobacco controversy three points have been lost sight of, or not sufficiently attended to. The first is the different qualities of tobacco smoked; the second is the mode in which it is smoked; the third is the different effects produced by tobacco on different constitutions and temperaments.

It is a great mistake to suppose that all tobacco is of one quality. There is every shade and degree of difference in strength from the mildest Turkish, which is scarcely stronger than chopped hay, up to Cavendish, Honeydew, Twist, Negro-head, and other pungent Virginian preparations. The tobacco smoked in such enormous quantities by the Germans—we may almost say in former days, for pipes seem almost to be obsolete in Germany now-a-days, and to have been superseded by cigars—is generally of the mild or chopped-hay character. It is chiefly prepared from the plant grown on the spot, whether called by the names of Mariland (*sic*), Porto-Rico, or K'naster. This tobacco is usually smoked in porcelain pipes, with a reservoir to catch all the fluid products of combustion, and the smoke is drawn through a long tube, sometimes three feet or upwards in length. This must certainly be a very mild way of smoking the mildest tobacco, and we can easily imagine how a worthy old German can smoke after this fashion almost all day long and every day of his life without experiencing much of the poisonous action of tobacco. The Turkish mode of smoking is very similar to the German. The Turk puts a small quantity of his mild tobacco into an earthen bowl, and draws the smoke through an enormously long wooden tube. The smoke will necessarily part with all its acrid principles in its passage through this tube. The smoking of tobacco through water, as in the hookah, narghilly or hubble-bubble, deprives it of much of its acrid properties, and renders it innocuous. The long clay pipes universally used by our ancestors, and still in vogue among the classes who frequent tap-rooms, and the Dutch, render the same service to the smoke inhaled. The clay in the long stalk absorbs the oil and water produced by the combustion, and as these pipes after being used once are subjected to heat so as to expell all the tobacco they may have absorbed before being used again, the long-pipe smoker may be considered a mild smoker, although the tobacco he generally uses is not of the mildest.

The short-pipe smoker enjoys his tobacco in a very different

fashion. His object is not to have a clean pipe, that shall absorb all the fluids generated in the combustion of the tobacco. On the contrary, whether he smokes a clay or a meerschaum, his ambition is to possess a pipe so foul and so thoroughly saturated with the tobacco oil, as to be incapable of absorbing any more. The consequence is his mouth acts the part of a condenser of the products of destructive distillation. He receives a large quantity of the acrid principles of the tobacco into his mouth, and if he would avoid swallowing them, he must spit incessantly. Moreover he usually smokes the strongest tobacco, shag, bird's-eye, returns, Cavendish. This is assuredly the very strongest mode of smoking strong tobacco, but probably the spitting prevents any great absorption of the poisonous principles of tobacco. The pungent pleasure of the short-pipe smoker cannot with impunity be indulged in all day long like the milder enjoyment of his long-pipe brother. Excess in short-pipe smoking very soon tells on its votary, whereas we seldom find that the long-pipe smoker (except in those cases where there is a peculiar susceptibility for the nicotine poison) suffers any bad effects from his indulgence.

Cigar-smoking varies as much in degree as pipe-smoking. From the mild tobacco of the paper cigarette to the strongest Havana, or still stronger Manila, we have cigars of every degree of strength. The Spanish Don or Doña who smokes an unlimited number of cigarettes a day, does not subject him or herself to the influence of the weed to anything like the extent of the Anglo-Indian who smokes a dozen Manila cheroots a day. The toxic powers of tobacco are much modified by the rapidity with which the cigar is smoked, in other words by the more or less perfect combustion of the tobacco. The faster the cigar is smoked the more imperfectly is the combustion effected, and the less chance is there of the products of combustion being deposited in the end of the cigar before they reach the mouth. A fast smoker will therefore get much more of the pernicious oil into his mouth than a slow smoker. The effects of the rapid propulsion of smoke in causing a deposition of the oil may be seen in a simple experiment. Take a piece of white cambric or muslin, fill your mouth with tobacco smoke, apply the cambric spread out to your lips—blow the smoke quickly through it, and a yellow stain will be left caused by the deposition of the oil. Now propel a similar mouthful of smoke slowly through the cambric and no stain will be observed.

As a rule it may be stated that the combustion is less perfect in



the cigar than in the pipe. In other words more of the tobacco oil remains in conjunction with the smoke from a cigar than in that from a pipe. This accounts for the well-known fact, that when tobacco is smoked in a room in the form of cigars, the odour of stale tobacco remains attached to the furniture and hangings much longer than when it is smoked in pipes.

Thus, then, there are very various degrees of strength both of pipe-tobacco and cigar-tobacco, and there are likewise various modes of smoking both pipes and cigars which render the same tobacco milder or stronger.

The weakest form in which tobacco is smoked is perhaps the narghilly of the Turk, or the hookah and hubble-bubble of the Indian. Next to that is the flavourless herb of the German, smoked in a porcelain pipe with a long tube. The strongest form of pipe smoking indulged in is smoking Cavendish or other strong Virginian tobaccos in a short pipe. Cigar smoking likewise varies in strength, from the mild tobacco smoked in a cigarette, to the full-flavoured Havana or Manila rapidly smoked.

Again, some constitutions are peculiarly susceptible to the poisonous influence of tobacco. We have been unable to determine precisely what are the characteristic signs indicative of this injurious susceptibility; but we have observed numerous instances of morbid symptoms caused by the action of tobacco. The chief of these symptoms seem to be: excessive nervousness, with trembling of the hands, and sometimes of the tongue, when it is thrust out; palpitation of the heart; various neuralgic pains, especially an obstinate and acute neuralgia in the precordial region; loss of appetite, or desire for unusual articles of food; furred tongue; irregularity of bowels; frightful dreams. It is seldom that the same patient presents all these symptoms; but we have frequently been able to trace them all to the action of tobacco on a sensitive system.

When we observe such symptoms in a person addicted to smoking, we should either prohibit the indulgence, or, if it is evident that the sufferings are rather caused by excessive smoking, or the smoking of strong tobacco in one of the above-described improper ways, we should limit the patient's allowance of tobacco, advise a milder kind, and a milder mode of smoking. It may so happen, however, that the patient is too susceptible of the toxic action of tobacco to be able to indulge in it in any form; and if we are satisfied of this, we should rigorously prohibit it altogether.

Tolerance of tobacco, or rather, insensibility to its toxical influence, is much more frequent than excessive susceptibility. Almost all persons new to its use experience a feeling of nausea more or less intense, sometimes amounting to deathly sickness, vomiting and diarrhœa, on first attempting to smoke. This well-known fact is eagerly seized on by the opponents of tobacco, as certain evidence that tobacco is altogether poisonous, and can never be of any benefit. But this is a very erroneous and illogical conclusion. As well might it be said that a sea voyage could do no possible good, because most people on first going to sea are affected in a precisely similar manner. The almost universal use of tobacco, or some equivalent for it, such as coca or betel, shews that the instincts of humanity have discovered some advantage from its use. It is in vain that a learned surgeon like Sir B. Brodie points to the pernicious effects of excessive indulgence in smoking, or to the fact that two drops of nicotine will kill a cat. The common sense of moderately-smoking mankind tells them that such observations are quite irrelevant. They do not wish to follow the example of fools who smoke themselves into an atrophy or an idiocy; nor do they intend to take in more nicotine than is good for them. There is scarcely an article of food or drink that has not proved fatal or pernicious by excessive indulgence. One of our kings died of a surfeit of lampreys, and many of his subjects and their descendants have died of eating and drinking too much of things wholesome enough in moderate quantities; but no one would be so ridiculous as to make a list of all the articles of diet or all the habits of mankind that in excess have proved fatal, and proscribe their use to all mankind, as things in themselves absolutely pernicious. The question put to us by the smoking world is not, "Is tobacco-smoking positively and in all cases injurious?" They know already that it is not so. Nor do they ask, "Is excessive smoking injurious?" They know already that it is. They ask us, as conservators of their health, "Are there certain constitutions to which moderate smoking is hurtful? and if so, what are the signs that contra-indicate the use of tobacco?" They ask us, "Are there certain modes of smoking that are more apt to do harm than others?" and "Are there certain kinds of tobacco which *cæteris paribus* are more liable to produce toxical effects than others?" Such are the questions to which we are expected to reply. Medical men have hitherto evaded answering them. Some have declaimed against the filthy and disagreeable habit. But such denunciations can have no effect on the smoker, who finds his habit extremely agreeable, and

cannot be persuaded that it is filthy. Some exaggerate the known effects of excessive tobacco-smoking in particularly susceptible individuals, and hold the fearful picture up to smokers *in terrorem*. The moderate smoker is unmoved by the "bogie." "I do not smoke immoderately," he says; "I feel none of the horrible effects you describe; I can shew you hundreds of instances among my own acquaintance, whose smoking has neither impaired the digestion, ruined the nervous system, nor curtailed life." So the smoker continues to smoke, and the doctor loses credit by his exaggerations and extreme cases. Smoking is said by some to create a wish for spirituous liquors. Doubtless some hard drinkers are smokers also. But learned pundits on the other side have declared that smoking has an opposite effect. Thus Mr. Crawford (*Journal of the Statistical Society*, March 1853, p. 52) "thinks it can hardly be doubted that tobacco must, to a certain extent, have contributed to the sobriety both of Asiatic and European nations." Some have thought that a sufficient argument against smoking was, that if it does no harm it does no good. But smokers are like other sinners, they do not seek for utilitarian objects in their little pleasure. With them as with others, the answer to the "*cui bono?*" is: "We like it, we do not injure ourselves or others by its indulgence; there is nothing immoral in it, and therefore without some more cogent reason we shall continue it." And an innocent pleasure is, after all, a real *bonum*. Some think that it is a sufficient condemnation of smoking to say that is unnatural, but he who should attempt to live an altogether and undeniable natural life, must become an unmitigated savage. Our whole life is so artificial—we work, think, write, study, eat, drink, play to such an unnatural extent—that we cannot be sure but that some of our unnatural habits such as the other of our tea, coffee, or tobacco, may be the right antidotes of use of wine, unnatural practices.

We confess we were rather astonished to find Sir Benjamin Brodie adducing, as a proof of the pernicious effects of tobacco, the laziness and degeneracy of the Turkish race. It is by no means proved that the Turk has physically degenerated. He is still vastly superior to the tribes of Greeks, Bulgarians, Maronites, Druses and Egyptian fellahs he rules over. If he has degenerated, we might seek for the cause of his degeneracy in other habits of his rather than his very mild tobacco smoking. The Germans smoke much more than the Turks, and their tobacco is considerably stronger, and yet Sir Benjamin would scarcely insinuate that they have degenerated either physically or morally. The sharp Yankee smokes and chews the very strongest

tobacco, and yet Sir Benjamin will scarcely accuse him of laziness. For our own part we should think that the attempt to fulfil conjugal duties to half a dozen wives would be much more enervating than smoking any number of pipes of the excessively mild Turkish tobacco.

Obviously Sir Benjamin Brodie's letter does not answer any one of the points on which the smoker seeks for information, and it leaves the subject of smoking precisely where it was before he wrote.

It is a pity that all the medical authorities who have written upon tobacco, as far as we can ascertain, have confined themselves to mere general remarks upon it, and have not sought to determine the kinds of constitution to which it is inimical, or the reverse, or the different effects of different kinds of tobacco and of the different modes of using it. We have neither the time nor the means to settle these points, but something we may offer as a contribution to this end.

There is little doubt in our minds that tobacco smoking in any form is injurious in some forms of nervous and dyspeptic sufferings; but our experience is not yet sufficient to enable us to indicate precisely what these forms are. If those who have observations on this subject would communicate them, we doubt not materials might be ultimately accumulated that would enable us to determine with precision who are and who are not able to indulge in tobacco-smoking with impunity. The following is a case where tobacco-smoking evidently acted injuriously.

The patient is a solicitor, tall, thin, and about 46 years of age. His manner is nervous, restless and uneasy. He looks as though he were frightened, and confesses to a feeling of anxiety without any cause for it. His hand trembles much when he holds it out; his tongue, without being furred, is whitish, and trembles. His bowels are very loose, especially in the morning. He generally has to rise from bed about 4 A.M., in consequence of a call to stool, and he has frequently two or three evacuations before breakfast also. The motions are of good colour, only thin. On enquiring if he smoked, he replied that he smoked one or at most two cigars every evening, and he thought perhaps his symptoms might be owing to that habit, but he wished to hear what the doctor's opinion was before he gave it up. We advised him to leave off smoking, which he did, and the morbid symptoms immediately disappeared. He has occasionally indulged in a cigar since then, but it always occasioned a recurrence of the trembling and disordered bowels. This was a case in which smok-

ing was evidently injurious, and we doubt if it could have been borne in any form, as the patient was an extremely moderate smoker.

Persons subject to neuralgic disorders should be cautious in the use of tobacco, as it very often increases their liability to attacks, and indeed sometimes causes severe neuralgic pains, as in the case detailed by Dr. Teste, in a recent number of this Journal.

A disposition to diarrhœa is increased by smoking, and so is a tendency to the undue secretion of mucus in the back of the throat. Those who are subject to either of these affections, should therefore relinquish the practice, or only indulge it very moderately.

It is often said that smoking accelerates digestion, but this is only partially true. We believe it rather delays the passage of the food from the *primæ viæ*, and hence we should advise those who suffer from a feeling of weight in the precordia after eating, from eructations of food, from heartburn or from flatulence in the stomach, to eschew smoking altogether.

Where tobacco smoking causes some of its disagreeable effects, but still not sufficient to counteract the passion for it, we should point out to the smoker the means whereby he can lessen the noxious properties of his favourite weed. Thus if on enquiry we find that he smokes strong tobacco in a short pipe, we should recommend a weaker tobacco in a longer pipe. If he smokes full-flavoured cigars rapidly, we should caution him against quick smoking, and recommend him to smoke slowly milder cigars. We have before mentioned that rapid smoking causes imperfect combustion of the pernicious principles of the tobacco. When the combustion is imperfect the smoke is greyish-white and opaque. When it is perfect the smoke is of a beautiful blue tinge and more transparent. If therefore the smoker would render his smoking as innocuous as possible, he should not exactly smoke "till all is blue," but he should manage to smoke so deliberately that the fumes from his tobacco are blue.

There is a great difference in the quantity of nicotine contained in different kinds of tobacco. Thus the tobaccos of Havana and Maryland contain only 2 per cent., that of Kentucky 6, that of Virginia nearly 7, and that of France from 6 to 8 per cent.;\* so that a smoker might indulge with impunity in the mild Havana who would be injured by smoking Virginian cavendish or French caporal.

And now we may say a few words as to the advantages of tobacco smoking.

\* Johnston's Chemistry of Common Life, Vol. II., p. 30.

Moderate smoking, where it does not disagree, soothes and comforts the nervous system, takes away the feeling of fatigue, assuages the cravings of hunger, removes that irritable state of mind and temper that is often caused by the petty annoyances of life. Smoking after a meal produces that calm and genial state of mind and feelings so favourable to the due digestion and assimilation of food. Smoking on an empty or nearly empty stomach enables us to concentrate our mind on a single subject, and to carry out a train of thought uninterruptedly.

Dr. Madden (*Travels in Turkey*) says—"The pleasure of the reverie consequent on the indulgence of the pipe consists in a temporary annihilation of thought." This may be true in some cases, and if so, it would not be without its advantages, for it would be very desirable to produce an occasional cessation of active thinking in persons whose brain is in a constant ferment. The mind has as much need of repose as the body, and much harm is done to themselves and others by those fussy people who insist on every moment being devoted to what they call "a useful object," or "the improvement of the mind." The mind like the land is not the worse for lying fallow occasionally, the crops produced by both are improved by the process. One of our greatest philosophers, Sir Isaac Newton, was a great smoker, and a well-known anecdote of him seems to show that whilst smoking his mind was occasionally completely abstracted from what took place about him.

Some time since we fell in with an old soldier who had gone through all the Peninsular war. He affirmed that a pipe of tobacco was a great boon to the soldier on a campaign. When he was wearied with a long march and had to lie down on the wet ground without a bit of food to eat, or a fire to warm himself at, a pipe of tobacco helped greatly to remove the feeling of weariness and allayed the pangs of hunger. He considered the pipe and the tobacco-pouch the most important part of a soldier's kit during actual warfare.

The state of irritability of the nervous system which attacks some people, especially towards the evening, preventing them sitting still or devoting themselves to any continuous occupation, when even reading or writing is impossible, is, as we have frequently had occasion to observe, removed or much relieved by smoking. An old gentleman affected in this manner, to whom we advised a cigar after dinner, is ever grateful to us for the prescription.

Many persons find that a cigar after breakfast materially assists the matutinal evacuation of the bowels, and though Hahnemann (*Chron. Krank.*, I. 138) rather objects to smoking for this object, yet we cannot say we have ever found it necessary to interdict their cigar or pipe to persons who were dependent on it for their daily stool, if it agreed with them otherwise.

On the whole we conclude that moderate tobacco smoking is seldom productive of injury, and that it has its advantages in certain cases. On the other hand, there are persons to whom tobacco, in every quantity and quality, is a poison, just as there are idiosyncrasies intolerant of tea, coffee, wine, salt and almost every other substance in daily use by mankind. When an article is evidently not injurious, and when pleasure is derived from its use, it is the height of pedantry to prohibit it.

What we have said of smoking will apply in great part to snuffing and chewing tobacco. Both habits are too widely-spread to permit us to hope that they can be checked. Usually they are innocuous to those who indulge in them; sometimes they are beneficial; and in rare cases they are highly injurious, as the experience of every medical man must tell him. Excess in all forms of using tobacco is injurious; the wise man will know how to avoid excess—the wise physician will know how to warn less wise individuals against excess.

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*\*Examination of the superficial portions of the Eye, by means of natural light laterally reflected from a double convex lens.*

M. Laborie lately read a paper before a Medical Society of Paris, wherein he speaks of the advantages of the ophthalmoscope, and those of the lamplight reflected laterally. He, however, finds fault with the latter mode of illumination, and prefers the natural light, reflected from a double convex lens, held in the hand of the surgeon, an inch and a half from the patient's eye. In this manner he has been enabled to examine affections of the cornea, of the anterior chamber, the iris, pupil, and the lens. The great comfort is, according to the author, that the examination may be made at once, without repairing to a dark room, or having recourse to artificial light, &c.—*Union Medicale*, May 8th.

*A Homœopathic Bombshell in the Allopathic Citadel.*

The administration of the Hôpital St. Marguerite of Paris in the course of their duties published the statistics of that hospital during the years 1849, 1850, and 1851. During these three years, as many of our readers know, one half of the hospital was under the medical care of the homœopathist Dr. Tessier, while the other half was in the hands of practitioners of the old system. Dr. Tessier had the Salles St. Benjamin and Ste. Anne, containing 100 beds; the old-school practitioners had the Salles St. Augustin and Ste. Geneviève, containing 99 beds. The following is the bare statistical result as furnished by the administration.

“During the 3 years 1849-50-51, there were under the homœopathic treatment 399 deaths out of 4663 admissions, that is  $8\frac{55}{100}$  or 85 per 1000.

“During the 3 years 1849-50-51, there were under the ordinary treatment 411 deaths out of 3724 admissions, that is  $11\frac{3}{100}$  or 113 per 1000.”\*

This was published in 1852, and no particular use seems to have been made of it until the other day, when M. Malgaigne the celebrated allopathic surgeon, at a meeting of the Academy of Medicine took it up and pitched it right into the midst of his astonished colleagues.

We borrow from the French allopathic journals the account of the consternation produced. M. Malgaigne in the course of a speech in which he severely reflected upon the actual condition of medicine, went on to say :

“Woe to modern physic, which forgetting to study disease, seeks to get its indications for treatment from pathological anatomy. Without being in the least degree aware of it, its therapeutics are nothing but a confused mass of the most contradictory things that the speculative spirit of all ages has accumulated; *and the consequence is that in a hospital it shews worse results than were obtained by homœopathy.*

“M. Barth (with energy) ‘That’s a lie!!’

\* It will be observed that in this account the homœopathic treatment was not only much more successful than the allopathic, but that upwards of 500 patients more than the allopathic proportion were treated in the homœopathic wards, proving the much greater rapidity of cure.



(Numerous and tumultuous protestations to the same effect.)

“M. Malgaigne. ‘I wish it were so; but perhaps it is the truth.’”

The energy of M. Barth's denial is only equalled by its charming simplicity. However as it is not supported by reasoning or facts, it may just stand for as much as it is worth. Perhaps M. Barth had no intention of formally disputing the figures of the hospital administration, but his vigorous language and that of the numerous and tumultuous protesters must only be looked on as a sort of angry exclamation, just as the garrison in a citadel might exclaim “confound that bomb.” Under such circumstances one exclamation is perhaps as good as another, for unfortunately no exclamation and no hard names will get rid of that hard fact—the bomb. There it lies fizzing, presently to explode and send the brave defenders of the allopathic citadel skipping. No great good done by denying its existence, there it lies spluttering away at its fuse, giving ocular and aural evidence of its existence. All very well M. Barth, to say there is no such thing, it is not a real bomb, it is filled with sand or chopped hay, but why then skip out of its way in such a hurry? Why not take it up and examine it, and prove that it is a mere deception?—a wooden bomb perhaps, like the wooden hams and nutmegs one hears of in America? It certainly looks very real—M. Malgaigne thinks it is, and warns his colleagues accordingly. M. Barth and his noisy coadjutors say it is a sham, but they shew their discretion by getting out of its way. The thing looks very real after all—one would scarcely suppose its genuineness disputable. It bears the government stamp. One can read upon it, “Administration des Hôpitaux.” It certainly has come from an official source. Ah yes! its authenticity is too positive to be doubted. Nor do M.M. Barth and Cie. doubt its reality, otherwise they would be only too happy to earn an easy reputation as expositors of a sham, by taking it up and tearing it to pieces. Prudent men, they see the thing has an ugly—*noli-me-tangere* sort of look. They will not touch it—not they. At the very least it would burn their meddlesome fingers—most likely it would blow them right out of their stronghold and make them surrender at discretion—crying “*peccavimus.*” Better leave the nasty thing alone. Perhaps if we leave it to itself it may fizz itself out and do no damage. If touched it certainly will explode and do us all infinite mischief. Let us call it bad names and

leave it, but above all let us abuse M. Malgaigne for bringing it here to disturb our peaceful harmony.

A good deal is said of the difference between Englishmen and Frenchmen, but it strikes us that our allopathic brethren are in the habit of acting in regard to homœopathy in very much the same way as their French colleagues, and we could point to many occasions when homœopathic facts have in this country been met with a pure and simple accusation of falsehood without the slightest attempt at proof or argument.

*Postscript.*—Since writing the above we have received the September number of the *Art Médical*, which contains something more relative to this scene in the Académie de Médecine. The discussion of M. Malgaigne and the observations of M. Barth, as quoted above, are taken from the reports in the ordinary hebdomadal allopathic journals, and as the reports were nearly identical in all of them, it stands to reason that the actual words uttered were very nearly, if not precisely as we have given them. But the Académie has an organ of its own, which makes its appearance at a later date than the weekly journals. This organ, termed the *Bulletin de l'Académie de Médecine*, is edited with much care and ability. The speeches of members taken down by a reporter are not immediately published from the reporter's notes, but are first submitted to the respective orators, who cut and carve away at them so that the public shall not read what was actually said, but what the orators, after a period of mature reflection, would wish it to be believed they had said. The speeches of MM. Malgaigne and Barth, after having undergone this little pruning process, curiously differ from what it is presumed they said on the spur of the moment, and in the genial frankness of debate. We give the "cooked" report from the *Bulletin* :—

"M. Malgaigne.—'And so we have witnessed the scandal of a homœopathic doctor announcing that he had obtained in our hospitals a success proportionally much greater than what the ordinary treatment obtains.'

"M. Barth (with energy).—'It was a lie!' (Numerous and tumultuous protestations to the same effect).

"Malgaigne.—'It was a lie! I should be glad if it were so; I will believe it was so, if you will prove it to be so; but I am astonished at the energy of those protestations, for probably you do not attribute any more than I do, any influence to the globules; and if we eliminate them, what remains? Expectation. Now you are

no doubt aware that pure expectation has been tried in pneumonia in foreign countries, in France, in Paris itself, in our very hospitals, and that hitherto in every instance it furnished results superior to your perturbing treatment.'”

So far from an improvement on the original speeches, we think that the alterations tell worse for MM. Malgaigne and Barth than the words actually spoken and reported in the journals.

It will be remembered that the statistics of comparative success were not drawn up by the homœopathic doctor, M. Tessier, but were issued by the hospital administration, who if they had any bias one way or another, that was not likely to be towards homœopathy. Thus M. Malgaigne, in representing the statistics as the work of a homœopathist states what is untrue, and M. Barth and the protesters in exclaiming that the statistics were a falsehood, thereby accuse the administration of publishing a lying statement.

As to M. Malgaigne's statement about the statistics of the expectant treatment of pneumonia abroad and in France, it should be observed in the first place that no trials of the expectant treatment of pneumonia have been made either in Paris or in France, still less any statistics published—at least so Dr. Tessier avers. Further, the results obtained by Dr. Dietl in the Vienna hospital were a mortality of 7 per cent., but the official report of the treatment in Dietl's hospital, published in 1854, gives a mortality of 21 per cent., and the result obtained by Drs. Schmidt and De Bordes, in their expectant treatment of pneumonia, was between 22 and 23 per cent.; whereas the largest homœopathic mortality in pneumonia has been 'less than the dubious results obtained by Dietl.\*

On the whole, the altered and amended second edition of M. Malgaigne's speech betrays rather an unscrupulous desire to get out of the scrape which his original admissions had brought him into, than a serious desire to maintain and acknowledge the truth.

### *Scarlatina maligna.*

There is abundant evidence before the profession that sesquicarbonate of ammonia possesses specific powers over the worst forms of scarlatina, and that when the eruption recedes, no means known have the same powers of reproducing it and relieving the patient.—*T. J. Graham, M.D., L.R.C.P.Ed.*

\* See Tessier's article on Pneumonia, ante, p. 369.

## CLINICAL RECORD.

*Cases showing the Contagiousness of Phthisis.* By Dr. R. ROGERSON.

As an example of such—and it is only in this way that I view the subject of contagion—a phthisical individual marries a woman of a healthy and robust constitution, with no external indications of the strumous diathesis, and also of healthy parentage; after a few months or years have elapsed, when the husband in fact begins to show decided phthisical symptoms, we very often find the health of the wife become impaired, and such symptoms as would lead us quite naturally to suppose that the disease is preying upon her constitution manifest themselves. Such is often unfortunately the case, and has been observed for centuries back actually to be the case. It certainly is not infectious through the atmosphere, as small-pox or scarlet-fever, but when the strong and vigorous come in contact with the phthisical breath, it must have some effect in giving rise to the disease. Sleeping in the same bed, breathing the same polluted atmosphere in the same bed closet, and inhaling the very breath which the diseased lung is giving off, in fact the effluvia from the diseased lung coming in actual contact during inspiration with the healthy lung; and such a state of matters existing for weeks and months must undoubtedly prove injurious and detrimental to the system, and in all probability leave its marks behind. The tubercular emanations coming in contact with the blood through the medium of the lungs, alter the chemical constitution as well as the chemical composition of the blood, and so predispose to tubercular disease; so that when any exciting cause presents itself, we find the disease developing itself in the pulmonary organs; more especially when it affects those organs which tend to keep up respiration, and which eliminate from the body those gases, carbonic, &c., which would prove so deleterious to the blood, and conveying to that fluid, as it circulates through its substance, the oxygen of the atmosphere; so purifying the blood, that its services may be more beneficial to the animal economy. So without the lungs there can be no life, and unless they are capable of performing their function naturally and harmoniously, there can be no such thing as health; for when any obstruction occurs in any part or organ of our body the system becomes deranged, and the part itself, for want of that natural tone and unison, which is so essential for the perfect health of the body, becomes perverted and finally destroyed; more especially regarding those organs which have the immediate and entire control over the whole vital force, and any deviation from the natural standard of health that abstracts from the power of the lungs, equally abstracts from the power of the whole body. It is then from the inhaling of impure and vitiated air that fever, diarrhoea, cholera, &c., arise. The poisonous and morbid agent necessarily passing

through the lungs, contaminates alike the whole circulating and vascular system—the great secret of its development. Severity, attack and escape residing in the quantity breathed, and the condition or conditions of the body receiving it; hence it is that the body, while in health, does not become so easily preyed upon by disease, because the castle is still strong and able to throw off or discharge the impurity, which would be sufficient to kill a weaker one. The blood, when in an impoverished condition, affects the lungs more particularly than any other part or organ in the body, because of the soft, elastic and spongy material of which they are composed, and also of the important function which nature has called upon them to perform; and hence we may never cease to wonder how tubercle commits so dreadful ravages among our fellow-countrymen. Whatever then vitiates the blood, obstructs the functions of the lungs, or debilitates the system, predisposes to tubercular disease.

It is here then that the great question rests, whether or not the emanations from the skin externally and the lung internally, when coming in contact with a healthy and sound constitution, do not possess a certain power in predisposing the body to tubercular disease. The *materies morbi* may however remain latent months, or it may be years in the system, after having become inhaled, until some exciting cause intervenes; then it is that we have the symptoms and disease manifesting themselves, clearly attributable as its primary cause to the contagious effects of the so-called "tubercular disease."

To make the question more apparent, I will here give a few cases out of the many which tend to prove the extent that contagion may be relied upon.

A young girl under seven years of age, of healthy parents, and herself of a robust and healthy constitution, was brought from the country to reside with an aunt and grandfather, the latter being a very old and decrepid man, labouring under chronic bronchitis and phthisis, and having some scorbutic eruptions on his skin, and otherwise in a very debilitated condition. The girl was made to sleep with the grandfather in a small box bed; about twelve months afterwards the girl began to droop in her health; her appetite became capricious, and she gradually assumed a cachectic appearance, exhibiting all the symptoms of *tabes mesenterica*. On these symptoms manifesting themselves, she was immediately removed to the country, where, under a generous diet and plenty of open air exercise, in the course of a few months she regained her former health, and assumed her former robust and healthy appearance.

In this case there can be no doubt that the unhealthiness was induced from the sleeping in the same bed with the phthisical old man, and inhaling the noxious vapours that emanated from his body. This seems to have been the only cause from the fact that health was so speedily restored by removal to the fresh country air.

The next case, or rather series of cases, is the most remarkable that I have ever yet become acquainted with.

A young woman in the south of Scotland, of healthy parentage, and herself of a healthy and robust constitution, was married to a man who, at the period of marriage, was labouring under phthisis, and indeed was far gone in the disease. She removed with him to England, and in less than twelve months was left a widow, he having died of consumption. After his death she removed to her native place, but in bad health. She suffered from severe cough, and all the symptoms of phthisis had begun to develop themselves. Shortly after her return she was a second time married to a parochial schoolmaster, who up to this period was a healthy stout man. The woman lived to bear a child, but very shortly after died of phthisis; and the second husband, who had been previously healthy, fell into bad health after his marriage, and also died of phthisis, only a few months after he had laid his wife and child in the grave.

I think there can be no doubt that here this disease was communicated to the wife through the first husband, and again she communicated it to the second husband, because up to the period of marriage both the wife and husband were healthy country people in comfortable circumstances of life, and of healthy parentage, and neither showed any appearance of disease until after marriage, when the symptoms mentioned showed themselves. There can be no doubt that in the case of the child the disease was inherited from the mother.

Charles H—, aged 27, middle size, no great muscular development, seemingly of the strumous diathesis; hair dark, large blue eyes, eye-lashes long and thick, nose prominent, alæ well developed and thick, mouth large, teeth regular, chest contracted and flat, nails clubbed, head generally well formed—in fact a very intelligent man—having complained for some time of cough, sputum of a white fleecy consistence, spat blood some months ago; pain under clavicle and between shoulders; breathing short and painful; tickling in back of throat, which is relieved by coughing; voice nearly inaudible; perspires a good deal while sleeping; bowels confined; tongue foul; app. bad; urine high coloured and very scanty; cavity in left lung for nearly six weeks; right lung quite healthy. He married some thirteen months ago, wife bearing a child eleven months after, having been quite healthy up to her confinement, although constantly attending to his daily wants, and sitting up with him occasionally at night. She however two months after confinement took to bed, and in less than nine weeks died of phthisis. He was at that time very weak, not having been out of the room for months. At the request of some relations in the country he left town, and has been since that time confined entirely to his room.

This case is one not only interesting in itself, but tends to prove along with many others the fact that phthisis is contagious.

Having been requested to attend a middle aged married woman unable to attend the dispensary, who had been confined to bed for some time, and labouring under pulmonary phthisis. On enquiring into family history I

found that her husband's parents and all his brothers and sisters were the subjects of constant coughs, more especially in the spring time, his father having died of phthisis, and one brother also died, he believed, of some similar chest affection. His mother still being alive, and a very old asthmatic woman, he had been for months suffering from phthisis, and far gone in the disease, but was ordered off to Southport for some weeks by his medical attendant. He had up to this time slept with his wife every night in a small room; the children often remarking, in the morning, that their father "had a very bad breath." His wife up to his leaving Manchester for Southport, was able to move about, but in a few days became confined to bed. Her parents were all healthy, and she was of strong and robust appearance until the last few weeks, when her appetite failed, and the powers of the body became very much reduced. Her husband returned home much stronger in body, being able to walk about in a fine day. Sputa had nearly disappeared; breath not so offensive; general appearance much changed for the better. His wife was during this time gradually sinking; evident signs of vomica in left lung, with alight bronchitis in right. There not being much room in the house, and a pretty large family, one little girl (age 11) slept with her mother; in a few weeks after this the mother died; the little girl complaining of cough; glands under neck swollen, also abdomen; emaciated, and very much changed. She left town, however, for the country with her father and family. Since that time I have heard no more accounts of them.

I have taken careful notes of upwards of twenty cases in a very short time, where the disease can be proved to have arisen from contagion; and in those cases it will be generally found that they assume more the character of what is termed "galloping consumption." The contagious principle seems to generate or reproduce itself in the subject affected. In another number I will give you a few more cases, time being wanting at present.

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### Ovarian Dropsy. By Dr. CRAIG.

The unyielding character of ovarian dropsy, when treated with medicines alone, renders it a not uncommon subject for a similarly abortive trial of homœopathic treatment, the *dernier resort* of incurables. The magnitude of the operation for ovariectomy and the serious responsibility of the risk, precludes it from the practice of the ordinary practitioner. The results of the much less alarming operation of tapping are discouraging from the rapidity with which the fluid accumulates again, and the impossibility in many cases of withdrawing it at all, when the disease presents the multilocular form. Dr. Simpson, in his recent Clinical Lec-

tures on the subject, puts paracentesis in even a worse light than that in which it has been generally regarded, so that many will be awed by that authority from attempting even this form of relief to the sufferer. Under these circumstances I am induced to submit the following cases, which are all that have occurred in my practice, in the hope that they may contribute to the assurance that homœopathic medicines possess the power of controlling the dangerous effects of the operation, and even of averting the further return of the disease.

Miss E. T., aged 74. In September, 1851, I was requested to perform the operation of tapping, by Dr. Irvine, the medical attendant. She had twice previously submitted to the operation, the last time some years before. The sac was emptied without difficulty in the usual way, about ten pints of fluid being withdrawn. There were no unpleasant symptoms following, and as the case continued in the hands of her able attendant, I cannot say what treatment was exactly pursued, beyond the fact that it was purely homœopathic. The disease did not return to an extent to cause discomfort, and in July this year she died from senile decay. On examination after death the sac was found attached by a small pedicle to the left ovary; it was unilocular, and contained about three pints of fluid. The operation of tapping, with the judicious treatment, had thus afforded at least nine years of comparative comfort to the patient.

Miss E. M., a healthy looking young woman of 25, consulted me in April, 1852. She had an ovarian tumour, which had gradually been increasing for two years. In December, 1852, after eight months unsuccessful treatment with medicines, I withdrew fourteen pints of fluid. No unpleasant consequences ensued. The abdomen was kept well bound up, and she took *apis mellifica* continually for four months. In October, 1857, the swelling had again become uncomfortably large. Eleven pints of fluid were withdrawn with the trocar, and the same medicine again given for a length of time. In the spring of 1858 she married, and at this date she is well, and no traces of the swelling are apparent on examination. She has had no children.

Mrs. S. J., aged 36, three children, aged 15, 12 and 9 years. In January 1857 she came to be under my care from the country. The abdomen was extremely enlarged; she was much emaciated, but presented no signs of organic disease beyond that of the ovary. The tumour had existed and continued to enlarge for thirteen years. Considering the enfeebled state of her general health, I was reluctant to risk the operation, but at the urgent request of herself and family I withdrew nine gallons and a half of a thick fluid. She speedily recovered from the effects of the shock occasioned by the sudden removal of such a pressure on the abdominal organs. She took *apis mel.* regularly after her recovery. In July 1857 she was tapped again to the extent of six gallons, after which her strength and flesh increased. In February 1858 eight gallons



were withdrawn, and in August 1858 five gallons. She came again in April 1859, but in such a state of exhaustion that I declined to operate, and she died in May 1859. After each tapping she took the apis regularly, and always found it to increase the flow of urine. In this desperate case there were thus only four operations in two years, and death was averted for at least that time, besides a great gain in comfort and usefulness throughout that period.

Mrs. H., aged 38. In September 1859 came under my care. States that some years ago, after a confinement, observed that she had not materially diminished in size even after the birth of the child. She continued to be of the same size; was treated by several surgeons, who declined to tap. In October 1859 I withdrew three gallons of a thick gelatinous fluid, which went quite stiff when cold. She had symptoms of peritonitis of a rather alarming character, from which however she soon recovered. She continued of the same size as after the operation for six months, when she fell pregnant. On examination the abdomen appears the natural size at the six months of pregnancy; the fetal heart is heard distinctly, and the movements evident and strong.

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*The Rights of Man in the Domain of Medicine*, translated from the French of Dr. GRANIER. London, Leath, 1860.

*On Fatty Disease of the Heart, and Softening*, by W. V. DRURY, M.D., &c. London, Sanderson, 1860.

*Contributions to the Hygienic Treatment of Paralysis, &c.*, by M. ROTH, M.D. London, Groombridge, 1860.

*American Homœopathic Review.*

*The Monthly Homœopathic Review.*

*Bulletin de la Société Médicale Homœopathique de France.*

### ERRATA.

- Page 379, line 32, for ganagee " read gawagee.  
 .. 375, .. 33, for " keft " read keff.  
 .. 376, .. 30, omit " you."  
 .. 377, .. 18, for " muscular energy " read muscle.  
 .. 379, .. 18, for " all-powerful " read all powerful.  
 .. 379, .. 30, for " in " read or.  
 .. 382, .. 4, for " respirations " read respiration.  
 .. 383, .. 16, for " delirium " read delirium tremens.  
 .. 385, .. 33, for " base " read horse.  
 .. 386, .. 3, for " stale " read stare.

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