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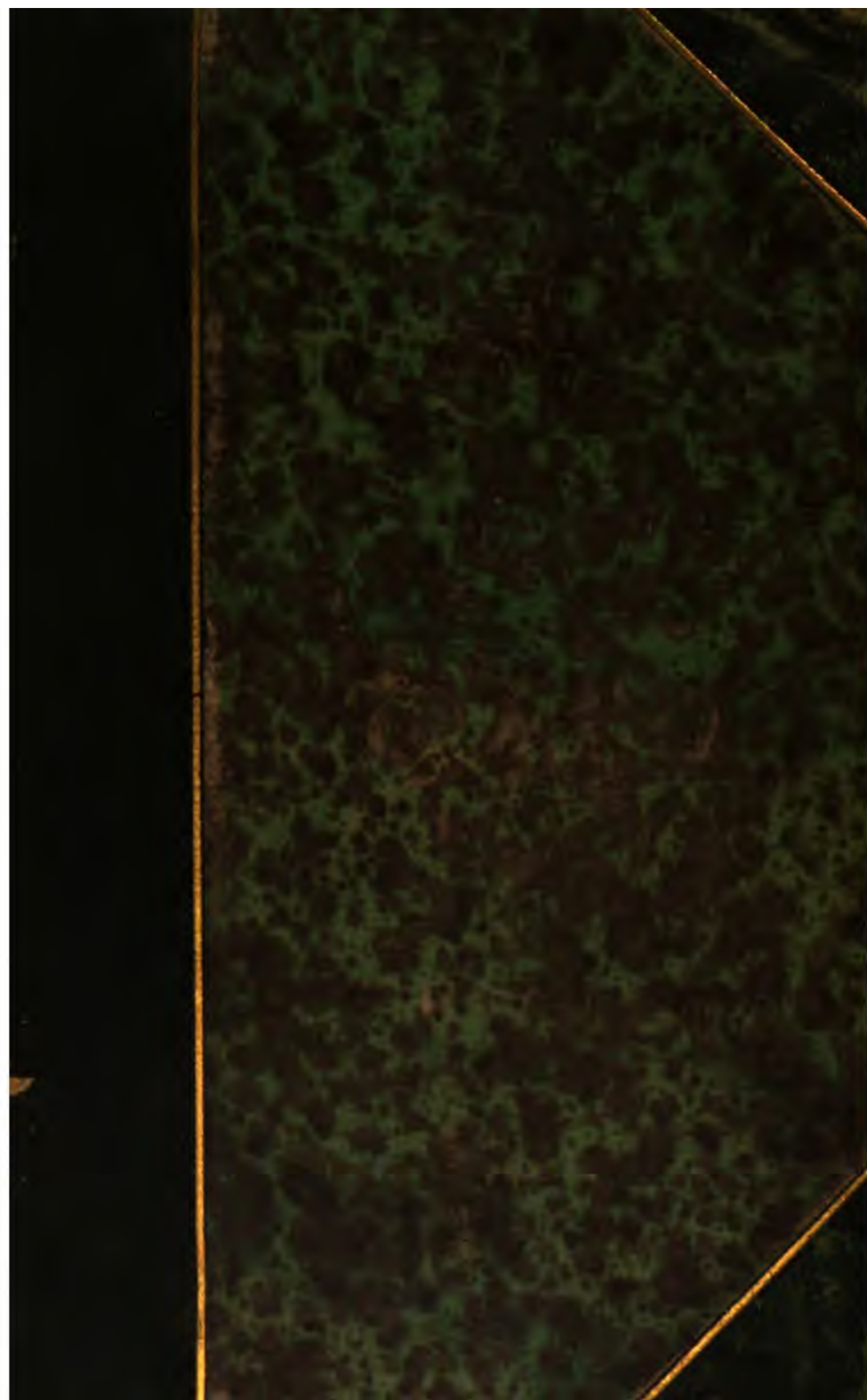
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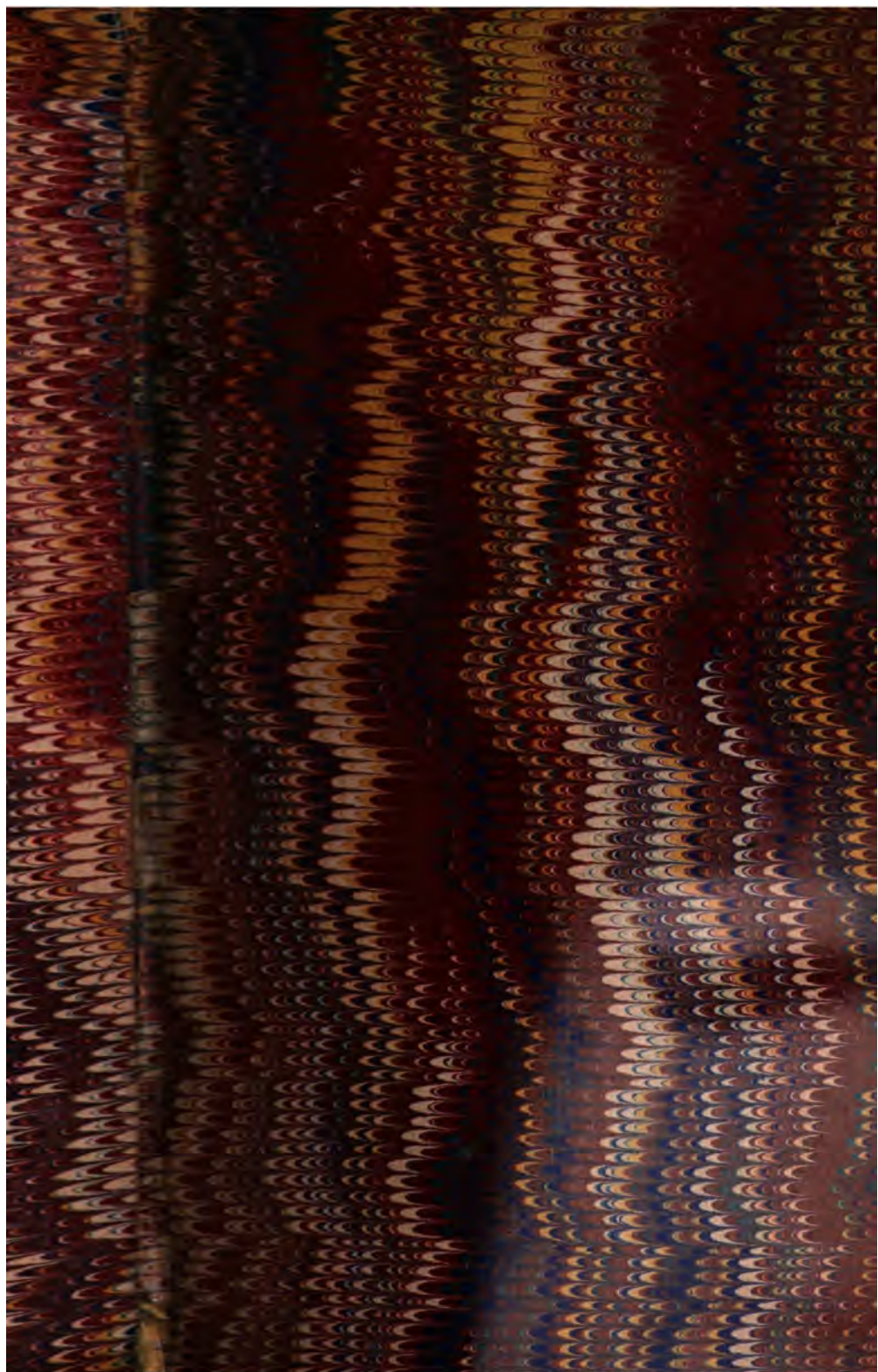
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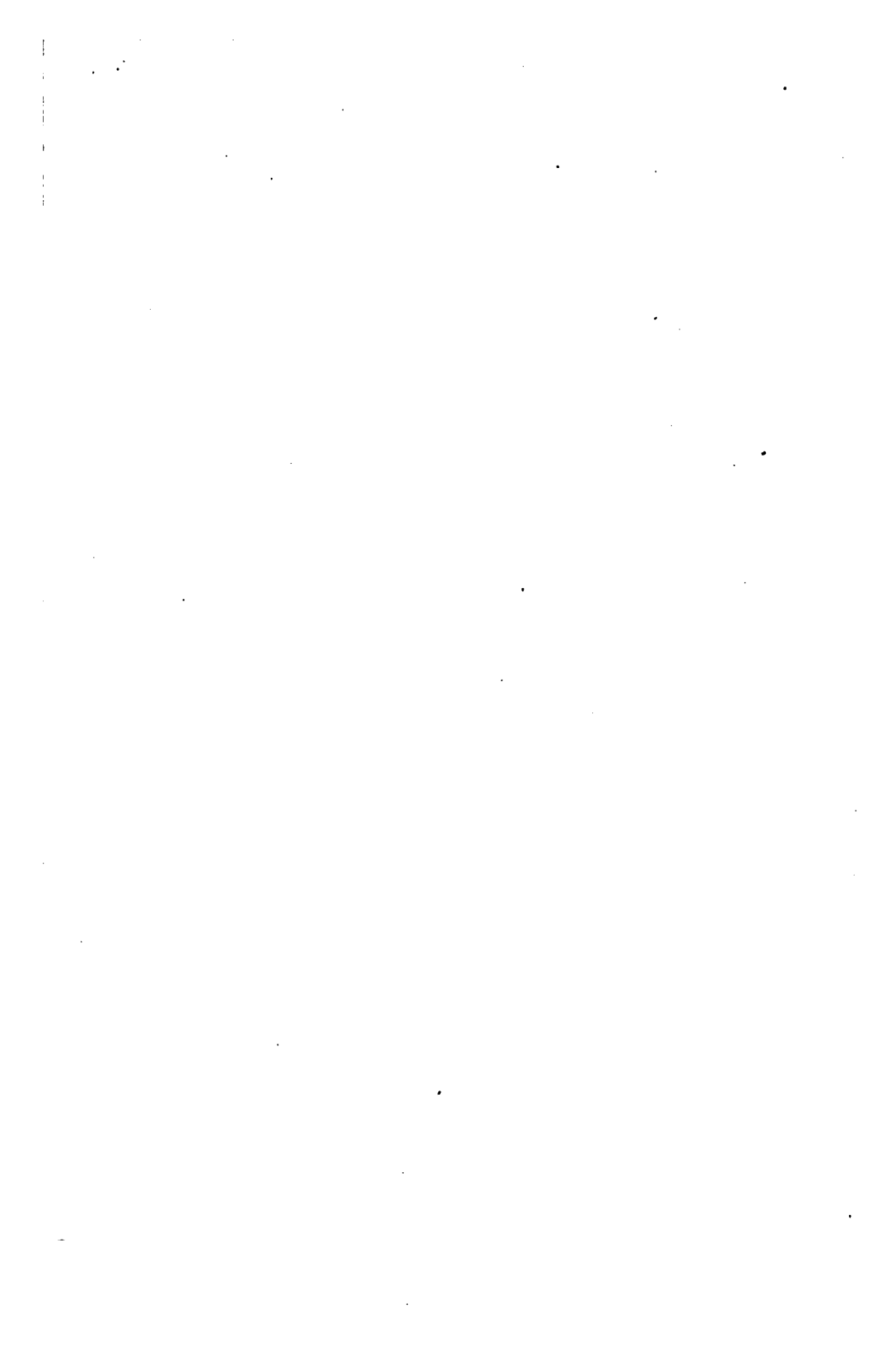
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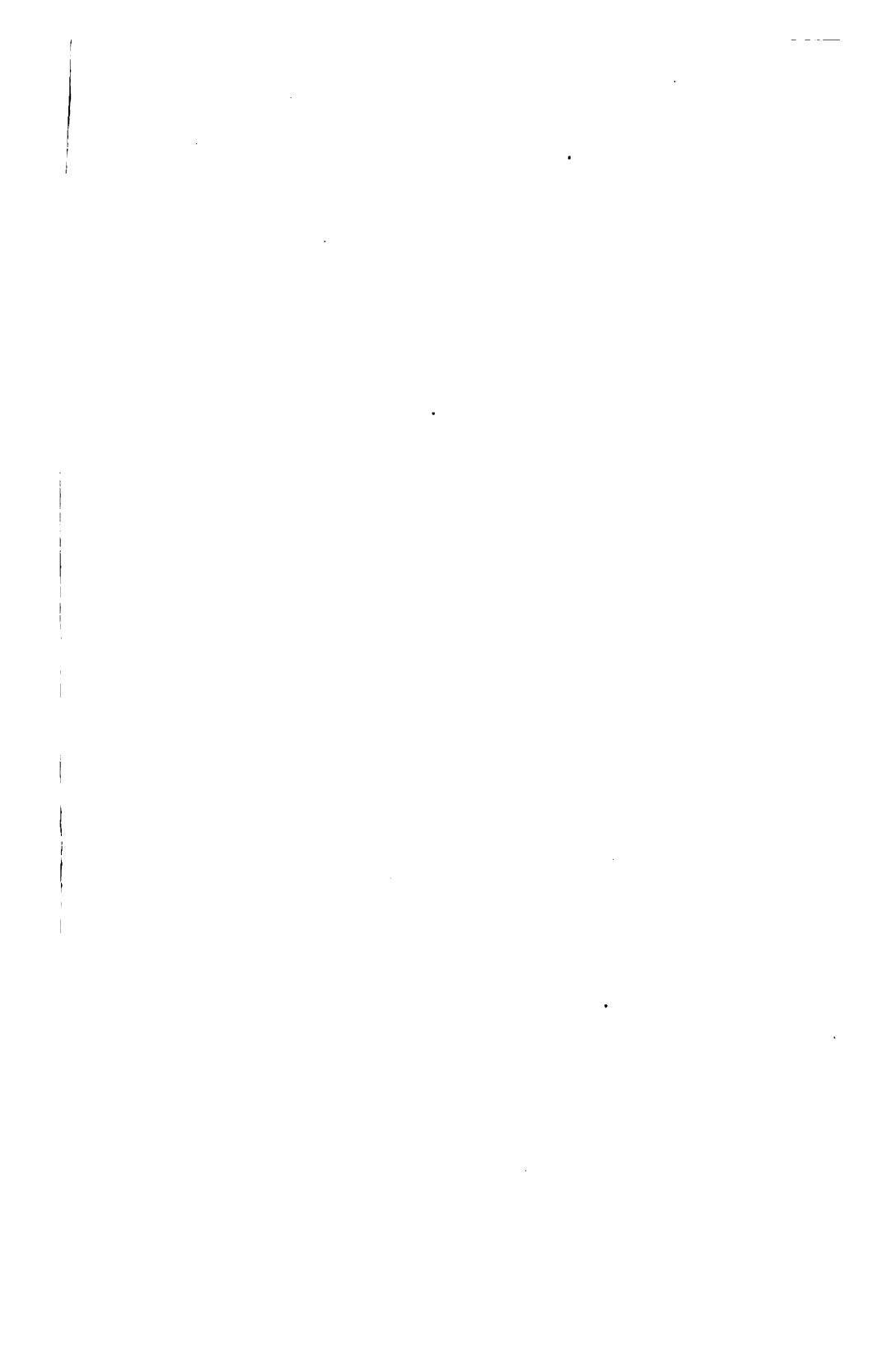












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EDITED BY

J. J. DRYSDALE, M.D., R. E. DUDGEON, M.D.,

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THE
BRITISH JOURNAL
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HOMŒOPATHY.

PHOSPHORUS IN NEURALGIA.

IN the October number of the *Practitioner* Mr. J. Ashburton Thompson continues his remarks on the powers of *Phosphorus* in neuralgia, and mentions several preparations as having been employed by him with varying success. Among others he instances six cases of neuralgia treated with *Zinc phosphide*. "This preparation is said," he writes, "to contain one fourth of its weight of pure *Phosphorus*, of which only a half is available for therapeutic purposes." What he means by that is not clear to us; we would be inclined to think that the whole dose of the medicine given was available for therapeutic purposes, but as *Zinc phosphide*, not in any way as *Phosphorus*, which is quite a different thing. However, let that pass; there are other things that strike us in this notice of *Zinc phosphide*. The writer, it seems, "inadvertently prescribed a quantity equivalent to $\frac{1}{73}$ nd of a grain" in two cases. One of these was a young lady suffering from chronic gastritis, the other a young man debilitated by excessive mental work; neither of them had ever had neuralgia, though one of them had a neuralgic sister, so might be "a favourable subject for the disease." The sequel shows that the other was an equally

favourable subject for neuralgia, though no family predisposition is recorded of her.

These two non-neuralgic persons then, after taking respectively seven and nine doses of this minute quantity of *Zinc phosphide*, "complained of severe frontal headache accompanied by frequent stabs of pain, apparently darting from before backwards to the occipital region, but intracranial, and not attended by any disturbance of sensation in the scalp." Then follows the very curious *dénouement*: "Under a dose equivalent to $\frac{1}{12}$ th of a grain of *Phosphorus* both patients very quickly recovered, and have had no return of pain. These are the only two cases in which, under favourable circumstances of experiment, I have observed any apparent confirmation of the homœopathic hypothesis, and I will not attempt to explain these phenomena from that point of view. But since, after its first prescription by Dr. Radcliffe, the use of *Phosphorus* in neuralgia was practically reintroduced to notice under auspices of homœopathy, it may not be out of place to remark here that it holds no more distinguished a place in the *Homœopathic Pharmacopœia* than the other thirty-and-odd drugs which are there recommended in the treatment of this disease."

There are several statements in this passage which appear to us to require comment.

And, first, we would observe that no conclusion can be drawn relative to the effects of *Phosphorus* from the administration of *Zinc phosphide* or even of *Sodium hypophosphite*. Neither can the cure of symptoms caused by the $\frac{1}{12}$ nd of a grain of a drug by the $\frac{1}{12}$ th of a grain of the same drug be regarded as either a real or an apparent confirmation of the "homœopathic hypothesis." What Mr. Thompson apparently fails to perceive is that the production of neuralgia in patients not subject to that affection by a drug which has the power of curing similar neuralgia occurring spontaneously, as some of his cases prove it to possess, is a real and not at all an apparent confirmation of the truth of the homœopathic therapeutic maxim, *similia similibus curantur*. What Mr. Thompson means by the "homœopathic hypothesis" we do not know, the maxim

being merely a therapeutic rule and not a hypothesis at all.

Again, he might have known that no one neuralgic remedy in the *Homœopathic Pharmacopœia* holds a more distinguished place than another. Every one is equally distinguished for the cure of its own peculiar form of neuralgia. This is one of the most frequent errors of the allopathic sect, treating names in place of individual forms of disease. If there are thirty-and-odd drugs used according to the homœopathic method for neuralgia they are for the treatment of thirty-and-odd forms of neuralgia, and the form produced on the healthy by each of these gives the guide to the form spontaneously occurring it is capable of curing. To his great surprise Mr. Thompson made an accidental proving of the *Zinc phosphide*, and had he carefully noted the pathogenetic effects developed they would have surely guided him to the form of neuralgia for which the drug is curative. That *Zinc phosphide* is not indicated for the same cases as *Phosphorus* is shown by one of his own cases, No. 35, which was fruitlessly treated with the former remedy, but rapidly yielded to the latter. Mr. Thompson would have conferred a real benefit on therapeutics had he set himself to differentiate the forms of neuralgia for which *Phosphorus* and *Zinc phosphide* are respectively indicated.

Mr. Thompson is mistaken in supposing that Dr. Radcliffe was the first to prescribe *Phosphorus* in neuralgia, even admitting, which we are not the least disposed to do, that his prescription of *Sodium hypophosphite* was equivalent to a prescription of *Phosphorus*. Long before Dr. Radcliffe was a doctor, and long before *Phosphorus* had been proved by Hartlaub, it had been successfully used in neuralgia by physicians of the old school.

It may interest our readers to give here a slight sketch of the employment of *Phosphorus* in neuralgia by both schools.

Kunckel (*Chem. Anmerk.*, Erfurt, 1721) was probably the first that used *Phosphorus* for curative purposes. He gave it in the form of pills, and lauds its strengthening and pain-subduing properties. Thirty years later we find a notice of

Phosphorus as a remedial agent in an inaugural treatise by J. G. MENTZ, *Dissertatio inaug. medica de Phosphori loco medicinæ assumpti, virtute medica, aliquot casibus singularibus confirmata*, Vittemberg, 1751.

The *singulares casus* alluded to are mostly of malignant fevers, some petechial. Various allopathic practitioners have confirmed the utility of *Phosphorus* in such cases, and it is well known to homœopaths as a sovereign remedy in typhus. But this by the way.

We shall now give some cases from allopathic authors of the cure of neuralgias of the head by means of *Phosphorus*. The first case is one by Dr. Löbenstein von Löbel from the 22nd vol. of HORN'S *Archiv*, which is given in full detail in the 2nd vol. of FRANK'S *Magazin* (from which we translate) and in a more condensed form in SORGE'S *Phosphor*.

The author (Dr. L. v. L.), a thin, delicate, and highly irritable subject, had had an attack of podagra in January, 1805, which was cured in six weeks. He remained well for two years, with the exception of a violent headache that used to torture him for a day at a time. It was not produced by anything he ate, nor by mental fatigue, but came on without any assignable cause. It did not always attack the same part, but, on the contrary, always chose a new spot, which was sometimes the forehead, sometimes the occiput, &c. Where the pains were most severe the part swelled and caused the most intolerable pain when touched. His mind became so weak that he could not do the simplest intellectual work, and the left eye was so affected by the pain that he could no longer see things distinctly—although no change was perceptible in the eye itself. He considered his ailment to be a transient arthritic headache. [The name is, of course, of no importance, except as it led the patient to use a farrago of anti-arthritic remedies without benefit.] He rubbed his head several times a day with *Camphorated spirit* and dosed himself with *Rad. calam. arom.*, *Tinct. Guaiac.*, and *Laudanum*. At the same time he avoided all intellectual work and bodily exertion and took frequent tepid baths. Still the headache always returned, and that notwithstanding that the doctor employed many other external and internal remedies and was

frequently prescribed for by other doctors. At first the headaches seemed to get better, he had no attack for a fortnight, but they then unexpectedly returned in great intensity, and each successive attack seemed to be worse than the preceding one. They also became more frequent and lasted longer; whereas formerly they had come on only once or twice a week and lasted only one day, now they occurred every two days and lasted without cessation from two to three days. With the headache were associated eructations, extreme weariness of the limbs, a confused empty feeling in the head, low spirits, ill humour, and gloominess; the hair fell out, he had violent pain in the loins after the attacks; the pulse was extremely slow (45); the urine pale, watery, of a disgusting sweet smell; appetite unaffected, except during the attacks, when he felt disgust at all food, thirst, restlessness, and such a feeling of anxiety that he could neither lie, stand, nor walk.

In this state of things he took, every two hours, from twenty to twenty-eight drops of the following mixture:—*Phosphor.*, gr. iv, *Æth. Sulph.*, ʒss, *Ol. Caryophyll.*, ʒss.

After the third dose he experienced agreeable warmth throughout the body, frequent passing of water, cheerfulness, indeed an indescribable joyfulness; the pulse rose; the intolerable aching pain in the head changed to a dull headache; inclination to rest. There was moist skin all over the body and perspiration on the head; he slept quietly through the night and next morning felt wonderfully refreshed. His head was quite free from pain, the weary feeling was gone, the appetite good. He now took twenty-five drops of the *Phosphorus* mixture on sugar every three hours. The following day indescribable good temper and cheerfulness, and agreeable warmth throughout the body. The headache now ceased entirely for a long time.

Six weeks afterwards he got a severe chill, beginning with such a general rigor as if he was going to have a febrile paroxysm. At the same time nausea, uncommon weariness, and return of the usual headache with great severity. He took the above preparation of *Phosphorus* in doses of thirty drops on sugar. After the first dose he felt nothing but warmth throughout the body; half an hour after the second dose he fell into a refreshing sleep that lasted five hours. On waking he found himself in a profuse perspiration, free from headache, quite well, and with

good appetite. After waking he passed red pellucid urine, smelling of sulphur, which, after standing two hours, deposited a thick, white, slimy sediment. The medicine was continued in the dose of twenty-five drops every two hours, from the 18th to the 29th of January, and from that time the patient never had an attack of his most prostrating headache.

Dr. Lobstein wrote a work, entitled *Recherches et observations sur le phosphore, ouvrage dans lequel on fait connaître les effets extraordinaires de ce remède dans le traitement de différentes maladies internes*, 1815.

Among the cases given in this work is the following one of periodical headache, which seems to have been of a typical neuralgic character, though it is not described more minutely than Mr. Thompson's cases. We translate from FRANK'S *Magazin*, vol. iii, p. 875.

A lady, æt. 28, of very excitable nervous character, was subject to a violent headache, chiefly located in the forehead over the orbit, and coming on about every ten days. She had taken many remedies from many medical men and from the author without much benefit. She now got the following prescription:—*Phosphorus*, gr. iv; *Æth. Sulph.*, ℥ss; *Ol. Caryophyll.*, gtt. x. To take twenty-five drops on the commencement of an attack and the same dose two hours later.

One hour after the first dose there was manifest improvement; the attack lasted only three quarters of an hour. No more medicine until the occurrence of the next attack, when the same remedy was used; the attack was much slighter, lasted only a quarter of an hour and never afterwards recurred.

The following case by Dr. Löbenstein von Löbel, quoted by Sorge from HORN'S *Archiv*, is interesting in several points of view.

A. H—, æt. 65, a market porter, had for three years suffered off and on from a violent one-sided headache. His sight too gradually became impaired until he became quite blind. The headache increased and along with it there came violent trembling in the right arm, the same side on which his headache was. There was also great debility, so that he could not raise himself up and complained of cold all over. Amaurosis was

unmistakeable. He had a dull squinting look, the pupils were much dilated, insensible to light and oval-shaped; the corneæ were transparent, and there was no trace of inflammation or redness. He had not the faintest perception of light, was much depressed in spirits, and talked much about dying.

On the 17th April, 1807, I prescribed *Phosphorus*, gr. iv; *Ætheris*, ʒss. Mix. From twenty-five to thirty drops every two hours, and alcoholic embrocations.

On the 27th April he got out of bed for the first time, he was cheerful and animated, the headache had not returned, the trembling of the arm was quite gone, but the eyes were not altered. Owing to nausea and burning in the stomach in the beginning of May the *Phosphorus* had to be discontinued for some days, but was again taken until the 9th of June, and an ethereal solution of *Phosphorus* was rubbed on the eyelids and forehead.

On the 10th June the patient was dismissed perfectly and permanently cured. He could never, however, read again, although he saw pretty well, and nothing abnormal could be observed in his eyes.

In spite of the meagreness of the details of the case it seems to have been one of fully-developed glaucoma. Several other cases of a similar character are recorded which seem to show the power of *Phosphorus* for the cure of this disease. We may give in this place a very striking one from the practice of the same physician. It is given in full in FRANK'S *Magazin*.

A poor fellow, the usher in a village school, after great exertions and over-heating himself in the autumn of 1805, contracted an inflammation in his eyes with almost unbearable headache and photophobia, which were sadly aggravated by his occupation of teaching and unsuitable domestic remedies. In the autumn of 1806, after the battle of Jena, he had to pass eight days and nights in a wood in the open air with insufficient clothing and scanty food, whereby his malady was much increased, and the exposure he had undergone brought on diarrhœa and a low fever that came on every day about 4 p.m. In this miserable condition he was brought to Dr. L— on the 10th November, 1806. The tarsi were swollen, red, and very

painful, the eyelashes had almost all fallen out from ulceration, the conjunctiva was studded over with small ulcers, the whole eye resembled a lump of flesh sprinkled over with white spots, neither pupil nor iris could be seen. The patient complained of violent burning pains in the eyes; he could not distinguish any object, he could only distinguish light from darkness. From the eyes there flowed a clear acrid water that caused a kind of herpetic eruption on the cheek. In addition there was great general debility, anorexia, pains in the bowels, especially in the umbilical region; constant diarrhoea with hectic fever, pulse small, contracted, scarcely to be felt; body emaciated and miserable; voice trembling; tongue clean in the centre, bluish stripes on its sides that extend to the root of the tongue. At first the general health was restored by a generous diet and appropriate medicines, the herpetic eruption on the cheeks and the chronic ophthalmia were also removed, chiefly by local remedies, such as *Precipitate ointment, &c.* By the 9th of December the sclerotic was quite clean and white as alabaster, the cornea no longer dim but clear as crystal; in short, the eyes were completely freed from inflammation, and the iris and pupil were distinctly visible. All the structures of the eye appeared to be perfectly normal. The pupil had a brownish-black appearance, but there was no trace of milkiness or whitish appearance in it. Many remedies, both internal or external, were administered, but without doing any good. On the 27th March he got the following prescription—*Phosph.*, gr. iii, solve in *Naphth. Vitriol. (Æther)*, ℥ss, add *Ol. Valer. dest.*, ℥ss, d. s., from twenty-five to sixty drops every three hours, the dose being increased by three drops every three days. At the same time the forehead, eyelids, and cheeks were rubbed three times a day with an embrocation of *Balsam. Vit. Hoff.*, ℥ss; *Spir. Sal. Ammon. Caust.* ℥j; *Ol. Chamomil. dest.*, ℥j; *Spir. Vin. rect.*, ℥ss. But this embrocation could not be considered as of much avail, as similar and even stronger embrocations had been used during the whole treatment. Neither is much importance to be attached to the medicated warm baths that were used at first every other day and afterwards every day. After using the *Phosphorus* for twelve days it had to be left off for some days on account of nausea. The patient declared that the light appeared bright and he could see the sun shining better, but he could not distinguish any object.

Soon after this he often felt a painless itching on the eyelids and eyeball. Some days later the doctor visited his patient, who of his own accord had, since last report, been taking the medicine in the dose of from seventy to seventy-five drops every three hours. He now could actually see, though not very clearly. Objects appeared to him as if enveloped in a black veil, and he could not distinguish colours; the pupils, that were previously immovable, now contracted as in healthy eyes, and the previous inanimate look was quite gone. From this time he got daily seventy-five drops of the phosphorus solution three times a day, besides the embrocation and a daily bath. After twelve days the patient came to the doctor alone; he could now see perfectly and could distinguish colours accurately, only objects appeared larger than natural. The *Phosphorus* was now left off and some mild stimulants administered for a short time, particularly *Valerian* in combination with aromatics. In May the patient was again able to take a situation as schoolmaster.

It is not very clear what was the precise character of the amaurosis in this case, but although details are wanting for establishing an exact diagnosis, it is probable that the real nature of the affection was glaucoma. The author himself calls it a weakness of the nerve of the eye, but some of the symptoms he enumerates point rather to the disease we have mentioned. The dilated insensible pupils of a brownish-black colour, with the perfectly transparent cornea and the previous inflammatory symptoms, all seem to point to a glaucomatous affection. We are the more confirmed in our opinion as to the power of *Phosphorus* in glaucoma by the following case, which is related in the *Allg. hom. Zeitung*, vol. xxii, by our old friend the late Dr. Weber, of Hanover. We make no apology for giving it at length here as it bears also upon the neuralgic question.

William M—, of Hanover, æt. 24, tall, thin, small-boned, pale-complexioned, of reflective disposition; especially disposed to dwell upon his malady; had suffered for two years almost uninterruptedly from headaches, often only one-sided, the character of which was aching in temples and forehead, unaltered by movement or rest. Sensation of ebullition in the head, with pale suffering expression of features. The pains in the head are increased by

the slightest pressure of the hat. Constant stuffed nose; continued burning in the eyes, which have a peculiar brightness; small appetite; after taking ever so little and digestible food, immediate diarrhœa. Four years ago had twice in succession the itch, which was rapidly cured by a grey ointment (*Mercurial*?). Since that time the above-described malady has gradually developed itself. From the 21st August to the 14th September he got *Tinct. sulph.* 8 or 12, a dose every third night. On the latter date the report was, the burning in the eyes worse. Upon falling asleep at night, frequent deceptions of vision, sparks before the eyes, shooting pains through the eyes, appearance of flashes of lightning, the pain of head somewhat diminished. Prescrip. *Bell.* 6, two drops every other day. On the 28th September, I find, from my notes, that I prescribed *Nux vom.* 3, one drop *per diem*; but I have omitted to state my reason for so doing. 2nd October.—Very great weight of head, throbbing, beating and pressure, worst in the left temple, and almost intolerable; *Calcar. carb.* 6. 15th October.—Burning and great heat in eyes; pains in head somewhat less; *Tinct. sulph.* 16. 24th October.—Somewhat better; he again got *Tinct. sulph.* 24 until the 25th November. He now complained of loose motions once or twice a day. This he had suffered from for upwards of a year. By day flickering before eyes. In the evening, when it was dark, flashes before the eyes, violent burning and transient shoots in them; sometimes it seemed to him as if he was looking—even when his eyes were shut—into a sea of fire, or into a large vessel full of glaring red molten iron. What led me for this to prescribe *Petroleum* 3 I cannot now remember. On the 3rd December the patient complained of more pain in the eye than ever; moreover, the deceptions of light were seen by day, though not so frequently as at night. The eyes were so sensitive to light that for several days he was unable to work. At the same time he was deathly pale. If he made his room dark the appearances of light became more pronounced, and they increased with the pains towards evening until far into the night, were of such intensity that he feared they would drive him mad. For several weeks past I had noticed in the eye, in addition to unusual brightness, a slight pale reddish colour of the sclerotic, especially in the external canthi. Being much concerned about the poor fellow, I read all the medical works and periodi-

cases I could lay hands on ; but I could not find any record of a similar case. I came upon a passage to this effect :— “ When the motions are pappy or constantly diarrhœic, *Phosphorus* is indicated.” This led me to the careful study of *Phosphorus*, and I found that it was capable of producing the other symptoms of my patient. I found in its pathogenesis the peculiar headache, the pains in the eyes, the congestions and ebullitions in the head ; in short I found that if ever I had a patient who was precisely adapted for *Phosphorus* this was one. I gave *Tinc. phosph. φ, gtt. xx*, in ʒj of *Alcohol*, and directed him to take six or eight drops of this every morning on an empty stomach. Under this the morbid condition improved rapidly, and in a fortnight or three weeks all the pains in the eyes, together with the photopsia and the headaches—the last not entirely—were gone. I was unable to remove entirely the slight remains of the head pains by means of other remedies.

The above is a graphic description of the first stage of glaucoma, and the effects of *Phosphorus* in checking it are very satisfactory. It is worthy of remark that Hahnemann mentions glaucoma as one of the diseases for which *Phos.* is specially indicated (*Ch. Kr.*, vol. ii).

But to return to our proper subject—the cure of neuralgia by *Phosphorus*. Our homœopathic literature, as might be expected, abounds in cases illustrative of the curative power of *Phosphorus* in neuralgia. An exquisite example of prosopalgia in a lady of thirty-five cured by *Phosphorus* 6 after several other remedies had been employed in vain, is related in vol. vii of this Journal, p. 490, by Dr. Ker.

The following cases are referred to in Sorge's work :

A farmer, æt. 44, accustomed to exposure to all kinds of wind and weather, got a severe chill two years previously, and since then has been a great sufferer. He suffers from severe pains in the head like a kind of stupefaction, with rush of blood and pulsation in the head. Pale, unhealthy, earthy complexion, shooting and drawing in the malar bones, now on one side, now on the other, especially violent after exposure to cold (a kind of prosopalgia). Blue borders round the eyes ; eyes deeply sunk in the head. Frequent bleeding of the gums ; toothache often ; a chill

accompanying the faceache, and accumulation of saliva on the same side of the mouth; he has to spit constantly. Frequent eructations with pain and fermentation in the stomach. Indifference to food; still he can eat pretty well when he sits down to table. Spirits cause burning in the stomach, and tobacco, which he used to smoke all day long, makes him immediately sick. Pain in the bowels, with rumbling of the belly almost incessant. He is sometimes quite distended with flatulence. Two painless diarrhœic stools every day. Urine with brickdust-coloured sediment. Frequent coryza. Rheumatic pain, tensive drawing and tearing in the limbs here and there, alternating with the pain in head. A chill is what does him most harm, and rouses up all his morbid symptoms. Weariness, bruised feeling, heaviness and weakness of all limbs; he cannot walk far without fatigue. All exercise has such an effect on him that he sinks down quite exhausted. Sleep good; spirits always bad; melancholy, anxious, and hypochondriacal.‡

He got *Phosphorus* (dilution not mentioned). This acted so well that in four weeks he was able to walk twenty miles to see me. He was in high spirits, his pains having completely vanished. Head all right, spirits cheerful, appetite good, and he again relishes his tobacco. Seen half a year afterwards, he was still quite well, and assured the doctor that his powders had restored his youth. (Gaspary, *Ann. d. Hom. Klin.*, Bd. III, p. 30.)

A man, æt. 30, of robust frame, had suffered for eight years from faceache, for which numerous allopathic remedies had been tried in vain. As a last resort it was proposed to cut the nerve through; but before submitting to this he thought he would try homœopathy. The commencement of the disease eight years ago seems to have been a chill he got while in the army. Since then he has been troubled almost constantly with it; it sometimes leaves him for a few hours—seldom for several days. His symptoms are as follows: Vertigo on rising in the morning; it seems then that the blood rises to the head. For this he has had many bloodlettings, purgatives, &c., without relief. Itching over the left temple and side of the face. Tension in the skin of the face on the left side. Face puffed and pale. Dull tearing in the whole of the left cheek; dull painful drawing on the

upper jaw of the left side as far as the root of the nose. Pains and stitches in the cheek, proceeding from the left upper maxilla, extending to the maxillary joint and to behind the ear. Acute pain on opening the mouth through the whole of the left side of the face. With the exception of these pains his health was good. He got a dose of *Phosphorus* (quantity not specified). For the first two days after taking the medicine the pains were much worse; but after a week they became slighter, and by the end of the fortnight they were quite gone. Seen two years afterwards, he still remained quite well, though he had been frequently exposed to cold. (Gaspary, *Ann. d. Hom. Klin.*, III, 410.)

A gamekeeper, æt. 36, had always enjoyed good health until a few months ago, when he got a severe chill by falling into the water and having to remain a considerable time in his wet clothes. From this time he was ill, and tried first all sorts of domestic remedies without effect, and then he put himself under a physician. He prescribed almost every remedy in the pharmacopœia, with the effect of making him worse. He got so bad that he was confined to the house, and could no longer follow his occupation. His symptoms were as follows:—Heaviness and pain in the whole head; he is unable to think, and he is often as giddy as if he had been drinking. Drawing and aching in the forehead; drawing, shooting pain through the whole of the right side of the face from the temple to the chin. Drawing in all the teeth; disgusting taste. The mouth is always full of mucus and saliva which he must constantly spit out. Eructation after eating and drinking. Pressure and full feeling in the stomach, which is tender to the touch. Pains in bowels, loose motions; pains in loins and limbs; tearing and drawing here and there in the limbs, and stitches behind skin and flesh. He could do nothing on account of weariness and weakness of limbs. Beaten feeling and coldness throughout the body. He cannot bear the open air. Laziness and sleepiness; he wishes to lie down constantly. Sleep full of dreams. Low spirits, irritability, very restless and anxious, tendency to weep.

He got one dose of *Phosphorus* (quantity not stated). Aggravation for the next two days. On the third day he was better, and he continued to improve from day to day, so that in four

weeks he was quite well, and could resume his occupation. He needed no further treatment. (Gaspary, *Ann. d. Hom. Klin.*, III, 428.)

A man, æt. 39, who had hitherto been always weak after mental worry, suffered for a year from jerking, tearing pains in the teeth and cheek of the left side that extended on the forehead into the right temple. Left cheek swollen. The pain is aggravated by taking anything cold in the mouth, by cold air, by drawing in cold air, by cold wet weather; amelioration by warmth. He is always chilly, perspires rarely; has furred tongue; complains of pressure on the chest; has frequent cold in the head, with fetid smell and sneezing, with occasional watery discharge from the nose. *Nux. vom.* 6 and 200 and *Sulph.* 30 did little or nothing to relieve the patient. Two doses of *Phosphorus* 30 on two successive days cured him completely and permanently. (Haustein, *Prager Med. Monatschrift*, iv, 193.)

A woman, æt. 74, had suffered for ten years from tearing and shooting pain in the right cheek up into the head. Aggravation from speaking, eating, and swallowing. Tendency to perspiration, weariness, vertigo, so that she could hardly walk without falling. *Phosphorus* 2, a dose every day, for twelve days, did little good. More good was effected by twenty-eight drops of *Phos.* 1 in two ounces of water, two teaspoonfuls per diem. A complete cure was effected by from fourteen to eighteen drops of undiluted *Tinct. phos.* in water. (*Allg. Hom. Ztg.*, xxxiv, p. 328.)

A man, æt. 50, had suffered for several years from faceache, for the cure of which he had all the teeth in his lower jaw drawn without benefit. The symptoms were—violent tearing beginning in the gums of the lower jaw, then growing worse and extending over the upper maxilla into the fossa infraorbitalis. The attacks are brought on by speaking, eating, or the slightest touch, and last several hours; at the same time tearing in the top of the head, noise in the ears, feeling of tension in the cheek, as if the mouth could not be properly opened. Four doses of *Phos.* (strength not mentioned), one every five days, cured him completely. (Schindler, *Prakt. Beitr.*, ii, 5.)

Instances of the remedial power of *Phosphorus* in

neuralgia of head and face taken from homœopathic literature might be adduced to almost any extent. Space will only allow us to quote a few more.

Charles A—, æt. 26, a labourer, was admitted 18th January, 1869, with a headache which he has had for five years, the pain shooting from one temple to the other, and at times flying through to the occiput, coming on at irregular intervals, but generally brought on by stooping his head ; is worse in front of the head. The paroxysms are preceded by dimness of sight, and accompanied by a feeling of sickness. Not subject to pains in any other part of the body. Food appears to him not to digest properly, and his appetite is very indifferent ; does not relish anything. Bowels are irregularly confined and relaxed ; relaxation for a day or two, and then constipation for a week. Prescribed *Phos.*, 3rd dec.

January 28th.—Certainly better ; headache very slight and wholly confined to the forehead. Bowels have acted regularly, no dimness of sight. Continue.

February 1st.—Once or twice during the week has had a severe headache ; but in other respects very much improved. Continue.

17th.—Well in every respect ; has not had any headache. Dismissed cured. (Dr. R. Cooper, *Monthly Hom. Rev.*, vol. xiv ; p. 272.)

Fanny C—, æt. 26, a thin, spare woman, was admitted 11th August, 1869, having suffered six months' intense pain in face and head. Darting pains in different parts of the face, beginning in uncertain places ; worst when exerting herself and when nursing, which she is doing just now. The pains move about every month, and are generally protracted and very severe when they commence at night, as well as when she is eating, at which time the face is very tender ; but the tenderness does not continue long after. Gums not sore ; but teeth decaying rapidly. Much flatulence and weak feeling on the chest. Bowels regular and tongue clean ; urine rather thick. *Phos.* 30 dec.

25th.—Her face has not been so painful, but her chest is extremely weak. The darting pains much relieved in violence, but not yet well. Is never kept awake by them now. Continue.

September 1st.—Very much better ; has scarcely felt any pain,

and chest is much stronger. A slight aching on right side over liver. *Sacch. lact.* for a week, then *Phos.* 30 for a week. Did not make her appearance any more. (Dr. R. Cooper, *Month. Hom. Rev.*, xiv, 273.)

On the 24th September, 1854, I was called to see Mrs. E. B—, æt. 20; blue eyes, light hair, short stature, thin. When six months pregnant she was taken one day, while getting dinner, with severe pains in her stomach, appearing in paroxysms, continuing in the same form for three days. In a few hours, after leaving the stomach, the same kind of pain appeared in her left temple, extending to the eye, teeth, and side of head. The pains were described like sticking the parts with a knife, and were so severe as to make her wholly beside herself. Severity of the pains seemed to be the great characteristic point in the case. For one year she had been under the care of three physicians at different times—one homœopath and two allopaths—without relief. Remedies given not known. The birth or nursing of her child had no apparent influence in changing the nature of the pains. She had no belief that she could be cured. She got *Phos.* 80, a dose every six hours. The first dose relieved the pains entirely. Up to this day (1869) she has never experienced any similar pains. (*Am. Jour. Hom. Mat. Med.*, ii, p. 243.)

These instances will suffice to show that *Phosphorus* has been recognised and employed as a remedy in neuralgia by adherents of both schools certainly long before Dr. Radcliffe employed in such cases the *Sodium hypophosphite*. While like most remedies brought into use in the old school practice it was soon forgotten, it has always retained its proper place as a neuralgic remedy in the practice of those who acknowledge the homœopathic principle as a guide in the treatment of disease. The reason of this is sufficiently obvious. The allopathic sect, disdaining a knowledge of the pathogenetic effects of a drug as a guide for its administration in disease, have no method for determining the exact cases for which it is suitable. They consequently rely on the crudest empiricism. Some accident or caprice has led them to try a drug in a disease. If it succeed they immediately set about administering the same drug in every case

of the same disease that presents itself, though the cases may widely differ from one another in character while called by the same nosological name. Failure here is inevitable. To take the instance of neuralgia and *Phosphorus*. This drug is applicable to only a given kind of neuralgia, and if administered indiscriminately to all cases of neuralgia it needs must fail to cure some, and thus its therapeutic powers are discredited, and it falls into disgrace as rapidly as it rose into favour. Such has been the process pursued by Mr. Thompson. He has been lucky to meet with so many cases for which the drug is suitable, and probably he is indebted to what is understood by the genius epidemicus for the nearly simultaneous appearance of a number of cases of neuralgia curable by *Phosphorus*. We venture to predict, however, that if he goes on in this kind of fashion he will soon meet with an equally numerous series of cases of neuralgia in which *Phosphorus* will be useless.

In our school we escape those fluctuations of opinions with respect to the value of drugs for which our opponents are so distinguished. The provings on the healthy teach us the precise forms of disease in which each drug must be used, and with the sure foundation of pathogenetic knowledge we are independent of accident and caprice in the selection of our remedies, and run little danger of discrediting valuable drugs by ignorantly administering them in unsuitable cases.

CASES OF LEAD POISONING FROM WELL WATER.

By Dr. J. W. VON TUNZELMANN.

HAVING recently had some serious cases of lead poisoning under my care, which occurred under circumstances where one would not have expected to find such a deleterious agency at work, viz. from well water having become

impregnated with lead to a dangerous extent, I report them, as they may be interesting to others. I sent an abstract of them soon after their occurrence to the *Medical Times and Gazette*,* as I considered it my duty to inform my colleagues (of the profession as a whole) in this neighbourhood, of what I found to have been going on unperceived for some time. The chief interest of these cases to us as homœopathic physicians consists in the assistance which I derived from our law of healing, in its practical working, in arriving at a correct diagnosis before any very serious mischief had occurred.

CASE 1. *Diplopia*.—I was requested at the end of April, this year, to see Miss A—, æt. 23, who had suffered for some days from a troublesome affection of the eyes; she could not see anything distinctly, objects appeared double, except when she was quite close to them. She appeared to be in very good health otherwise, complaining only on being closely questioned of lassitude, and a weary feeling in the back, hardly amounting to pain; there was also a tendency to constipation, but it was not troublesome; there was no headache, no pain in the eyes, and no *photophobia*. The only constitutional state that was amiss was a tendency to relaxed throat in damp weather. The catamenia were generally two or three days before the time, but otherwise normal. The mother of this patient, accustomed to act on her own responsibility, as there has not been, till quite lately, a resident homœopathic physician at Wimbledon, had given her *Gelseminum*, on the recommendation, I believe, of Dr. Ruddock, in one of his domestic works; it had not produced any effect. I could not satisfy the anxious questionings of the mother as to the cause of the ailment. Miss A— was fond of study and had been learning German diligently, and therefore it might have been partly owing to fatigue of the eyes and brain, but as there was no *photophobia*, that did not satisfy me, though I could not suggest any other cause for this state of things. I gave her *Belladonna* 3, and as all the *solanaceæ* produce *diplopia* in

* *Med. Times and Gazette*, September 27th, 1873.

large doses, I was at least acting by rule, to which we are sometimes reduced in obscure cases.

I saw her again in three days, and had studied her case meanwhile: there was no improvement and I gave her *Conium*, as *Con.* produces diplopia as a pathogenetic symptom, and it is also an excellent remedy in hysteria, and for lack of evidence I could only regard this diplopia as a sympathetic hysterical symptom. She took *Conium* in different dilutions for ten days, and as there was no perceptible improvement, and there was an opportunity of sending her to Hastings with a relative, I recommended the change and also advised Mrs. A— to let her daughter have the benefit of the advice of a homœopathic physician of eminence at Brighton, under whose care a sister of my patient had recently been while at school there. *Phosph.* was recommended, in alternation with *Nux vomica*, and these medicines were taken for some time, and apparently with some benefit, but as the change had to be taken into account also it was hard to tell what share the medicines had in the improvement. She was away for three weeks, and on returning continued the medicines, but as no further improvement took place, I recommended after three weeks another change, and she went to Chiselhurst, still continuing the same medicines, except that after a while *Ignatia* was substituted for *Nux vom.*, as she had begun to suffer from headache. She remained at Chiselhurst for three weeks, and on returning was able to report a very distinct improvement. While at Chiselhurst she had been able to drive a pony phaeton, which she could not do at Hastings, showing that the vision was decidedly improved. The improvement did not progress after her return, the medicines were therefore discontinued, and *Phosph. acid* alone given for a time, on account of the continuance of excessive lassitude. While I had been relieved of the immediate responsibility of the case I had still been considering it carefully, and I felt convinced from the persistence of this one symptom, while the general health was not amiss in any particular way, not more than we constantly find in young ladies of the present day, that

there was some hitherto undiscovered influence at work which was producing it. I was strongly inclined to give *Plumbum*, as that is one of the medicines which produces amblyopia more markedly perhaps than any other of the medicines whose action is of sufficiently long duration to be relied on in chronic cases, but I felt that I ought to be quite sure before giving it that lead was not the cause of this ailment. I therefore questioned Mr. A— about the water supply of the house, thinking that as it lay at a distance of about 200 yards from the main road, possibly the water which supplied the house was conveyed to it by a leaden pipe from the main in the road; but I learned that the house had a well from which all the drinking water was derived, and I therefore came to the conclusion that I was not on the right track, and I turned my attention to the paper hangings of the house, as arsenic produces amaurosis with all the minor symptoms in that direction. One paper was found in the dining room which was of a dark green colour (a flock paper); it had been up for sixteen years, and on being analysed by Dr. Williamson of University College, was reported to contain arsenic in considerable quantity. I expected this from the colour of the paper, but as the pathogenetic symptoms of *Arsenic* which have been observed in cases of poisoning from arsenical paper, have all been more or less of an inflammatory character I did not feel at all sure that the ailment would cease on removing the paper. Its removal was, however, decided on, as the family did not relish the thought of inhaling poison any longer. Meanwhile I had been attending a case of a different nature, not far off (about a quarter of a mile), one which gave me still more anxiety, and which I will now relate, as it became the key to this one.

CASE 2. *Icterus saturninus*. —I was requested, on June 11th, this year, to see the cook in one of the best houses in the outskirts of Wimbledon, who had been ill for three weeks; she vomited constantly, not being able to retain any food; there was also constant nausea, and even when no food was taken, there was still frequent vomiting of a

greenish watery fluid. She had been taking different homœopathic medicines, given to her by a member of the family, without any relief. The skin had a yellowish tint, the conjunctivæ were also decidedly yellow; the tongue furred, the mucus on its posterior part very yellow; she complained of a horrible taste in her mouth; there was no abdominal pain (neither at the epigastrium nor in either hypochondriac region); there was no tenderness in the region of the liver, even on strong percussion, and the region of hepatic dulness was not increased—the abdomen, in fact, appeared in every respect normal except that, after retching, she sometimes felt slight pain in the lower part of it, evidently of a myalgic nature, from fatigue of the abdominal muscles; the bowels were very confined, not having acted for several days, and I was told that this was her great constitutional trouble. The case was puzzling, as there was no definite symptom but the vomiting, which was very frequent, and she was extremely debilitated. I gave her *Lachesis* 6, which I had by me, as another of the snake poisons (*Crotalus*) has been found, in the Southern States of America, to be one of the most efficacious medicines in the homœopathic treatment of yellow fever, in which malady persistent vomiting is one of the gravest symptoms (in fatal cases of snake-bite vomiting is often, though not always, a prominent symptom); claret and water, and beef tea (cold), in small quantities, were ordered. On the following day I found her decidedly better, the vomiting being much less frequent. She continued to improve for two or three days, so as to be able to take a little fish (sole), but whatever she took came up after a while; *she also vomited very much in the night, especially the early morning* (this was so constant throughout, and as she took no nourishment in the night, from her great aversion to it, it showed very plainly that the vomiting was irrespective of the presence of food in the stomach). What could it be? Other medicines were now given for three or four days, *Mercurius solubilis* 6, *Nux vom.* 8, *Bryonia* 3, but without any good result; then *Hydrastis* 3 was given, which checked the vomiting greatly, and after its continued use for some

days, the bowels began to act, and soon acted once a day. She was all this time only taking beef tea (cold) and water as a drink, as I did not think that the claret agreed with her; she sometimes took a little bread and gravy, and once or twice tried a little fish, and also a small piece of mutton, but as any solid food that she took was vomited, she discontinued this. She improved gradually until July 21, the vomiting ceasing, and nausea only remaining, so that I expected to be able to take leave of her shortly, but on the 23rd a message came to me with a note from her mistress, stating that the vomiting had returned (*in the night*). I sent her *Tartar emetic* 6, and when I saw her on the following day found that she was better, but the bowels were relaxed (they had acted three times) and there was a good deal of rumbling in them. I gave her *China* 1; she improved, but still the vomiting continued, and she became so weak that I was obliged to give her champagne which she relished greatly, and *did not vomit*; she lived on it for three or four days, taking literally nothing else in the way of nourishment (she took about half a bottle a day). I tried to get her to take a little beef tea, but it always made her sick; after four or five days, however, she ceased to relish the champagne, but she was stronger, and began to take spoonfuls of beef tea, but still there was so much nausea that she took very little, so that I told her I should be obliged to give it to her by injection, as I could not let her get weaker than she already was if I could help it; this horrified her greatly, and she began to take more (about a teacupful each day) for a few days, and improved steadily. On August 6th there had been no vomiting; on the 9th also she was still free from it, but complained of a loss of power in her hands, so that she could scarcely do anything with them. All this time the patient had not been confined to bed, though obliged to lie on the bed the greater part of the day on account of excessive debility. I had been studying her case carefully and anxiously, looking over the medicines suggested by our repertories [after *China* 1 she took *Podophyllum* 1, and then again *Lach.* 6, as she never lost the excessive nausea, and there was still

the yellowish tint of the face and of the conjunctivæ, and the yellow mucus on the posterior part of the tongue]. I found that *Plumbum* was so strongly marked in correspondence to most of her symptoms that I referred to Pereira's *Materia Medica*, and found that her case corresponded exactly with his description of lead jaundice; she had the *fætor of the breath* mentioned by Pereira as a symptom of lead poisoning so strongly that a fellow servant who slept in the same room with her told her mistress that she could scarcely endure it. The paralytic weakness of the arms, of which she now complained, is such a well-known symptom of lead poisoning among painters, that I felt it must be a case of lead jaundice and therefore examined her gums; they showed the "blue line" along the alveolar border more plainly than I ever saw it in a hospital patient: that was proof positive. I therefore took home some of the drinking water furnished by a well in the house, and testing it with a solution of sulphuretted hydrogen, found that the water became of a distinctly brownish tint, showing the presence of lead. The water was of such remarkable purity in appearance that it was the last thing that one would have suspected, *à priori*, of being the cause of this illness. As the case was so grave I took, for satisfaction, a specimen of the water to Dr. Frankland, of the Royal College of Chemistry, who tested it, and stated in his report about it as under:

"ROYAL COLLEGE OF CHEMISTRY;
"August 12th, 1878.

"MY DEAR SIR,—I have tested, qualitatively, the sample of water which you left with me, and find that it contains so much lead as to render it quite unfit for domestic use.

"Believe me, yours very truly,

(Signed) "E. FRANKLAND.

"DR. VON TUNZELMANN."

Dr. Frankland has since then determined the quantity of lead in the water of the well (as drawn from the pump of the adjoining house, which is supplied by the same well), about which he reports as under:

24 *Cases of Lead Poisoning from Well Water,*

“14, LANCASTER GATE, HYDE PARK, W. ;

August 29th, 1873.

“MY DEAR SIR,—The sample of water contains 1·547 grain of lead per imperial gallon.

“Yours very truly,

(Signed)

“E. FRANKLAND.

“DR. VON TUSZELMANN.”

The use of this water was stopped, and I did not see the patient again, as she soon after this went to Brighton for six weeks for a change.

October 18th.—This patient has now returned from Brighton and is quite well, better (as might have been expected) than before her illness.

To return now to Case 1.—Having discovered lead in the water of a well in one house, I was naturally led to test the drinking water in the house where my patient with diplopia lives; I had not done so before, as I had never heard of well water having become impregnated with lead; and Dr. Frankland told me that although he has to examine specimens of water by the hundred he has never been consulted about contamination of well water with lead before. Lead was found in the water of this well nearly to the same amount as in the water of the other well, and this explained not only the diplopia, but also the excessive languor from which Miss A— had been suffering. *Lachesis* 6 was given, and the family going to the Lakes, I did not see my patient for six weeks.

October 18th.—This patient has just returned from her trip to the north, her eyes are now quite well; she is only reminded of her former trouble by an occasional sluggishness of adaptation in them.

CASE 3. *Rheumatism, Palpitation, &c.*—The mother of this young lady, subject to rheumatic pains (muscular) for some years (they have lived in this house for sixteen years), has also latterly suffered a good deal from palpitation, with such a distressing craving for air, especially at night, that during the warm weather she was obliged to keep both the door and window of her bedroom open, becoming in consequence deaf from getting a cold in her ears. (This

ease makes a very good proving of lead, giving some of the less frequently observed symptoms.) Different medicines were prescribed for this palpitation, but no medicine continued to afford relief long; *Lachesis* 5 relieved her considerably at last; after taking it for a few days she complained of vague symptoms of indigestion, and *Nux vom.* 3 was given by day, the *Lachesis* being still continued at night, and she improved considerably.

Aug. 14th.—Was sent for this day on account of considerable aching pain in the back (lumbar region, with lassitude, and the secretion of a large quantity of watery urine, on the surface of which a pellicle had been observed, after standing (the same had been noticed about a year previously and occasionally since then). I had not then tested the water of the well, but did so the same day and found lead in it, as before said. The pellicle which formed on the urine passed by this patient, on examination the next day (a small specimen having been obtained), was found to be of pearly whiteness (it looked exactly like spermaceti), with a *distinct metallic lustre*; it left a greasy mark on the paper in which it had been wrapped, *i. e.* fatty matter mixed with lead, in some form. This fact is of extreme importance as showing how the kidneys excrete this mineral poison. A specimen of the urine was examined the next day; colour natural; reaction acid, but not strongly so; spec. grav. 1022; no albumen; on standing for an hour, deposits a light flaky sediment (one fourth), showing under the microscope only a few granules (mucous), and a solitary cell of renal epithelium, containing several fatty globules. I could not find another, but even this one suggests that the lead was excreted as an oleo-stearate of lead, inclosed in cells which, becoming detached, convey their contents into the bladder, retaining their vitality sufficiently long not to burst till after micturition has taken place; then chemical action coming into play, the lead is precipitated (as a sulphide*) and the fatty acids, rising to the surface, on account of their lightness, become solidified on the cooling

* Galena, the native sulphide of lead, has all the appearance of a metal; it is not unlike platinum, being somewhat darker than lead (in its pure state).

of the urine from 98° (the temperature of the body) to the temperature of the atmosphere (at that time about 70°), possibly becoming lime salts at the same time that the lead becomes a sulphide; the precipitated lead adhering to them. In private practice one cannot get a specimen of this nature in sufficient quantity for satisfactory examination, but if any of my colleagues who are hospital physicians should meet with a similar case, this pellicle might be collected in sufficient quantity to be examined by an analytical chemist. This was evidently an attack of renal congestion, a pathogenetic effect of the lead taken, for several years, in the drinking water, and an effort of the system to rid itself of the poison. *Arsenicum* 6 was prescribed, and it relieved the back somewhat, but I advised the lady not to take it except the distress should be excessive, as it was better not to interfere with the process of elimination.

The water of the well, I need hardly say, was not used after it had been found to contain lead. The lady went to the Lakes after this, so that I did not see her again for six weeks. She took *Cantharis* 6 with her, in case the pain in the back (lumbar region), with its concomitant symptoms of great languor and malaise, should be such as to require relief.

Oct. 18th.—Mrs A— is very much better, but still not quite free from pain in the back; the quantity of urine excreted is also still such as to be inconvenient at night.

The weakness of the arms is still felt at times, but not enough to require a course of *Iodide of Potassium* to dissolve the remaining lead out of the system.

CASE 4. *Anasarca and Paralysis*.—In the adjoining house to the one where the case of lead-jaundice occurred, I was requested, in February of this year (1873), to prescribe for the housekeeper, who had swollen ankles; they had been in that state for three or four weeks; she had a sallow complexion; she complained of nausea, but otherwise appeared in good health. The anasarca extended about halfway up the legs. The urine was examined, but nothing abnormal was found in it—it was quite free from albumen. *Arsenicum* 6 was prescribed, and in about two months the

anasarca was quite reduced; during that time she complained occasionally of much pain in the upper part of one leg, and on examination distinct varicosis was found (none existing about the ankles): this swelling of the principal cutaneous vein at the back of the right leg had only existed for a short time (two or three weeks), and *Hamamelis* 3 reduced it in about three weeks:—All this time it was unknown to me that there was anything wrong in the water of the house, and I think it shows the strength of *Arsen.*, in a therapeutic point of view, that it should reduce distinct anasarca, owing, I have no doubt, to the lead in the water, though the water was still taken. The anasarca returned in about six weeks, and was again subdued by *Arsenicum* 6 in about a month. Soon after that the discovery of the presence of lead in the water of the well was made (the house is a semi-detached one, a common well supplying it and the adjoining house, where the case of lead jaundice occurred). Four days after the use of the water had been stopped she was suddenly seized with a loss of power in her hands, one morning, while attending to her household duties (she had awoke in the night with a feeling of numbness in them). I was sent for in great haste, the lady of the house thinking that her servant had been seized with a paralytic stroke (the symptoms would have made me uneasy too had I not then known of the existence of lead in the water, which they had been drinking for three years). I told the lady that I did not expect her servant would become much worse (the use of the poisoned water having been stopped), and this proved to be the case. *Lachesis* 6 was given, and on the following day there was some improvement in the arms, but she complained of a numbness in the legs as well. She continued the *Lachesis* for three or four days, and then took *Phos.* 6, for a few days, improving gradually, and in about a fortnight ceased to be under treatment, slight neuralgia only being at times felt in the legs (it was for this that *Phos.* was given).

CASE 5. *Chronic enteritis.*—Mrs. B—, the mistress of the last patient, consulted me frequently (from the middle of February, when I commenced to attend the family) on

account of troublesome and constant diarrhœa, at times accompanied with a good deal of abdominal pain, and sometimes with very much tenesmus. She had lived in India for about twelve years, and had there had dysentery, which seemed to account for the ailment. Various medicines were given, without permanent benefit, except that *Merc. corr.* 6 stopped the tenesmus, and *Ars.* 6 kept the diarrhœa in check. *Puls.* 3 also gave relief several times, but still the bowels generally acted three or four times a day, the stools being quite liquid; no blood was passed, but mucus sometimes. About the time that the discovery of the presence of lead in the water was made, she had begun to suffer more continuous abdominal pain. Improvement commenced as soon as the use of the poisoned water was stopped; *Puls.* 3 had to be given for about three weeks, else the looseness returned, but with that, in small doses, the bowels began to act naturally (once a day) and continued to do so except when, either from fatigue or a chill, a slight return of the old malady came on.

CASE 6. *Tabes saturnina*.—Master H. B—, æt. 12, the youngest son of Mrs. B—, was put under my care in the middle of February this year on account of the remains of a severe bronchial catarrh (for which he had been treated by a physician from town). I found a tall boy, very thin, in fact so emaciated that I feared I had to do with a case of confirmed tuberculosis. On examining his chest I found that there was evidence of consolidation in the left apex, but as no breaking up of lung tissue had occurred, I hoped that he might still be brought round, though appearances were very much against a favorable issue of the case. There was some loose cough, but not much expectoration; *Hepar sulph.* 6 checked this, and the boy improved gradually, but being very weak, *Quinine* 1 was the medicine chiefly used after the cough had ceased; constipation was a troublesome symptom and *Nux vom.* 3 had to be frequently given; meat three times a day and wine were also found necessary. The constipation increased to such an extent notwithstanding the medicine, and careful dietetic

management (brown bread, fruit, &c.), that fissure of the anus took place, although the bowels acted nearly every day. I need not dwell long on this case, but will only say that as soon as the use of the poisoned water was stopped, the improvement was so rapid that in a month he looked almost as if nothing had ever been amiss. The peculiarity of the state of his chest was that although there was distinct consolidation in one apex, and the appearance of its commencing in the other, there was no râle, moist or dry, and very little cough. When I first attended him, and while the poisoned water was being used, there was scarcely any rising of the upper left chest on inspiration (the respiration being very harsh, almost bronchial), but soon after pure water had been used in the house, the chest began again to expand, and the respiration became puerile. I have no doubt that with care the lung will quite recover itself. The family has left Wimbledon, so that I cannot report the final issue of this case. It seems to me that this was a case of pathogenetic consolidation of lung tissue from the continued use of lead in the drinking water.

CASE 7. *Hæmoptysis and epistaxis*.—Mr. N. B—, æt. 22, an elder brother of the last patient, came to me in the middle of February, informing me that he had coughed up blood for three days, having lost altogether about half a pint. I was anxious about his having come to me, having walked a distance of two miles, but he said that he was accustomed to walking, and it did not fatigue him. I examined his chest and nothing very distinct could be detected, except that the respiration was very feeble in both apices; he had no cough.

I gave him *Arnica*, but he did not continue under my care, not having any confidence in homeopathy; he consulted Dr. Sieveking, who put him on *Iron and Quinine*, and he improved quickly, in fact there was nothing amiss with his health to all appearance beyond a weak action of the lungs, especially the left. He continued under Dr. Sieveking's care for about six weeks, and after the first fortnight was allowed to walk four miles a day, showing that it was

not an ordinary case of incipient phthisis; he could have walked twelve miles with pleasure, he told me. He was very fond of rowing, and being out a whole day with a friend about a month after having left off treatment, got a fresh attack of spitting of blood, again without cough. I did not see any of the expectoration, but he told me that his nose bled at the same time. This was evidently from the exertion, but he had no pain in his chest, and no cough; there was a distinct shade of dulness in the right apex (the left being the first affected). I gave him *Arnica*, and after keeping quiet for a fortnight he was allowed to walk as usual. Soon after this the state of the drinking water was discovered. He looked pale and rather emaciated until the poisoned water was stopped, but after that improved so rapidly that, in about six weeks, one would scarcely have known him to be the same young man. I examined his chest then, and there was still feeble respiration in the left apex, but otherwise no appearance of phthisis.

I have related these two cases, as they seem to me to be purely pathogenetic in nature, and singular in the gradual production, in both cases, of an organic lesion, such as was capable of being detected by the ordinary means of physical diagnosis. I ought to add that phthisis exists in the family on the father's side, but remotely. There are two other sons—one, the eldest, had consolidation of one apex about ten years ago, while at a military college, but is now robust and well; another brother, younger than my patient with hæmoptysis, is an officer in the army and in good health. The family tendency seems to be only sufficient to have determined the action of the lead chiefly to the lungs.

Remarks.—I am not aware that *Lachesis* has ever before been used as a remedy for incipient lead paralysis. I have found it to be most effectual in the cases in which I have tried it. I first used it about twelve years ago, in the case of a dispensary patient, a painter, who came to me with "wrist-drop," which had existed for a few days, and he had been obliged to give up work in consequence of it; it was

my first case. I gave him *Lachesis* 6, from my general recollection of the fatal effects of snake-poison, viz. that death in snake-bite takes place from asphyxia, caused by paralysis of the muscles of respiration. It was an experiment, but it proved to be a crucial one; the man returned in a week so much improved that I was quite astonished, expecting after my experience of the tediousness of this complaint in hospital patients under the best ordinary treatment, that it would be weeks before he would be able to work again; he returned to work in the following week, and did not come to me again, which I have no doubt he would have done if he had had occasion to do so.

In the case of commencing lead paralysis which I have now related (Case 4) the improvement was equally rapid. The same might be said of the relief afforded to the asthmatic suffering of Case 3. These different facts, taken together, seem to point to *Lachesis* as a valuable medicine in some of the conditions produced by lead poisoning, *i. e.*, paralysis and asthmatic suffering, with palpitation of the heart. The lead jaundice was also distinctly benefited by it, and would have been still more so, I have no doubt, had the patient not been taking the solution of lead at the same time. None of our books mention lead paralysis, except Hempel in his *Lectures on the Homœopathic Materia Medica*; he says there, under Oleander, that Hahnemann recommends it in lead palsy. This is not definitely stated in the French translation (1834) which I have by me, though it might be implied from the following statement, "dans certaines paralysies sans douleurs . . . le laurier rose est si-non un moyen propre à procurer la guérison complète, du moins un remède intercurrent indispensable;" this is certainly not very encouraging! If I should have another case of lead paralysis, and *Lachesis* (or *Crotalus*) failed me, I should be inclined to try *Apis*, an allied remedy and a natural analogue of the serpent poisons. I say this on the strength of the record of a fatal case of bee-sting related by Dr. Strong, of Ross, in the September number of the *Monthly Hom. Review* for this year (1873*). A woman

* *Monthly Homœopathic Review*, vol. xvii, p. 569.

was stung on the 23rd of May; on the 28th she said to a friend, who called to see her, "I have lost the use of my hands;" she complained also of her feet, that she had lost the use of them. On the 30th was seen by another neighbour, dying: "her nails had turned purple, her eyes and mouth were open, and she was labouring very hard for breath [*i. e.*, death from asphyxia, as in fatal cases of snake-bite. J. W. v. T.]; she died in about half an hour. After her death I looked into her mouth and found the back part of her throat very much swollen. I think she was suffocated. I do not think she could swallow. A surgeon by order of the coroner examined her body, and found traces of several stings on the back of her neck. The veins of the neck and throat were very much swollen and discoloured. This is much more definite than anything given by C. Hering, valuable as his treatise on *Apis* is. The only pathogenetic symptom in the direction of paralysis which I can find is S. 877, "Eingenommenheit des linken Armes." It was developed in himself, on taking the poison of one bee, in fifteen minutes; he does not say how long it continued, but from the way in which it is recorded in the proving it was evidently only a vague and passing sensation.

WALDENBURG'S EXPERIMENTS ON ANIMALS APPLIED TO HUMAN TUBERCULOSIS AND PULMONARY CONSUMPTION.

(Continued from Vol. XXXI, p. 483.)

WE have now to consider the proofs derived from *ÆTIOLOGY* in support of my theory.

The causes of phthisis and of tuberculosis have hitherto been usually divided into the *constitutional* and the *occasional*. The former were always placed in the front rank, whilst the latter were kept in the back ground, some-

times more, sometimes less so, according to the views which were held respecting the disease. Those who regarded phthisis as an inflammatory affection could not but take cognizance of the immediate or exciting causes, such as taking cold, &c., whereas, on the other hand, those who looked upon tuberculosis as a new formation had to consider such influences as unimportant.

We now recognise only the *essential* causes, that is to say, those factors and affections which occasion the taking up of fine foreign particles into the blood. The constitutional causes coincide in part with the essential, but with this difference that, according to my views, it is not the constitution but the already existent constitutional disease which is the causal force; in other words, tuberculosis results not from the phthisical or the scrofulous habit, but from existent phthisis (cheesy pneumonia), or from scrofula (cheesy lymph glands). The constitutional abnormality is the first instigator to the primary disease (phthisis, scrofula, caseous inflammations of divers organs), and therefore stands in an indirect relation only to the secondary affection, *i. e.* true tuberculosis.

The *exciting* causes are similarly circumstanced. Under this head come cold, excesses, residence in vitiated air, bad and deficient food, mental emotions, excessive exertion, &c. They cannot, according to my theory, directly excite tuberculosis, with the exception, perhaps, of living in foul air; but they can very easily develop the primary affection, and then tuberculosis arises afterwards. Cold, excess, over-exertion, and the like, set up catarrh and pneumonia, which leave behind cheesy products, and in this way generate tuberculosis subsequently. The same causes may likewise arrest menstruation, start an hæmoptysis, &c., and thus lay the foundation of tuberculosis, or bad air, deficient nourishment, &c., bring on scrofula, from which tuberculosis originates later. Accordingly, the causes occasionales are, to my thinking, by no means unimportant; they are the excitors, not of tuberculosis itself but of the primary diseases that lead to its development.

Let us now review *seriatim* the different primary affec-

tions which are followed more or less frequently by tuberculosis.

1. **PNEUMONIA.**—It will not be necessary to enlarge on this subject here, because in an earlier part of my work I fully discussed the important part which cheesy pneumonia plays in the production of tuberculosis, and also because it is a well-established fact that nothing is more common than the combination of both acute and chronic tuberculosis with cheesy pneumonical products. We know that cheesy pneumonia both alone and when associated with tuberculosis constitutes by far the most frequent form of pulmonary consumption. We also know that the pulmonary inflammation which paves the way for phthisis need not be a special kind from the first, but that even simple croupous or catarrhal pneumonia may run on to caseation, and thus lead to phthisis. I have pointed out in a former discussion that the constitutional cause of phthisis is not tuberculosis, but cheesy pneumonia solely; whilst the most common exciting causes, such as cold, excess, over-exertion, &c., likewise point to cheesy pneumonia, as has just been stated.

The historical sketch of the doctrines held respecting pulmonary consumption which forms the introductory portion of my work plainly teaches us that the inflammatory origin of this disease was admitted, without the least doubt being expressed about it, by the majority of writers from Hippocrates down to our own time. This doctrine was first shaken by Bayle and Laennec, but was again stoutly upheld by other authorities, including Broussais, Andral, Cruveilhier, Reinhardt, &c. The disbelief on this matter was based on the recognition of miliary tubercle as a specific formation, and on the fusion of cheesy deposits (infiltrated tubercle) with true tubercles. We who now regard miliary tubercle as a secondary non-specific growth, and oppose the fusion just referred to, give our support to the old dogma that most cases of phthisis, *i. e.*, those beginning with cheesy pneumonia, have an inflammatory origin.

2. **SCROFULOSIS.**—This is one of the most common causes of tuberculosis, although rarer than cheesy pneu-

monia. The connexion of tuberculosis and of phthisis with scrofulosis was a recognised doctrine for more than a century, and the two morbid processes were almost regarded as one and the same. This view was doubtless based chiefly on anatomical structure, especially on the cheesy condition of scrofulous glands being analogous to that of the lung nodules, or "tubercles" of phthisis. Clinical observation also taught that this connexion undoubtedly exists; for the strong tendency of scrofulous persons to become phthisical is a matter of every day experience. This clinical fact will always remain uncontested, although the theories explaining it may undergo ever so many changes.

A. Hirsch, comparing the geographical distribution of scrofulosis and of phthisis, arrives at the conclusion that "in the great majority of localities where scrofulosis prevails consumption also occupies a very conspicuous place in the mortality; whilst, on the other hand, in districts which are exempt from it, consumption of the lungs is little, if at all known."*

It should be understood that tuberculosis and phthisis follow not only the fully developed conditions of scrofulosis, but also when there is merely swelling and caseation of the lymph-glands. The ancients were familiar with this fact, and it has been corroborated both by recent experience and by the post-mortem researches lately carried out with reference to Buhl's theory. The celebrated F. Hoffmann reports several cases in which phthisis originated after the sudden resorption of the contents of cervical glands.†

My theory explains the connexion between tuberculosis and scrofulosis in the simplest manner; they stand to one another in the relation of cause to effect. I do not resort to the indefinite hypothesis of a general cachexia, or one common to both, and still less do I attempt to make the two morbid processes identical. But I defend Buhl's teaching that tuberculosis following scrofulosis takes place from the direct resorption of the cheesy matter contained in

* *Handbuch der Historisch-Geographischen Pathologie*, Bd. II, p. 97.

† *Observations sur la Nature et le Traitement de la Phthisis Pulmonaire*, Tome I, p. 99.

the lymph-glands. Yet I do not think, as he does, that this matter contains any kind of virus, my own opinion being that the indispensable and only sufficient condition for tubercular infection is the resorption of detritus, *i. e.* the corpuscular elements in cheesy masses. Scrofulosis is not a specific, virulent, or contagious disease; its matter when taken up into the circulation acts in no way differently from the finely divided corpuscular particles of non-scrofulous deposits.

In order that scrofulosis may produce tuberculosis, it is necessary not only that cheesy or degenerated lymph-glands be present, but also that they should be situated in immediate contact with blood-vessels. If the glands are surrounded with a fibrous and non-vascular capsule, there is very little danger of resorption, and, consequently, of tubercular infection.

Moreover, as the admission of true corpuscular elements into the blood is essential, according to my theory, for the production of tuberculosis, it is easy to explain why under different conditions a resorption may be quite innocuous. For instance, if a tumefied or inflamed gland in which no cheesy matter has as yet been found is resorbed, say by *Iodine*, the result is ascribed, according to the prevailing opinion, to the elements having undergone fatty degeneration and liquefaction. But if these elements are already shrivelled up in consequence of caseous metamorphosis, they are less capable of passing through a complete fatty and liquefactive process; they, therefore, either remain in the organism as deposits unless expelled, or enter the circulation through open blood-vessels, or through lymph-vessels. Resorption of the former masses does not convey any foreign particles into the blood, and is, therefore, free from danger; whereas, when the latter are resorbed, the blood gets loaded with foreign stuff, and the organs in which this stuff is stored fall into disease.

Not only acute general miliary tuberculosis, but also subacute and chronic local tuberculosis follow scrofulosis, and that whether the cheesy glands are situated in the neck, the mediastinum, the mesentery, or in any other part.

Hence the phthisis of scrofulous persons is in most cases really dependent on tuberculosis, but there is no denying that it may also begin and end as cheesy pneumonia. Indeed, it is quite common for such persons to have a predisposition to catarrh and to inflammations of the respiratory organs. The inflammatory products in the lungs may, in certain circumstances, become caseous, and so set up phthisis either alone or combined with tuberculosis. Besides, my experiments proved that purulent inflammation in different organs can be excited by inoculation, in addition to true tubercles; and therefore it is possible that cheesy pneumonical deposits, as well as tuberculosis, may be developed as the direct result of the resorption of scrofulous matter.

Again, the last-mentioned experimental facts compel us to consider whether the simple inflammatory affections of scrofulous subjects are, or are not, in certain conditions, secondary and due to the resorption of cheesy matter in lymph-glands. I refer to obstinate cutaneous eruptions, inflammation of bones and of joints, troublesome eye affections, &c. Such cases are, no doubt, generally primary, and swollen glands secondary; but there are also many instances in which the glands become tumefied and caseous after an inconsiderable inflammation of the skin or of the mucous membrane, which soon recedes; then at a much later period serious mischief makes its appearance in various organs. Here we are at liberty to refer the latter morbid process to the same long-standing cachexia from which the former and less severe affections originated, an explanation hitherto regarded as the only correct one; or we may consider it as caused, in part at least, by resorption. Let us not come to a too hasty decision on this important question, but rather let us try to solve the problem by the aid of numerous and searching experiments.

I have already in a former division of my work discoursed upon the nature and constitutional causes of scrofulosis. The tendency of the glands to caseation may be traceable to an inherited abnormality in the structure of the lymphatic system. But undoubtedly scrofulosis can also be acquired. Bad air and insufficient or unsuitable

food stand foremost amongst the conditions which produce it; whilst living in small ill-ventilated, dark, and overcrowded dwellings is the most common cause of its acquirement. It is surely an interesting fact that I have observed the occurrence of scrofulous kinds of disease in animals under similar circumstances. I was obliged, it is true, to leave the question open whether inoculation in animals contributed essentially to visceral, skin, and bone affections or whether the external conditions alone were sufficient. Still, it is probable that the cutaneous puncture gave at least the impulse to the general changes, but whether really from resorption of detritus, or from simple setting up of inflammatory irritation, remains undecided.

I must pause here a little to consider the practically important question as to the hurtfulness of vaccination. Opponents of this measure maintain that besides other diseases it is especially scrofula which is transmitted by vaccination. According to my theory, scrofulosis is neither a contagious nor a specific disease; therefore, I emphatically deny the possibility of transmitting any scrofulous virus whatever from one individual to another. It is another matter if we ask whether vaccination is ever able to scrofulise a child which has been vaccinated indifferently from a scrofulous or a non-scrofulous vaccinifer. As the experiments on which my views rest are not yet concluded, and as very many doubts still remain, I do not wish my opinions to be accepted save with great reserve. I believe, then, that vaccination may be an exciting cause in bringing forth scrofulosis in children who already possess the inherited predisposition to the disease; but in this case any other sort of small wound, a trifling catarrh, &c., may have a similar action, and therefore vaccination cannot be singled out as the essential morbid agent. Indeed the most insignificant glandular swelling can remain quiescent and undergo caseation where the liability exists. It is also possible that vaccination gives the accidental impulse to the outbreak of scrofulosis, when the child lives amidst the external injurious influences which are wont to occasion the acquired disease. I have often seen children suffer a long time from

slight skin eruptions after vaccination, but these always completely vanished in the course of a few weeks; if they did not, there was evidence of a disposition to scrofulosis, either acquired or inherited from constitutionally diseased parents. Hence it is idle to talk of an essential perniciousness in vaccination, at least in comparison with the great benefits it confers.

One other point is worth mentioning. Although vaccination with pure clear lymph is without any danger, yet the use of turbid lymph which contains corpuscular elements, *i. e.* pus and blood-cells, is perhaps not altogether beyond suspicion. Attention has been repeatedly drawn to this topic, and a warning sounded against such lymph. Whether or not those cases in which obstinate skin eruptions, slight disorders of weeks' duration, &c., have been observed to follow vaccination, were traceable to this cause, must be determined by more numerous investigations than I have been able to institute. It will therefore be seen that many knotty points remain to be unravelled.

3. HÆMOPTYSIS.—Up to the beginning of this century no one had any doubt as to hæmoptysis being one of the most frequent causes of phthisis. This opinion, however, was abandoned by most men through the authority of Laennec, who maintained that where hæmoptysis apparently ushers in phthisis latent tubercles are then in existence, and that it is never the cause but always the consequence of an already present tuberculosis. It cannot be denied that he was led to these views principally from theoretical considerations. His doctrine that tubercle is a specific new formation was irreconcilable with hæmoptysis being a cause, and hence he had recourse to another interpretation, but no one can possibly assent to it whose observations are made in a candid and impartial spirit, uninfluenced by the bias of a foregone conclusion.

Our forefathers were excellent observers, and the experience they acquired deserves a much higher appreciation than some have thought proper to give it in recent times. They were not equipped with objective instruments for physical diagnosis, and were thrown back on subjective symp-

toms solely ; they had therefore a keener perceptivity than is possessed by those who often treat such symptoms as of subordinate importance in consequence of relying upon objective methods of investigation. Can any keen-eyed and impartial observer deny that many cases of hæmoptysis occur suddenly in persons who are quite well ? Why should it be here assumed for the sake of a theory that there must have existed a tuberculosis which was previously altogether unnoticed ? I have often enough seen perfectly robust individuals who enjoyed sound health, or at least who manifested no abnormal condition, become suddenly attacked with hæmoptysis, whereupon all the symptoms of phthisis followed, and I could bring forward many striking proofs of the fact.

The following appears to me to explain the causal relation between hæmoptysis and phthisis. My experiments convinced me that fresh blood in the air-passages is able to set up inflammation of the pulmonary structures. The same thing occurs in man as well as in animals, numerous observations having convincingly proved that bronchitis and pneumonia are easily lighted up if blood flows down into the trachea after tracheotomy. Why, then, should we not venture to think that blood which gets into the lung without tracheotomy, but is directly effused there, can likewise act as an irritant and excite inflammation ? Have we not observed dry cough, perhaps also dyspncea, pyrexia, and all the symptoms of pneumonia, make their appearance a few days after most attacks of hæmoptysis ? If we once admit that pneumonia can be produced by hæmoptysis, then the possibility of the pneumonical products undergoing caseation, followed by phthisis and tuberculosis, must be conceded.

I believe, therefore, that hæmoptysis may appear in a person perfectly healthy, and either be destitute of results, as I have often seen, or lead to bronchitis and circumscribed pneumonia. The products of the latter diseases become caseous and induce acute or chronic phthisis, with or without tuberculosis, especially in those who possess the phthisical habitus.* The question remains for the pre-

* Here follows a case of Andral's illustrating the above remarks. It is the less necessary to reproduce it in this place, since clinical facts are rapidly accumulating in verification of the author's deductions.—G. M.

sent undecided as to the occurrence of true tuberculosis after hæmoptysis from the direct resorption of degenerated or shrivelled blood-corpuscles, without the intervention of caseous pneumonia. Yet, whilst regarding hæmoptysis as a cause of phthisis, it is perhaps scarcely necessary to add that I do not consider every hæmoptysis of phthisical persons as a primary affection; on the contrary, my opinion is that the most frequent attacks are not the causes, but the consequences of more or less advanced phthisis due to ulceration of the lung. But even secondary effusions of blood may, according to the modern point of view, lead to further pneumonical deposits and to fresh tubercular eruptions. Lastly, hæmoptysis may appear like epistaxis in persons of delicate constitution as an expression of the existing cachexia, and then be the forerunner of phthisis. In such cases hæmoptysis is, no doubt, an outcome of the phthisical habit, but afterwards the immediate cause of phthisis itself.

4. BRONCHITIS.—It is an undisputed fact that phthisis very frequently begins with the symptoms of simple bronchial catarrh, but it is questionable if the latter is always the result of existent tubercle, or of tubercle in course of formation as Laennec teaches. On this point I side with Laennec's opponents, who, whilst admitting that such symptoms are very frequently caused by phthisis and tuberculosis, also hold that a simple bronchitis excited, for instance, by catching cold, may end in phthisis, especially where the liability is present. Laennec's views are based on the theory that tubercle is a specific new formation. The reasons for this theory, which is contradicted by impartial observation, fall to the ground along with the theory itself. When a case presents bronchitic symptoms without alteration of the percussion note, I contend that simple bronchitis only exists; whereas, according to the other theory, latent tubercles not yet discoverable by physical examination must be present. Neither of us, it is true, can bring forward positive evidence in support of our respective views, nor does the conflict of opinion between us admit of adjustment, but it will be conceded that he places an arbitrary interpretation on the

phenomena observed, whilst his opponents are in harmony with views which have long prevailed, and assume as present only what they are in a condition to substantiate by objective proofs.

Bronchitis may run on to phthisis where cheesy products are developed and break down; usually, however, it is succeeded by catarrhal pneumonia which leads to phthisis, and afterwards to tuberculosis.

5. LARYNGEAL AFFECTIONS.—The relation of these diseases to phthisis is of no slight importance. It has been held since Laennec that they are always secondary, and that tubercles, either manifest or latent, must in all cases precede them. This view has been almost uncontested up to the latest date, although Andral and others pronounced against it, and although it seems to be at variance with impartial experience. I myself used to go about my observations as faithfully as any one could possibly do, but very soon numerous cases occurred to me which I did not know how to reconcile with a belief in the accepted creed. For many years, and long before Villemin published his experiments, I was convinced that this doctrine could not lay the least claim to general validity. Having for a considerable period practised as a specialist in diseases of the respiratory organs, I had abundant opportunities of observing cases of beginning phthisis. Amongst them were many with the throat affected, but not the smallest trace of anything wrong in the chest could be discovered by the most searching physical exploration. The disease had begun at once with hoarseness, followed by pains in the throat, whilst cough either appeared long afterwards, or was entirely absent, except in the form of slight hawking. Laryngoscopic examination usually disclosed either ulceration in the larynx, or perichondritis of the arytenoid cartilage, or of the epiglottis. The recent cases were cured by local applications, but the majority, especially when the cartilages were involved, defied every treatment. I have seen the throat lesion increase both in intensity and in extent, and pulmonary symptoms gradually come on, such as progressive dulness of the percussion note, troublesome

cough, and dyspnoea; at last pyrexia supervened, and death became inevitable from laryngeal and pulmonary consumption.

The objection may, of course, be made that at the time when laryngitis appeared, latent tubercles were already present in the lungs and had escaped detection. I cannot rebut this view by any counter-proofs, but I should like to ask the question, why should we prefer, out of respect to an hypothesis whose foundations are now sapped, to suppose that there is something latent and non-demonstrable in an objective condition, instead of admitting the existence of that only which is presented to us by rigorous examination?

I am persuaded that even the least attentive physician will be able to make observations similar to my own, and perhaps has already done so, although more or less biassed by dogmatic teaching. As to the fact itself, there cannot, I think, be any doubt; yet the interpretations placed upon it may vary. My own theory appears to me to be more simple and to have an older historical claim than Laennec's, and, moreover, is not prejudiced by any foregone conclusions.

Nor is the kind of interpretation of slight importance in practice. According to my views every inveterate laryngitis, especially the ulcerative, is a very serious disease, but I think that if we succeed in curing it in the early stage a subsequent phthisis and tuberculosis is prevented. Opponents, however, console themselves in every eventuality with the "non possumus" argument. If laryngitis leads to the development of phthisis, the latter was originally present in the latent form, and consequently its cure would have been impossible in all cases. If, on the other hand, the affection is cured, it was only simple laryngitis, and therefore the favorable result might have been presupposed even from inactive treatment.

Well, then, how is it that laryngitis leads to phthisis? I think in the following ways: Firstly, by simple extension of the inflammatory process to the bronchi and lungs, in which cheesy pneumonical products are developed.

Secondly, by dropping down of purulent secretion into the bronchi where inflammatory products are directly engendered. I have already published the report of a case of this kind.* A man who suffered from perichondritis and deep ulceration of the larynx, followed by pulmonary symptoms, died of stenosis and œdema glottidis, and the post-mortem revealed several disseminated pneumonical deposits in the lung, besides the laryngeal mischief. Professor Virchow, to whom I showed the preparation, expressed the opinion that these deposits were in all probability induced by the purulent secretion from the laryngeal ulcer flowing downwards, and this explanation was, in truth, the only satisfactory one. As simple pneumonia was owing to ulcerative laryngitis in this case, so cheesy pneumonical deposits may be developed in others, and in this way lung phthisis be secondary to laryngeal phthisis. Thirdly, true tuberculosis may be excited without the previous production of caseous pneumonia by resorption of detritus from ulcerative laryngitis, or from perichondritis which usually ends in abscess and ulceration. Further clinical observation can alone determine which of these three occurrences is the most common.

I have considered primary ulcerative laryngitis as an idiopathic and not as a tubercular affection, but, in my opinion, it occurs only exceptionally in persons who are quite strong, and is, as a rule, the expression of a delicate constitution, or of a disposition to obstinate catarrhs and especially to follicular ulceration. Then laryngitis is the first manifestation of the constitutional abnormality, and in this sense plays the same part as cheesy pneumonia and hæmoptysis do in other cases.

The secondary laryngitides which appear in the course of phthisis are much more common than the primary kinds occurring in a phthisical person, and are not by any means always of a tubercular character. I have often seen simple laryngeal catarrh, indistinguishable from ordinary catarrh, and curable sooner or later by local agents, set in during the progress of consumption. Even true laryngeal ulcer-

* *Allgem. Med. Centralztg.*, 101, 102. 1865.

ation complicating phthisis is not always due to miliary tubercles, for we may be dealing with simple follicular ulcers. I have, in certain conditions, seen such secondary ulcers healed, though seldom completely so. Secondary laryngitis is not caused in every instance by generalised tuberculosis, *i. e.* by resorption of detritus from pneumonical deposits, but by the sputa thrown up from the lungs irritating and inflaming the laryngeal mucous membrane.

I have been obliged to content myself with merely touching upon these different questions. It is to be hoped that their great importance will act as a spur to further thorough researches.

6. PURULENT INFLAMMATIONS.—It is an acknowledged fact that these diseases are frequently associated with tuberculosis.

(*a.*) *Pleuritis with purulent secretion* is especially and most commonly followed by tuberculosis. It is not necessary to quote examples and authorities in support of this statement, because the fact itself is beyond contradiction, although the way in which it has been explained is open to dispute. Some have considered the tuberculosis as due partly to the same cachexia which originated the pleuritis, and partly to another acquired from the lingering course of the latter disease. This view, it must be admitted, is a mere makeshift, a cloak for ignorance concerning the nature and causes of tuberculosis, and should be discarded now that a definite and concrete doctrine, that of absorption, has been put forth in its place. That resorption can satisfactorily explain the occurrence of tuberculosis after purulent pleuritis is a thesis which does not require much discussion. We know that tuberculosis frequently supervenes, especially when the empyema has persisted for a long period, and when the secretion has not been evacuated either spontaneously or by thoracentesis, so that inspissation has taken place. The tubercular outbreak usually occurs on the side opposite to the empyema; here, the activity of the lung's functions is much increased, a large amount of blood circulates through the lung, and for these reasons, perhaps, resorption is easily effected. On the other hand, the lung on the diseased

side is compressed, functionally torpid, and separated from the secretion by a more or less thickened false membrane. Whether the empyema must necessarily contain cheesy masses, or whether pus as such is sufficient for the production of tuberculosis, is at present undetermined. Of course those pleuritides which occur during tuberculosis or phthisis, whether of a true tubercular or of an inflammatory nature, should not be confounded with the pleuritis which causes tuberculosis.

(b.) Another precursor of tuberculosis, though a rarer one than the last mentioned, is *purulent peritonitis*, especially when it runs a chronic course and the purulent exudation becomes thickened and cheesy. Here the neo-membrane of the peritoneum and its immediate vicinity are, at first and usually the seat of tubercular formations; it is only later, if at all, that the process becomes generalised.*

(c.) In the same way, tuberculosis follows *caseous inflammation of the urinary and generative organs*. Two striking instances of this occurrence are mentioned by C. E. Hoffmann.†

“In the first case, chronic inflammation of the urinary passage, consequent upon repeated claps, made its appearance at first in the posterior part of the urethra and in the bladder, and extended to the kidneys; the serious mischief thus caused was followed by miliary tubercles in the lungs and the liver. In the other case the patient had first disease of the bladder and chronic inflammation of the testes, then the inflammation spread to the kidneys, and at a much later period miliary tubercles appeared in the lungs.”

(d.) Tuberculosis has also frequently been observed after *inflammation of joints*, particularly the hips. Portal reports two cases of coxitis and one of so-called spontaneous luxation of the thigh, in which phthisis supervened. In the

* The author quotes *in extenso* the particulars of a case recorded by C. E. Hoffman in the *Deutsches Archiv f. Klin. Med.*, III, 1867, p. 108; but it is too long to be reproduced here.—G. M.

† *Ibidem*, pp. 83 and 91.

former cases there was no external discharge of pus. Again, some cases of typical miliary tuberculosis have recently been under observation, whilst coxitis was still recent, at the clinic of Professor Langenbeck. His assistant, Dr. Busch, intends to publish the report shortly. Phthisis is much more frequent when protracted suppuration has been established in the course of coxitis, and is usually ascribed to cachexia. In such cases it will have to be determined whether we are dealing with true tuberculosis or with simple phthisis (cheesy pneumonia), and also whether or not the lymph-glands are in a state of caseous degeneration, because it is only by instituting a comparison between all the factors that we can discover the cause of phthisis. If true tuberculosis be present, then it is referable to the resorption of shrivelled pus-corpuscles from the affected joint, or of cheesy matter from lymph glands; if simple phthisis, then the constitutional abnormality will be specially taken into account, although there is a possibility that it also may have originated from resorption.

(e.) *Chronic abscesses.*—Chronic abscesses, especially when connected with caries of bone, stand on the same footing as joint inflammation, and in this respect caries of the petrous bone is pre-eminently hurtful. The latter is usually considered as tubercular, but, as Troeltsch justly insists, without trustworthy evidence being advanced to support such a view. The cheesy masses which are found in the cells of the petrous bone can be ascribed more simply to purulent inflammation than to a tubercular process; and it is urged by Troeltsch that chronic otorrhœa usually precedes the bone disease, and that the latter is entirely caused by neglect of the former. The experience of aurists who have a rich field for observation goes to show that a large proportion of persons suffering from chronic otorrhœa die from tuberculosis, and that the tubercles are situated very frequently or exclusively in the membranes of the brain. The relation between caries of this bone and meningeal tuberculosis was too striking to be regarded as accidental. Accordingly Troeltsch some years ago arrived

at an independent interpretation which harmonises tolerably well with Buhl's theory and my own.*

It follows from all this evidence that tuberculosis very frequently makes its appearance as a secondary disease after purulent inflammation, and that it does so especially in those cases where the pus cannot be discharged externally, and is therefore retained in the organism. My theory explains the phenomena in the simplest way; they are due to the resorption of shrivelled pus-corpuscles and detritus. Whether the retention necessarily be caseous in order to solve a problem which awaits solution in future researches.

7. "TYPHUS" AND THE ACUTE
has at all times been not unfrequently associated with the acute measles. This fact is in complete harmony with my theory. The former affections are accompanied by the lymph-glands or ulcers in the neighbourhood of the mesenteric glands, the points of tuberculosis. The latter is frequently complicated with bronchitis, catarrhal pneumonia or circumscribed inflammation, and thus induce phthisis which is followed by tuberculosis follows from resorption on the same footing as the acute exanthema.

8. ULCER OF THE STOMACH.—In addition to the frequent complication of the stomach organ with tuberculosis. It is not in fact also into harmony with my view that abnormal elements are resorbed from the ulceration, especially of the stomach and small intestine, in which tuberculosis appears secondarily, according to the observations of Dietrich and of Martius. It is, however, a matter

* Waldenburg gives Troeltsch's views, but it is unnecessary to publish them in this place.—G. M.

for further inquiry whether we are here dealing with true tuberculosis or with caseous pneumonia.

9. **DIABETES MELLITUS.**—This disease is one of the most frequent antecedents of phthisis. Phthisis then depends usually on cheesy pneumonia, for diabetic patients are disposed to inflammation, and it is very likely that the considerable loss of fluid which is constantly going on is the chief reason why the purulent products become cheesy. If cheesy deposits are present, tuberculosis arises, of course, as a consecutive disease. But it is still an open point whether or not primary miliary tuberculosis appears directly in diabetes, without the intervention of cheesy pneumonia. The observations hitherto made are, in my opinion, insufficient to solve the problem, because in published reports phthisis is generally confounded with tuberculosis. If the question be answered affirmatively, we can explain the fact by saying with Dittrich, that the regressive metamorphosis of the tissues is abnormally increased, and that the degenerated elements are resorbed into the blood in the corpuscular form.

This explanation would be all the more plausible if it should be proved that tuberculosis frequently results from an enforced "Banting-Cur," in which rapid reduction of the weight of the body occurs within a short time. The reports communicated up to this day, as far as they are known to me, are much too inexact to enable me to arrive at an opinion as to their credibility, and especially as to whether they have reference to simple phthisis or to tuberculosis.

10. **SUPPRESSION OF HABITUAL DISCHARGES, &c.**—The moderns not only deny, but smile at the opinion that phthisis and tuberculosis are caused by the arrest of discharges, the healing of ulcers, &c.; and yet it was entertained by the most eminent and experienced authors up to the beginning of this century, including Morton, Sauvages, Cullen, and by Portal, and Schönlein more recently. Portal, for instance, refers to the frequent occurrence of phthisis after the healing of skin eruptions, under the name of "phthisis exanthematica." He also speaks of "phthisis

metastatica" as the consequence of drying up old abscesses in any part of the body, and of quickly healing chronic ulcers, issues, purulent surfaces produced by vesicatories, &c., whether the cure of these lesions is brought about spontaneously or by medical treatment.

And Schönlein classified tuberculosis, according to its causes, into the following forms:—(1) simple pulmonary tubercle; (2) menstrual tubercle, with its variety, puerperal tubercle; (3) tubercle from cold drinks; (4) exanthematic tubercle; (5) impetiginous tubercle; (6) arthritic tubercle; (7) inherited tubercle. I am far from assenting to these views in their full scope, but I should like to obtain for them an unprejudiced examination with the aid of all the means of research at our command.

I shall now review the individual factors on which our predecessors laid the most weight.

(a.) *Suppression of the catamenia.*—This usually takes place in the course of phthisis, most frequently in the advanced stage, more rarely soon after the onset of the disease, and is always a "signum mali ominis." This fact was not less known to our ancestors than to ourselves; surely, therefore, they did not refer to such cases when they maintained that phthisis arises in *consequence* of suppressed menstruation. In reality, we can take into account only those instances in which *cessatio mensium* traceable to any cause whatsoever brings on the disease in previously healthy persons. The following notes illustrate this point:—Frau G—, æt. 29, family quite healthy, mother still living, father robust and died of apoplexy. Patient has always been strong and healthy; has had two children, the youngest is two and a half years old. Of late menstruation has been somewhat irregular, but has never stopped. In August, 1867, at a time when the period was expected, she took a cold bath *for the first time in her life*. On returning home after the bath she noticed a few drops of vaginal blood, but no more came; menstruation was arrested at its commencement and has not since made its appearance. Some time afterwards dry cough set in, slight at first and gradually getting worse. In the middle of December she became hoarse, and at a

later period lost her voice ; then followed high fever, night sweats, and excessive wasting. On February 17th, 1868, percussion gave marked dulness at both apices, where there were also loud bronchial breathing and metallic rattles. Examination with the laryngoscope disclosed perichondritis of the arytenoid cartilages and ulceration of the larynx. In these circumstances all treatment proved useless, and the patient died on February 28th.

There can scarcely be the least doubt that in this case the suppressio mensium produced by the cold bath at the menstrual period was the cause of the subsequent phthisis and tuberculosis. In this patient there was no hæmorrhage from the lungs in any part of her illness. In many persons suppressed menstruation brings on hæmoptysis, especially where a disposition to bleeding or the phthisical habit exists.

Hæmoptysis may then be the point of departure of a later phthisis. We frequently observe that persons who are already phthisical are disposed to hæmoptysis at the menstrual period, when menstruation is delayed or scanty—a fact which has a close analogy to those cases of primary hæmoptysis which introduce phthisis after suppressed catamenia.

(b.) The tendency of *chlorotic patients* to become phthisical is beyond doubt. Here also, in at least many cases, secondary phthisis may be ascribed to retentio mensium, but the conditions are too complicated and the causes too obscure to enable us to enter at present into the details, except with great reserve.

(c.) *The suppression of habitual hæmorrhoidal flux* may also lead to phthisis: On this matter I have no experience of my own, but this much I have frequently observed, that arrest of bleeding from the hæmorrhoidal arteries excites various chest and abdominal complaints, increases existent bronchial and pharyngeal catarrh, creates oppression of the chest, &c., and that all these symptoms disappear when the bleeding returns. I have also often observed that bleeding piles give temporary relief in phthisis, but in some cases no effect is produced on the disease. Further obser-

vations must be made as to whether vicarious hæmoptysis, or direct phthisis and tuberculosis can originate from suppressed hæmorrhoidal bleeding.

(d.) *The suppression of the lochia and the sudden suppression of the milk secretion* are still more problematical causes of phthisis. Exact observations on these points are still wanting and wanted.

(e.) *The suppression of long-continued eruptions of the skin* was regarded by old authors as one of the most important causes of phthisis, and in this respect is discussed at length by Portal.* The modern incredulity as to suppressed skin eruptions leading to phthisis finds no slight support in the fact that "itch" was formerly included amongst the exantheams which induce metastasis. We know now that itch and many other exantheams are purely local and parasitic diseases, and therefore the metastasis of such diseases we rightly consider as "ein nonsens." Nevertheless, there is a considerable number of skin affections which were once confounded with itch, and which undoubtedly owe their existence to dyscrasia and not to parasites.

(f.) *The healing of fistula-in-ano.*—On this point my own experience accords with that of the ancients, and I remember two cases particularly in which phthisis appeared in previously healthy persons shortly after recovery from fistula. (Notes too long for translation, G. M.)

In both cases, it seems to me that the relation of phthisis to the cure of fistula can scarcely be a matter of doubt. Both patients had already reached an age when phthisis is not a very common disease, at least a phthisis running so rapid a course as in the first case. Besides, both had been previously quite well in their respiratory organs. In the first case the furuncular eruption at the beginning of the attack may not be destitute of significance in making the correctness of the causative relation still more probable. The second case is one of the most interesting and gratifying in my practice on account of its complete cure when all the symptoms of pulmonary and

* *Observations sur la Nature et le Traitement de la Phthisie Pulmonaire*, tome I, p. 317.

laryngeal phthisis were present. I ascribe the result partly to local treatment,* but chiefly to an issue in the arm that I had made in view of the cause which produced the disease. It is also interesting from its showing the alternation of phthisis with gout, a form of the disease which used to be designated "phthisis arthritica." I have likewise seen several other cases of fistula-in-ano preceding phthisis, but I am not in possession of positive facts respecting their development and termination. I have also frequently observed anal fistula in developed phthisis, but I do not remember that it exercised an essential influence on the progress of the lung disease.

Modern surgeons frequently deny that the operation for fistula is a cause of phthisis. We may conclude from this that phthisis follows the operation in a certain number of cases only, but by no means in all. Even the kind of operation, whether by cutting, or galvano-caustic, &c., may not be without some influence on the result, since resorption of detritus from the surface of the fistula may be facilitated by the one operation and rendered difficult by the other. Besides, operators often quickly lose sight of their patients and learn nothing of their subsequent internal maladies.

(g.) *The suppression of chronic perspirations*, especially affecting the feet, was formerly regarded as one of the antecedents of phthisis. Portal reports a case in which phthisis appeared and ended fatally after the violent arrest of chronic, offensive, and copious sweating in the axilla by means of alum applied locally. Swelling of the arms preceded the phthisis.

I must once more lay stress on the declaration that I do not give my unqualified adhesion to the foregoing views of the older authors: but it seems to me that their experience deserves, and even urgently demands, an impartial examination. We have therefore henceforth to collect new and exact observations with regard to ætiology. The principal point will be to determine in individual cases

* Brushing the larynx with nitrate of silver and inhaling the spray of an alum solution.—G. M.

whether phthisis appearing after the above-mentioned diseases depends on simple cheesy pneumonia or on miliary tuberculosis.

The foregoing examples of metastatic phthisis or tuberculosis are easily explained by my theory. In some cases we perhaps find cheesy lymph-glands, as where chronic skin eruptions have pre-existed, or some other kind of cheesy deposit, such as pus collected in an abscess. In others, vicarious hæmorrhage may be at the foundation of phthisis, as after suppressio mensium ; whilst in anal fistula we may have to do with resorption from the wound. But there are also cases in which none of these explanations avail, and we are thrown back on the ancient doctrine that in certain circumstances the products of regressive metamorphosis are regularly eliminated by ulcers, eruptions, &c., and that when these vents are suddenly closed the products in question are retained in the body, and set up disease in the organs in which they are deposited. Such an hypothesis must appear to be almost incredible as long as suppuration and excretion are regarded as the local operations of tissues. But now that Cohnheim's researches bring us back to the old opinion that pus is separated from the blood, the supposition is by no means far-fetched that foreign and perhaps morbid products also may be separated from the blood along with pus through the channel of suppurating surfaces. This doctrine stamps the apparently local disease as a general one, and explains both the difficulty of curing it and the disadvantage of its sudden suppression.

A REVIEW OF HAHNEMANN'S 'INSTRUCTION FOR SURGEONS RESPECTING VENEREAL DISEASES.'*

By W. B. A. SCOTT, M.D. Edin.

NONE of the writings of Hahnemann appears to me better calculated to induce practitioners of the old school to give at least a hearing to the great master's doctrines than the treatise on venereal diseases by the discoverer of homœopathy. In the year when this work was first published (1789) Hahnemann had not as yet thrown down the gauntlet to the adherents of the old system (if, indeed, an incoherent mass of heterogeneous theories deserved the name of a system), nor had he reached the doctrine of infinitesimal doses which is still believed by many ignorant persons to be the essence of homœopathy, and which, from its startling, and, at first sight, paradoxical character is, doubtless, apt to deter many inquirers from the very threshold of the investigation. We have here simply a learned, modest and ingenuous treatise on a too common disease, in which the author is shown to be at least on a level with the highest authorities of his own day in etiology, pathology, and diagnosis ; while, in respect of treatment, he has anticipated nearly all the improvements which have since his time been gradually and in spite of much opposition introduced into the *soi-disant* "regular" practice. This being the case, it is surely worth while at least to pause and consider whether it may not be possible that the man who, in 1789, "with something of prophetic strain," preached amid the scorn of his contemporaries the doctrines universally received in 1873, may not in 1810 (the year of the publication of the *Organon*) have taught much which the future will confirm, and which it will one day be the acknowledged reproach of the present age to have condemned unheard. If a traveller should find on his

* Leipzig, 1789. Translated by R. E. Dudgeon, M.D., in Hahnemann's *Lesser Writings*.

arrival at each successive stage of his journey that it, as well as those preceding, has been accurately described by one who has previously traversed the same route, surely such a discovery would afford at least a *prima facie* ground for believing that his predecessor's descriptions of the stages which still lie before him are worthy, if not of blind and implicit confidence, at any rate of careful examination. And this appears to us to be no inapt parallel to the case of Hahnemann and his opponents of the present day. One by one most of our founder's doctrines have established and maintained their ground, some even during his own lifetime, but the greater part since his decease. Bloodletting, mercurial salivation, the monstrous treatment of gastric acidity by the antipathic administration of alkalis (compare Drs. Ringer and Buckheim), prescriptions compounded of as many ingredients as the famous dish in Aristophanes, the practice of suffocating a fever-patient in a hot and airless room, and denying him even the cup of cold water which he craves, "heroic" treatment generally, large doses, the "reducing" system, together with many other absurdities against which Hahnemann entered his honest and courageous protest in a minority of one, are now, happily, things of the past; and the once celebrated treatises which extolled them have been deservedly relegated *in vicum vendentem thus et odores*. But while this is the case, the wise old physician who alone, or all but alone, protested against these modes of procedure more than three quarters of a century ago, in the midst of obloquy, derision, and neglect, has been studiously ignored by the very men who have obtruded on the world his discoveries as their own, and who may be said to hold their fame, wealth, and professorial chairs on the all but expressed condition of ignoring or vilifying the genius the results of whose labours they pirate. The professional forefathers of the "regular" school acquired for themselves an unenviable notoriety by abusing Harvey and Jenner, and some still living took part in the disgraceful persecution of Dr. Elliotson by the authorities of a college well known for the loudness and frequency of its professions of unlimited toleration; but, to do the "regulars" of the

present day justice, it must be acknowledged that, in these instances, they are now doing their best to (metaphorically) build the sepulchres of the prophets whom their fathers blasphemed. A harder fate has befallen Hahnemann. While his doctrines and discoveries have been shamelessly plagiarised, being in most cases adopted no less generally than those which deservedly rendered the names of Harvey and Jenner immortal, his fame has been left unvindicated save by his professed disciples; even the tardy tribute of posthumous praise has been denied him, and his conscientious followers are held up to scorn by the very men who disingenuously practise what THEY honestly profess, and labour under the reproach of belonging to a school *ab initio* condemned by the "regulars," no notice being taken of the very essential qualification that what the homœopathic school was condemned for *in initio* is, in most respects, precisely what the "advanced regulars" now find it conducive to the gaining of university chairs, public confidence and remunerative practice loudly to proclaim as discoveries of their own. We propose, therefore, to give a short notice of Hahnemann's treatise on venereal diseases, an able translation of which by Dr. Dudgeon may be found in that gentleman's edition of Hahnemann's *Lesser Writings*.

To begin with the preface. There is little to notice here beyond Hahnemann's liberal acknowledgment of indebtedness wherever such was due (in which the vast extent of his reading becomes apparent) the modesty which leads him to compare his own labours not to "stone blocks" in the temple of science, but rather to "small stones to fill up intervening spaces," and to disclaim all pretensions to high reputation; and the ingenuousness with which, in an age and country fertile in occult remedies and secret modes of cure, he details every step, not only of his treatment, but even of the method of preparing the celebrated "mercurius solubilis" which still goes by his name in treatises on chemistry. It may, perhaps, be worth while to remark in passing that here (p. 6) and elsewhere he uses the term "white precipitate" in the sense of a mixture of calomel and corrosive sublimate, not in that of the amido-chloride

of mercury which is its present acceptance. The directions he here gives for the preparation of his "soluble mercury," though minute and indicative of the most conscientious patience and care, need not be further referred to, as they were subsequently superseded by a more convenient method.

N.B.—It may be as well to state, for the benefit of any allopathist who may condescend to read these pages, that the "mercurius solubilis" does not derive its name from being soluble in water (which it is not), but from its free solubility in many organic acids. This explanation may appear superfluous; but Hahnemann was a good deal stronger in chemistry than most of his opponents, and the same may without either vanity or the profession of anything beyond the most superficial attainment be said of many of his successors.

In his introduction Hahnemann more than once gives some occasion of triumph to his adversaries, as he expresses his agreement with Hunter in some doctrines which subsequent experience has shown (we think conclusively) to be erroneous. These are, (1) that the virus of syphilis and that of gonorrhœa are identical; (2) that the sole difference between syphilis and gonorrhœa consists in *this*; viz. that in the latter the virus is brought in contact with portions of the body devoid of epidermis, while in the former it is inoculated on cutaneous surfaces. (Hahnemann's own meaning would have been better expressed by saying that in gonorrhœa, which he regarded as a purely local disease, the virus merely acted locally on a sensitive surface, but that in syphilis it was absorbed into the system. He himself maintains that, even in the urethra, gonorrhœal discharge may convert an open fissure into a chancre; (3) that there is no such disease as congenital syphilis, properly so called; and that neither the milk, semen, breath, perspiration, nor urine of a syphilitic patient is capable of conveying the disease either in its primary or secondary form. Now, it has of late years been pretty clearly shown, (1) that, in spite of Pope's well-known line, "time" never has "matured a clap to pox;" (2) that pure gonorrhœal

matter taken from a patient not labouring under coexisting syphilis will *not* by inoculation produce a true chancre ; (3) that a *primary* chancre may exist on a mucous as well as on a cutaneous surface (*e. g.* in the urethra, and, in some disgraceful cases, on the lips, &c.), the failure to recognise which may have occasioned Hunter to imagine he was dealing with pure gonorrhœal matter, when in reality the patient from whom he procured it had been simultaneously affected with a urethral chancre ; (4) that cases of true congenital syphilis do really occur ; that is to say, cases where the foetus has been infected in utero or the ovum by the semen, when no local symptoms (as chancres) were present in the maternal passages, such as might have caused inoculation to take place during parturition ; (5) that a mother may thus be infected through her own child ; and (6), though this is less certain, that, in rare cases, syphilis may possibly be communicated to an infant from a syphilitic wet-nurse. Let us, therefore, freely concede to our opponents that on these points Hahnemann was not better informed than Hunter, but shared the errors of the most distinguished pathologist of his age, whom the allopathic sectarians (with much presumption) claim as a professional father. It appears, in fact, that, for once, the founder of homœopathy was not materially in advance of the highest authority among his medical *confrères*. Our opponents are heartily welcome to make the most of this concession ; they need all they can get.

These views of Hunter which Hahnemann was led to adopt were the cause of his following a somewhat unfortunate method in laying out the plan of his subject. He divides his treatise into two parts ; the first part he subdivides into two classes, and each class again into two divisions ; the second part is distributed into five divisions, or sections. In the *first part* he treats, in the first class, of "idiopathic local venereal affections on secreting surfaces of the body destitute of epidermis ;" of this, the first division deals with primary gonorrhœa, and the second division with its sequelæ ; in the second class, he treats of "idiopathic local venereal affections on parts of the body

provided with epidermis ;" the first division of this describes chancre, and the second division gives an account of bubo. The *second part* treats wholly of the diagnosis, nature, and treatment of syphilis,—understanding by this term what is now called constitutional syphilis. Now, while this distribution of the subject has the advantage of enabling us more readily to contrast the corresponding stages of the two chief forms of lues venerea, we have admitted above that (in our opinion) the principle on which the classification was founded (*viz.* Hunter's) has been shown to be erroneous ; to which must be added that it labours under the serious drawback of making no sufficiently well-marked distinction between the hard and soft chancre, terming both alike, as also gonorrhœa "local venereal affections." It is true that at § 270 Hahnemann says, "the earlier a chancre breaks out after infection the more is it disposed to inflammation ; the later it appears, the more readily will the blood be inoculated by the poison and the lues venerea produced ;" and in §§ 266—268 he recognises the greater tendency to sphacelus observable in certain chancres, but he seems to consider this latter phenomenon at any rate due to the individual diathesis of the patient, which is doubtless true in part, but probably not the whole truth. These remarks of his, however, which we have just referred to, may serve to show how, even when misled by a specious prevalent theory, Hahnemann's singular acuteness and solid judgment did not often suffer him to be drawn astray in matters of practice or observation.

When, leaving the formal distribution of the various parts of this treatise, we examine the manner in which Hahnemann has handled the details of his subject, we shall find small room for criticism, at any rate in the matter of treatment, and sufficient ground for surprise and eulogy. In Hahnemann's description of primary gonorrhœa, §§ 12—53, we have the stages of its earlier and later progress vividly and accurately detailed ; the relation between the subjective and objective symptoms clearly set forth ; the concomitant phenomena (such as chordee and sympathetic bubo) well pointed out ; and the disastrous sequelæ,

fistula perinæi, prostatitis, balanitis, orchitis, spermatocele, and so forth, not merely indicated, but correctly referred to their most frequent causes, viz. improper treatment, intemperance, coition, over-heating, chills, &c., Hahnemann also points out that the inflammation of Cowper's glands which so frequently leads to fistula perinæi is probably due to extension, and not to metastasis of the original inflammation. He is, perhaps, wrong in denying the occurrence of true metastasis in some cases of gonorrhœal ophthalmia (§ 35 and note), and he missed what is probably, after all, its most usual cause, owing to his having adopted the theory maintained by the leading pathologists of his own day, viz. that gonorrhœa is a merely local disease. But it is with great justice that he goes on to remark, "there is certainly a sympathy known to exist between the visual organs and the genital apparatus." • This is well exemplified by the myopia and dimness of sight which are such constant results of the habit of masturbation; and a striking instance of sympathy between the visual and *urinary* apparatus is presented by the frequent concurrence of diabetes and cataract. Possibly the coincidence of these phenomena may admit of some explanation on the theory of polar or rather bipolar development which has been so well illustrated by Professor Laycock (*Mind and Brain*, vol. ii). With regard to treatment. The treatment pursued by Hahnemann in 1789 was as nearly as possible identical with that universally adopted in 1873. After remarking that mild cases of gonorrhœa will not unfrequently get well spontaneously, Hahnemann orders frequent ablution of the penis; abstinence from spirituous liquors, spices, and salt meat; prescribes a mild, chiefly vegetable diet with the free use of cooling and diluent drinks; and directs the following anodyne and astringent injection to be used; *Plumb. Acet.* gr. iij; *Opii pulv.* gr. iij; *Sp. Æth. Nit.* ʒss; *Aq.* ʒj, the bowels meanwhile (if necessary) being kept open by means of clysters. It is to be particularly remembered that this simple and rational treatment was here proposed not (as one would at first imagine) within the last fifteen or twenty years, but at a time when the "regular" treatment consisted

in "frequent venesections and the administration of large quantities of *Mercury, Scammony, Nitre, Agaric,*" &c., and it would be a great injustice to Hahnemann if we were to omit to mention that in § 84 he points out the great dangers attending the use of copaiba, cubeba, and balsams in general, in the inflammatory stage of gonorrhœa, though (§ 88) he admits their value after all irritability has ceased—a point which has only been duly adverted to by the bulk of the allopathic sectarians within the last few years. Most of us can remember the time when the administration of strong injections together with liberal doses of copaiba and cubeba was as much the rule in the ordinary treatment of gonorrhœa as the administration of quinine is (and with perfect propriety) the rule in a large proportion of cases of ague. Hahnemann also condemns in terms of becoming reprobation the infernal doctrine then (and it is to be feared, even now) believed in and acted on by some, viz. that a patient affected with gonorrhœa should seek his cure by means of having connexion with a pure virgin, a detestable counsel which probably took its rise from the fact having been observed that an obstinate gleet is at times cured by an act of coition.

Some may think that Hahnemann is guilty of an inconsistency in condemning the use of *Mercury* in the treatment of gonorrhœa (§ 67), while in § 125 he advises local fumigations of *Cinnabar* in gonorrhœal ophthalmia, but we must recollect that in the latter case he is speaking of what he regards as a mere blennorrhœic ophthalmia, a purulent conjunctivitis, consequent indeed upon gonorrhœa, but not itself of a venereal character. (See § 35 and note iv.) Hence the topical application of the mineral seems to be ordered rather for the sake of the local stimulation it produces than for its specific action as an antisyphilitic. Again, in § 121 he recommends the exhibition of a few doses of soluble *Mercury* in cases of orchitis resulting from a suppressed gonorrhœal discharge, but this admits of a ready explanation either on the supposition that he orders it simply on account of the resolvent and discutient action of the drug, or because he is of opinion that in such cases

(as in those of severe posthitis referred to, § 126) "the disease has penetrated deeper," and developed into a true syphilitic affection (in the modern sense of that word)—a not unlikely occurrence on Hunter's supposition of the identity of the gonorrhœal and syphilitic virus, and such as might readily happen (on that hypothesis), owing to the infection of an open fissure in the urethra by gonorrhœal matter (cf. § 191). This also explains his recommendation of soluble *Mercury* in cases of obstinate gonorrhœal gleet, where he directs the administration to be continued till the mercurial fever (not salivation) is clearly set up. Such passages as these also clearly demonstrate that while Hahnemann himself persists in calling gonorrhœa a purely local disease, he was nevertheless well aware that constitutional venereal symptoms might in some cases supervene, though we believe him to have been mistaken in the way he explains their occurrence. Although misled by the doctrines of Hunter as to theory, we can see that his own sagacity kept him from any serious error in the more important departments of practice and diagnosis. We may now pass from this section of the treatise, merely remarking that his classification of the different forms of gleet is peculiarly fortunate; closely resembling, and in some respects even excelling that adopted by high authorities at the present day. He arranges them thus: (1) gleet from irritability; (2) from local or general weakness; (3) from habit; (4) from urethral ulcers; (5) from stricture of the urethra; and he displays great acuteness in the directions he gives for the diagnosis and treatment of each variety.

We have already expressed our opinion that in the second section of this part of his work Hahnemann does not sufficiently clearly recognise or indicate the difference between hard and soft chancres; while at the same time we showed that he incidentally pointed out some of the chief distinguishing features of these two varieties, thus evincing his practical recognition of the distinction. It is worthy of remark, that from the description he gives of chancre (§ 260) he seems to have been more familiar with

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the Hunterian than with the soft chancre, an experience directly at variance with that of surgeons of the present day, at least in Britain, since he insists strongly on the hardness of the base ; and this may perhaps explain his so firmly maintaining that all chancres (at least according to his own observation) are followed by constitutional infection unless treated with mercury. As we before dissented from the doctrine of the identity of the gonorrhœal and syphilitic virus, so here again we freely acknowledge our conviction that on this other point also Hahnemann was in the wrong. Still, it must be remembered that even in the present day many allopathic sectarian surgeons, and some of them of the highest eminence, are here at one with Hahnemann ; and it will, perhaps, long remain an open question whether the appearance of a hard or a soft chancre does not depend on the constitution of the patient, his personal habits, the mode of treatment to which he has been subjected and so forth, rather than on any specific difference in the nature of the infecting virus. Hahnemann's remarks upon the modifications in the appearance of the chancre according to its seat and rapidity of development (§§ 258 and 261—264 and 270), the diathesis of the patient (§§ 265—267), as well as his description of the normal course it runs up to maturity (§ 260), are such as might well find a place in any treatise on the same subject written at the present day. Like Ricord he regards venereal bubo as simply a chancre occurring in a lymphatic gland, but (in our opinion) he goes too far when he says that probably not a single case ever occurred where the local treatment of chancre did not give rise to bubo. Indeed he qualifies this assertion in a note to page 97, where he admits that "Girtanner's caustic alkali" may be successfully used locally—a fact which he seeks to explain, however, by suggesting that this may have a specific anti-venereal power, and so destroy the poison at its seat. And it is also to be remembered that the strongest caustic with which he was familiar for this purpose seems to have been nitrate of silver (§ 276), and of this substance were employed in all cases to cauterize soft chancres, it would usually be found

wholly inefficient as a means of eradication, while the local irritation it would set up would be extremely likely to cause the appearance of sympathetic buboes. In the case of genuine Hunterian chancre it would, of course, be entirely useless, unless, indeed, we are to believe in those extremely rare and doubtful cases where a chancre has been professedly destroyed on its first appearance by the abortive treatment, without the supervention of secondary symptoms. To this Hahnemann refers with hesitation in § 277. In § 368 Hahnemann admits the occasional but very rare occurrence of that vexed subject of contention, the "bubon d'emblée." But without further considering such questions on this head as are rather of a purely scientific than a practical interest, let us proceed to compare Hahnemann's treatment with that common in his own day and until much later times, and we shall be struck with the singular sagacity with which he detected the errors of the system then prevalent and anticipated so many of the subsequent modern improvements.

Very soon after the appearance of syphilis in Europe, in 1483, physicians seem to have discovered that they possessed in *Mercury* a specific antidote to this retributive scourge. Accordingly, this medicine, in some form or other, seems to have entered, more or less, into all the anti-venereal nostrums of the 16th, 17th, and 18th centuries. Then, as now, it was administered in three ways: by the mouth, by inunction, and in the form of vapour. But so uncertain was the strength of different specimens even of the same preparation; so widely did the various medicaments differ from one another in respect of the amount of the mineral they contained; so liable were they to undergo important changes from time and exposure to air; and lastly, so little was the real action or the true therapeutic value of the drug understood, that perhaps more harm than good was done by its employment. No symptom short of profuse salivation was held to indicate that the system was really under the influence of *Mercury*. Not aware that by pushing the use of the drug so far its beneficial action was obstructed if not wholly lost, those preparations were

the most highly esteemed which were found to salivate most certainly, most rapidly, and most severely. In time theories came to be formed upon the subject, and much learned folly was talked about eliminating the virus from the system by means of copious artificial evacuations such as this. Having persuaded their patients (and, we trust, themselves) that after sufficiently long and sufficiently severe salivation (duly accompanied, of course, by our old friends bloodletting, emetics, drastic purgatives, and depletory measures in general) the disease was assuredly worked out of the system, physicians readily induced the unhappy sufferers to submit to this treatment, and wisely took the preliminary precaution of burning off the tell-tale chancres which otherwise would have remained to bear witness to the continued presence of the patient's disease and the futility of their own modes of practice. Hahnemann, on the contrary, considering the presence or spontaneous removal of the chancre a valuable diagnostic mark of the continuance or departure of the disease, directs that no local applications whatever (unless for the sake of cleanliness) be employed, but that soluble *Mercury* be given by the mouth, in larger or smaller doses as might be necessary, until a distinct, even severe, accession of mercurial fever set in, and by this means he found that in a few weeks nearly all the chancres took on a healthy action, and healed of themselves. He seldom had occasion to use more than twelve grains of the drug during the whole course of treatment, and yet the disease was finally eradicated from the system. He found success to depend, not on the quantity of *Mercury* administered, but on the intensity of the mercurial fever set up. He deprecated the use of depletory measures, and directed that the patient should be put on precisely the same moderately nutritious, but unstimulating diet as is prescribed now-a-days. He dwells at length in the second part on the importance of attending to the patient's general health and individual diathesis before giving mercury at all, and the relation these considerations bear to the question of the doses in which the drug should be administered. He speaks of the non-mercurial anti-

venereal preparations (§§ 541—562) in the very terms in which they are spoken of by the chief authorities of the present day, and although he would now be censured by many for condemning mercurial inunction *in toto*, he is unquestionably right in asserting that we can never be sure how much of the drug really enters the system by this method. In fact, the present advocates of this mode of administering *Mercury* chiefly employ it in the case of infants, when it is often difficult to administer it otherwise, and who, strange to say, seem less liable to ill effects from an overdose of this drug than adults. He directs that buboes, if opened at all, be opened by means of *Potassa fusa* rather than by the knife; a point insisted upon at the present day by Professor Erichsen in all cases where the integuments are much thinned or undermined (*Science and Art of Surgery*, 4th edition, p. 530). His remarks upon the nature and treatment of the ordinary local and constitutional symptoms occurring during the progress of the disease, or as sequelæ (§§ 636—647), might be transferred with little if any alteration to the pages of a treatise on a similar subject published at the present day. Especially valuable and striking are his remarks upon the prevention of the disagreeable effects of *Mercury*, Part II, 3rd division, cap. iii, in particular § 600, where he inculcates the frequent necessity of a tonic treatment, and this at a time when contemporary practitioners, with the Montpellier school at their head, sought to avert untoward consequences by means of *hot baths, starvation, violent purgatives and bloodletting*.

It is worthy of remark that in § 448 Hahnemann admits the occurrence of syphilitic affections of the lungs, although even in much later times the possibility of syphilis attacking the internal viscera was strenuously opposed even by Sir Astley Cooper, and it is only quite recently that the syphilitic origin of visceral gummata, &c., has been fully recognised. Dr. C. B. Ker, in an able article on syphilis (*Brit. Jour. Hom.*, Ap., 1873), has called attention to this. We must also add that the infecting character of venereal condylomata, which Hahnemann maintained in opposition to Hunter, has been now fairly established,

Our task is done ; we have shown that in this treatise Hahnemann plainly appears to be on no question of pathology inferior to the leading pathologists of his age ; while on some points (*e. g.* the infectious nature of venereal condylomata) he was in advance of Hunter ; and in his assertion of the venereal source of some pulmonary affections he was in advance even of so much more recent an authority as Sir Astley Cooper. We have shown how closely his treatment of gonorrhœa and constitutional syphilis, as well as of the true or Hunterian chancre, approximated to that of the most advanced school of the present day. The error, if it is an error, of identifying the virus of syphilis with that of gonorrhœa he shared with Hunter ; and the chief points in his practice which contrast with that of the present "regulars" are (1) the universal prohibition of the employment of caustics in cases of chancre ; and (2) the adoption of soluble *Mercury* in preference to other mercurial preparations. With regard to the first of these, few now venture to cauterise even a soft chancre without the simultaneous internal administration of *Mercury*, thus plainly admitting the great risk of constitutional infection attendant on this mode of procedure ; and as regards the second point our increased knowledge of chemistry has no doubt enabled us to prepare many other forms of the drug free from the impurities which led Hahnemann to reject them ; but it would still be well worth the time and trouble of any courageous surgeon attached to one of our larger hospitals to give a trial to the *Merc. sol.* He need not run any very great risk if he takes the simple precaution of *pre-scribing the drug under some other name.*

We should have liked to dwell shortly upon Hahnemann's remarks on the mercurial fever—the first of the "drug-diseases" which seems to have attracted his notice—in which we may clearly see the germ of the system which twenty-one years later attained such a splendid development in the *Organon*. The words "the mercurial fever by extinguishing the venereal irritation through the instrumentality of the specific irritation excited," § 387, acquire a peculiar interest when read in the light of Hahnemann's

subsequent discoveries, and there are many passages scattered throughout this treatise which must, to the homœopathic reader, clearly enough indicate the dawning of the universal law of cure upon the mind of his great master. But we have already encroached too far upon the space due to the more valuable communications of our colleagues, and must now draw our article to a close.

Before concluding, however, we must express our hope that none of our remarks upon the adoption of the doctrines of Hahnemann into the "regular" practice will be misunderstood. We rejoice even at their unacknowledged adoption, and esteem it a happy thing that suffering humanity should now enjoy the beneficial results of our founder's discoveries, even though they should ever remain in ignorance of their benefactor, who has long since passed beyond the reach of earthly censure or applause. So long as the true doctrines are received and acted upon, we count it a very small matter whether their votaries are ostensibly followers with us or not. While by their daily practice they pay the highest of all possible compliments to our system, we can afford to smile at their harmless vituperation, and to disregard the favourite witticism of some among their number, that "a homœopathist must be either a knave or a fool." We have no wish to return railing for railing, and we have neither the skill nor the inclination to rival our opponents' proficiency in the objurgatory dialect of the stable-yard and the fish-market. Nor is it our desire to lay to the charge of the bulk of the dominant party the ribaldry of a few comparatively obscure provincial practitioners, or the disingenuousness of some deservedly eminent medical teachers. We gladly believe that many, especially among the junior members of the "regular" school, who, without acknowledgment of indebtedness, practise our system, do so in pardonable ignorance of its true discoverer, as all information upon this head was studiously withheld from them during their hospital and collegiate course. With all such it is our wish to co-operate in perfect cordiality, recognizing no spirit of emulation or rivalry save that of which shall best serve the interests of suffering mankind.

With those alone do we refuse to associate who knowingly parade our doctrines as discoveries of their own, and for the sake of money, position, or fame consent to vilify or ignore the real author. Such among our opponents can expect nothing at our hands save indignant exposure and richly merited contempt.

ON THE PATHOGENESIS OF *ACONITE*, WITH
CLINICAL OBSERVATIONS.

By J. H. NANKIVELL, M.R.C.S., York.

(Continued from Vol. XXXI, p. 427.)

Upper Extremities. "Trembling of the hands and arms ; pains in the arms and fingers ; numbness and lameness of the left arm, which scarcely permits the hand to stir. The arms hang down powerless as if paralysed by blows. The arms feel chilly and insensible."

Trembling, numbness, lameness, as if paralysed ; these terms seem to fall naturally into one category and mark the depressing power of the drug when large or often repeated small doses of it have been taken. In such a state of things the muscles lose their tone, and are in the first stage of automatic uncontrolled action. The vasomotor nerves have failed to keep up their full influence on the arteries they supply, and thus in a morbid circle the nerves themselves cease to receive that quantum of blood which is required for the exercise of normal healthy functions : hence we arrive at a stage when a form of anæsthesia obtains and but little power is left in the affected extremities. The "clinical observations" of *Aconite* do not afford us any confirmation of the above signs or symptoms, but doubtless they have been met with in practice, and been combated with *Aconite*. I have not any case in point to record from my own experience.

“Tearing in the arms from the shoulders to the wrist-joints and the fingers, scarcely even felt except during movement, with blueness of the hand during the paroxysm of pain. Pain as if contused in the shoulder-joint (also the hip-joint) after sleep, as if he had been lying on too hard a couch; the pain is felt only during movement. Pain in the shoulder, it feels as if it would drop. Swelling of the deltoid muscle, which when touched feels painful as if bruised. Stitches in the shoulder and the upper arm (they are sometimes drawing).”

In the first sentence we have a remarkable symptom, viz. venous engorgement accompanying acute pain; an opinion of Rau's may throw some light upon this point: he maintained that *Aconite* influenced the arterial but had no direct action on the venous system, and that the result was a stasis in this portion of the circulating vessels and hence a passive engorgement of the capillaries. *Aconite* seems to elect the upper extremity for some of its most marked effects; thus we find “Sense of contusion of shoulder-joint and even swelling of deltoid,” but Bönninghausen has recorded “a laming pain in the arms and bones without swelling.” The symptoms in their entirety bear a close resemblance to those of chronic rheumatism as affecting aged people.

“Drawing pains in elbow-joints, weight and debility of the forearms as far as the fingers, which feel as if gone to sleep when taking hold of anything. Pain in the forearm as after a violent blow. Drawing (with sense of tearing and sticking) in the forearms and their bones; movement excites the pains. Feeling of lameness in the right forearm and hand, especially when writing, going off by moving the part strongly.”

It has been before remarked, that the expression “as if gone to sleep” or “numb tingling” is one of the most characteristic symptoms of *Aconite*, and the expression “compare with *Arnica*” is constantly suggested during our study by such phrases as “after a blow.” We may be pretty sure if this description of a pain by a patient had led us into the routine of giving *Arnica* and the effect if

any had disappointed us that we might with every propriety give *Aconite*.

It is perhaps worthy of notice that the last two sentences are antagonistic in one of their conditions as to the effect of movement; in the first pain is caused, in the other it is allayed. The last sentence is well worth bearing in mind, as the lameness complained of is by no means rare amongst persons much engaged in literary composition.

“Crampy contractive pain in the hand and fingers, sometimes accompanied with stitches. Tearing and paralyzing drawing in the wrists. Numbness, icy coldness, and insensibility (deadness) of one hand. Cool sweat of the palms of the hands. Swelling of the hands, with frequent paroxysm of cough, and good appetite. Drawing, jerking pain in the thumbs; pain in the thumbs as if sprained and lame. When bending the fingers, violent stitches dart through the wrist-joint to the elbow-joint. *Tingling pain in the fingers* even while writing.”

It will not be necessary to make much comment on this quotation because most of the troubles are like those before glanced at, the site and sphere of them only being different. We may conclude for the most part that the same provers who had stitches in the fingers, tingling, tearing, &c., had also like affection in the region of the humerus. “Icy coldness of one hand” is backed by “Icy coldness of both hands” in the *Oest. Zeitschrift*, but Bönninghausen in the three (only) symptoms he records respecting the upper extremity has **“Hot hands with cold feet.”* Were it not impious and disloyal to say so or think so, the sentence beginning “Swelling of the hands” might be reckoned an incongruous one, the pathological relations being not very evident.

(From the *Oest. Zeitschrift*.)

“Stinging and pricking in the arms and fingers. *Jactitation of the arms*. Shooting stitches in the left shoulder. **Drawing, tearing pain in the shoulder-joint*. Violent drawing and tearing, with a feeling of lameness in the head

of the left humerus. Lameness and stiffness of the outer side of the right upper arm. Frequently recurring pinching as with dull pincers in some parts of the left arm."

It is highly probable that the stinging and stitching sensations have their seat in minute fibres of nerves, not in the larger trunks and main branches, and for the most part are subcutaneous. Jactitation is trembling in a magnified degree. The sentences describing acute pain about the shoulder-joint seem to mark deep-seated lesion, and it would appear from the asterisk and italics have been notably cured by *Aconite*. With regard to *lameness and stiffness* of the limb, the cases which most commonly have been treated by me with these features have been those of pseudo-paralysis in women, about the age of fifty, in whom the catamenial periods have become very irregular in their return or have ceased altogether. *Aconite* and *Lachesis* help this form of disease.

*"*Drawing, tearing pain in the elbow-joint.* Acute pain in the right forearm along the tendon of the flexor digiti minimi, increased by movement. *Drawing, tearing pain in the forearm.* Prickings in the joints of the forearm. Insensibility of the palms of the hands. *Icy coldness of the hands.* Drawing, tearing pain in the wrist-joint and fingers. Hot pricking in the tips of the fingers at night."

With the exception of ordinary rheumatic pains, especially in elderly people who have worked hard for many years whilst exposed to cold and wet, I do not remember many cases of disease which were at all parallel to the above. But of such as I allude to a few might be described were they not so miserably common. The effects produced have been some stiffness and immobility of the shoulder-joint, likewise of the elbow, rarely with deformity. But in the wrist and fingers one often is called upon to prescribe for tendons glued to their sheaths, bursal and other enlargements, lamentable distortion in the joints of the fingers which have become twisted hither and thither; and unhappily the pains which caused or accompanied these lesions have not ceased when the laming effect has been produced. Neither with *Aconite* nor any other remedy are we able, in

this chronic condition of things, to effect anything better than slight palliation.

It boots little to say that had these patients been at an earlier period subjected to common sense or, as we call it, homœopathic treatment, our blessed drug *Aconite* would have helped them very much.

Lower Limbs. "After sitting the thighs and legs feel lame and weak. Tensive pressure in the thighs as if a tight bandage were drawn around them, with great weakness when walking. Weakness in the region of the head of the femur and inability to walk, owing to an indescribable intolerable pain as if the head of the femur had been crushed, particularly after lying down and sleeping. Numbness and lameness in the left thigh."

The two first sentences of the above quotation are not very suggestive of clinical comment, the tight-bandage sensation being one of rare occurrence, albeit well deserving to be kept in mind. For the rest, although the passages do not point clearly and unmistakably to what we understand by the expression hip-joint disease, I shall take this opportunity of subjoining a few remarks on that subject, and though when one sees in every town of any importance strumous children in whom one of the lower extremities has been dislocated at the hip-joint by the slow process of scrofulous inflammation and suppuration, the question naturally arises, Are there no means hitherto discovered, in allopathic or homœopathic modes of treatment, whereby such a direful calamity might be more frequently averted than it hitherto has been? And there is also another interesting question connected with it, viz. By what strange cause does it befall that double hip-joint disease is unknown? It might have been reasonably presupposed that, when one joint has been destroyed, and the limb of which it formed a part has become suspended, and doomed to be a mere pendulous crippled extremity, the other limb, having to bear the whole weight of the body almost constantly, and at a great disadvantage, would soon become *hors de combat* also. For whoever has noticed a case of this sort with single crutch, or crutch and stick, may well

be astonished at the rapid and nimble rate at which the child will get over the ground, and at each step, if so it may be called (for the motion is more like vaulting with a pole), coming down to the ground with a shock and jerk of a very pronounced kind.

If hip-joint disease were always treated *very early* and according to reasonable indications, the success we should meet with would be far greater than it ever yet has been. As an illustration of what I mean the following sad case may be recorded :

Many years since a poor man brought to me his daughter, æt. 10, and stated that she was suffering from an inflammation of the right knee, but it was very evident that there was disease of the hip-joint of the same side. I mentioned the nature of the disease, and prescribed for the child, and requested the father to come to me again in a week, and directed that the limb should be kept in a state of entire rest. I saw nothing further of the man for several months, when he came again, bringing the little girl with him, and expressed his extreme sorrow that he should have listened to other advisers, who confirmed him in his first opinion, that the knee was the principal part affected, if not the only one ; there had been suppuration of the joint, and the child was lamed for life.

Soon after this event, another patient, in an early stage of this disease, a boy of nine years, came under treatment in good season, and the parents being intelligent and trustful, the disease entirely subsided in six weeks, *Aconite* and *Belladonna* being administered internally, and *Belladonna* lotion assiduously applied to the joint.

“ Unsteadiness of the knees, they totter and give way in walking ; tearing of the knees, as with a jerk in the inner side ; drawing in the right leg, and the region of the tendo Achillis extending as far as the heel ; the legs feel heavy ; the legs and feet feel numb, and go to sleep ; pain in the tarsal joints, accompanied with despairing thoughts and the dread of death.”

Bönninghausen gives “ want of power in the hip and knee-joints.” The first condition given in the text of our

Materia Medica I have never had to treat, except in a man, æt. 26, who had suffered some degree of paralysis of the lower extremities when a child. The attack was believed to be due to severe convulsions when teething was going on in a painful manner; there was also some distortion of the ankle-joints. The poor fellow on one occasion slipped and fell, at the same time the extensor muscles of the thigh contracted so violently that both ligaments of the patellæ snapped asunder; nor was there ever after any good repair of these structures. The man was sadly crippled, and could only walk by aid of crutches.

The other symptoms enumerated are met with commonly enough in practice, with the exception of the last, in which, strangely enough, there is found extreme mental depression, with affection of the tarsal joints. There can be little doubt that this combination must have been an accidental one.

“Coldness of the feet, extending as far as the malleoli, with sweat of the toes and soles of the feet. Coldness of the feet, particularly the toes. Sensation in the malleoli as if a bandage were drawn tightly around them early in the morning. Excessive pain in the malleolus, diminished by pressing upon the part.”

This passage scarcely demands any remark. The diaphoretic property of *Aconite* is felt, no doubt, in the extremities. It would seem that the malleoli are especially subject to the influence of our drug. The pathogenesis does not suggest to my mind any clinical experience.

(From the *Oest. Zeitschrift*.)

“*Trembling of the lower extremities.* The lower extremities totter. They are in constant motion. *Drawing pains in the hip-joint during movement.* *Drawing pains in the lower extremities, especially in the joints.* *Drawing in the aponeurosis of the lower extremities.* *Drawing, tearing pain in the thigh.*” Trembling and tottering correspond with and confirm the original observation in the *Materia Medica*, viz. “unsteadiness and tottering of the

knees." For this want of power in the lower extremities it is highly probable that *Aconite* will not be found in practice to be the most useful remedy, and that it will require the help of others, such as *Arnica*, *Belladonna*, *Laurocerasus*, *Secale cornutum*, &c.

Certainly in rickety, badly-nourished children, and in the weakness of the extremities, as old age approaches, *Aconite* would be a bad crutch to lean upon; but doubtless there are other conditions resembling the above, and secondary or consecutive to certain morbid states, in which *Aconite* may be tried with good effect; and the sentence which follows in the text will afford us a fair example of such primary affections as may lead to or be accompanied by marked and distressing debility in the lower extremities. Such pains as are designated drawing or tearing may at least be set down in the category of rheumatic. Class 5th of pains gives in its picture fifteen shades or varieties of such aches, such differentiation marking the various sensations complained of. My conclusion is this: that our drug would be a reliable agent in the primary and secondary states of rheumatic or arthritic disorder.

"Soreness of the thighs when touching them. Cold creeping on the inner side of lower extremities, and *drawing, tearing pain in the knee-joint. Tension in the patellæ*, hindering walking. *Aching pain* in the patella and tendo Achillis; aching, gnawing pain in the patella. Stitches in the left knee. Icy coldness of the knees, alternating with shooting stitches."

The first sentence describes a simile of a very common affection, viz. rheumatism of the skin. The second is analogous to the miserable numbness and lameness felt on the outer side of the extremity in the first onslaught of "cold sciatica," and both of these have their similes also in the *Aconite* working; and, briefly, the remaining sentences have their disease-reflections most distinctly defined in different stages or degrees of rheumatic distempers.

"Sensation as if the hamstrings were shorter than usual. Pain in the calves as after a cramp. The feet heavy as

lead. The toes of the right foot go to sleep while walking. Hot pricking in the toes at night."

These pathogenesies are so like those which have preceded that it is not necessary to do much more than record them. In natural disease as dispart from medicinal disease, the doubles of the above have been over and over again noticed by every physician of experience, and one would have thought that the wonderful correspondence which may be noticed between drug pathogenesies in general and actual diseases, would long ere this have convinced all men of the truth of our law of *similia similibus*.

Looking at the last sentence from a pathological point of view we may read amongst other things congestions of tendinous sheaths and bursæ, and perhaps myalgia from vascular engorgements, and different sensations in the feet characterised by more or less perversion of nervous power.

That *Aconite* has the capacity in an eminent degree of causing anæsthesia in the organism has been amply proved by experiment, and that it would antagonise such a state of things when caused by natural disease no person, no physician who has escaped from the trammels of prejudice, can possibly entertain the shadow of a doubt.

Sleep. "He feels drowsy, heavy in the limbs, even during a walk, especially in the afternoon and after a meal; frequent yawning and stretching of the limbs."

I believe that this drug has some direct influence in procuring sleep, and that its *modus operandi* renders it infinitely preferable to *Opium*, but it is to be remembered that its soporific effect is most commonly connected with or rather is the result of its bland and blessed operation in soothing and allaying pains originating from an inflammatory cause. The action of this drug upon the capillary circulation generally is something marvellous, and the rapidity with which it takes effect is not less so. The local effects mentioned in the text are all in keeping with the central torpor, and the passage reads as if the prover was under the full influence of the drug.

It is not out of place here to remark how invaluable is

Aconite in all cases of an apoplectic character in which extreme drowsiness is a prominent symptom; indeed in the incipient stages of such a grave malady *Aconite* should be trusted to in preference to *Opium*. If there is marked somnolency and therewith a full energetic beat of the heart, with throbbing of the carotid and temporal arteries, then indeed we may place the greatest reliance in the working of *Aconite*.

(*To be continued.*)

CASE OF COLIC SIMULATING PAINTER'S COLIC,
WITH OPISTHOTONOS AND OTHER CASES.

By Dr. E. C. HOLLAND.

(Read before the British Homœopathic Society.)

On the 26th of February, 1862, I received a very urgent telegram from Mr. Reed, requesting me to come, by first train, to King's Lynn to see a patient in consultation with him. On arriving at Lynn, Mr. Reed met me at the station and detailed to me the particulars of the patient's case, which were dreadful enough; but very far short of the actual condition in which I found the patient. He had been ill two days, suffering from the most frightful abdominal spasms. The abdomen was as hard as a stone, not very tympanitic, but the recti muscles drawn up into knots, nearly as large as my fist. There had been no alvine evacuation for two days, and no urine had been passed for eighteen hours. The countenance was expressive of the greatest anxiety, and the face and forehead bedewed with a cold clammy perspiration; pulse very feeble, but not particularly quick. When the spasms came on, which was about every three minutes, vomiting of a blackish, grumous fluid took place, attended with deadly faintness,

Sometimes the body would become so arched backwards as to form a semicircle, and so sudden and violent was the action as almost to throw him from his bed. The patient was lying flat on his back with extended legs; and pressure with the hand *flat* imparted some amount of relief, but this was very transient. Mr. Reed has been most unremitting in his attention to the case, and had adopted every means that would present themselves to the most experienced and judicious physician. Copious enemata had been used, with the effect of only bringing away one or two small lumps, which were very hard and of a greyish colour, but no relief to the pain followed. Fomentations had been applied, but were unavailing in imparting any degree of relief. *Aconite*, *Belladonna*, *Nux*, *Cocculus*, *Colocynth*, and *Mercurius corrosivus* and *Opium*, which had been given in succession, were equally useless so far as diminishing the acuteness of the patient's sufferings were concerned. Never did I witness such extreme agony in any case, and such was the horror and distress of the father of the patient, that he begged us "for God's sake" to relieve his son by any means, even "*if it put him out of the world.*" After a most scrutinising inquiry as to whether he might have drunk cider made on a lead press, whether there had been any painting going on on the premises, or whether any of the water pipes were corroded, and he might have been drinking water impregnated with lead, we could not arrive at a satisfactory solution of the cause of this exaggerated state of symptoms so closely allied to lead poisoning, though many symptoms were wanting to complete the picture. In Devonshire I had met with three such cases, clearly traceable to cider impregnated with lead, all of which terminated fatally.

It was exceedingly difficult to form a correct pathological diagnosis; but whatever might have been the cause, Mr. Reed and I considered it very desirable in the first place to introduce a catheter and evacuate the bladder. The catheter was used, but there was no urine.

Then as to the treatment. It was of no use to go over the same ground which Mr. Reed had so fully carried out,

and the only medicine whose symptoms produced an analogue of our patient's case appeared to me to be *Lead*. I happened to have some *Acetate of Lead 3^x* in my case, and we administered a dose at once and mixed some more to be taken in teaspoon doses every ten minutes if the symptoms were urgent. At the same time I explained to the young man's father that it would be advisable for Mr. Reed to leave the house and not see the patient for three or four hours, as, in his intense anxiety to relieve his suffering, he might be induced to fly from one medicine to another, and that, consequently, none would have a fair trial. It was with difficulty that I could get Mr. Reed to assent to this plan, as the patient's father was one of the most influential men in Lynn; and the allopathic doctors, with their usual generosity, were bruited all over the town that the patient was allowed to die without anything being done for him. However, I prevailed at last, and just as I was leaving the house a message came to us that the patient was suffering much more severely than he had done at all. We determined, notwithstanding, to continue the medicine, and I took my leave and returned home, dreading what report might reach me in the morning as to the condition of my patient. To my surprise and intense delight, on reaching my house, I found a telegram in these words: "Thank God! my son has had no pain since you left; particulars by post."

It appears that, after the exacerbation of suffering soon after taking the first dose of the medicine, he fell asleep and slept for many hours. On waking, the bowels were copiously relieved of immense quantities of the same scybulous formations; the bladder acted well and on the following day he left his bed feeling quite well, and his recovery of strength was rapid. I have never been able to satisfy my mind as to the real pathological condition that this case exhibited; and after a perusal of the details which I have given (too lengthy I fear) I must leave it to some wiser heads than mine, many of which are to be found amongst the members of the British Homoeopathic Society, to determine.

That it was not peritonitis or enteritis appears to me to be clearly proved by the toleration of pressure and the pain being lessened by it, independent of the paroxysmal character of the pain and the total absence of fever. That it was not painter's colic may be inferred from the extinction of all the symptoms soon after the first spasm following the administration of *Lead*. Nor am I aware that scybala in the colon would give rise to the opisthotonos and suspension of the secretion of urine. But whatever the nature of the disease I think the cure may be undeniably attributed to the *Acetate of Lead*, confirmatory of the axiom, *post hoc, ergo propter hoc*.

I have met with some very interesting cases of disease of the bladder which have been entirely cured by homœopathic treatment, though, from their long antecedent duration, they proved somewhat intractable and a long course of treatment was necessary. I will trouble the Society with two only, the features of which appeared most unpromising and one of which had been under allopathic treatment for six years, and was considered to be in a hopeless state.

The patient had been a book-keeper in a factory, but was obliged to relinquish his position about nine months before I saw him. He had been a remarkably robust man, but presented a most pitiable appearance when I visited him on November 29th, 1863.

He had lost all power of retaining his urine, which was continually dribbling from him, attended with the most terrible burning of the urethra and an incessant expulsive effort on the part of the bladder. About every quarter of an hour he voided about a tablespoonful of urine and a muco-purulent matter generally mixed with blood. He had constant pain in the region of the bladder, and occasionally the right testis would be forcibly drawn up to the pubes, causing agonising pain which extended throughout the penis. His pulse was very quick, but feeble. He had a parched, dry tongue and constant thirst. Occasionally he was delirious. I think I never saw such extreme emaciation, and altogether his condition was such that I entertained no

hope of his recovery. I directed warm fomentations to be applied to the abdomen, and his diet to consist of good beef tea thickened with pearl barley, occasionally to take milk and potash water, but no stimulants, and the penis was to rest on a large soft sponge, which was frequently to be washed in warm water. With some difficulty, on account of the pain it produced, I introduced a medium catheter and thoroughly washed out the bladder with warm water, repeating the operation night and morning. After the first impression of pain from the use of the catheter, this proceeding afforded the greatest possible relief. I prescribed *Arsen.* 3^x, and *Cantharides* 2^x, a teaspoonful of each mixture, about half a drop for a dose, to be taken alternately every quarter of an hour. The next day I found him somewhat easier and he had passed a better night, and looked less anxious. This plan was adhered to till the morning of December 4th with gradual amelioration of the symptoms; the strangury was considerably relieved and more urine, and of a more healthy character, was discharged. From this date the bladder was injected only once a day and the same medicine continued at intervals of two hours. The appetite being somewhat better, a little chicken was allowed at dinner, and the beef tea every three hours. Matters progressed favorably till the 11th, when a copious blenorrhœal discharge from the urethra set in and the ardor urinæ greatly increased. Still the calls to urinate were much less frequent and the quality of the secretion better and more copious. *Cannabis* 2^x was substituted for *Cantharides* with manifest relief, and the *Arsenicum* was discontinued. The general condition of the patient was much improved. On the 23rd the aspect of affairs was much more promising, the discharge had considerably abated and the patient expressed himself as feeling much better in all respects. He was now able to take a mutton chop, and I allowed him a little sherry and water, which was to be discontinued if the urinary difficulties increased.

On January 2nd, 1864, the patient was so much better in all respects that I allowed him to take half a pint of

porter at dinner, which in a few days materially improved his strength. He had now an excellent pulse, the countenance had lost all its hippocratic expression, and he had occasion to pass water only once in three hours, and every trace of mucus had disappeared under the use of *Thuja* and *Sulphur* for the next two months. He became convalescent and was removed to the seaside the latter part of March, where he rapidly gained flesh and strength.

On the 14th of May I received a letter from him in which he says, "*I can now make water as well as any man and think I must have gained more than a stone and a half in weight. If you have no objection, I shall return to my office next month.*" I have seen the patient frequently since, and should not have recognised him as the same person.

The next case that I describe was one of chronic inflammation of the mucous membrane of the bladder, occurring in an Independent minister. The patient was at a hydropathic establishment, and I was telegraphed for to see him on November 3rd, 1871. I found him suffering most acutely from retention of urine, and was told that, on the previous day, a medical man in the neighbourhood had been sent for, but could not succeed in passing a catheter. Soon afterwards a hospital surgeon was telegraphed for, and he succeeded, though not without great difficulty, in introducing one.

The patient was 67 years of age, and had suffered, more or less, for years from difficulty in passing water. His present symptoms were constant but ineffectual efforts to urinate, only a few drops passing at a time, and followed by a quantity of acrid bloody mucus, which caused him to scream from the intensity of the pain it occasioned. He was sadly reduced in flesh and strength; tongue dry; pulse feeble, but not much accelerated; sallow complexion; great pain on pressure over the pubes, and violent pain in the glans penis. Evacuations from the bowels quite flattened, and a vast amount of pain in the anus and perineum on passing fæces. On examination per rectum I found the prostate gland enormously enlarged, and ex-

quisitely tender, presenting to the finger the feeling of a large accumulation of matter being there. I ordered fomentation, which had been freely used previously, and injected the bladder with warm water. Gave *Cannabis* every two hours.

On the 7th the symptoms were unchanged, excepting that more blood was passed, and the desire to pass water every half hour. *Terebinthina* 1^x was ordered every hour, to drink freely of barley water, or potass water and milk.

14th.—Pain very severe; micturition more frequent; more mucus and less blood. *Copaiba* 1^x every hour.

22nd.—No improvement, and thinking it desirable to see him every day, I desired that he should be removed to Bath, which was accordingly done. He bore the railway journey better than I could have expected, but his sufferings were very great. In succession I gave him *Cantharis*, *Pulsatilla*, *Berberis*, and *Thuja*, but with very little relief to his symptoms, which continued of the same severe character till February 6th, 1872, when I prescribed *Chimaphila* 1^x, to be taken in drop doses every hour.

On the 18th there was no improvement, and I then gave *five drops* of the *pure tincture* every two hours. The effect was marvellous; his bladder began to act well; the urine quite healthy; no trace of mucus, and he rapidly regained his usual health. He writes to me from Hertfordshire to say that he is quite well, and able to preach every Sunday; sometimes twice in the day.

I will now describe two 'cases of chronic dyspepsia occurring in clergymen, which illustrate the great value of *Argentum nitricum*, where the brain and nervous centres are sympathetically affected.

The first is that of an old and venerable clergyman residing in Norfolk, and whom I have lately seen in the enjoyment of excellent health. For several years he had been in declining health, and at his age (78) despaired of getting better, particularly as many medical men, whom he had consulted in London and the provinces, assured him that his heart was so seriously affected that it was only a question of time how long he might live. He had

always been very much opposed to homœopathy, but by the advice of his friends, who were desirous that nothing should be left untried, he was induced to consult me on August 8th, 1868. I found him exceedingly depressed in spirits, having had a consultation of three medical men on his case that morning, all of whom had given the same adverse prognosis. His general aspect would indicate serious organic mischief. His pulse was very fluttering and extremely intermittent, averaging about 140 beats in the minute. The tongue was loaded with a brown fur, and very dry. He had constant eructations of a fœtid character; great dryness of the throat, and a feeling of suffocation, chiefly at night, when reclining; total loss of appetite and extreme nausea, with feeling of anxiety, and trembling in the epigastrium, sometimes acute pain in that region. The bowels very variable, though generally relaxed, and a great amount of mucus in the evacuations. Some difficulty in urinating, sometimes with a sharp pain, extending to the anus; occasional cough, particularly after a meal, and most violent palpitation of the heart, with dyspnœa. I could not detect that there was any disease of the heart, but imagined it to be affected sympathetically with a very disturbed state of the digestive organs. He had taken *Nux*, prescribed by one of the doctors he had consulted. I ordered *Argent. nit.* 3ʳ, in drop doses, three times a day for a week.

On the 15th of August he came to me again, and was wonderfully better; and on the 29th all his bad symptoms were gone, together with the cardiac irritation, and he considered himself quite well. From that time to this he has enjoyed excellent health.

The other case to which I have referred was a Dorsetshire clergyman, who consulted me in March, 1872. He had been ill nearly three years, and had given up all clerical duty for upwards of two years. Being a cousin of a former president of the London College of Physicians, under whose care he had been from the commencement of his illness, and who had given a most unfavorable prognosis of his case, he was not very sanguine that any system of

treatment would be attended with more than temporary relief. He was 40 years of age, and had for many years been the subject of biliary derangement. I found him exceedingly depressed in spirits; his complexion very sallow; tongue greatly loaded; constant eructation; great sensitiveness on pressure over the liver and stomach; bowels very constipated; violent palpitation, and extreme irregularity of the heart's action; constant desire to sigh, to relieve the feeling of oppression of the right side; appetite entirely gone. I prescribed six doses of *Bryonia* 2^x, a drop night and morning, and then *Argent. nit.* 3^x, one drop three times a day, and requested him to come again in three weeks.

On the 8th of April I received a most satisfactory letter in which he says, "It gives me great pleasure to inform you that since I began your treatment a most marked improvement has taken place in my general condition, and I have not felt so well for many years."

My patient attended the May meetings in London the following month, and every one who knew him congratulated him on his energy, and the visible improvement in his health. His cousin—the ex-president of the College of Physicians—was amazed at his improvement, and, patting him on the back, said, "You did quite right to try homœopathy, as our system had failed; those gentlemen have opened our eyes to many important matters in the treatment of disease."

Discussion on Dr. E. C. Holland's paper.

DR. EDWARD BLAKE, whilst thanking Dr. Holland for a capital paper, could not quite comprehend the *recti abdominales* being spasmodically contracted in opisthotonos; was it not a case of emprosthotonos? Dr. Blake had seen opisthotonos result from the passage of renal calculus. The bladder case, No. 1, seemed to him an instance of gonorrhœa repressed by the treatment, or by mistimed, active, astringent injections. In support of this view he drew the attention of the meeting to the significant fact

of improvement setting in after the reproduction of the discharge. Such remedies as *Atropine*, *Colocynth*, *Hamamelis* and *Thuja*, aided by the use of the hot hip bath, would have occurred to his mind. In connection with the prostate case, Dr. Blake would mention that in the instance of a certain aged dignitary in the Church, who suffered sadly from an enlarged and irritable prostate, he had afforded great relief by *Nux 3^r* internally combined with the use of cacao-butter suppositories containing $\frac{1}{2}$ gr. of *Strychnia*. When the symptoms of irritation had passed away a long course of *Baryta carbonica* was prescribed. This drug exerts a specific influence on the hypertrophied prostate with the advantage of toning the degenerated cardiac wall so commonly complicating these cases. Dr. Blake thought *Argentum* an admirable remedy most undeservedly neglected. Remedies are useful in proportion to the sharpness of the lines which bound their action. The peculiar value of silver and its salts lies in the fact that their sphere of operation is so well defined. Dr. Clotar Müller has said that the heart and stomach are the chief *points d'attaque* of *Argentum*. If to these be added the spinal cord his generalisation may be freely endorsed. Dr. Blake had to thank his friend Mr. Clifton, of Northampton, for drawing his attention to the value of this drug in certain forms of headache. Mr. Clifton employed it with success in the frontal headache of business men. Dr. Blake had found it of good service in the headaches and dyspepsis which are induced by mental agitation, nursing the sick, &c. He had found it of value, too, in the after effects of sunstroke. Graves, of Dublin, who struck empirically on so many pieces of pure homœopathy, was in the habit of administering $\frac{1}{2}$ gr. of the *Nitrate* every two or three hours for congestive hysterical headache. He adds, "I have found it invaluable not only in the headaches of hysterical young women but in those of men, particularly the habitual stomach headache, to which delicate and literary men are so subject." Dr. Blake did not think that these were true "stomach headaches," but instances of cerebral dyspepsia. The headache of *Argentum* is dull, pressive, persistent, and it encircles the calvarium like a wreath. The tongue has a silvery coating more dense than the transparent white of *Arsenic*, not as cream-like as that of *Tartar emetic*.

Dr. ARTHUR CLIFTON, in the case of abscess of prostate, has seen *Baryta* given by Dr. Sharp with great success.

Dr. WYLD said the first of Dr. Holland's cases seems to him to have been one of spasm from hard scybala and from incarcerated flatus, or possibly of intussusception. *Acetate of Lead* under any of these circumstances was an excellent medicine to select.

Mr. ENGALL said that amongst the medicines which he had found most useful was one which was not mentioned in the remedies employed in the cases of inflammation of the bladder narrated, and this was *Liquor potassæ*. The first case in which

he tried it was that of a lady, and was a most intense one; pus as indicated by the microscope was secreted in great abundance, and such was the irritable state of the bladder that the patient was constantly trying to urinate. In this case, finding his own efforts unavailing, he consulted Dr. Kidd, who passed a catheter, as stone was feared to exist. This was not found to be the case, and, therefore, he advised an increase of the *Cantharis*. This resulted in blood being mixed with the pus, so this was discontinued and other medicines and means used, but these failing he tried the *Liquor potassæ* in five-drop doses. In a short time improvement took place, and she made an excellent recovery, and has continued well ever since. In another case, when our usual remedies had failed, the *Liquor potassæ* was of the greatest use, although in this case it was not until the dose had been considerably increased to ten or fifteen drops that the beneficial action of the medicine took place. At the present time a patient who had been under various treatments for an irritation at the orifice of the urethra (for which he had been sounded, fearing stone in the bladder) reports himself as much better. Another case he might mention of practical importance. This was one of tenesmus of the bladder in which the ordinary means failed, but the patient at last took a dose of *Castor oil*, and after the passage of a large quantity of fæces the tenesmus ceased.

Dr. BAYES said that it was always a great disadvantage to be obliged to discuss a paper in the absence of the writer, since there are many points which the writer alone can elucidate. He, however, knew some of the particulars of two of the cases related, having heard them related by Dr. Holland more than once, and having also heard Dr. Reed, of Lynn, mention the first case. The case was one of either colic or of intussusception, and it is very possible, from the sudden relief experienced after a terrible accession of pain, that Dr. Hamilton may be right in suggesting that the relief experienced was from the sudden yielding of the obstruction, but that relief followed so shortly after the administration of the *Plumbum* that we may fairly infer that the *Plumbum* had a decided influence in obviating the spasm. The patient was a young man who had certainly suffered for many hours before Dr. Holland was summoned, and many more hours must have elapsed before he could reach the patient; many medicines and all the usual adjunctive means had been used by a skilful practitioner before Dr. Holland's arrival, but no good result appeared until the administration of the *Plumbum*. Dr. Holland's remarks as to the desirability of avoiding too active anxiety for the instantaneous action of remedies and the consequent too frequent change of medicines in the face of acute disease are well worth attention. Time is an element in the cure of all disease, and the rapid changing from one medicine to another often frustrates all curative intention. Dr. Bayes had also seen the old clergyman whose case was detailed by Dr. Holland. His heart had been sympathet-

tically disturbed in its action by stomach difficulties. Allopathic diagnosis had been at fault, and Dr. Holland's more accurate diagnosis had enabled him to cure a disease readily which had been wrongly pronounced incurable.

NOTES ON RE-VACCINATION.

By CHARLES H. BLACKLEY, M.R.C.S. Eng.

(Read before the British Homeopathic Society.)

IN the years 1864 and 1865, in consequence of the presence of smallpox in the neighbourhood of Manchester, I had occasion to re-vaccinate a number of children and adults; and again in the epidemic of 1871 a much larger number were re-vaccinated by me. In the first period from 60 to 80 patients passed through my hands, and in the latter period from 250 to 300. These varied in age from six years up to eighty, and were, as a matter of course, in different conditions of health and of very varied constitutions.

In ordinary vaccinations I had often noticed a marked difference in the action of lymph of the same kind and quantity, and it occurred to me that it might be useful to ascertain the cause of the different amount of irritation produced in different cases. It seemed to me quite possible for this to be due either to an extra degree of susceptibility, to the extent of surface laid bare, to the quantity of lymph applied, or to all of these combined.

In private practice the number operated upon at one time is rarely large enough to enable us to make experimental observations from which we can draw trustworthy conclusions; and indeed in the present state of opinion upon the subject of vaccination anything which has the appearance of pure experiment on children would in most instances be strenuously objected to, however harmless it might be. A good opportunity, however, for making observations upon re-vaccinated patients did occur in 1864

and 1865, and although at the time these were commenced I had no expectation of being able to make other observations by way of comparison, if such an opportunity did occur, it seemed to me quite possible to determine whether the degree of susceptibility varied in different years in the subjects re-vaccinated. It also seemed possible to ascertain the relative number of those operated upon, in whom the susceptibility to the action of lymph was perfectly exhausted by a previous vaccination.

Although the two periods named have furnished as favorable an opportunity as may perhaps ever occur for making such inquiries as those I have indicated, I do not know that I can answer any of the questions suggested in as complete and satisfactory a manner as I should wish.

I have, however, thought it worth while to record my experience on these and other points connected with re-vaccination, so as to be able to compare notes with some of my colleagues.

At different times several methods of preserving lymph were tried, namely, by keeping it in capillary tubes, on slips of glass, on ivory points, and lastly on slips of paper. The capillary tubes, in which the lymph was kept moist, proved with me wasteful and uncertain; and from the experience obtained on these occasions I do not think moist lymph keeps as well as dry lymph. From the circumstance also that in using this there is always a small portion left in the tube which no ordinary force can drive out, it is a wasteful method of using lymph. For ordinary use I prefer the ivory points, and have found that when these are quickly and carefully dried, if they are tightly corked up in a small glass tube and excluded from the light, the lymph will often be found to be active at the end of four months.

The paper alluded to above was used to enable me to determine, with some slight approach to accuracy, the relative quantity of lymph applied in those cases I wished to have under observation. A strip of highly glazed thick cream-wove note-paper, two lines wide, was charged with lymph on one surface by being drawn across a vaccine vesicle after the lymph had been made to flow by puncturing

it on the eighth day. By allowing this to dry and then drawing it across the vesicle again a layer of lymph of double the thickness a single charge would give was placed on one surface. Some of the strips of paper had a single and some a double charge given to them. In using these a piece two lines long was cut off and laid on the abraded spot after being moistened. Where I wished to apply a single charge of lymph to the arms of different individuals whilst this was quite moist a piece of the paper two lines square was charged with the fresh lymph as it flowed and was applied to the abraded surface, which latter was made as nearly as possible to correspond to the size of the paper.

When a double charge was applied the first square of paper, after being allowed to remain on the abraded spot for a given length of time, was removed and another piece, freshly charged, was applied. Small squares of thin ivory were used in a similar manner, but on the whole I prefer the paper.

The object of this mode of proceeding was to ascertain what difference there was in the amount of susceptibility in different individuals and also to determine whether the degree of irritation varied according to the quantity of lymph applied to an abraded surface of a given area. It was for the time being assumed that the power of vaccine lymph did not vary when used whilst fresh. No attempt was made to determine the difference which *small* variations in the quantity of lymph used would make in the effect produced.

The abrasion of a portion of the skin so as to lay bare, in each case, an area of exactly the same dimensions—or, in other words, an area supplied with a similar number of capillary vessels—proved to be an exceedingly difficult task. So difficult indeed was it that only a very moderate approach to uniformity could be attained. The lancet was the instrument which in most cases had to be used. In some of the cases, however, where I wished to be as exact as possible in the size of the area operated upon, and where the patients were liberal enough to permit the use of a novel apparatus, the cuticle was punctured by a small instru-

ment formed by having a number of needles laid together so that the points spread over an area the size of the squares of paper mentioned above, but this method I found was very uncertain. The application of *Cantharides* to a small portion of the skin might have given uniform results, but I believe that the use of this substance would have been attended with the risk of inducing a greater amount of inflammatory action than could be easily controlled.

As I shall have to show further on, it is not so much the quantity of lymph applied as the more or less perfect manner in which the capillaries are laid bare that determines the degree of inflammatory action.

In both the periods named I was myself a patient, so that I had the opportunity of studying some of the phenomena alluded to a little more closely than I otherwise could have done. The average quantity of lymph used for one vesicle was about $\frac{1}{166}$ th of a grain (estimated as dry lymph), but I have found that so small a quantity as $\frac{1}{506}$ th of a grain would, if used whilst fresh, produce a full-sized vesicle; but if the lymph is diluted I believe it is possible to make a much smaller quantity than this to suffice.

In operating with the lancet a slip of thin wood, in the centre of which an opening two lines square had been made, was pressed upon the arm, and the lancet was drawn across the skin shown in this opening a given number of times so as to penetrate the cuticle with lines crossing each other at right angles. With a little care, and by using a sharp lancet, tolerably even results could be obtained. Slips of paper perforated in a similar manner answered equally as well as the wood, but were of course not permanent. The squares of paper charged as previously described were applied to these abraded spots.

In the first period the number of persons on whom a normal vesicle was formed was very small. I believe not more than four out of the whole number, and in not one instance do I remember the vaccine fever being set up.

The irritation generally commenced in a very few hours after the lymph had been applied, but in some cases it would not be felt for two or three days. In the latter case the irrita-

tion was generally more severe and more widely spread, and indeed made a nearer approach to the ordinary course of a primary vaccination than is usually seen in re-vaccination. In most instances the vesicles, if such they might be called, arrived at maturity on the fourth or fifth day, and in some few cases as early as the third day.

A curious circumstance occurred in my own case in this first period. I re-vaccinated myself with fresh lymph at the same time that three or four others were operated upon, but whilst in these cases vesicles of a more or less perfect character were formed, no effect was produced upon me. I concluded from this that in all probability I was not susceptible, and that I had to thank the vaccination of my childhood for this immunity. In about four weeks, however, I tried the operation again with lymph obtained from another child, and found that, although the vesicles were very imperfect, I was still susceptible to the action of lymph. In two other instances I have known the same thing to occur. In one of these the patient was suffering from a slight feverish attack of an indefinite character, but of which I was not aware at the time I vaccinated.

From these cases I conclude that there may be a condition of the organism which at times renders the patient unsusceptible to the action of lymph for the time being, whilst there are other patients who are susceptible to the action of one lymph and not to another. Of the exact nature of the condition which gives these results I can offer no explanation, and it is important to mention here that it is only in re-vaccinated cases that this condition has been seen.

In this first period fully one fourth of those operated upon seemed to be quite insusceptible to the action of vaccine lymph ; whilst about an equal number were very slightly susceptible. In all these cases it was the rule to make two abrasions, and curiously enough whilst one vesicle would, in some cases, be more or less perfect, the other would be quite abortive although both abrasions had been treated in exactly the same manner. In some few cases a single charge of lymph was applied to one abrasion, whilst a double one was applied to the other, but not in any case

could I say that the degree of inflammatory action bore an exact relation to the quantity of lymph applied. In one instance no difference was perceptible.

In 1871 the number of successful cases was much greater than in 1864 and 1865. Whilst in the latter period not less than one in four proved to be entirely insusceptible, in the former period not more than one in ten seemed to be so. In some cases the susceptibility seemed to be very small indeed, but in others the vesicles were as well-formed as in any primary vaccination. In these cases it would have been interesting to have tried whether the lymph would have afforded as complete protection, if used for other patients, as that obtained from a primary vaccination. The feeling that it was my duty to do that which I knew would give the most complete protection prevented me trying any experiments of this kind ; but I do not doubt that lymph obtained in this way would be quite efficacious.

In primary vaccinations there is, as every one knows, a period of quiescence, so far as external signs are concerned, between the insertion of the lymph and the formation of the vesicle. In first vaccinations this period may extend to the seventh or eighth day ; in re-vaccination it is generally much shorter, rarely going beyond the second or third day, and sometimes not lasting more than twenty-four hours. This stage of incubation was longest in those cases which were most severe, and in which the vesicle approached most nearly to the character of the vesicle of a primary vaccination ; but I could not say that this period of quiescence was as long in any case as it usually is in the latter.

In some cases sores were formed which kept up a constant discharge of thin puriform lymph for ten days or a fortnight after the usual period of healing was past. In two of these cases there had been a previous attack of syphilis, and in these the wound enlarged to quite double the size of the vesicle first formed ; rendering it necessary to have them dressed with a stimulating lotion before the healing process would commence. Had it not been that twenty-five to thirty other patients were re-vaccinated along with the two mentioned above, and in whom no untoward appearances

were seen, I should have been inclined to suspect that the lymph used was unhealthy, and this leads me to observe that in some cases of primary vaccination, where I have known that a specific taint has existed in one or other parent, I have had similar trouble with the vaccination in the child.

As a rule those who were full fleshed or inclined to obesity suffered more severely than those of spare habit, but some even of the latter had a smart febrile attack. In one case this was attended with a slight tendency to delirium. In my own case the vesicles began to appear in about forty-eight hours after the lymph had been applied, and at the end of the fourth day I began to have a sense of chilliness, with aching pains in the spine and weariness over the whole body. The sleep was fitful and disturbed for a couple of nights. The vesicles were small and not very perfectly developed and arrived at maturity on the sixth day. For about two days the arm was very painful and tender to the touch. During the night the pain and burning sensation around the abrasions were quite severe enough to keep one awake if the arm was not kept elevated a little above the body and in an easy position. After the seventh day the symptoms gradually abated, but there was one symptom which in my case was the first to appear and the last to depart. I allude to the peculiar stinging sensation felt in or around the abraded spots. This was so sharp and sudden at times that one forgot all about the vaccination and grasped the arm suddenly in order to get rid of it. I believe that this sensation is very common amongst those who have been re-vaccinated, for I found on inquiry that a very large number of my patients complained of the same thing. My reason for drawing attention to it, however, is to mention that as it lessened in intensity in the area affected by the vaccination it seemed to spread itself over the whole of the upper and lower limb of the same side. The sensation was at times felt in the foot or the hand so distinctly that it seemed almost as if it might be the prelude to partial anæsthesia.

It was often very troublesome long after the vaccinated

spots had healed and it was not until about four months had elapsed that it ceased to be felt.

In two cases where the vesicles were moderately large and well formed the patients were said to have had small-pox ; one of these was in his seventy-eighth year, the other in her thirtieth year. In neither case, however, could I discover marks of the disease. In another case I think there could be no doubt about the patient having had an attack of smallpox, although no marks were to be found. This patient was fifty-eight years of age and had taken the disorder, when very young, from a sister who was passing through an attack at the time and who is still very distinctly pitted. In this instance the vesicles were large and well formed ; the limb was very painful and much swollen in the upper part, and altogether this case, like my own, presented a remarkable example of the different degree of susceptibility there is at different periods, for, without knowing that the patient had had smallpox, I vaccinated him in 1865 and again in 1871. The first vaccination scarcely took any effect ; the second one, as I have shown above, was very successful.

In 1871 I had a patient under my care who was phthysical. At the time smallpox was said to be very prevalent in the village in which he lived, which was about eight miles from Manchester.

I strongly urged upon him as well as upon all the members of his family the necessity of being re-vaccinated, but as they had imbibed the extreme notions of the anti-vaccinationists, they objected to have the operation performed. Early in 1872 I received a message informing me that they had smallpox in the house, and requesting me to go over to see the phthysical patient. Engagements which I could not set aside prevented me going over until the following day. When I arrived I found that one daughter had been attacked and had recovered, but a second and younger one whose illness had commenced only eight days before had died a few hours before I arrived. The medical man who had been in attendance, probably knowing the strong antipathy the family had to vaccination, had

not urged it upon them, and consequently nothing had been done. The question they wished me now to decide was, whether I would still re-vaccinate the phthisical patient who was then in the last stage of the disease and could, at most, live only a few weeks probably. I decided to re-vaccinate at once, and I did so for the following reasons:—In the first place the patient had been exposed to almost direct contact with two cases of smallpox, one of which was of the confluent kind, and if unfortunately an attack had come on in his case it would have added immensely to his sufferings without in any sensible degree retarding the progress of the malady from which he was suffering. In the second place if the patient had taken the disorder he would have furnished a fresh centre of infection as well as a means of concentrating the poison.

The change of opinion which the death of one member of the family had wrought made the surviving members just as anxious about re-vaccination as they were indifferent to it before, and having sufficient lymph with me I re-vaccinated four of the family before I left the house; namely, the father, mother, and two sons, one of whom was my phthisical patient. Another son, who lived some distance away, came over and was re-vaccinated before he went to the house two days after. On the fifth day four out of the number sickened, and I was requested to see them again. I found the pulse in each case much quickened; there was pain in the head and back, with nausea and a thickly coated tongue. It appeared as if the vaccination was too late, although in each of the first four cases a tolerably distinct vesicle had formed, which, though small and imperfect, showed that the lymph had in some degree taken effect. Notwithstanding this I made up my mind I was going to have a troublesome time of it.

At the end of about thirty-six hours, however, three out of the number took a sudden turn for the better, and along with this it was noticed that in these cases one or two vesicles had begun to form on the wrists, on the *alæ nasi*, and on the forearms. These, though not more than

two lines in diameter, became quite normal in character and passed through the usual changes, but this they did in a much shorter time than is usual in ordinary attacks of smallpox; and the most noticeable feature in the cases was that after the eruption had come fairly out the patients seemed to have gone at one bound from a state of serious illness to comparative health. My phthisical patient was one of the three and seemed to suffer less than the other two, but as he was suffering from hectic fever at the time, this probably masked some of the symptoms which appeared more prominently on the other two cases.

The fourth patient, a youth of about twenty-one, did not go on so favorably. In his case the symptoms became much more severe; the eruption came out more tardily, but ultimately he passed safely through a somewhat severe attack of semi-confluent smallpox. I learned on inquiry that this patient had been very much attached to the sister who had died, and that he had spent a good deal of his time at her bedside during her illness. I was curious to know what would be the effect of the development of the natural pock on the very imperfect vaccine vesicles which had already formed. A cluster of pocks that came out close to the latter encroached so much upon these that they were soon completely buried, as it were, beneath the cluster. The son who lived away from home escaped entirely, although he was constantly going in and out of the house for three days after being re-vaccinated.

All these patients were said to have been vaccinated in infancy. In three of them cicatrices were very perceptible—the one who had the severe attack of smallpox was amongst the number. In one the cicatrices were very small, and in the remaining one they are not to be seen.

Sir Thomas Watson, when quoting Mr. Marson, says, that if a vaccinated patient inhale the germ of variola on any given day re-vaccination will not be effectual in preventing an attack of smallpox if delayed beyond four days. In reference to the cases cited above, the question naturally occurs to which of the two vaccinations was the modification

seen in three of the cases due? The experience derived from these is too limited to allow us to draw final conclusions from it, but I think it is highly probable that the modification was, in each case, due to the presence of the lymph recently introduced, and that the severe attack of smallpox which did occur in the one patient was caused by a larger dose of the poison being inhaled. Whatever view be taken of the matter I should, by the experience gained in these instances, if placed in the like circumstances again, be encouraged to adopt the same course.

In some of the cases which came under my care in 1871 I noticed a peculiarity which we do not always see in first vaccinations, namely, that beyond the areola there was an effusion into the subcutaneous cellular tissue which was evidently not inflammatory. It was in fact simple œdema, and pitted on pressure just as œdematous swellings do. In two or three instances this gave rise to a curious appearance of the limb. The swelling was greatest at the spot where the abrasions had been made and gradually diminished towards the elbow, causing the upper part of the limb to have somewhat of an inverted pyriform appearance. At the part nearest the elbow the limb was scarcely, if at all, above the normal size, but curiously enough the part of the forearm just below the elbow was considerably swollen by this non-inflammatory effusion into the subcutaneous tissue. My chief reason for drawing attention to this matter is to notice that along with true inflammatory action we may have, beyond the inflamed area, effusion such as that named by what appears to me to be simple reflex action.

The swelling in the upper part of the limb might have been produced by the continuity of the action set up by the introduction of lymph. The swelling in the forearm, however, could only have been produced in one of two ways, namely, either by the gravitation of the fluid effused in the upper arm, or by reflex action. If the swelling had been caused by the gravitation of the fluid, this would have been greatest at the most dependent part. It was not so, however, and we must therefore conclude that it must have

been due in greater part, if not entirely, to reflex action. It is true it might have been caused by a temporary want of power in the absorbents, but even in this case it must have been due to reflex action. How far this kind of action may be seen to occur in idiopathic inflammations of the integument I am not prepared to say, and it would be beyond the scope of this paper to attempt to discuss the matter, but I am inclined to think that in some cases of erysipelas of the head and face, and also in cases where strongly acting counter-irritants are used it may become a source of great danger even where the inflammation is not very extensive or severe.

As previously shown the symptoms produced in 1864 and 1865 were mild. In 1871 these were more severe; the number of persons susceptible to the action of lymph was larger than in the first period, whilst at the same time the vesicles produced in many cases were to all appearance normal. And it should be noted that this was not the case only with those who were advanced in years, and in whom the protective influence of a first vaccination might have been supposed to be exhausted. Neither were these results seen only in those instances where the effect of the primary vaccination had been doubtful. In one case where the cicatrices from the first vaccination were large, and where the patient was not more than seven years of age, the vesicles produced by re-vaccination were large and well formed. In another, who was twelve years of age, the same thing occurred. Then, again, some of those who were revaccinated in 1864 or 1865 were again operated upon in 1871, and, although the operation was performed with the same amount of care on each occasion, the symptoms were more severe in the latter than in the former period.

Along with the facts stated above we find smallpox more prevalent and more virulent in 1871 than in 1864; and if we were to draw our conclusions from this last-named circumstance only, we might say that the smallpox virus had increased in quantity or in power and thus had given rise to the epidemic we had in 1871. The facts I have

brought forward above, however, seem to point to a different conclusion. We have seen that lymph produced in 1871 an effect which corresponded closely with the increased prevalence and virulence of smallpox; and seeing that vaccine lymph and the virus of smallpox are probably distinct bodies and derived from different sources, unless we believe that both have undergone the same change, we must suppose that the cause of the different effects produced lies in the different conditions of the human organism at the two periods.

I do not know if nosologists would call this a change of type in disease, but if it is not, I think it is closely allied to it. The change, however, is not in the exciting cause of the disease, but, if the facts given have been correctly observed, it is in the condition of the organism affected. Formerly I was very sceptical with regard to the possibility of change of type in disease, but now I must confess that it does not seem at all impossible for such a change to occur. And again, if it is a fact that the body may, by the acquirement of some peculiar condition or quality, become more susceptible to the action of certain causes of disease, may it not be that a change in an opposite direction is possible, and that by the continued operation of this change a disease, which has at one time been common, may entirely disappear for a time?

It is generally supposed that large cicatrices are the sign of a high degree of insusceptibility to the action of vaccine lymph, and therefore to the contagion of smallpox. I have shown that in some cases where the cicatrices were large the second vaccination took vigorously. From these cases I infer that a large cicatrix is a sign of great susceptibility having existed at some time, but that this high susceptibility has been always exhausted by the primary vaccination is at least doubtful.

Another notable circumstance to which I have previously alluded was that whilst an increase in the quantity of lymph did not in a proportionate degree increase the irritation, the extension of the surface to which the lymph was applied increased the inflammatory action quite out of proportion to

the surface abraded. Whether this increase of action would give a greater amount of protective influence I cannot say, but I do not think it would be at all difficult to produce very dangerous symptoms by applying lymph to a comparatively small surface of skin from which the cuticle had been *completely* removed.

One other matter I must allude to before I close my remarks—one of the most potent arguments against compulsory vaccination—is, that this may be the means of transmitting disease. It cannot now be doubted that disease may be transmitted in this way, and whilst some of the more ultra of the opponents of vaccination offer no effectual substitute and would return to the old *régime* under which smallpox was left to follow its destructive course unchecked, it never seems to have occurred to them that whilst doing so they would not lessen the evil they deprecate so much, but on the contrary would rather increase it.

As it has never been shown that smallpox can be generated *de novo*, the virus of this disease must come through and from the same source as vaccine lymph, and if disease may be conveyed by the latter it is equally possible for it to be conveyed by the former. If the protoplasm of vaccine lymph may be impressed with the stamp of disease so may the protoplasm of smallpox; but there is a very important difference in the circumstances under which the two bodies do their work when they do operate. In the one case we have a choice in the quality and can control the quantity used; whilst in the other we have no control whatever, and at the same time we are entirely ignorant of the source from which the virus comes. Smallpox has well earned the title of being one of the greatest scourges that has ever afflicted the human race, and if the statements of the opponents of vaccination were more strictly true than they sometimes are I should still, for the reasons I have given above, prefer to use the protective influence of both primary and secondary vaccination.

tion was generally more severe and more widely spread, and indeed made a nearer approach to the ordinary course of a primary vaccination than is usually seen in re-vaccination. In most instances the vesicles, if such they might be called, arrived at maturity on the fourth or fifth day, and in some few cases as early as the third day.

A curious circumstance occurred in my own case in this first period. I re-vaccinated myself with fresh lymph at the same time that three or four others were operated upon, but whilst in these cases vesicles of a more or less perfect character were formed, no effect was produced upon me. I concluded from this that in all probability I was not susceptible, and that I had to thank the vaccination of my childhood for this immunity. In about four weeks, however, I tried the operation again with lymph obtained from another child, and found that, although the vesicles were very imperfect, I was still susceptible to the action of lymph. In two other instances I have known the same thing to occur. In one of these the patient was suffering from a slight feverish attack of an indefinite character, but of which I was not aware at the time I vaccinated.

From these cases I conclude that there may be a condition of the organism which at times renders the patient unsusceptible to the action of lymph for the time being, whilst there are other patients who are susceptible to the action of one lymph and not to another. Of the exact nature of the condition which gives these results I can offer no explanation, and it is important to mention here that it is only in re-vaccinated cases that this condition has been seen.

In this first period fully one fourth of those operated upon seemed to be quite unsusceptible to the action of vaccine lymph; whilst about an equal number were very slightly susceptible. In all these cases it was the rule to make two abrasions, and curiously enough whilst one vesicle would, in some cases, be more or less perfect, the other would be quite abortive although both abrasions had been treated in exactly the same manner. In some few cases a single charge of lymph was applied to one abrasion, whilst a double one was applied to the other, but not in any case

could I say that the degree of inflammatory action bore an exact relation to the quantity of lymph applied. In one instance no difference was perceptible.

In 1871 the number of successful cases was much greater than in 1864 and 1865. Whilst in the latter period not less than one in four proved to be entirely insusceptible, in the former period not more than one in ten seemed to be so. In some cases the susceptibility seemed to be very small indeed, but in others the vesicles were as well-formed as in any primary vaccination. In these cases it would have been interesting to have tried whether the lymph would have afforded as complete protection, if used for other patients, as that obtained from a primary vaccination. The feeling that it was my duty to do that which I knew would give the most complete protection prevented me trying any experiments of this kind; but I do not doubt that lymph obtained in this way would be quite efficacious.

In primary vaccinations there is, as every one knows, a period of quiescence, so far as external signs are concerned, between the insertion of the lymph and the formation of the vesicle. In first vaccinations this period may extend to the seventh or eighth day; in re-vaccination it is generally much shorter, rarely going beyond the second or third day, and sometimes not lasting more than twenty-four hours. This stage of incubation was longest in those cases which were most severe, and in which the vesicle approached most nearly to the character of the vesicle of a primary vaccination; but I could not say that this period of quiescence was as long in any case as it usually is in the latter.

In some cases sores were formed which kept up a constant discharge of thin puriform lymph for ten days or a fortnight after the usual period of healing was past. In two of these cases there had been a previous attack of syphilis, and in these the wound enlarged to quite double the size of the vesicle first formed; rendering it necessary to have them dressed with a stimulating lotion before the healing process would commence. Had it not been that twenty-five to thirty other patients were re-vaccinated along with the two mentioned above, and in whom no untoward appearances

vaccination was adopted. The size of the vaccine pustule depends upon the size of the blister, and in young infants care must be taken to apply a very small portion of the *Emplast. canth.* He once vaccinated three infants with lymph which was a day or two too old, having become opaque and semi-purulent; the subsequent vesicles went through their stages, but afterwards formed troublesome sloughing sores. He mentioned that in 1871 he vaccinated a couple of his cows in their ears, and was disappointed at finding no symptom there of the vaccination having taken effect; but on the eighth day his man came and asked him to look at the cows, as their teats were so bad he could hardly milk them. He was surprised to find numerous, fully-developed, cow-pock pustules over the udders and teats, whilst the spot where the lymph had been introduced was an almost invisible scratch. He remembered the case of a surgeon who had a very troublesome form of eczema of the face, which had resisted all treatment. He was once vaccinating an infant, the child struggled, and throwing up its hand knocked the ivory point into the operator's nose. He was re-vaccinated! a fine pustule formed, and with its disappearance the eczema also disappeared.

Dr. WYLD said re-vaccination statistics proved that only a very small proportion of the population who had been vaccinated in infancy were attacked by smallpox, and of those so attacked only four or five per cent. died. This being the case, and seeing that secondary vaccination was often followed by eruptions over the body and frequently by erysipelas, we should pause before rashly re-vaccinating in all directions; at the same time re-vaccination was undoubtedly an additional protection against smallpox. With regard to primary vaccination the statistics of the Smallpox Hospital demonstrated in February, 1871, that of those attacked by smallpox only five per cent. perished if vaccinated, while forty-one per cent. perished if not vaccinated. In the face of such statistics it was shameful to find a few educated medical men denouncing the practice of vaccination in the coarsest and most claptrap language. Syphilis, no doubt, had occasionally been communicated by vaccination; but the skin eruptions, which not unfrequently followed vaccination among the enfeebled children of the lower orders, and so alarmed them, were rarely syphilitic; they were generally only such skin eruptions as were frequently developed during teething, and often, no doubt, caused by the irritation of teething which was contemporaneous with the vaccination. Even granting that the eruptions were excited by the vaccination, this was not necessarily an evil, as skin eruptions were frequently safety valves against fits or other internal diseases. The fact that 45,000,000 died of smallpox during the 18th century should arrest the clamour made by the ignorant or the demagogue against the practice of vaccination. Dr. Wyld was in the habit of scraping the cuticle and then

applying the vaccine to the denuded surface. By this process no blood was drawn, and the operation was so gentle that few infants cried under it. The drops and even streams of blood frequently exhibited at the public vaccinations not only interfered with the success of the operation, but painfully impressed the spectators, and in their minds was an argument against vaccination. The extravagant cry against vaccination has done this good: it has stirred up the profession to look more carefully to the *quality* of the vaccine matter, and as Government compels all to be vaccinated, Dr. Wyld thought that Government should guarantee a supply of pure vaccine either from the heifer or otherwise.

Dr. COOPER.—If we are to have a paper upon vaccination at a homœopathic society there is no one we could select for investigating the subject better qualified, for the task than Mr. Blackley; his painstaking and observant papers upon hay asthma in recent numbers of the *British Journal of Homœopathy* sufficiently show this. Mr. Blackley possesses that patience and keen discrimination that eminently fit him for the inquiry. I could wish, however, that we approached the subject more as homœopaths; as such we possess certain theories of the actions of substances upon the economy that we ought to put in force when we come to investigate such a matter as that of vaccination. Hence the primary question for us is to consider what the properties are of the vaccine lymph upon the economy; viewed in a homœopathic point of view it is unscientific to suppose that the lymph has but one property and that the protecting against smallpox; and that our principles do not belie us, but, on the contrary, that there is every reason to suppose that the lymph possesses strong medicinal properties, besides its counteracting power over smallpox, is evident from the cases of obstinate eczema reported some time since in the *British Medical Journal*, and which, after resisting all ordinary means of cure, succumbed to the action of vaccine lymph introduced after the usual fashion. And thus, as we find very often the introduction of vaccine lymph into the system to be followed by very intractable forms of eczema, so we also find that for equally intractable forms of the disease it furnishes us with the best means of cure we can exhibit. Nor need we listen to those who assert that they have been vaccinators for years and yet have never seen any untoward results to ensue. At a recent meeting of the Clinical Society, Jonathan Hutchinson administered a very proper rebuke to a gentleman who made a boast of this kind—"Yes," said he, "and had you vaccinated these children who are now suffering from vaccino-syphilis you would be making the same assertion, for the person who vaccinated them had no idea of its occurrence until I pointed it out to him." Dr. Wyld's assertion, though in compliance with received opinion, is by no means proved, namely, that it is the globule of blood intermingled with the

lymph and not the lymph itself that is the carrier of infection; this as well as many other matters connected with vaccination requires further investigation; and it certainly follows from our principles that however protective against smallpox the vaccine lymph may be, it yet is too powerful a substance to trifle with and ought not to be introduced indiscriminately into human bodies, but rather that some selection ought to be made. As showing the specific action of the lymph, a case occurred under my care in Southampton, where a young lady had been suffering from year to year with debility attended with constantly recurring pricking pains in the left side of the chest. When the smallpox epidemic came she was vaccinated three or four times without its taking, and the last time a slight redness appeared on the arm, nothing more; but ever since, whether from vaccination or not, her health has become completely restored and the pains have left altogether. This would seem to show that the introduction of the lymph without any subsequent vesicular formation may affect the system. And why should it not? It is one thing to obtain its prophylactic properties, for which the vesicle seems necessary, and quite another to secure its other medicinal properties.

Dr. HALE described his method of vaccinating, which was simply by gently removing the cuticle with the edge of the lancet, taking care to avoid drawing blood, and then rubbing the point over the denuded surface. In this way he had often vaccinated infants even while asleep. In confirmation of Mr. Kyngdon's experience on the experiment upon a cow, when Dr. Hale vaccinated one of his children, not only was there the usual normal vesicle on the arm, but a perfect vesicle appeared on the loins simultaneously with those on the arm, showing that the system generally was thoroughly under the influence of the vaccine virus. The question of immunity from infection is a difficult one upon which to lay down any positive law; some people are sure to contract infection whenever exposed to it, others resist it and escape; we can only account for such a difference by the differing idiosyncrasies of individuals. Dr. Hale dissents from Dr. Yeldham's opinion, and considers that during an epidemic of smallpox we ought to give people the chance of increased immunity by re-vaccination; now, although there were sufficient evidence of previous successful vaccination, and knowing as we do that in the human subject there is a complete metamorphosis of all the tissues every seven years, it is reasonable to suppose that the preservative effect of vaccination *may* be dissipated in that time. Referring to the theory of the change of type in disease, if it meant that which is observed in specific fevers, he was quite ready to admit it, but if applied to acute inflammations he entirely rejected such a theory, which was now wellnigh exploded in the profession. During the late epidemic of smallpox a correspondent of the *Lancet* had

communicated some very remarkable results of the treatment of smallpox by re-vaccination in the early stage. Dr. Hale some years ago had given *Vaccinia* in smallpox, but with apparently negative results, but were he now called upon to treat smallpox he should feel very much inclined to try the effect of vaccination as a remedial measure, hoping thereby to at least modify the disease. Dr. Hale regretted that no anti-vaccination speaker had appeared amongst them on this occasion, not only to be discomfited, but that it might be seen what unanimity there existed in the Society in favour of vaccination, and he looked upon the present opposition to vaccination, if not positively criminal at least most mischievous, in causing and spreading an ignorant prejudice in the minds of the poor.

Dr. DUDGEON said, Dr. Hale regretted there was no anti-vaccinator present, but he should not have talked so confidently, for he (Dr. Dudgeon) acknowledged himself to be an anti-vaccinator if—and there is much virtue in an “if”—if the experiments of Dr. von Kaczowski recorded in a late number of the *British Journal of Homoeopathy* should be corroborated and proved correct. Should Dr. Kaczowski's observations prove true then vaccination, as ordinarily performed, must fall to the ground, and we should protect our patients effectually from smallpox and cure them, should they accidentally get the disease, by doses of the 6th dilution of *Variolinum*. The paper they had heard read that night testified to the thorough, conscientious, and intelligent manner in which the author had gone about his investigations, and was marked by those eminent qualities of patient research and unwearied diligence that were so conspicuous in Mr. Blackley's admirable work on hay fever that had wrung from our opponents of the allopathic school the most hearty expressions of commendation. But though Mr. Blackley's experiments and observations were excellent, as far as they went, they were of course insufficient to settle the various questions he had raised; much greater experience is still required. He found that Mr. Blackley's argument for the superior safety of vaccination over natural smallpox with regard to the reception by the inoculated poison of syphilis might not be altogether satisfactory to the anti-vaccinator, because, though there could be no doubt that protoplasm was conveyed into the system by the operation of vaccination, there was no evidence that a person who caught smallpox by infection took any of the smallpox patient's protoplasm (in which the syphilitic taint was said to be contained) into his system. He thought that some cases that were thought to be syphilitic infection might not in reality be such, and that the phenomena developed, though resembling syphilis, might often be of a much more innocent character. Two years ago two patients came to him from widely different parts of the country, one a girl of ten, the other a lady of forty, both of whom had been re-vaccinated some months previously, and on whom the

vaccinated spots presented the exact appearance of true Hunterian chancre. He treated them with wet lint and small doses of *Mercurius vivus*, and in a week or two the sores were healed, and up to this time no perceptible morbid effects had followed, except that the lady had a sort of serpiginous eruption on the forearm of the vaccinated arm, which soon went off. He concluded that these sores, though they looked syphilitic, could not have been truly syphilitic, though, of course, he might be mistaken in this. His experience of vaccination and smallpox in his own person differed from Dr. Yeldham's. He was originally vaccinated successfully in 1820, re-vaccinated unsuccessfully in 1831, had a smart attack of smallpox in 1838, tried to vaccinate himself in 1864 without effect, and was successfully vaccinated in 1871, the vaccination running a regular course and leaving two well-marked cicatrices. He thought the method of vaccinating by the pin-head-sized blister was generally followed by bad inflammation of the arm. He preferred scratching with a lancet and inserting the matter from ivory points. Ignorant people were often much alarmed by observing the occurrence of eruptions of various kinds on their children after vaccination. But such eruptions occurred frequently after any exanthematous fever and were not brought into the system by the vaccination, but brought to the surface by the peculiar febrile disease.

Mr. ENGALL said, One of the most important things was the purity of the lymph employed in vaccination; and, for this reason, he thought the use of either the thread or the paper referred to was objectionable, as there was a risk of taking up some of the blood; that this was obviated by the use of the capillary tubes, for in these if anything but pure lymph existed, it was made evident to the sight. Unlike some of the speakers, the points had uniformly failed with him, but the use of lymph taken from the arm in the tubes (with one exception) had always succeeded. This one failure he attributed to the quantity being too small, as a repetition of the process produced good vesicles. His mode of vaccinating differed somewhat from those already mentioned. He broke off the ends of the tube and blew the lymph upon the arm, which formed a globule of lymph, into the centre of which he placed the lancet and made the scratch, taking care not to cause any blood to flow. By this means he caused no pain to the child, excluded the air from the wound, and secured the immediate absorption of the lymph. The superfluous lymph—if any—could then be taken up by the tube and be blown upon the other part where the second scratch would have to be made. He generally used two tubes, each of which he had previously supplied with the quantity necessary for one puncture. By this procedure he got a healthy vesicle, which he thought was not obtained when blistering of the cuticle was first employed, since in the latter case there would be two actions set up,—that of the blistering vesicle, and that of the vaccine virus.

Now, that of the blistering, it had been shown (if too much were used), would produce swelling of the whole arm, which pure vaccine virus alone does not produce; and, therefore, the action of the blistering is stronger than that of the vaccine virus, and must modify it accordingly. Even when this swelling is not produced there are still the two actions going on, which must modify in some degree the result; hence, he thought that the lymph from such vesicle could not represent normal vaccine lymph, and from such causes might arise those failures which were so rife. Again, the object aimed at should be the introduction of the lymph into the absorbent system in such manner that the result might be due solely to *its* influence. Therefore, he thought that an incision made deeper than just to indicate by the presence of a red line that the absorbents were reached was objectionable, because, as each tissue has its specific inflammation the deeper the cut the more likelihood for these several structures to be involved, and (as in the case before cited) other modifying inflammations to be set up. This might also be the case with the irritation produced by the points acting as *local* irritants. If these deeper structures were involved, and another action set up, this would manifest itself in a deeper cicatrix; and therefore he was of opinion that a deep-seated cicatrix did not indicate protection so well as one which indicated that the absorbents alone had been reached.

Dr. DRURY called attention to some coloured drawings of arms, showing the effects of re-vaccination; one, that of a butler, that had the appearance of rupia. In this case the vaccination apparently called into action disease that was lurking in the system. Another drawing was that of a bad arm following vaccination, the remarkable feature of which was that the lady was attacked with smallpox several weeks after, but before the arm was quite well. The arm of a young woman, said to have had smallpox when two years old, went through the stages of vaccination perfectly; this was done with vaccine four removes from the cow. Dr. Drury said that in vaccinating he always adopted the nick mode of scratching the arm with a lancet, and, if possible, rubbing in the fresh lymph off his lancet, either direct from a child or from a tube. Failing such a supply he rubbed in the dry points, and when vaccine was scarce had more than once used one point to do two places. He was aware that at the Smallpox Hospital Mr. Marson always liked to vaccinate in five places. He very much questioned if one small place took if the system was not as effectually protected, and that the real advantage of a number of places was to secure a good supply of lymph and to ensure a successful operation if possible. As regarded the size of the cicatrix he thought far too much importance was attached to it; the operation might have been perfectly successful when only a small one was to be found, while a large cicatrix might result from the arm being allowed to get rubbed

and ulcerated. As regarded the risks of re-vaccination there was no doubt that in a certain number of cases bad arms were to be expected, but the fact that the same lymph was used in several cases without any such result following showed that the vaccination merely called out mischief ready to show itself on provocation. Of course, it was possible that disease might be conveyed by the lymph, but the facts that he had mentioned showed that it was not the cause in the majority of cases. Bad arms were not often seen after first vaccination, and in the cases where eruptions appeared, on careful inquiry, it could often be ascertained that some eruption had appeared before vaccination, or that any connection with vaccination was very remote. As a large number of children came under his observation, he took some trouble to inquire about these matters when cases came before him where vaccination was blamed. A gentleman, who had suffered from eczema, applied to him to be vaccinated; he told him that he could not guarantee that the operation might not be followed by a return of his attack, his patient preferred this risk to the risk of taking smallpox; the result was one of the most severe attacks of eczema he had ever seen. His practice was to advocate vaccination, while he strongly objected to its being made compulsory; he did not think that the controversy for and against vaccination had been carried on with fairness by either its friends or its opponents. He wished to point out one peculiarity of the recent epidemic of smallpox, which was this, that formerly children who had been vaccinated were almost absolutely safe from an attack of smallpox till the age of fourteen, as strongly insisted on by the late Dr. George Gregory and Dr. Copland, whereas in the last epidemic vaccinated children had not this same universal protection.

Dr. J. GALLEY BLACKLEY begged to add his testimony to the value of vaccination, both primary and secondary. During the epidemic of smallpox in Liverpool in 1871 out of 150 cases which had passed through his hands the speaker only remembered one fatal case, where there was distinct evidence of vaccination having been previously properly performed, whilst in those who had been re-vaccinated not a single case of smallpox occurred. He thought that the protective influence certainly diminished with lapse of time, and instanced three cases of smallpox occurring in one family. The first, a child of three months old who had not yet been vaccinated, had a most severe attack of confluent smallpox and died; the second was a boy of seven who had been successfully vaccinated in infancy; in this case the attack was a remarkably mild one, whilst in the third case, which was that of a girl of fourteen, who also had been vaccinated in infancy, the attack was much more severe, but terminated favorably. Referring to the question of the transmission of disease by means of vaccination, Dr. Blackley thought this had been very much exaggerated, as well-authenticated cases were really very rare. As to the

mode of transmission, we had as yet no proof that the blood-corpuses alone were the agents, there being just as great a probability in favour of the lymph itself being the vehicle. In conclusion, the speaker expressed his preference for the ivory points, which when used to a scarified surface seldom failed.

Dr. BAYES (Vice-President) said that he had wished to add a few remarks to those already expressed, but that owing to the lateness of the hour he would only express the satisfaction which he felt at the turn the discussion had taken, as, although many different opinions had been expressed as to the best mode of preserving lymph and of vaccinating, yet there was perfect unanimity, on the part of all the members present, as to the value of vaccination as a prophylactic against smallpox.

REVIEWS.

Memoir of Sir James Y. Simpson, Bart. By J. DUNS, D.D., F.R.S.E., Professor of Natural Science, New College, Edinburgh.

EVER since the death of Sir James Simpson the profession, and indeed the general public, have been eagerly looking forward to some biography which should give a fair view of the life, labours, and character of that distinguished man. It was reasonably anticipated that the career of one who, from comparative obscurity, had, in virtue of his own genius and diligence, come "to stand before kings rather than before mean men"—whose name had become a household word in thousands of families, the members of which had shared the blessings of that anæsthetic which his labours principally contributed to bring into common use—who, while by general consent *facile princeps* in his own special department, had yet found time to linger in nearly every province of the healing art, and in each had left imperishable traces of his presence behind him—who had thrown considerable light upon the interesting but obscure subject of medical antiquities—who, during nearly thirty years, had lectured to perhaps the most numerous attended medical class in the University of Edinburgh, and who in private life attracted the admiration and warm personal regard of the thousands with whom his princely hospitality brought him into contact, must necessarily interest not his professional brethren alone, but also those of the community at large who had profited by his benevolence, industry, and skill, and indeed all who find pleasure

in the spectacle of labour and genius obtaining their due meed of competence and fame. Most persons, indeed, must have feared that the narrative of the numerous and acrimonious controversies into which Sir James Simpson had plunged from time to time, which would be inevitable in any biography professing to give a fair representation of his life, must recall much which it would be better for his fame to bury in oblivion. But the story of those very controversies, if fairly related, however much to be regretted for the reason we have just mentioned, would still have formed a most important chapter in the history of medicine, and so have lent an additional interest to the biography itself.

Neither the medical profession nor the general public, however, have much cause to congratulate themselves upon the specimen of biography with which Dr. Duns has favoured them in fulfilment of such anticipations. In some respects, indeed, Dr. Duns appears to possess eminent qualifications for the labour of love he has undertaken. A warm admirer, and, for many years, an intimate personal friend of Sir James Simpson—with abundant materials, as he himself assures us, placed in his hands, and being, moreover, a resident in the city which was the scene of his hero's chief labours and the centre of his fame,—presumably, too, acquainted with many of Sir James Simpson's opponents as well as of his supporters—we anticipated from Dr. Duns not merely an interesting account of the life of this eminent man, but also a fair representation of both sides of the memorable disputes which took up so large a portion of his time, which might easily have been produced by giving characteristic and well-chosen extracts from the voluminous records of these controversies still existing in print. Of course, as Dr. Duns is not himself a medical man, it was not to be expected that he should be able to throw any new light on the respective merits of the controversialists; but it was quite within his power to have, at least, exercised impartiality by allotting equal space to both sides, and the advice of medical friends might have guided his choice of the particular documents or portions of such to be selected. Dr.

Duns, however, has taken quite a different view of the matter, and unmistakably hints in his preface that he regards the nature of his own training and studies as entitling him to lay down the law on medical subjects with no small authority—a privilege of which he does not scruple frequently to avail himself. We learn from the title-page that Dr. Duns is Professor of Natural Science (which we are informed means Natural History) in New College, Edinburgh. How the study of zoology and comparative anatomy is to enable any one to deliver *ex cathedra* opinions (of any value) upon acupuncture, homœopathy, and anæsthetics, we confess we are at some loss to discover. But this is not all. In his accounts of all Sir James Simpson's numerous controversies Dr. Duns seems to have been guided solely by his own prejudices as to the selections he makes from contemporary documents, and this has led him to the simple and ingenious contrivance of finding room for copious extracts from his hero's arguments by means of ignoring all the refutations and allegations brought forward by his opponents. It is true Dr. Duns is so far impartial as to take small pains to disguise Sir James Simpson's insolent and acrimonious pertinacity, but he salves all this by continually remarking that great indeed must have been the provocation which could have induced such a man to use such language, without, as a rule, stating what the provocation was. We do not in the least restrict these remarks to the account Dr. Duns gives of the celebrated "homœopathy" controversy—although, indeed, it is the ridiculous misrepresentations and transparent absurdities there brought forward which first induced us to select this biography as the subject of an article in this Journal—for they equally apply to his narrative of the disputes with the Edinburgh Senatus and with Professors Syme, Miller and Lister, as we shall see when we come to examine the book in detail.

Little can be said in favour of the literary or scientific merits of this biography. We have, for example, the occurrence of the Scotticism "would" where "should" ought to find place, and the work presents several instances of incorrect spelling, as "maxas" for "moxas," "Barnsby"

Cooper for "Bransby" Cooper, Dr. "Bennet" for Dr. "Bennett," &c. And in one place Dr. Duns actually goes out of his way to contradict a statement quoted by Sir William Hamilton from St. Augustine, to the effect that if the bodies of certain centipedes or myriapods be divided, the segments will for some time continue to move independently, a fact we should have supposed sufficiently familiar to any professor of natural history, and, indeed, to everybody, as it is one of which schoolboys are in the habit of giving daily practical demonstrations, in no laudable spirit of curiosity.

But it is time for us to approach the real object of the ensuing pages, which is to give a very brief notice of Sir James Simpson's life, entirely extracted from the biography before us, with a more detailed account of the famous "homœopathy" controversy in which he played so notorious a part. Bearing in mind this latter object, we shall also examine, though more cursorily, Sir James Simpson's controversies (to give them no harsher name) with the Edinburgh Senatus, Professors Syme, Miller, and Lister, and the opponents of chloroform; chiefly as affording illustrations of the spirit in which he carried on disputes of any kind, so that we may be the better enabled to estimate his ferocious attack upon homœopathy at its true value, and criticise it accordingly. It is, of course, no part either of our duty or our intention to offer any remarks on the portion of Dr. Duns's work which specially deals with Sir James Simpson's moral and religious character. We are quite willing to believe that in this, the highest of all considerations, Sir James Simpson was unimpeachable; and, even had we thought otherwise, it would have afforded us no pleasure to blacken the memory of a gifted and industrious man. Such distasteful work we leave to our cynical contemporary the *Medical Times and Gazette*, which scurrilous periodical assailed the spotless fame of the late Professor Henderson, almost before he had been laid in his grave, with mendacious insinuations of selfishness and dishonesty.

James Young Simpson was born at Bathgate, Linlithgowshire, on the 7th of June, 1811, the descendant of a line of "small farmers" who had long lived in that county. His father, David Simpson, born in the same town, had for some years worked as a journeyman baker in London, Glasgow, and Leith, and in the year 1810 settled in his native place in the same line of business. Besides his youngest, the subject of this biography, whom paternal fondness always regarded as the genius of the family, David Simpson had six other sons and one daughter. His third, son, Alexander, who succeeded to his business, and ultimately rose to the position of banker in his native town, was the kind and generous supporter of James Simpson during his youth while he needed aid; and it is gratifying to have to record that this liberality was not forgotten or unrequited by the younger brother when, in later years, he had risen to well-earned opulence and fame. Indeed, some of the most pleasing passages in this biography are those which describe the affectionate intercourse and mutual helpfulness of the various members of Sir James Simpson's family. After going through the usual curriculum at the parish school at Bathgate, James Simpson entered the University of Edinburgh in 1825, where, for two years, he attended the classes of Greek, humanity, and mathematics, without, however, gaining much distinction. He commenced his professional studies in 1827, and during his first medical session he also took the classes of natural and moral philosophy. In later years he was accustomed to speak of his attendance on the arts classes as having been very useful to him through life, which makes it the more surprising that we find him, in 1867, disparaging classical education, in a strain, however, displaying considerably more zeal than knowledge. In 1830 he obtained his surgical diploma, and in 1832 graduated at Edinburgh as M.D. He then became candidate for the situation of parish surgeon to the small village of Inverkip, a post which, fortunately for himself and his profession, he failed to obtain. Shortly after he became assistant to Professor John Thomson, who, we are informed, had been struck with the excellence of Simpson's inaugural

dissertation ; and it was while he held this situation that he resolved to devote himself to that department of practice in which he subsequently acquired such distinction. He wrote several papers on professional subjects, which attracted so much attention abroad as well as at home, that they were translated into German, French, and Italian. He became a member of the Royal Medical and Royal Physical Societies of Edinburgh, of both which he was later elected president. In 1835 he was enabled, by his brother's liberality, to accompany Dr. D. Maclagan on a tour of study and observation through London, Paris, Brussels, and Antwerp. In 1836 he was elected corresponding member of the Medical Society of Ghent, and in the same year he obtained the post of house-surgeon to the Edinburgh Lying-in Hospital. Next year he was appointed interim lecturer on pathology at the University, as that enlightened body—the Edinburgh Town Council—had, with their wonted officiousness, raised a clamour against Professor Thomson on account of some ridiculous charges they had managed to trump up concerning him ; and in 1838 he commenced his first course of lectures on midwifery as an extra-mural teacher. It is right to add that both his obstetric and pathological courses were largely attended, and his students publicly testified their sense of the value of his prelections.

Thus far things seem to have gone smoothly enough, on the surface at any rate ; but from this time, until Sir James Simpson's death, we shall have to force our way through an uninterrupted series of rancorous and, too often, discreditable contentions. These may be said to date from the summer of 1839, when Dr. Hamilton resigned the chair of midwifery ; and, as an illustration of the temper in which Simpson was likely to encounter any slight or opposition, we may extract the following anecdote, which refers to the same year, and is here reproduced in the words of Dr. Duns :

“ Dr. Simpson and Dr. Lewis were conversing together in the reading room of the College of Physicians
Soon after, the conversation turned to an anonymous letter

that had lately appeared in the newspaper on Queen's College, Ireland. 'What a precious piece of humbug!' said Lewins, in reference to a remark of Simpson's on another matter. Turning to Lewins, and looking him full in the face, he said, 'That was a scandalous and lying article in the *Observer*; I hope you were not the author of it.' " As Lewins *was* the author, and as Simpson clearly showed by his manner that he knew, or, at least, suspected this to be the case, we are not surprised to learn that the result of this classical colloquy was a threatened duel, which was, however, fortunately averted by the friendly interposition of Dr. Handyside and others.

Upon the resignation of the chair of midwifery by Professor Hamilton, Drs. Lee and Kennedy, as well as several others of less note, offered themselves, together with James Simpson, as competitors for the vacant professorship. The two former of these, at any rate, were men of European celebrity, mature age, and long experience. Not unreasonably, there was a strong feeling among many of the professors and others that the claims of these were preferable to Simpson's. Mr. Syme, in particular, seems to have exerted himself strongly in favour of one of Simpson's rivals, a fact which Simpson seems never either to have forgotten or forgiven. Sir Charles Bell also expressed himself to the effect that, in a case like the one under consideration, regard ought rather to be paid to the duration of a candidate's professional career, and the amount of his experience as a teacher, than to the mere number, or even character, of personal testimonials from friends and others, the supply of which, of the most flattering nature, is generally found to be equal to the demand. Of these latter documents Dr. Simpson seems to have possessed abundance, and he had, as we have seen, other more solid recommendations. But Dr. Duns feels it his duty to comment very severely on Sir Charles Bell's very sensible remarks, and to administer no small dose of flattery to the Town Council for their remarkable sagacity in disregarding them. It is a happy thing that, in the present instance, the result justified their choice; that Sir James Simpson did not prove another Monro

tertius, and that his election over the heads of his seniors did not turn out to be an electioneering blunder, like that which installed Christopher North in the chair of moral philosophy in preference to Sir William Hamilton.

Dr. Simpson's chief claims were as follows :—he had for one session delivered an extramural course of lectures on midwifery with considerable applause ; he had also, for a time, discharged the duties of interim lecturer on pathology at the university ; he was the author of several articles on obstetrical subjects which had been deemed worthy of translation into various continental languages ; he had written an article on “ Hermaphroditism ” for *Todd's Cyclopædia of Anatomy* which gained much commendation ; he had been chosen a member of the Medical Society of Ghent ; he was president and honorary member of the Royal Medical Society of Edinburgh, and member of the Royal Physical Society in that city ; and, lastly, he had a not inconsiderable and daily increasing obstetric practice. On the other hand, he was only twenty-nine years of age, and hardly eight years had yet elapsed since his graduation ; while among his opponents were veteran obstetricians, with claims to consideration greatly superior to his own. Dr. Simpson's success may, in part, be attributed to the confusion arising from the appearance upon the scene of a considerable number of competitors, many of whom withdrew before the close of the contest ; partly to the energetic canvass of himself and his friends ; partly to the influence of Ritchie and the whig party, who, fearing Simpson might contest the chair of pathology with their candidate Dr. W. Thomson, or otherwise obstruct that appointment, were anxious so to provide for him as to render this impossible ; and partly to a rumour (true or false) that Dr. Kennedy, in spite of his attainments and experience, was not a fluent lecturer. However this may be, we have now every cause to rejoice in the result of the election, and we can only regret that Dr. Simpson should so strongly have resented Mr. Syme's opposition as to maintain a lifelong quarrel with the distinguished surgeon, and even to visit the sins of the father-in-law on the head of the son-in-law by extending his

hostility to Professor Lister. It might have been hoped that honest self-gratulation would have got the better of vindictive feelings, more especially as, during the very heat of the contest, Dr. Simpson, fortunate alike in love and strife, was united to his cousin, Miss Jessie Grindlay, to whom he had been for some time attached, and who survived him only a few days. His angry feeling towards Mr. Syme appears the less justifiable when we remember the active part Dr. Simpson himself subsequently took in the election to several medical professorships in the University of Edinburgh.

He had scarcely been installed in his professorship before he was offered the deanship at a meeting of the Medical Faculty. Something in the manner in which the offer was made seems to have irritated Dr. Simpson's remarkably keen sensibilities, and he accordingly declined the proffered dignity, in terms which Professor Graham regarded as tantamount to giving the lie direct to every one present. Simpson at first tried to make matters up by assuring Professor Graham by letter that he (Professor Graham) was "one of the very last members of the Medical Faculty whose good opinion he (Dr. Simpson) would be willing to forfeit," but considering the terms Dr. Simpson was now on with his colleagues, this assurance did not amount to very much. As Professor Graham failed to receive this gushing appeal with becoming enthusiasm, Dr. Simpson wound up the correspondence (and, we presume, the intimacy) with an extraordinary letter in which he blusters a good deal about the "dignity of a gentleman," and kindly informs Professor Graham that he (Professor Graham) is ignorant of the laws of courtesy.

Professor Simpson's first session, no less than those which followed, was a complete success. This is ascribed by Dr. Duns to his genial bearing, earnestness of manner, felicity of illustration, forcible and lucid style, and to his "pleasant talk and sallies of quiet humour." We could wish Dr. Duns had not felt it necessary to allude, even in such euphemistic terms, to this latter element of popularity, as it recalls to the mind of all former Edinburgh students,

at least, a feature in their old teacher's didactic and colloquial style which his friends might well wish obliterated. It is only too notorious that the license Sir James Simpson permitted himself to take, in the selection of anecdotes and digressions wherewith to enliven his disquisitions on a subject only too likely to suggest indecorous allusions, was pushed to an extreme very unbecoming in one of his talents and attainments. But on this we have no wish to dwell. It is more pleasing to refer to the enlightened and active part he took, about this time, in the discussion as to whether the chair of general pathology should be abolished, in which he argued, alike earnestly and convincingly, in favour of its continuance. He fortunately gained his point, and to his success on this occasion the University and the profession are indebted for the valuable services of the late Professor Henderson, who was elected to this chair, in succession to Dr. Thomson, in 1842. It is curious to find that Simpson was thus the indirect means of procuring a university chair for the very man whom, a few years later, he laboured in conjunction with Syme to deprive of every medical appointment and to chase out of professional society.

But to return. From this time until the year 1847 Professor Simpson's career presents little of interest to the general public. He seems to have taken much interest in the Free Church controversy, then at its height, and indulged his archæological tastes, by the publication of a valuable memoir entitled *Antiquarian Notices of Leprosy and Leper-houses in Scotland and England*. His fame and fortune were now progressing *pari passu*, which seems to have kept him in such good humour, that, beyond a squabble with Dr. Radford, and a somewhat more serious assault upon Professor Syme (whom he accused of making "disingenuous and untrue statements"—"deliberate mis-statements"—"assertions which he knew to be quite false," and "which had no foundation in truth;" and of possessing a "morbid-appetite for railing" (save the mark!), and other ungracious deeds and attributes), we have little characteristic to record, until the last-named year (in which he was made

Queen's physician for Scotland) brought him again into the field upon the famous "anæsthesia" controversy.

The production of anæsthesia during the performance of painful operations seems to have engaged the attention of the medical profession from the earliest times. We find the use of mandragora for this purpose referred to by Aretæus, Celsus, Dioscorides, and others; and in the thirteenth century Hugo of Lucca and Theodoric described a "spongia somnifera" which they deemed available to this end. The use of sulphuric ether was suggested by Richard Pearson in 1795, and, five years later, Sir Humphry Davy proposed the inhalation of nitrous oxide gas, which has of late years been revived. Ambrose Paré in the sixteenth century, and Dr. Moore in 1784, had attempted to produce local anæsthesia by compression of the implicated nerves. But for some inscrutable reason the subject seems to have been dropped from time to time, until in 1846 the use of sulphuric ether was introduced in America by Dr. Morton, a dentist at Boston, or, as some allege, by Dr. Jackson. But, prior to the labours of Dr. Simpson, the use of any form of anæsthetic seems, in modern times at least, to have been limited to those about to undergo surgical operations. When Simpson proposed to extend the practice to obstetric cases he had, therefore, to dispose of various preliminary objections before demonstrating, or endeavouring to demonstrate, the superiority of chloroform to any other form of anæsthetic.

The alleged objections were of three kinds—religious, moral, and medical. The opponents who maintained the first class of objections urged, not without some plausibility, that, as the pains of childbirth were denounced on the daughters of Eve as part of the primeval curse, any endeavour to avert them was an impious attempt to defy the sentence of the Creator. This allegation the Rev. Dr. Chalmers was inclined to treat with contempt. Simpson, on the other hand, and his colleague, Sir Robert Christison, in a more becoming spirit, endeavoured to demonstrate its unsoundness. The act of disobedience in Paradise entailed labour on man no less than parturient pangs on woman.

If, therefore, we are justified in endeavouring, by means of mechanical or other contrivances, to alleviate that portion of the curse which lights upon the stronger sex, it seems strange that we should be accused of impiety if we try to mitigate the far heavier doom pronounced on the other section of humanity, whose tenderness and helplessness call for more rather than for less indulgence. Other replies were made, in which the force of the original words in the Hebrew text was dwelt on; but upon this we have neither the learning nor the time to enter. On moral grounds, it was urged that abandoned persons might employ anæsthetics for licentious or other criminal purposes; but it may fairly be hoped that judicious legislation will prevent this disaster, and it seems hard to deprive multitudes of a priceless boon lest a few individuals should be found so wicked as to abuse it. On medical grounds, it was asserted (1) that the administration of anæsthetics during labour favoured the occurrence of post-partum hæmorrhage and puerperal convulsions; (2) that it caused cessation of the natural efforts made by the patient to aid the passage of the child; and (3) that it might exert an unfavorable influence upon the child's health. The first and second of these objections have been amply refuted by general experience; as regards the third, we confess we should hesitate to give a very decided opinion. That after a labour, during which chloroform or æther has been administered, the child can fail to come into the world saturated (so to speak) with the drug, seems to us a simple impossibility; as, although it is quite true that the child does not breathe until the head at any rate is born, still it is difficult to conceive how the vessels of the placenta can miss absorbing the vapour given off by those of the uterus. We own we should like to see a large statistical table giving some history of 1000 or 2000 children at whose birth anæsthetics were employed, in contrast with that of a similar number at whose birth recourse was not had to such means. We do not attach much importance to the fears some timid people express about the use of chloroform in cases where cardiac or pulmonary disease is present, as we think Professor Erich-

sen has satisfactorily shown that to such (in surgical cases at any rate) the pain of the operation where insensibility is not produced is much more dangerous than any effects arising from careful administration of the drug, and we know this to have been the opinion of Sir James Simpson, and to be that of his successor, in obstetric cases also.

To Sir James Simpson is due the high praise of having not only manfully fought the battle of anæsthetics in general, but also of having been the first to employ chloroform in midwifery, and even the first publicly to teach and consistently to have recourse to the use of any such alleviations in that department of practice. He was not, indeed, in any sense, the *discoverer* of chloroform, as Dr. Duns absurdly calls him, for this drug was first prepared by Soubeiran in 1831, analysed for the first time by Dumas in 1835, and first proposed as an anæsthetic by Mr. Waldie, of Liverpool, who suggested its use to Simpson himself, in 1846, or the beginning of 1847. It is unfortunate, therefore, that Simpson, in vindicating to himself the fame he so well deserved, should, at all times, have seemed to put forward claims to an honour to which he had no real pretensions; but we are willing to hope that the seeming disingenousness was more apparent than real, and we can readily pardon him if, in the justifiable exultation he must have felt at having been the happy instrument of disseminating such a boon amongst mankind, his language was not always sufficiently guarded. Sir James Simpson well deserves a place beside Jenner, and inasmuch as the tortures of the operating theatre and the lying-in room far exceed those of ordinary disease, and have now by Simpson's means been all but annihilated, we do not scruple to rank his name with that of Hahnemann as a benefactor to mankind, though not, of course, as a philosophical physician.

The account Dr. Duns gives us of this famous controversy is, as usual, one-sided, partial, and inaccurate, and he manifests an intolerance, strange in one of his profession, towards all those who did not at once abandon the religious class of objections. He has favoured us with long screeds from Simpson's correspondence which were wholly uncalled

for ; and, but for an accidental letter to which no particular notice is drawn, Mr. Waldie's name, so far as we can find, would have been ignored.

In 1848, Dr. Simpson was invited to remove to London, and promised, in the event of his complying, the chair of midwifery at St. Bartholomew's. Having the fate of Sir Charles Bell before his eyes, he remained in Edinburgh, like a sensible man. In 1849, he described the celebrated "air-tractor" which still goes by his name. Shortly afterwards, he appears to have had some misunderstanding with Prof. Miller, which lasted longer than might have been expected between men who had once been such close friends. But it seems to have been so marked that, in 1850, Simpson having personal occasion for surgical assistance, sent for his old enemy Syme, and overlooked his old friend Miller. Dr. Duns, indeed, would have us believe that this strange act of Simpson's was the occasion of the coldness, and insists that Mrs. Simpson, for some absurd whim of her own, henpecked her husband into discarding Miller in Syme's favour, in spite of his own better judgment ; but this story, being in the highest degree improbable, extremely uncomplimentary to Mrs. Simpson, and not very flattering to her husband's manliness or common sense, we may pass by as unworthy of attention.

We now come to the "tug of war," the famous "homœopathy" controversy, which really deserves to be prefaced by a Homeric invocation were not such strains beyond the reach of our humble ability. Its rise was as follows :— Professor Henderson,* feeling it his duty to practise his

* It is unnecessary here again to refute an absurd slander, revived after Henderson's death by the *Medical Times and Gazette* (April 20th, 1872), to the effect that his conversion to homœopathy was the result of experiments with a box of globules given him by Simpson, and which was subsequently found to have been so tampered with as to invalidate any conclusions drawn from its use. This fable was fully exposed by Dr. Pope in his speech at the dinner in aid of the funds of the London Homœopathic Hospital, 23rd April, 1872. It is deeply to be regretted that Simpson himself tried to maintain this supposition, though well aware of its groundlessness. This is but one of those numerous instances of disingenuousness which form so dark a blot upon Simpson's character.

profession for the benefit of his patients, and not merely so as to promote the interest of a narrow-minded medical clique, and having heard and seen much of the good effected by the homœopathic system, devoted a considerable portion of his time to the patient study of the *Organon* and other of Hahnemann's writings, and to personal trial of the effects of homœopathic medicines. The result in his case, as in that of every candid and intelligent investigator, was an assured conviction of the truth of the great law *similia similibus curantur*. As Henderson was no proficient in the convenient form of casuistry which enables medical teachers of more recent times to practise and even to inculcate homœopathic doctrines, and yet so to mask their deeds and utterances as to retain their stipends, the natural consequence of his honest declaration of his convictions was his summary ejection from the chair of clinical medicine and from his post as physician to the Royal Infirmary together with the loss of nearly all his patients. By way of driving Henderson to utter destitution, Professor Syme, to his lasting disgrace, even sought to chase him out of the chair of pathology, as if a physician's views upon pharmaco-dynamics were likely to affect his descriptions of specimens of morbid anatomy or his accounts of the course of any pathological process. This infamous attempt failed, as we all know; still, not the less did Simpson feel it his duty to address the following masterly allocution to the Medico-Chirurgical Society of Edinburgh, according to the report of the *Monthly Journal of Medical Science*:

"For one, Dr. Simpson rejoiced that the colleges had taken up the subject and set the matter on its right footing by making the question of meeting homœopathists not a question longer left to the responsibility and importunities of individuals, but a question which the profession had fixed and settled in their corporate capacity.

"The resolutions of the colleges would, he believed, be doubly useful by not only determining for the future the proper line of duty of the profession towards homœopathists, but by showing also to the homœopathists their exact position in relation to the profession. . . . In passing,

therefore, and, it is to be hoped, unanimously, such a measure as that proposed by Mr. Syme, we . . . show our anxiety to be rid of the *professional presence* (*sic*) of homœopathists in all our institutions by showing them our determination to be rid of them in those places from which we have an undoubted right of enforcing their exclusion."

Now, we are sorry to interrupt such a flow of oratory, but we should very much like to know what the distinction is between "homœopaths" and the "profession." "The profession," in common parlance, is taken to mean the body of members of the medical profession, just as "the cloth" is used as a synonym for the clergy, and the "trade" signifies the body of booksellers and publishers. Membership of the medical profession is constituted by the possession of a legally-recognised diploma or licence to practise medicine or surgery, obtained after due examination, and has nothing whatever to do with the *diplôme's* views about pharmacodynamics or anything else. Even could an M.D. or M.R.C.S. now be found who practised bloodletting in pneumonia or administered carbonate of soda in cases of gastric acidity, he would still remain a member of "the profession," however much he might deservedly sink in the opinion of Dr. Sydney Ringer and of all other sensible men. We do not even deny such membership to the editor of the *Medical Gazette*. A homœopathist, again, is one who holds certain doctrines as to the action of drugs, and "professional" in the acceptation we are considering means belonging to the medical profession; hence there are professional and non-professional homœopathists, as Dr. Henderson and Archbishop Whately, just as there are professional and non-professional allopaths, as the late Dr. Pritchard and the Rev. Dr. Duns; or professional and non-professional stump orators, as Sir James Simpson and Mr. Odger. Hence, to speak of homœopathists or any other "ists," in contradistinction to "the profession," is to be guilty of what logicians call a "cross-division." But Simpson next expresses his desire to be rid of the "professional presence" of the homœopathists. How is this? How on earth can these reprehensible beings have a "pro-

fessional" presence at all according to Simpson's new style of nomenclature, since they are thereby excluded from the profession altogether? Moreover, the "undoubted right" to exclude a medical man from a society into which he has been duly elected merely on account of his views on a particular scientific question is, to say the least of it, very open to dispute. Could the Royal Medical Society, for instance, eject one of its members merely because he held either the cellular or the molecular origin of animal tissues in opposition to the opinion of the majority of his colleagues? But to return to Simpson's address. "He held that no man or set of men could in any degree aid in effecting the cultivation and advancement of medical science and knowledge, who entertained principles such as those which form the basis of the homœopathic belief. We were as much justified in asking those who had taken up a belief in the follies of Hahnemann and his *Organon* to withdraw from our Society as a Christian community would be justified in expelling those of its members who came to believe in the follies of Joe Smith and the Mormon Bible. *These two heresies, the homœopathic and the Mormonite, appeared, in fact, to have many points in common, though the one belonged to medicine, and could only properly be judged of by physicians, and the other belonged to theology, and could only be properly judged of by clerical men. They were both equally wild. Some homœopathists profess Hahnemann to have been inspired*" (Name! name!) "as the Mormonites hold Smith to have been. Both heresies were extending, it was true, but that was no evidence of the value of either."

On comparing this tirade with that which preceded we feel tempted to exclaim with Sir Andrew Aguecheek, "Why, this is the best fooling, when all is done." "No man can aid in the advancement of medical knowledge who holds the homœopathic belief." Yet Hahnemann himself deprecated bloodletting more than a quarter of a century before Skoda and Prof. Hughes Bennett were ever heard of; was the first to suggest *Camphor* in the treatment of cholera; decried the antiphlogistic system while it was

still the rage all over Europe ; proposed *Lead* for some forms of constipation, and *Arsenic* for certain varieties of enteritis, when all the thanks he got was to be laughed at for his pains during his life, and to have his discovery pirated nearly thirty years after his death ; and, to crown all, anticipated Simpson's own proposals for hospital reform before Simpson himself was born!! "Homœopathy and Mormonism have many points in common." Well, Bishop Copleston tells us that the perception of analogies is the greatest proof of genius. If the discovery of similitudes where none such exist be also a proof of high natural endowments, then the soul of Simpson must indeed be allowed to have been more brilliantly illuminated than any other which has as yet vouchsafed to animate this "body of our humiliation." "Homœopathy and Mormonism are both wild." Of course we ourselves deny the first half of this assertion ; but, even if we accepted it in its fullest extent, we should still be unable to perceive that any very striking similitude or analogy was established between two objects by the fact of their possessing the attribute of "wildness" in common. The practice of mercurial salivation was "wild ;" bloodletting was very "wild" indeed ; the doctrine of "contraria contrariis," &c., is, if possible, still "wilder," yet none of these vagaries is indissolubly associated in our mind with the attempt of the Earl of Essex to seize the City of London, which we take to have been one of the "wildest" freaks on record. We fear we are very far inferior to Sir James Simpson in the ready perception of analogies. But, if such a soaring imagination could condescend to details, we should feel disposed to ask ; What doctrine in Mormonism corresponds to the law of similars in homœopathy ? What subordinate article of belief, even, in that creed, corresponds to the so-called law of infinitesimal doses, held as a subordinate doctrine by the majority of homœopaths ? We are not very learned in the opinions of the Mormonites, in spite of Mr. Hepworth Dixon's commendable diligence ; but we have been given to understand that the principal article of the Mormonite creed has something to do with one or more wonderful inscriptions on

certain metallic plates said to have been found no one exactly knows where, and to have disappeared no one exactly knows whither. What on earth has this to do with the law of similars? And to compare subordinate articles of belief. We hope we are doing our Mormonite friends no injustice in supposing their most characteristic subordinate doctrine has to do with certain rules concerning the conjugal state, which have not been found to square very completely with the legal maxims of most civilised countries. What in the name of wonder has all this to do with infinitesimal doses? Do the Mormonites enjoin matrimony to be taken in infinitesimal doses? If so, they are a much maligned community. But, it seems, "the followers of Joe Smith believe him to have been inspired," and the followers of Hahnemann believe the same of their master. The second part of this assertion is not true, to begin with; but that is a small matter. No one asserts Hahnemann to have been inspired, except in that vague sense in which people speak of Tennyson, or Macaulay, or Cicero, or Demosthenes, or Homer, having been inspired. But supposing some enthusiastic follower, in an outburst of gratitude for benefits received under homœopathic treatment, had used the term in a more literal acceptance; what then? Does that prove Hahnemann himself a visionary, and his other followers fools? A lady of our acquaintance, who, a short time before, had enjoyed the benefit of chloroform on an "interesting occasion," assured us that, in her opinion, Sir James Simpson ought to have been made King of England. Was Sir James, therefore, a traitor, and are all who employ chloroform conspirators?

"The extension of a belief is no proof of its value." Indeed! Not a conclusive one, we grant, as witness Mormonism itself twenty years ago, though we doubt whether it is extending now. But the fact of Christianity having extended widely, surely, and even rapidly in the face of obloquy and persecution, is generally alleged as at least a subsidiary proof of its divine origin and therefore of its truth; and homœopathy has encountered obloquy and persecution enough with a vengeance, as this very speech

of Simpson's shows, and yet it has extended to such a degree that whereas in 1837 there were only four homœopathic physicians in the United Kingdom, in 1873 there are between eighty and ninety in London alone. In point of fact, the permanent extension of any system is not a bad proof of what may be called its *relative* truth, so far as it goes. Mohammedanism is often adduced as an instance to the contrary, but we think that in reality it makes for our assertion rather than against it. Defective as is the religion of Mahomet, we have good reason for believing it superior to the Sabæan Fire-worship, and even the extremely debased forms of Judaism and so-called Christianity, which that conqueror overthrew.

Dr. Simpson proceeds, "It has been alleged that we have no confession of faith in medicine—no standard by which we can possibly judge, as clerical bodies do, of the amount of error and deviation of those members of the profession who, from time to time, may choose to set at nought the common principles of that profession. But we have a standard of faith, and a confession by which we can judge such men, namely, the standard of COMMON SENSE." We shall offer no comments of our own upon this passage, but shall merely contrast it with an extract from the writings of Archbishop Whately:

"Since, therefore, each gives the preference to unassisted common sense *only in those cases where he himself has nothing else to trust to, and invariably resorts to the rules of art wherever he possesses the knowledge of them*, it is plain that mankind universally bear their testimony, though unconsciously and often unwillingly, to *the preferableness of systematic knowledge to conjectural judgments.*"

Dr. Simpson proceeds to dwell at some length on the subject of infinitesimal doses, but as we shall advert to this when we come to the consideration of his *Homœopathy Misrepresented*, we shall pass it over for the present, and proceed to a passage near the end of his speech. Alluding to homœopathic chemists, Simpson says, "he did not know the number of drugs that homœopathists used, but he did not suppose that they exceeded 250 or 300 separate articles (!) He

was not aware what a grain of each might cost, but he supposed not above a penny or two, at most, on the average. And one single grain would of course be sufficient during any one druggist's lifetime for a whole universe. A homœopathic apothecary's stock in trade, therefore, could not well exceed a few shillings, and need not require renewal during the longest lifetime. And yet these same dilutions seem convertible into annual incomes sufficient for the maintenance of three thriving drug establishments."

All this discovers total ignorance of the very elements of homœopathic pharmacy. In the first place, a separate pestle and mortar are required for nearly every drug, for purposes of trituration. Next, the processes of trituration, succussion, &c., and especially of preparing any individual required trituration or dilution, can only be entrusted to most skilful and experienced hands, and require the expenditure of a very great deal of time and trouble; while, owing to the extreme delicacy of homœopathic preparations, the slightest carelessness, or even unavoidable accident, will often cause injury to a large quantity of material, rendering it necessary to throw it away, after much time and labour have been bestowed upon it. So that homœopathic drugs, as usually prepared, are really very costly indeed; and the apothecaries (using this word in its Scotch acceptation) who may well excite our envy are the allopathic druggists, who have nothing more refined to deal with than ordinary mother tinctures and native powders, and yet have the conscience to charge the uniform rate of one shilling and ninepence apiece for bottles of physic, the average actual money value of which could not by the most extravagant estimate be adjudged at one penny farthing.

But it is perhaps unfair to judge Simpson by a speech evidently composed in haste, and we trust repented, though not retracted, at leisure. Let us, therefore, proceed to examine the summary with which Dr. Duns favours his readers of the contents of the once celebrated, though now, happily, forgotten treatise, which may fairly be supposed to express Simpson's deliberate and mature convictions.

Dr. Simpson (we are informed) shows (1) "that both the profession on the one hand, and Hahnemann himself on the other, utterly repudiate the compatibility of the two systems, homœopathy and scientific medicine, the principles and practice of which are as much opposed to each other as light to darkness, virtue to vice; thus exposing the knavery of those who profess to believe in and to practise both." If for the words "scientific medicine" we substitute "allopathy" which is what Simpson here means, we are ready to greet this dictum with rapturous applause, the more so as it is almost a transcript of the words of Hahnemann. As in the first member of the first clause of the sentence "homœopathy" is the antecedent, "light" and "virtue" occupying the same relative place in the first member of the second clause; while "scientific medicine" (which we have seen to mean allopathy) and "darkness and vice" are corresponding consequents, we learn that homœopathy is to be duly exalted to the regions of illumination and righteousness, and its antagonist to be relegated to the mansions of obscurity and guilt. This is precisely our own opinion, and we are grateful to Simpson for having expressed it so forcibly and succinctly for us. We fully accord, moreover, with the censure passed upon the conduct of those who try to unite two antagonistic systems; though, out of respect to the feelings of certain distinguished medical professors of the present day, and having the fear of an action for damages on account of defamation of character before our eyes, we should prefer to substitute the term "disingenuousness" for "knavery." However, if these gentlemen do not object, it is certainly no business of ours to interfere. "Let the galled jade wince, our withers are unwrung." No one was more severe than Hahnemann himself upon those whom he termed "bastard homœopaths." The term "scientific medicine" as applied to allopathy is, of course, absurd. No system can be called scientific which is not based upon some principle and does not recognise the working of certain laws. But the profession, sometimes even the boast, of the allopaths is, that their system is one of pure empiricism. "There can be no doubt," said Dr.

Stokes, "that medicine requires to be put on a much more scientific basis than it at present possesses; *it is now simply empiricism*, and that empiricism is only valuable and useful because it is wielded by thoughtful men." Sir John Forbes says, medical treatment is "neither precise in its indications, direct in its action, nor positive in its result." One of our teachers used to glory in the practice of medicine being confessedly empirical, because, as he alleged, we are not yet sufficiently advanced to reduce it to a scientific system. Much in harmony with this is the assertion of Kurt Sprengel, one of the greatest modern historians of medicine, who tells us "scepticism in medicine is the top-stone of the science; and it is the wisest part to regard all opinions with indifference, and to adopt none."

In the year 1847, Professors Gairdner and Hughes Bennett declared that if any one could demonstrate the inutility of bleeding in pneumonia they would cease to believe in any medical theory whatever. Yet the latter of these gentlemen before many years, with praiseworthy candour, came forward as the strenuous opponent of blood-letting altogether, and we are glad he has lived to see the whole medical profession unanimously adopt his views. So much for the "scientific" character of allopathy!

The next thing we are told Simpson proved was (2) "that Hahnemann himself very rarely, *if ever*, administered to his patients anything but small grains of sugar; and he confessed he did this for the purpose of keeping up in his patient's mind the firm belief that each powder contains a dose of some medicine. This, indeed, was long known to the profession, and an account of it appeared more than twelve months ago in the *Court Journal*."

By inserting the words "if ever," Simpson becomes obnoxious to the charge of wilful and deliberate falsehood, as he thereby suggests that a doubt may be felt whether Hahnemann ever actually administered any medicinal drug, whereas no one who has read any of Hahnemann's works can entertain such a doubt for an instant. As, however, it clearly appears that Simpson never read the *Organon* or any other of Hahnemann's writings, with the smallest

attention or understanding, but seems to have contented himself with the *réchauffés* served up at secondhand by that great medical authority the *Court Journal*, we gladly acquit him of any charge heavier than that of "answering a matter before he heareth it." Hahnemann's use of *Saccharum lactis* was precisely the same as that of bread pills or syrup of saffron by the allopaths; with the advantage in his favour of employing a really inert material, whereas saffron sometimes exerts a powerful (but unsought) action. Every physician, whether homœopath or allopath, will acknowledge that if he is forbidden to employ "placebos," he may as well give up practice altogether.

We are next told (3) "that, except at Vienna, homœopathy is now comparatively little heard of in Germany and France, and that notwithstanding Leipzig is the head-quarters of this doctrine, the homœopathic hospital in that city, a small house in the suburbs, contains only eight beds, of which Mr. Lee, who lately visited it, found only two or three occupied, and it was never sanctioned by any individual of eminence in the profession."

"Homœopathy is little heard of in Germany or in France," and this is used as an argument to discredit it. Dr. Simpson had informed the Medico-Chirurgical Society that homœopathy was "extending" somewhere or other, but that this was no proof of its truth. Here we are told that the fact of its *not* spreading is a proof of its vanity. Poor homœopathy seems in a sad plight. If it disseminates itself, that's nothing to the purpose, but only makes it the more like Mormonism. If it does not disseminate itself it is at once shown to be good-for-nothing. This is something like the game of "Heads I win, and tails you lose." But we have strong "historic doubts" as to the truth of Simpson's assertion that "homœopathy was little heard of in Germany and France." We have not got the statistics of 1851 before us, but this year (1873) we find there are 265 homœopathic practitioners in Germany and upwards of 400 in France; and if these have all sprung up during the last twenty-two years, it speaks well for the recent progress of the school. Moreover we should like to know for what reason Leipzig

is called the "head-quarters" of homœopathy. Is it because Hahnemann was banished thence by the apothecaries? We know of no other title it possesses to the honour assigned it.

We are next told (4) "that the theory of homœopathy is never carried out in practice, and indeed never can be from the natural impossibility of doing so." That the theory of homœopathy is rarely, if ever, perfectly carried out in practice is, we fear, indisputable; and it is perhaps impossible for fallible human nature in any particular case to insure the absolute homœopathicity of the selected drug. It is still more deeply to be lamented that the theory of Christianity is never perfectly carried out in practice, and we apprehend its complete fulfilment is a "natural impossibility" to fallen humanity. Yet neither Simpson nor his biographer would, we imagine, have held this any disparagement of its value, but the reverse; and assuredly he who aims at the lofty mark of the "prize of our high calling" will, even if he fail, at least shoot far above the man who contents himself with a lower object. And so, though our approach towards perfect homœopathicity may be but an asymptotical progress after all, yet we are on the right path, and our every step is a step in advance, which brings its own rich reward. As a matter of experience, we see, that, while we guide ourselves by the homœopathic law, every new fact learned of pharmacodynamics adds its portion of certainty to our practice, and contributes its share towards the formation of a complete system. To the allopath, as we have seen, such remains merely an isolated fact, reducible to no law, and only accidentally, if at all, valuable in practice. Surely a theory, the only fault of which is that its *perfect* realisation is beyond our power, is at least preferable to no theory at all—especially when every step towards its realisation, however far it may fall short, is found by practical experience to be an actual gain; and for confirmation of the assertion that the allopaths are entirely destitute of theory or law to guide their actions, we need only refer to the words of Dr. Stokes quoted above.

Next (5), "Although different effects are theoretically

said to be produced by different dilutions, yet homœopaths themselves confess to effects quite the same from all dilutions." Why, of course they do, *in different individuals, or even in the same individual in different physical conditions.* Using language in its ordinary acceptation, we may say that very different effects are produced by two drops and two drachms of *Tincture of Opium*. Yet it may be a question, or in fact it hardly is a question, whether two drachms of *Laudanum* would have had more effect upon the late Mr. De Quincy than two drops upon a child of eight years old. Age, habitual use of a drug, sex, occupation, periodical physical conditions (as the menstrual period in woman), habits, position in life, inherited or acquired peculiarities, climate, and especially idiosyncrasy; all these exert so powerful and diverse an influence on different individuals and on the same individual at different times, that it would have been a miracle if "effects quite the same had" *not* "been obtained from all dilutions;" that is to say, if it had *not* been necessary, in different cases, to employ different dilutions in order to produce the same effect.

(6) "The supposed statistical evidence in favour of homœopathic practice is founded on false and disingenuous returns." This is mere assertion, and admits of being retorted on our opponents with perfect fairness. Nowadays, so far as we have ourselves seen, laudable pains really are taken to secure tolerably accurate hospital returns; but two and twenty years ago, whatever may have been the case in homœopathic hospitals, the reports of allopathic hospitals, at any rate, were notorious for their scandalous carelessness and inexactitude, not to say mendacity.

Perhaps the best reply to this allegation will be afforded by a simple and precise enunciation of the facts upon which the statistics of the homœopaths and allopaths were founded, in reference to the comparative mortality and duration of pneumonia in the two methods of treatment, since this was selected as the battle-ground. It is true that as we now know pneumonia to be a disease which normally tends to a spontaneous cure, it is not the one we should prefer at the present day in support of homœopathic

claims; still the following table, rightly understood, will amply demonstrate the perfectly ingenuous character of the homœopathic statistics, and the power of our mode of treatment in lessening the mortality and shortening the duration of this disease—not only as compared with the murderous bloodlettings and “tartarizations” of the ordinary school, but even with the more judicious “expectant” treatment of Dietl.

		No. of cases.	Mortality.	Females.	Above 40.	Above 50.	Below 37.	Average age.	Above 37.	Duration of disease.	Duration of fever.	Upper lobe affected.	Complicated.	Double.	
			p. c.	p. c.	p. c.	p. c.	p. c.	p. c.	p. c.	days	days	p. c.	p. c.	p. c.	
Henderson and Tessier	Homœop.	50	6	18	50	32	50	41	50	11	6	8	20	40	10
Dietl	Expect.	189	7.4	—	—	—	—	—	—	28	9	1	—	—	6
Louis	Allop.	78	35.9	—	—	—	—	—	—	18	—	—	—	—	—
Bonillaud	Ditto, coup sur coup bleedings	75	13.33	9.75	—	—	61	—	39	—	9	33	10	14	24
Taylor, Walshe, and Peacock	Allop.	140	30.7	19.3	23	8	—	—	—	—	—	—	44	4	18

Now, with regard to the above table we must note (1) the *homœopathic* cases were *unselected*, being taken in succession as they occurred in the case-books; (2) among the “complicated” homœopathic cases are *eight* in which previously enfeebled and deteriorated health are specially noted; (3) although the proportion of female patients, as well as of those in whom the upper lobe was affected, is smaller than that in some allopathic statistics (as in those of Andral and Grisolle), this fact loses all weight as an objection when we remember that such cases are stated by Louis, Grisolle, and Briquet to be more fatal only on account of the advanced age at which they commonly appear. Hence, as the average of the ages in the homœopathic cases is considerably above that of the allopathic, the circumstance becomes unimportant; (4) in the homœopathic cases the duration of the disease is reckoned from the commencement till the subsidence even of the physical signs, whereas Louis only reckons it until the patient is so far recovered as to be able to take nourishing food; and Bonillaud, still

more unsatisfactorily, only includes the time "until the characteristic signs of pneumonia and fever have *almost* disappeared, and when he had begun to give some bouillons;" (5) Louis purposely *excludes* forty-six cases which had occurred in his practice along with the seventy-eight given, because in these pneumonia had occurred in unfavorable circumstances, such as previous bad health; and, in the seventy-eight cases, he himself tells us "*all* were in a state of perfect health at the time when the first symptoms of the disease began"—in the homœopathic cases *one third* had been in bad health previous to the pneumonia; (6) it is true, the instances of double pneumonia are less numerous in the homœopathic than in the allopathic cases, but then it is to be remembered that, by the acknowledgment of Bouillaud himself, this untoward complication was constantly the result of the venesection resorted to in the ordinary treatment, so that the comparative rarity of its occurrence under Tessier is a credit and not a disparagement to his mode of practice. To these observations on the above table we may add the following statement of Dietl: "the average duration of pneumonia treated by venesection is 35 days—by *Tartar emetic* 28·9 days, and by the *expectant method* 28 days," *i. e.* 16 days longer than under homœopathy.

Simpson objected to the cases of Tessier, that, as *one* died of erysipelas *which began 12 days after the pneumonia was cured*, and *two* others (according to his statement, but only *one* according to the truth) died of consumption before leaving the hospital (although *three months after the pneumonia had been cured*), these cases ought to have been counted as fatal, and would have been so in the returns of allopathic hospitals. But, as Henderson justly remarks, we are not comparing the homœopathic cases with crude hospital returns, but with the discriminating statements of individual physicians, who knew perfectly well when their patients died of pneumonia, and when of some other disease which had no connection with it. Another objection Simpson brings forward is, that *as six of the homœopathic patients had been bled prior to the homœopathic treatment*,

the bloodletting must have benefited these cases, and so disqualified them from bearing testimony to the efficacy of homœopathy. Simpson little thought when he uttered this silly cavil that the day was not far distant when the fact of these six recovering *in spite of having been bled* would be considered an additional feather in the cap of homœopathy.

Dr. Henderson remarks, with perfect fairness, that as the superiority of homœopathy to allopathy in the treatment of pneumonia in carefully recorded cases like the above is nearly the same as that reported by Fleischmann in his practice on a much larger scale, we are entitled to assume that in these latter cases homœopathy possessed no unfair advantage in the nature of the cases under treatment. And while he admits that a larger proportion of incurable organic diseases may resort to the old allopathic hospitals than was at that time to be found in homœopathic institutions, he truly observes that any disadvantage under which the former thereby labour is more than compensated by the diminished proportion of their cases of acute inflammation which Simpson himself was forced to acknowledge recovered under homœopathic treatment. With these remarks we leave it to our readers' judgment to determine whether the homœopaths or the allopaths lie most open to the charge of having cooked their statistics.*

But we are informed (7) "that all attempts to obtain physical proofs † either of the activity or even of the existence of the drugs said to be contained in the infinitesimal doses have failed. Homœopaths have not been able to show by the highest magnifying powers of the solar microscope, by the magnetoscope, or new magnetic indicator, or by any other means, the existence of the smallest quantity of medicine in any of their preparations. The magnetoscope has, however, revealed much that one would scarcely have expected to exist, of the effects and vagaries of human credulity."

If any proof were wanting to show that Simpson had

* See Henderson's *Homœopathy Fairly Represented*.

† Beyond a limit of dilution, which varies as chemistry and physics advance.—ED.

never read any one of Hahnemann's chief works—such as the *Organon* which he prates so much about—with the smallest attention, these sentences we have just transcribed would furnish it in abundance. Does not Hahnemann expressly state, does not every one of his followers openly acknowledge, that no chemical or physical proof whatever can possibly be given of “the existence of the drugs said to be contained in the infinitesimal doses,” and that the dynamic activity of the drug will respond to none but its own appropriate test, the physiological?

At present in spite of the new weapon of spectrum analysis, the physiological test still prevails over the chemical and physical in delicacy, and quantities of matter which have no appreciable action either on chemical reagents or on the spectroscope may be found to act on living matters and although from the mutual interactions of many chemical and physical properties it may sometimes happen that the one may be tested by the other, an example of which is afforded by the use of the solar spectrum in chemical analysis, still we are by no means warranted in demanding that every “dynamis” in each of those three great divisions shall necessarily reveal itself at the bidding of another taken from a different class. Hence we have no reason whatever to expect chemical or physical evidence of the presence of a vital “dynamis.” All the evidence of this which we have a right to demand is its own special and appropriate evidence, namely, the physiological; and this we have in abundance, while every day's experience of medical practice furnishes it in still more copious and increasing store.

All these are elementary facts, familiar to every tyro in homœopathy; not, indeed, that the so-called “law of infinitesimal doses” is the characteristic of homœopathy, as some persons equally ignorant of Greek and medicine absurdly suppose, but because the facts on which it is based formed no small portion of the teaching of Hahnemann, and have exerted a powerful influence no less on the mode of practice than on the fame and fortune of his successors. No professional homœopathist, therefore, would have wasted

his time over "solar microscopes, magnetoscopes, new magnetic indicators," &c., seeking to demonstrate by their means a fact which did not come within the province of their cognizance, any more than he would have sought to ascertain the taste of a new fruit by placing a fragment of it in his ear, or the colour of a piece of cloth by putting it in his mouth. Every student of the writings of Hahnemann must have been well aware that even could he have possessed himself of Sam Weller's famous "double million magnifying gas microscope of hextry power" he would still have failed to perceive by its aid that which is physiologically and not microscopically discerned. And if Simpson or any of his friends busied themselves with the magnetoscope with any such absurd intentions, expectations, or belief, why, then it is our happy lot cordially to agree with that gentleman's assertion, that the instrument in question "has revealed much that one would scarcely have expected to exist of the effects and vagaries of human credulity."

Having thus attacked some of the details of homœopathic practice, Simpson next proceeds to assail the homœopathic law. We confess this appears to us a singular course of procedure on that gentleman's part. He places a number of subordinate details, of greater or less importance, at the head of the table, and then drags in the general principle at the tail end, like the poor relations who serve as refreshers after a dinner party. But as dutiful disciples of Hahnemann we are, no doubt, bound to greet the law of homœopathy with becoming reverence wherever we fall in with it, so let us see what Simpson has found to allege concerning this matter.

(8.) "That there is no foundation whatever for the leading principle of homœopathy, *similia similibus curantur*, except that which is grounded on a *gross perversion of medical facts*."

We are more accustomed to speak of "laying" than of "grounding" a foundation, but as we are not at present concerned with Simpson's peculiar style of English composition, we may let this pass. But we should really like to

know whether, if Simpson were now alive, he would still adhere to the above ridiculous statement. The list of illustrations of the truth of the homœopathic law that might be culled from old medical literature and from recent allopathic writings is so large that to give a tithe of them would more than fill all our space. We need merely refer the reader to those collected by Hahnemann in his *Organon* and elsewhere, and scarcely a treatise on homœopathy is to be found that does not add from orthodox sources to these illustrations. One of the best known of these collections of old school-corroborations of the homœopathic law is the appendix to Dr. Reith's pamphlet. Some recent works by allopathic authorities add immensely to this sort of evidence. Dr. Sydney Ringer's excellent *Manual of Therapeutics* is one of the classbooks specially recommended by Sir Robert Christison to his students, and we are there taught (1) that the well-known emetic, *Ipecacuanha*, is the specific for many kinds of vomiting; (2) that *Iodine* produces coryza, lachrymation, frontal headache, &c. (in fact, the condition familiarly known as "iodism"), and that it is precisely in the treatment of such affections that the administration of *Iodine* is found useful; these may serve as specimens, but the book is full of illustrations and corroborations of the homœopathic law. Dr. Thorowgood loudly asserts the value of *Arsenic* in the treatment of gastro-enteritis, and seems to plume himself greatly on what he supposes to be his own discovery. Sir Thomas Watson, in his *Lectures on the Principles and Practice of Physic*, deems the claims of *Strychnia* to be employed in the treatment of tetanus well worthy of attention, and admits that, if successful, it would be an instance of cure according to the Hahnemannian law. Dr. Symonds, in his article on tetanus in the *Cyclopædia of Medicine*, expresses his concurrence in this opinion of Sir Thomas Watson, and adds, that, as *Oil of Turpentine* has been known to produce a discharge of bloody urine, it might rationally be administered in a case of spontaneous hæmaturia. These illustrations of the truth of the doctrine *similia similibus curantur* are produced *ex abundantia* from the results of modern teaching

among professed allopaths, and they offer themselves in such troops that the only difficulty is to make a selection. We should very much like to be informed on what "gross perversion of medical facts" the "foundation" they afford to the "leading principle of homœopathy" is supposed to be "grounded."

But, after all, the strongest proofs of all are to be found in experiments specially performed for the purpose, and not mere chance blunderings, as are mostly the illustrations obtained from allopathic sources before or since Hahnemann's discovery. Proper homœopathic treatment by medicines chosen in accordance with careful homœopathic provings is the real test, and it is to that we refer scientific men. Any one who pretends to judge of the truth or falsity of the homœopathic law without making systematic and conscientious trials of this sort is no true man of science, and his judgments are worthless.

We now come to the last of Simpson's allegations, which is as follows: (9) "That the writings and the practice of different homœopaths are so full of contradictions and inconsistencies that it is impossible either to harmonise or reconcile them except on an hypothesis fatal to their pretensions."

All those who are in the least familiar with religious polemics must have met with an argument identical in principle with the above urged *usque ad nauseam* in opposition to the "pretensions" of Christianity; and, as further allusion to so momentous a subject would be unbecoming in this place, let us try to realise the results to which we should be led if such an argument were allowed any great weight in purely secular matters.

Hughes Bennett, Virchow, Huxley, Schultze, and Schleiden and Schwann, hold widely differing views on many physiological questions; therefore physiology is "but a name." Lord Macaulay and Mr. Froude regard King Henry the Eighth with very different eyes; therefore no such monarch ever reigned. Max Müller and Professor Blackie are at loggerheads on most mythological points; therefore the study of mythology ought to be abandoned. It is generally believed that the blood circulates, but some have

asserted and some have denied this circulation to be effected by means of a *vis à fronte* in addition to the *vis à tergo* resulting from the cardiac contractions; therefore no circulation takes place at all. And to come nearer home, Simpson would have done well, before bringing out this ninth thesis, to bethink himself of the wise old proverb, "Those who live in glass houses ought not to throw stones." If discrepancies in the teaching and inconsistencies in the modes of practice of the adherents of any system are to be held fatal to its "pretensions," what in the world is to become of the "pretensions" of allopathy, or "scientific medicine," as Simpson calls it on the *lucus a non lucendo* principle? What are we to think of the very different light in which Simpson and Prof. Lister regarded the use of carbolic acid? What are we to think of the differences of opinion, expressed with exemplary plainness of speech, but somewhat defective courtesy, as to the value of chloroform? How about the disputes raging in the allopathic camp about the use of *Mercury*, whether as a cholagogue, sialogue, or anti-syphilitic, and even as to the propriety of its being ever administered under any circumstances at all? What conclusion are we to draw from the controversies regarding *Bromide of Potassium*, *Digitalis*, *Belladonna*, *Copaiba*, *Cubebæ*, *Sarsaparilla*, the entire class of so-called antispasmodics, as *Valerian*, *Assafœtida*, &c., *Cod-liver Oil*, *Taraxacum*, *Podophyllin*, *Benzoic acid*, *Sarracenia purpurea*, *Olibanum*, *Quinine*, and nearly every other drug contained or not contained in the *British Pharmacopœia*? And even, to narrow the sphere of debate to the mere question of one single circumstance in the treatment of one solitary disease, what are we to infer from the endless disputes about the influence of climate in the treatment of phthisis? Some, especially, though not exclusively of the less advanced school, are still loud in their praises of a warm climate; others, as Dr. Burgess, think a cold is better, and they are by no means úrable to show some *primâ facie* reason, at least, for their opinion; a third set, ably represented by Dr. Liedbeck of Stockholm, recommends mountain-tops, on the sufficiently plausible allegation

that the rarefaction of the air at such altitudes compels the patient to make deep inspirations in order to obtain a due supply of oxygen each time he breathes, and thereby tends to strengthen and expand the pulmonary organs; a fourth advocates valleys in preference, as in such localities, owing to the condensation of the air, a more copious supply of oxygen is obtained without undue overaction of the respiratory muscles or stretching of the weakened lung; a fifth recommends a dry atmosphere, as aiding the evaporation from the lungs; a sixth insists upon a moist air as less irritating; and a seventh, of which Prof. Hughes Bennett may be taken as the distinguished head, thinks the question of climate of very little importance in the treatment of the disease we are speaking of. Besides all this, the whole question of ozone opens a wide field of discussion, which our readers would find more tedious than instructive. Yet all these are merely questions of our own day; if we were to look into the history of medicine, and call to remembrance all the contentions of the "methodists," the "pneumatics," the "dogmatists" and other ancient sects, the task would be endless. And no doubt all this has led to great scepticism in theoretical matters, as well as nihilism in practice, among the more enlightened adherents of the allopathic school, as well as to great disparagement of the profession in the eyes of the public. We fear it must be admitted that, in all ages, the most enlightened and sagacious men have, as a rule, been precisely those who held the art of the physician in the lowest contempt. Juvenal, Erasmus, Montaigne, Molière, Voltaire, Heinrich Heine, Smollett (himself a medical man), Fielding, and in our own days, Williamson, Frankland, and, among popular writers, Charles Reade—men of very different countries, ages, and general character—yet agree in this. All this has naturally produced a feeling of disappointment and despondency among the adherents of the "advanced school" in allopathy. Such are quite ready to renounce and deride the doctrines of "orthodox" medicine, and we might have gained nearly all of them as coadjutors of our own, were it not that despair of success has bred in many an apathy of

mind which is a very unfavorable preparation for the investigation of any new system which may present itself to them. They "are ready to say, Who will show us any good?" and not indisposed to charge those with presumption who profess to have discovered a law where all before found nought but confusion. A precisely similar accusation was foreseen and deprecated by Lord Bacon, as likely to be brought against himself for the claims he made in behalf of his "new philosophy." And as the course which Hahnemann pursued in the investigation of *his* great law was identically that which Bacon laid down as essential to all philosophical investigation; as Hahnemann's great doctrine was no lucky guess or chance discovery, but the result of long observations, carefully made and accurately reasoned upon; not founded on a few disconnected phenomena or instances, but duly established by "solitary," "migrating," "conspicuous," "clandestine," "similar," "singular," "deviating," and "bordering" instances, and instances "of power;" verified and corrected by "instances of the cross;" and, both during and since his own lifetime, illustrated and confirmed by "instances of the lamp," the followers of Hahnemann have an equal right with those of Bacon to require their opponents to cast away their idols of the tribe, the theatre, the market-place, and the cave, and examine with patient and unbiassed attention the doctrines which have been attested by so much endurance and such noble sacrifices.

We find that we have devoted so much space to the examination of this celebrated controversy, that we must pass in rapid review the remaining incidents and contentions of Simpson's laborious and varied career. We shall, therefore, forbear to dwell upon an outbreak of hostilities between Miller and Simpson in 1852, and the much more pleasing account of Simpson's splendid hospitality and friendly intercourse with such men as Channing, Eyre, Retzius and Churchill, which Dr. Duns inserts under the same year. In 1853, he published a paper on the supposed utility of inunction with *Cod-liver oil* in phthisical cases—a practice which Dr. Bennett has since shown to be of doubtful value.

In the same year he published *Notes on some Ancient Greek Vases*, the subject having been suggested to him by accidentally noticing the Lycium of Musæus at the British Museum. On 1st of March, 1853, he was elected foreign associate of the French Academy of Medicine, though not without some opposition; and as we have said so much of Simpson's disputatious temper, and but too frequent want of courtesy and even candour, we have real pleasure in being able to record of him that about this time he undertook a generous defence of his old antagonist Syme against the unfounded aspersions of Mr. Hester, at a meeting of the Provincial Medical Association at Oxford. Perhaps, after his estrangement from Miller, Simpson may have become in some measure reconciled to Syme, with whom he had warmly co-operated in the persecution of Henderson; but the reconciliation was certainly not lasting, and probably not very deep, which makes his voluntary interference on Syme's behalf all the more creditable. He interested himself warmly in the election of Edward Forbes to the chair of natural history in 1854, and after that distinguished naturalist's death strove ineffectually to have Agassiz appointed as his successor. He also laboured, but without success, to have Dr. Hughes Bennett appointed to the chair of practice of physic on Alison's retirement in 1855, and no less exerted his influence to the utmost of his power when the chemistry chair fell vacant in 1858. With regard to this subject we beg to express our entire concurrence with the remark of his biographer, which we here transcribe: "When we remember how bitterly he felt and how earnestly he resented the interference of some of his colleagues in his own election, we may wonder that he ever ventured to take any step in these matters fitted to create even the slightest suspicion of interference on his part."

In 1856, Simpson published a paper entitled, *Was the Roman Army provided with Medical Officers?* In the same year he had the honour of attending the Empress of the French in his professional capacity, and also received from the French Academy the Monthyon prize of 2000 francs for "most important services done to humanity."

He took an active share, together with Dr. Alexander Wood in the discussions at the time of the passing of the famous "Medical Act, 1858." We next hear of a squabble with Mr. Syme, in which that gentleman applied the terms "false and calumnious" to a statement of Dr. Simpson's, and before the summer of 1860 our indefatigable professor had published three *quartos* on archæological subjects. In 1860 and at various times afterwards he wrote upon a subject which has since become almost as indissolubly associated with his name as chloroform itself, viz., acupressure. As the advantages of this hæmostatic process over the ligature in many cases where it is admissible are now generally admitted, such as its rendering isolation of the end of the vessel unnecessary, the smaller likelihood of subsequent mortification, and the lower degree of inflammation excited, &c., it is a pity that Mr. Syme allowed himself to speak slightly of the author of the work on *Acupressure*, if not of the method itself, even although in the first fervour of a new idea Simpson unquestionably spoke of his operation as being more widely applicable than it has really proved. Mr. Syme even went so far as to tear up Simpson's pamphlet in the presence of his students, and a long and bitter course of wrangling began. It was of course natural enough that Simpson should have resented such unseemly conduct on the part of his antagonist, but we regret to have to add that in 1867, when Syme's son-in-law, Professor Lister, introduced *Carbolic acid* to the notice of the profession, Sir James Simpson used every means to depreciate the antiseptic and to disparage the proposer of it, actuated no doubt in part by apprehension lest the introduction of a really perfect antiseptic (if this should prove such) should interfere with the universal adoption of acupressure in preference to the ligature, on which he had set his heart, but also, we fear, by the rancorous feelings he permitted himself to indulge towards Professor Lister's father-in-law.

On 3rd January, 1866, Earl Russell communicated to Simpson the Queen's offer of a baronetcy, which he accepted in due course; so during our few remaining pages Dr.

Simpson disappears and Sir James will take his place. In 1867, Sir James delivered a lecture on "Modern and Ancient Languages," at Granton. This discourse seems to have been very much of a *réchauffé* of Mr. Lowe's tirade against classical education at the Royal Institution a few days before. We have the usual flourish about Greek and Latin being dead languages, and the utterly inaccurate statement that in many schools in England they were the only languages taught. Whatever might have been the case some years previously, such an assertion was notoriously untrue in 1867, but the ignorance of the Scotch concerning English education is amazing; perhaps also the converse is hardly less surprising. Sir James insisted that if a knowledge of the classics were really favorable to the acquirement of a good literary style, this would exclude all ladies from authorship, forgetting apparently or else being ignorant of the fact that "George Eliot," Mrs. Browning, and even Mrs. Hemans were excellent classical scholars; of the first we may happily still speak in the present tense. Amongst "eminent authoresses" who did not acknowledge Greek and Latin to be requisite in order to write English he cites the authoress of that singular production *Oswald Cray*, a writer who has the best of all reasons for refusing to make any such acknowledgment. Then we have the threadbare assertion that if the works of Horace, Ovid, Juvenal, and Martial, had originally been published in England, their sale would have been stopped by authority. But however this may be, a generation which buys by the score editions of tenth-rate sensation novels redolent of nothing but murder, adultery, and seduction, and provides itself with copies of Mr. Swinburne's poems by the thousand, has no right to quarrel even with the second and ninth satires of Juvenal, or to be very severe upon "all those naughty epigrams of Martial." The fact that Juvenal, for example, wrote in Italy 1800 years ago, and that he did not "originally publish in England" in the present day, is precisely his justification. Even in England, too, conventional ideas of propriety are very fleeting things. A hundred years ago, one of the most religious of English poets read *Jonathan*

Wild aloud for the delectation of an evangelical old lady. Nowadays, whatever may be the nature of our daughters' or sisters' private studies, we are all, as a rule, extremely proper about the books we quote in their presence. We are far from decrying such decorous precautions—they would be highly commendable could we but suppose they afforded any trustworthy indication of our private acts and thoughts. And a hundred years hence, in all probability, our descendants will encase the legs of their drawing-room chairs in neat little trousers, and ask a lady whether she prefers the pectoral region or the crural members of a partridge. Very likely in that Saturnian era similar objections will be brought against Spenser and Milton to those which Sir James Simpson and others have seen fit to bring against the greatest satirist the world ever saw.

In 1868, the principalship of the University of Edinburgh having fallen vacant by the death of Sir David Brewster, a strong effort was made to procure it for Sir James Simpson; but the Court of Curators, unwilling to break through long prescription, and finding no precedent for selecting the Principal from the Medical Faculty, conferred the vacant office upon Sir Alexander Grant.

In this brief sketch of Sir James Simpson's life we have necessarily omitted much which in a more detailed account it would be unpardonable not to particularise. For example, we have said nothing about his proposals for hospital reform, little about his various papers on obstetric subjects, and hardly anything about his numerous charities and genial bearing in private life. All these are sufficiently present to the minds of those who knew him, and to strangers the curt mention of them which alone the limits of a review permit must, perforce, be uninteresting. It only remains to tell that, after a painful illness, Sir James died on the 6th of May, 1870, and was buried at Warriston Cemetery—the offer of a public funeral in Westminster Abbey having been declined.

However imperfectly Dr. Duns has performed his task, it is impossible for any "*Civis Academiæ Edinensis*" to read this biography without very strong and very mixed

emotions. As we turn over its pages and recognise on each some familiar name, past days seem to come back, and for a moment we can almost fancy we are again among our old friends and teachers. But we are quickly reminded how heavy a hand death has laid upon the brilliant circle which but lately graced our alma mater. During the last seven years four of the brightest lights even in that splendid constellation have been quenched in the darkness which awaits us all; and although we are very far indeed from insinuating that the distinguished successors of Henderson, Goodsir, Syme, and Simpson are, in any sense, unworthy representatives of those who immediately preceded them, we may well be pardoned if a natural feeling of sadness comes over us when we remember that so many of our old instructors have passed away from the society which they contributed so much to adorn. Of Henderson it may safely be asserted that none ever listened to him as a teacher who did not, ere long, come to love him as a friend; and although some few may have been chilled or repelled by the thoughtful gravity of Goodsir, none who really knew him could fail to prize the genuine kindness and Christian worth which were, perhaps, at times hidden from the superficial by his characteristic reserve. Notwithstanding Syme's sarcastic and even bitter disposition, there was below the surface a fund of native benevolence, the effects of which many of his students, whose welfare he was ever ready to promote, have had gratefully to acknowledge in after life. And while we cannot but remember with regret the rancour, discourtesy, and even disingenuousness, which too often disgraced Simpson as a controversialist, and the intolerant and persecuting spirit he uniformly displayed towards those who differed from him, we are bound, in fairness, to set against all this, not only his almost incredible industry, the versatility of his genius, and his practical usefulness, but also his many acts of unostentatious benevolence, his strong family affection, and his active friendship towards many a struggling aspirant who had no claims to his notice except those of poverty and distress.

We are sorry to be compelled to do the ungracious act

of exposing Simpson again after his death, but Dr. Duns's biography has left us no choice. It is strange that a learned divine of that Free Kirk of Scotland, of which both Simpson and Henderson were members—Henderson indeed occupying a conspicuous position as elder—should have failed to perceive without any telling that Henderson would not have sacrificed name, and fame, and money, and repose for the sake of advocating the claims of homœopathy to be considered a great truth in medicine, had it been the grotesque chimera represented in Duns's pages on Simpson's authority. Surely any man of sense might have perceived that the sole real point at issue between the supporters and opponents of homœopathy is simply the experimental point, is the principle true or not when tried? Henderson thought it right to make the trial before bearing public witness for or against it. A religious man as he was, he had the fear of the ninth commandment before his eyes, and was accordingly solicitous not to bear false witness. How does a divine excuse Simpson, who, without one single trial, testified publicly that his colleague had spoken falsely?

The Simplicity of Life: an introductory Chapter to 'Pathology.' By RALPH RICHARDSON, M.A., M.D. London: H. K. Lewis. Pp. 118.

WE are truly rejoiced to see the appearance of this work, which is the first instalment of a new edition of *Fletcher's Pathology*. The author is an old pupil of Fletcher's, and possesses, besides the published works of that distinguished physiologist, notes of his lectures, and will therefore, we hope, be able to add much valuable matter from that source. About two years ago he wrote to Dr. Drysdale, as the surviving Editor of *Fletcher's Pathology*, asking if there was any intention of publishing a second edition, adding that he contemplated doing so. Dr. Drysdale replied that

he was unable to undertake the task, and expressed his gratification at hearing of Dr. Richardson's intention. The present volume contains chiefly a transcription of Fletcher's chapter on life in the *Rudiments of Physiology*, preceded by some introductory matter comparing it with the ideas prevalent now, especially those of Gull, Huxley, and Beale, which he judges on Fletcher's principles. On some points we are not quite at one with him respecting the nature of force and its relation to the animal; *e. g.*, he objects to the expression of force being "stored up" in plant products to be consumed in animals, while we think that, properly understood, this is quite correct. But we are all the same unspeakably gratified that the doctrines of Fletcher, which we have so long endeavoured to bring into the prominence they deserve, should now be brought forward by other independent disciples. We look forward with eagerness to the future parts, and if the author brings the public to apply Fletcher's doctrines to the physiological, pathological, and therapeutic knowledge of the day, he will be doing incalculable service. We have to notice one omission. In the appendix he gives extracts from Dr. Drysdale's first part of *Life and Equivalence of Force*, selected on some principle we fail to discover, but he omits to put marks showing that the quotations are not consecutive. The meaning is therefore not what Dr. Drysdale intended. The second part, in which reference to Fletcher is made, is not alluded to in this volume.

The Baths and Wells of Europe, their actions and uses, with notices of Climatic Resorts and Diet Cures. By JOHN MACPHERSON, M.D. Second Edition. London: Macmillan, 1873.

THIS is a nice little book, not by any means an exhaustive treatise on the baths and wells of Europe, but useful to the practitioner by giving, in a few words, the leading

characteristics of the waters of the different mineral sources, and the maladies for which they are indicated. It is a pity the author's plan did not admit of his saying all he had to say about each source at one place, for it is rather tiresome to have to refer to two and often to three different parts of the work for the information we seek respecting some particular mineral water. A more convenient plan for the construction of such a work would, we think, be to give the watering places in their alphabetical order, say all that was to be said about each under its own heading, and supply complete indices of the leading chemical character of the springs and of the diseases for which they are recommended. However, we must be content with what we have, and there is no doubt Dr. Macpherson's little book, which has already got to a second edition, supplies a want often felt by the busy practitioner in this country, and we can heartily recommend it as a sort of remembrancer for the physician, but not as a work that can supersede special treatises on the various sources, though these again usually err on the side of excessive laudation of the healing virtues of the sources they treat of.

The second edition omits the very full table of contents that adorned the first edition. We cannot conceive the author's object in making this alteration, and would advise him in subsequent editions not only to restore the table of contents, but to insert the page after each particular subject mentioned. A book like this, which is essentially a work of reference, cannot be too liberally supplied with indices for enabling us to refer in a moment to the subject we wish to read about.

We notice that Dr. Macpherson is guilty of the common English error of spelling Interlaken, Interlachen. The word is a compound of two Latin words, *inter* and *lacus*, betwixt the lakes, and is pronounced and written Interlaken; it has nothing to do with the German word *lachen*, to laugh, though a German would undoubtedly laugh to hear it pronounced Interlachen.

Ophidians : Zoological Arrangement of the different genera, including varieties known in North and South America, the East Indies, South Africa, and Australia. Their Poisons and all that is known of their nature. Their Galls as antidotes to the snake venom. Pathological, toxicological, and microscopical facts; together with much interesting matter not hitherto published. By S. B. HIGGINS, S.A., Honorary Member of the Homœopathic Institute of the United States of Colombia. New York : Boericke. London : Turner, 1873.

This is a little book with a big title. Small though it be there is a great deal in it that might have been as well left out. A great portion of the book is taken up with descriptions derived chiefly from the standard works of Gunther, Baird, and Girard, of all the snakes venomous and innocuous of all the four or five quarters of the globe, and with bare enumerations of cases of snake bites from the works of Fayrer, Russell, and others.

There are also descriptions of all the plants and secret remedies used in various countries as specifics against snake bites.

A great deal of this might have been well omitted in a little book professing to give an account of a new antidote for snake bites, and much more might have been said about the antidote itself and proofs given of its efficacy. There is, too, a great want of method in the arrangement of the book, so that it is a matter of considerable difficulty to find the various parts that possess an interest for us by virtue of their novelty or of their bearing on the subject of snake bites and their treatment.

Mr. Higgins has long resided in the United States of Colombia, a country very prolific in poisonous snakes. He became acquainted with the methods adopted by the curers of snake bites, and learned that the bile of poisonous snakes entered into the composition of most of their vaunted antidotes.

The idea occurred to him to try the effects of the ad-

ministration of the bile of the snake that imparted the poisonous bite, and this treatment he assures us he has found perfectly successful, and he says it has been largely adopted by the "curers" and medical men of Colombia.

His mode of preparing the antidote is to take the bile from the gall-bladder of the snake shortly after it has cast its skin, when the virtues of the bile are most developed. One drop of this bile to ten drops of alcohol, strong wine, or spirits, is the proportion for his tincture. For the treatment of bites five to ten drops of this tincture are to be mixed with a tumblerful of water, and a tablespoonful given every five, ten, fifteen, or twenty minutes. He also makes a crucial incision in the wound, and bathes the limb in hot water in which are a few drops of the tincture of bile. He warns against giving too much of the bile, for though it will remove the symptoms of venom-poisoning it may kill the patient from its own poisonous properties.

It may be worth the while of those resident in countries where venomous serpents abound to try Mr. Higgins' simple mode of treatment, for which purpose all that would be necessary would be to have tinctures of the bile of the various poisonous reptiles of the country prepared, and have recourse to the bottle corresponding to the snake that has inflicted the bite.

Mr. Higgins identifies the *Lachesis* of Dr. Hering's celebrated proving with the *Lachesis trigonocephalus* or *Curucuca* of Dutch Guiana, the *Conanaconchi* or *Bushmaster* of British Guiana, and denies that it is the *Craspodocephalus lanceolatus* or Fer-de-lance, which he says is a native of Martinique.

Practical Notes on the New American Remedies. By R. TUTHILL MASSY, M.D. Second Edition, enlarged. London: E. Gould and Son.

WE must apologise to Dr. Massy for having, through inadvertence, neglected to notice this book on its first

appearance. That it has reached a second edition in a short time is sufficient evidence of its usefulness. It is best described as a supplement to the usual domestic practices, adding to the older stock of homœopathic remedies therein mentioned our recent importations from America. It is written in a chatty and somewhat desultory style: but contains a great deal of useful information. It hardly serves as an epitome of Dr. E. M. Hale's book for *practitioners*, as it makes no attempt at a physiological and therapeutic study of the "New Remedies," but for amateurs it is all that they could desire.

We note one point requiring correction, p. 15. "Words ending in *in* or *ine* denote the alkaloids of the drugs whose name they bear." This might be correct as regards medicines in general, but would mislead if understood of the "New Remedies." *Apocynin*, *Gelsemin*, *Macrotin*, &c., are not alkaloid "active principles" like *Atropine*; they are preparations purporting to contain all the active ingredients of each plant, divested of woody fibre and such like inert matters.

We recommend Dr. Massy's little volume to all whom circumstances force into amateur prescribing, but who are unable to master larger works.

Taking Cold (the cause of half our diseases): its Nature, Causes, Prevention, and Cure; its frequency as a cause of other diseases, and the diseases of which it is a cause, with their diagnosis and treatment. BY JOHN W. HAYWARD, M.D., M.R.C.S., L.S.A. Fourth Edition, enlarged and improved. London: Turner, & Co.

THIS work originally appeared some years ago as a much smaller volume. It was then entirely devoted to the subject of "taking cold" as the most frequent causes of illness and to the recommendation of *Aconite* as the one specific

remedy for this casualty. Its scope is more enlarged, to take in the diseases of which "taking cold" is a cause, with their diagnosis and treatment. This addition has rather spoilt the structure of the title, as may be seen above, but it has enhanced the value of the book. It is now one of the best manuals we have of the treatment of acute diseases, so far as this can be safely conducted by amateur hands. We think that both doctor and patient will have reason to be thankful to Dr. Hayward if he can impress upon all who follow homœopathy the primary importance of *Aconite* in these disorders. If every one who has "taken cold," and feels himself growing ill in consequence, would take this medicine until his doctor could see him, time would always be gained, and not uncommonly an arrest of further progress procured.

Physiologico-Pathological Basis of the Materia Medica.
By W. H. BURT, M.D. 652, West Washington Street,
Chicago, Ill.

UNDER this heading (which seems to English eyes to specify rather too much) Dr. Burt (known hitherto as an indefatigable prover of "new remedies," and as the author of a 'Characteristic Materia Medica' already reviewed in these pages*) has sent us a chart of the *Materia Medica*, fashioned for hanging up in our studies. It is arranged upon the following theory:—"All medicines have for their starting-point or centre of action the nervous centres, either animal or organic. Those that have this centre of action in the animal (cerebro-spinal) nervous system are the true remedies for acute and sub-acute diseases; and those that have this centre of action in the organic (ganglionic) nervous system are the true remedies for sub-acute and chronic diseases." Under one or other of these headings all our medicines (with some new ones of which we have never

* Vide vol. xxviii, p. 178.

heard) are arranged, and they are farther subdivided according to the tissues or organs specially affected by them. Dr. Burt considers that this classification "is as much a science as *Similia*, in fact it is the completion of that great law."

We wish we could endorse his sanguine estimate. But facts compel us to allege that this "physiologico-pathological basis of the *Materia Medica*" has itself no basis in physiology or pathology, and is wellnigh valueless practically.

In the first place, there is no foundation for the sharp distinction here made between the cerebro-spinal and the ganglionic centres, as the nervous system respectively of animal and organic life. In Bichat's time this seemed to be, and perhaps was, a brilliant generalisation, but physiology has since left it far behind. The ganglionic nervous system is now recognised as mainly vaso-motor, and in such additional functions as it subserves its influence is always directed upon muscular fibre, as in the heart, uterus, iris, and so forth. It has no direct influence, so far as is known, upon nutrition and secretion; if there are any "trophic" nerves, they are cerebro-spinal. Moreover, the two systems (if such they be) have so many points of contact that it is impossible to draw a hard and fast line between them. The pupil can be dilated by irritating either the spinal cord or the cervical ganglia; and so with the blood-vessels of various parts, with the heart, and with the intestines. The "great sympathetic" is rather a supplement to the cerebro-spinal system than a system by itself; its sphere is not "organic life," which could go on (as it does in plants) excellently well without it, but involuntary muscular fibre.

It is impossible, therefore, to find a physiological basis for the *Materia Medica* in the action of drugs on the cerebro-spinal or ganglionic centres respectively. As a rule, most medicines which influence the musculo-motor act also on the vaso-motor functions. We ourselves should go farther, and say that the majority of medicines have no neurotic power at all, and act directly on the tissues or organs they influence. But this is only theoretical, and our criticism

of Dr. Burt is limited to comparing his hypothesis with the facts of the case.

Its illusory character becomes still more evident when we consider its pathological assumptions. We begin here by eliminating the unfortunate word "sub-acute" introduced by Dr. Burt as a sort of middle ground between acute and chronic disease, which may belong to either. This is surely a misconception. When we speak of "acute" disease as distinct from chronic, we mean by "acute" that it is recent in origin and rapid in course. But when we speak of "sub-acute" we are using the word "acute" in its proper sense of *sharp*, and we simply mean "mild." However, putting aside this error (which does not touch the essence of the matter), we have before us the theory that all acute disease originates in the cerebro-spinal centres, and all chronic disease in the ganglionic. Now, even were we to admit (which we should be very indisposed to do) that all diseases are primarily neuroses, no such classification of them can be considered tenable. Diabetes is essentially a chronic disease; but if it have a nervous origin, this is found in the floor of the fourth ventricle. Pericarditis is an acute disease; what warrant have we for supposing any cerebro-spinal starting-point for it? It is needless to multiply instances; the theory is entirely without foundation.

So far, then, as Dr. Burt's chart embodies a new and ambitious classification of the *Materia Medica*, we must pronounce it valueless. But its grouping of the medicines according as they act on the mucous or serous membranes, the glands, bones, skin, &c., is an attempt in an important direction, and may often be helpful in comparison and choice. It is beautifully printed, and, were such errors as "Lachnantes," "Naga," "Chancalagua," "Eleterium," "Mephitus," and "Petelea" corrected, would be externally unexceptionable.

Action des Médicaments Homœopathiques, ou, Éléments de Pharmacodynamique. Par le Dr. RICHARD HUGHES ; traduit de l'Anglais et annoté par le Dr. I. GUERIN MENEVILLE, Chevalier de la Légion d'Honneur, &c. Baillière.

WE can, of course, only notice the fact of the appearance of this translation ; but we may add that it seems excellently done.

CLINICAL RECORD.

Treatment of Ulceration, Meningitis, and Conjunctivitis.

By THEODORE R. BROTHIE, M.B., C.M., of Liverpool.

I PROPOSE in this paper to consider three subjects, viz. ulceration, meningitis, and conjunctivitis, and to illustrate these by a series of cases which have come under my observation in practice.

The great resources which homœopathy affords us in the treatment of these diseases, and the brilliant results which follow the successful application of the indicated medicines, are one of the many triumphs which we may justly claim for the principles we profess, and allow us to bear with equanimity the illiberal attacks of our allopathic brethren. To the eyes of the uninitiated the speedy cure of some of the malignant forms of ulceration appear almost miraculous, and to the practitioner they afford encouragement to persevere in the treatment of what may seem beyond the power of human skill. The first subject to which I will allude is ulceration.

To meet some of the malignant forms of ulceration requires often on the part of the surgeon the nicest discrimination, and the exact differential diagnosis of the remedies, as many medicines may apparently apply, yet be quite unsuitable to the case which he has under treatment.

I think you will also find that in some cases you must resort to certain local applications to assist or bring about the healing process, although I am confident that as we master the exact application of our homœopathic remedies, we will rarely have to resort to extraneous helps.

The question which naturally occurs is, What is ulceration, and how does it occur? It is a solution of continuity with loss of substance, and is brought about by congestion or inflammation in

the part, accompanied by exudation of *liquor sanguinis*, hence nutrition is suspended, the part becoming weakened and softened, and the substances thrown out likewise producing pressure, molecular death takes place, ulceration ensuing. Ulceration is more common in the cellular and adipose tissue than in muscles, tendons, ligaments, nerves, or blood-vessels, and I would now very briefly allude to some principles which apply to all the varieties of ulceration we may be called on to treat.

Locally, we must endeavour to subdue inflammation, for until this is accomplished no reparative process can go on; again, position and rest of the part is of great benefit, in order that congestion or determination of blood may not take place.

Constitutionally, nourishing diet, especially food easily assimilated, and a certain amount of stimulant in some cases, is of essential benefit.

Having thus briefly alluded to general treatment, I will now proceed to consider one of the most malignant forms we may have to deal with, viz., the phagedænic form of ulceration; and I will show the nature and treatment of this ulcer by cases which have occurred in my own experience.

A girl æt. 12 came to me with an ulcer situated beneath the inferior maxilla of the left side. On examination the ulcer showed first as to the edges. They were ragged, of a dark livid red colour, some parts everted, some inverted. The granulations were dark, livid, red, irregular, elevated, depressed, and painful. Discharge was ichorish, scalding, and very acrid. There was also great irritability of system, and the child was very much emaciated. I prescribed *Kali bich.* ʒ, a dose every three hours; beef tea, sherry wine, and plenty of arrowroot, to be continued for five days. I also ordered *Camph. θ*, morning and evening, to quiet the nervous irritability of the system. On seeing her at the end of this period no improvement had taken place, but the child had better rest at night, owing probably to the *Camphor*. I next ordered *Merc. cor.* ʒ, every three hours, for five days.

At the end of this time she again came to say there was no improvement. The ulcer was apparently spreading, and I was afraid lest it would open into the carotid. As there might probably be a syphilitic congenital cause, although I could get no history of syphilis, I prescribed *Nitric acid* ʒ, one drop every three hours. At the end of a week there was a marked improvement, which

happily continued, till at the end of three weeks the ulcer completely healed up, and nothing was visible except a white scar.

The second case to which I will allude occurred in a child aged three. The ulcer in this case was situated a little to the inner side of the left nipple, and the history, as far as I could gather it, was that an abscess had formed some time back, and burst, discharging matter, but had not healed up. On examination I found it presented all the characters of a phagedænic ulcer, accompanied with great nervous irritability, thirst, and looseness of the bowels. I prescribed *Ars.* ʒ, a dose every three hours, beef tea, arrowroot, and a dessert spoonful of brandy to be given during the day; *Camphor* ʒ morning and evening. On seeing the child four days after the ulcer looked rather healthier, but there was a good deal of prostration, the looseness of bowels, however, being better. I ordered *Lachesis* ʒ for five days. On seeing the patient there was decided improvement, though it still looked suspicious; *Lachesis* to be continued, and at the end of a fortnight from this time it was quite healed up.

Another form of ulceration which is often met with is the indolent ulcer. This ulcer, as you know, generally occurs about the middle period of life, and is of a very obstinate character, being healed with the greatest difficulty. A rather interesting case came under my treatment in a man æt. 49, who consulted me about an ulcer situated at the anterior internal aspect of the tibia. He had suffered for some years from this ulcer, and had tried various doctors and various remedies, such as Holloway's ointment, &c., but without success. He said he believed he had spent £200, having taken *Blue pills* and *Sarsaparilla* ad infinitum, and he wished me to try and heal this very expensive ulcer. On examination I found the edges deep, hard, and excavated, the granulations pallid, and the discharge thin and sanious. The first point to be attended to was to clean the sore, and afterwards stimulate the granulations. I ordered him to poultice the ulcer for forty-eight hours with a poultice made of oatmeal and buttermilk, which is about the best drawing poultice you can get. As there was no doubt some disease of the bone existed, I ordered him *Silic.* ʒ, every three hours, and after the poultice was removed to use simple water dressings for a week, also to take a pint of stout during the day. At the end of this period I saw him again and found the sore much healthier looking, but still not so clean as I

desired. I ordered the poultice to be continued for a day or two; *Silic.* to be continued. On seeing him again in a week it looked much better, and I ordered *Kali bich.* gr. 1, *Aqua* ℥vi, to be applied to the ulcer, at the same time I encircled it with plaster to keep up some pressure and diminish the size. Week after still improving; continue treatment. On seeing him at the end of this period he complained of a certain boring pain in the part. I resolved now to try *Aur.* 6, and *Carbolic acid* lotion for a fortnight. When I again saw him the ulcer was almost healed; but as one or two of the granulations were rather pallid, I touched them with *Sulphate of Copper*, and prescribed *Sulph. θ* for ten days. On seeing him again the ulcer was quite healed, and he felt in remarkably good health. I told him to keep the leg firmly bandaged from the foot upward; and the last time I saw him he had no signs of a return of his old enemy.

The only other form of ulceration to which it will be necessary to allude is the inflamed ulcer; and I will illustrate its nature and treatment by a case which lately occurred to me.

A young man got scalded in the neck, and got some liniment applied to the part, which eased the pain, but a nasty sore resulted. On examination the part was red, inflamed, and swollen, with a thick offensive discharge streaked with blood, and great pain; in fact, showing all the signs of an inflamed ulcer. I ordered *Acon.* 1^x, one drop every three hours, and a lotion of rectified spirits and water to be applied externally. On seeing him three days after, the inflammation had greatly subsided, but the thick discharge still continued, accompanied with a burning feeling. He was ordered *Ars.* 1, gtt. x, *Aqua* ℥iv, a dessert-spoonful every three hours, and at the end of ten days he was quite cured.

Before passing on to consider the next subject, I would remark that I am confident the true curative sphere of the treatment of all malignant ulcers lies in the acid group of medicines.

The next subject to which I will refer is meningitis, and I will show its nature and treatment by two very successful cases which occurred in practice during the past year.

The first case occurred in a boy *æt.* 13. The history of the case was that the boy received a blow on the right temple, the result of a fall against the edge of a fender. He complained a few days after of pain in his head, and appeared to be restless. He was then seen by an allopath, who ordered some mixture,

but with no good result. His mother then consulted a more eminent allopath, who ordered a blister at the back of his neck. The only effect resulting from this treatment was the formation of a large sore which did no good, and the boy continued to get worse. The mother then at the end of the tenth day asked me to see the boy. I found him sitting in an armchair looking pale, but occasionally a hot flush passed over his face, skin hot and dry, pulse wiry and jerky, tongue whitish, and inclined to be sick. On asking him where he had pain he put his hand to his head, complaining of pain nowhere else, but seemed to be irritable and disinclined to answer questions. I carefully examined the head, but could detect no depression. Taking the history into consideration, and the different symptoms, I diagnosed meningitis. I ordered the boy to be put to bed, and his diet to consist of milk and water, as being the most unstimulating. I prescribed *Arnica* 1^x, and *Acon.* 1, every three hours. On seeing him the next day no improvement had taken place. Continued the same treatment for five days, but with no success. I then ordered *Bell.* 1^x, for four days, but with no benefit. The boy continued to get worse, and began to get rather deaf, and could with great difficulty be roused. On the eighth day I ordered *Bry.* 1^x, and continued this till the twelfth day, with a dose of *Arnica* every day when I saw him. He continued to get worse, and on the thirteenth day was almost insensible, quite deaf, and sleepless. From these signs I was convinced effusion had taken place above the arachnoid membrane, and being desirous of sharing the responsibility with some one, I determined on having a consultation. I requested a medical friend on whose sound judgment and skill I could place every reliance to see the case with me. We both agreed as to the nature of the case, and determined on prescribing *Iod.* 1, and *Verat. viride* 1^x, every two hours in alternation, the hair to be cut, and hot cloths applied to the head. On seeing him next day he had slept rather better. This line of treatment was continued till the twenty-seventh day, when he was quite sensible, but rather weak. During that critical period I always when seeing him gave a dose of *Arnica*, but under the *Iod.* and *Verat. vir.* treatment the effusion completely disappeared. I then gave him *Sulph. θ* for ten days, afterwards following it up by *China* 1^x, and at the end of six weeks he was quite convalescent, and able to move about. I then ceased my attendance, having

ordered him to be sent to the country as soon as convenient to his parents. I have seen him often since, and a stronger or more intelligent boy it would be difficult to find.

The next case occurred in a girl *æt.* 11. The history of this case was that the child had fallen against a table, and two or three days afterwards complained of pain in the head. The parents did not consider this of any consequence; but the child continued to get worse and inclined to lie down, and was very restless. About ten days from this period of receiving the blow the parents asked me to see the child. On seeing her I carefully examined for any depression, but none was to be detected. She showed all the signs described in the last case, the deafness being also well marked. From the history and the signs present I diagnosed a case of meningitis, with incipient effusion. Warned by my previous experience, I determined to strike at the disease at once, and prescribed *Iod.* ʒ. ʒ. and *Verat. viride* ʒ. ʒ., every two hours in alternation, the hair to be cut, and hot cloths applied to the head; the diet to consist of milk and water. This treatment was pursued for nine days, at the end of which period she was quite sensible. I then prescribed *Sulph. θ* for ten days, following it up with *China* ʒ. ʒ., and at the end of a month she was quite convalescent and robust.

I would now make a few observations on the treatment and what appears to me to be the guiding points in diagnosis. In the first place be sure the *Iodium* you obtain is pure and of the strength you order. The first which I ordered was as clear as water, and its medicinal properties were equal to the 200th dilution so eloquently recommended by a London practitioner. What I obtained personally was of a bright red colour, and its action was most decided; and as life or death often hangs on the purity of the drug, it behoves us to be very careful to obtain the exact strength we consider to be necessary. In the second place the diet should consist of milk and water, as any stimulating diet, such as beef tea, will precipitate the dormant effusion. In the third place, hot cloths to the head are of infinite advantage, soothing the patient and procuring that needful sleep which enables nature to restore the diseased organ to its former vigour. In the fourth place, it is highly necessary to have an intelligent nurse always with the patient, as he may turn over on his face and become asphyxiated.

The guiding points in diagnosis appear to me to be the following:—viz., 1st. The history of a blow or a fall; no depression on examination, all the pain complained of situated in the head. In the second place, the gradual development of the symptoms. In the third place, when effusion has taken or is about to take place, the development of deafness gradually increasing. In the fourth place, you often find the patient lying on the back or side; turn him round and you will invariably find him resume his old position, a look of irritation rapidly passing over his features. It now naturally occurs to us, with what may this disease be confounded? It may be wrongly diagnosed for concussion or compression. How are we to distinguish these?

In concussion and compression the mental operations are suspended. In meningitis they are not exercised; temper is irritable. Pupils in concussion are *not* fixed; in compression *fixed*; in meningitis generally contracted. Respiration in concussion feeble, silent; in compression slow, stertorous snoring; in meningitis unaffected. The alimentary canal in concussion, no swallowing, involuntary movements of the bowels; in compression, no swallowing, constipation; in meningitis the alimentary canal is unaffected.

Having thus briefly alluded to the leading distinctions of these diseases I would pass on to the consideration of my next subject, conjunctivitis, glancing also at ulceration of the cornea; and, as before, I would illustrate these subjects by some cases which I have lately treated.

Conjunctivitis is one of those diseases which the practitioner is continually called on to treat, especially in children. You may see the patient at first when there is simple inflammation of the conjunctiva, or at a later stage where muco-purulent discharge exists. In the first stage you may speedily cure the disease by a course of *Bell.*, while in the second stage you must resort to a different mode of treatment.

A child aged five was brought to me with what the mother termed sore eyes. On examination I found the conjunctiva deeply congested and inflamed, and the child very sensitive of light. The mother informed me that the child's eyes were glued together in the morning. I prescribed *Bell.* 2 every three hours, to be continued four days, and a plain bread poultice on the eyes at night. On seeing the child at the end of this time the con-

gestion had disappeared, but a nasty muco-purulent discharge existed. I now ordered *Merc. cor.*, ʒ, every two hours, and saw the child again in four days. There was no decided improvement, and I now ordered a lotion of *Tunnic* grs. x, *Aqua* ʒiii; the lotion to be used three times a day. *Merc. cor.* ʒ to be continued. On seeing the patient four days after it was much better, and in sixteen days quite cured.

I will now relate two cases of ulceration of the cornea. I may remark that there are two varieties of this form, viz., ulceration of the proper substance of the cornea, and ulceration of the conjunctiva corneæ, and you find these both require different treatment, because the treatment that applies to one is totally useless for the other.

A girl, æt. 19, asked my advice about a speck which was situated on the right eye. On examination I found a superficial ulcer of the cornea. She only complained of a feeling of something on the eye, and a certain amount of dryness. I prescribed *Podophyllum* ʒ, three times daily, and at the end of a fortnight she was quite cured, and nothing was visible on the eye. I believe that in ulceration of the conjunctiva corneæ *Podophyllum* is specific.

A young man consulted me about something which was situated in his left eye. He had been under allopathic treatment for some time, but with no benefit. He complained of a sensation of sand lodged in the eye, and occasionally violent stitches. On examination I found an ulcer situated in the cornea proper. I prescribed *Ars.*, 2 trit., every three hours for a week. On seeing him I found that the feeling of sand in the eye was gone and also the violent stitches, but no improvement otherwise. I now ordered *Podoph.* ʒ every three hours, for a week, but with no benefit. I then ordered *Merc. cor.* ʒ every three hours, and dusted in a little *Calomel* with a camel's-hair brush, and asked him to come and see me every third day. I continued this treatment for about seventeen days, when the ulcer had almost disappeared. I then prescribed *Sulph. θ* morning and evening, and at the end of six weeks from the commencement of the treatment he was quite cured.

Cerebral Exhaustion or Break-down from Over-study.

By Dr. DRYSDALE.

In consequence of the mental hard work required in training for the professions or University honours, we frequently meet with a greater or less break-down of the cerebral faculties, so that the patient is unable to endure continued application to business of any kind, and in consequence becomes nervous and depressed. If this continues long he falls into desultory habits, becomes hypochondriac, and stands a fair chance of being thrown out in the race for life altogether. In these cases and in other nervous diseases I have observed, and find the same remark made by Brown-Sequard, that it is better not to go on long advising total rest and abstinence from business, with frequent change of air and scene &c., all of which are essential at first, but we must counsel the return to a moderate amount of steady responsible daily occupation. To this and the usual hygienic rules we must add steady perseverance in specific treatment with medicine chosen in accordance with the homœopathic law. Often we do not get the opportunity of a full trial of steady perseverance in homœopathic treatment, as these patients are changeable and full of whims; so they go from one physician to another and give no plan a fair trial.

But sometimes we meet with sufficient success at the first to induce the patient to continue the treatment. The following is a case which may serve for encouragement both to ourselves and similar patients.

A young clergyman broke down in studying some years ago and was attacked with extreme restlessness, fits of drowsiness, headache, &c., so that he was obliged to give up all work for nearly four years. Then he improved so that he was able to undertake duty about a year ago, but has since gradually become affected with the following symptoms, so that he fears he must give up work again. On 6th of June, 1873, he complained of great excitability, and on the least surprise or mental emotion he is seized with tremor all over, and palpitation. He has frequent headaches characterised by a dull throbbing all over the head, worse at night, especially after being in company

or a close room. Loss of memory; bowels costive, and if two days confined he has dull headache and general oppression. The sleep is usually heavy and unrefreshing, but after the least excitement he often lies awake for hours with restless fatigued feeling and itching of the skin here and there. Buzzing in one ear. Fits of melancholy and causeless depression, and he fancies he has all sorts of diseases.

He was ordered two drops of the 1st dec. dilution of *Sabadilla* night and morning daily, and two grains of the 1st centes. trituration of *Platina* at noon every second day.

On the 3rd of July he stated that the bowels were opened naturally, the excitability and headache were less; no buzzing in the ear and the causeless fear was relieved. Other symptoms the same.

Prescription: four drops of *Anacardium* 1 cent. night and morning daily; two grains of 1st dec. trituration of *Santonine* at noon every second day.

On 6th August he was better of all the symptoms and complained only that his memory and intellectual powers were still too easily upset by work. *Ethusa cynapium* $\frac{1}{4}$ drop of the pure tincture night and morning every second day.

On the 10th October he reported that he was perfectly well and had been so for the last few weeks.

MISCELLANEOUS.

ON INFINITESIMAL DOSES.

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

GENTLEMEN,—Possibly the appeals lately made by Dr. Black and others for experimentation with what may be called reasonable doses of drugs homœopathically indicated may be helped forward by serious consideration of the following statement of facts which probably not one in a hundred of our practitioners has fairly looked in the face.

The first centesimal dilution of a drug contains ordinarily one hundredth of a drop of the mother tincture, or one hundredth of a grain of the crude substance. As all further dilutions are made by adding ninety-nine drops of *Spirit. vini* to one drop of the dilution below, the second dilution will contain one ten thousandth of the original drop or grain, the third one millionth and so on. And the simple rule results that in order to know what fraction of the mother tincture or crude drug we have in any dilution, it is necessary only to place double that number of ciphers after unity as the denominator of a fraction with unity for its numerator.

As an instance take the 3rd centesimal. After the figure 1 add six ciphers for the denominator, and write 1 for the numerator thus $\frac{1}{1,000,000}$, or one millionth.

It will therefore be seen that the fraction which will represent the quantity of the actual drug contained in the thirtieth dilution of any medicine will be one identical with that given for the 3rd, except that in place of six ciphers there will be *sixty*.

Dilution No. 3 as above shown contains one part of the drug in one million parts of the *Spirit. vini*; and when we get to dilution No. 6 the quantity of spirits of wine to each drop of the drug will have mounted up *not to the double of the million*, be it

observed, but to a billion of drops, that is, to a *million millions*, a proportion inconceivably large.

In truth as soon as dilution has gone beyond No. 3 or the millionth, the mind fails to grasp the figures which represent the proportion of the diluent.

I have said that sixty ciphers must find place in the denominator of the fraction which will represent the quantity of a drop in the 30th dilution, but some of our physicians are using the 200th dilution (or suppose themselves to be using it), and for the fraction representing the quantity of any drug which the 200th dilution would contain FOUR HUNDRED CIPHERS would be necessary.

Has any serious thought been given to this?

Perhaps the following may help some to think.

The pharmacopœia gives 76,800 as the number of minims in a gallon. Say that there are 10,000 drops in a gallon, for we can afford to cast in any number of odd thousands or millions without affecting appreciably the stupendous aggregates with which we have to deal. Sixty ciphers in the denominator represent the 30th dilution; strike off four of these and the remaining fifty-six with the unit preceding them will represent the number of *gallons* of spirits of crude wine with which a single drop or grain of any drug must be mixed in order to give the said 30th dilution.

Now, as this number of gallons is altogether beyond conception as a mere statement of figures, consider the following.

If a person were to drink a gallon of water every second for one year, the quantity drunk would be 31,536,000 or say 32,000,000 gallons. If for a million of years a million of gallons were drunk every second, the thirty-two would be followed by only eighteen ciphers. But all this quantity would be simply as *nothing* in comparison with the amount needed to mix with a single drop or grain of any drug in order to form the 30th dilution.

I have not the data for the calculation, but I question whether the whole bed of the Thames from its source to the sea contains the quantity of water that would be needed to mix with a single grain of any drug in order to turn the whole into the 200th dilution.

Think of one grain of common salt or one drop of aconite mixed

with all the water in the Thames, and one drop (or a million gallons if you like) of this mixture given with any expectation of possible effect.

Recollect that if for millions of millions of years the patient were every second to swallow millions of millions of gallons, he could not succeed in getting into his stomach the millionth part of a drop or grain of any mother tincture or crude drug.

Can any mistake be shown in this? If not what answer has any sane man who deals in these dilutions (delusions had almost slipped from my pen)?

I am not suggesting that these dilutions cannot easily be made with very small quantities of the diluting fluid; ninety-nine drops for each dilution, if only any one could be trusted to have made them. What I desire to call attention to is the quality of the drug contained in the 30th (not to say the 200th) dilution, supposing them honestly prepared.

I trust that you and your readers will feel that this is a matter to be most seriously dealt with.

If those who are in the habit of prescribing one drop of a vast river with which at its source one grain of a drug was mixed have no other ground to rest on than thin fallible judgment as to what seemed to be results, the allopath who gives his scruples and drachms has far more justification when he asks you to rely on his experience as sufficient evidence that he beneficially affects the course of disease by his treatment. In his case it may be admitted that effects of some kind will be produced, and the only question will be whether they are curative. In the case of the high dilutionist, the first question will be as to the possibility of any fractional part being forthcoming of the evidence which ordinary intelligence must require before it can assent to what is so utterly inconceivable.—Yours, &c., N.

[We think our anonymous correspondent can hardly be fully acquainted with homœopathic literature if he thinks that the mere numerical aspect of dilution has not been repeatedly presented. But we give place to his remarks, as it may be useful from time to time to bring the facts before the busy practitioner. We are under the impression that the above statement considerably underrates the bulk of the total mass required to dilute, to ensure the attenuation within the 30th. We have likewise a novelty in our

correspondent's letter in that he writes out at length the denominator of the fraction corresponding to the 200th dilution, but we have not space to reproduce it, as it occupies $43\frac{1}{2}$ inches at the rate of 9·17 ciphers to the inch.

We fear our correspondent is rather sanguine as to the effect that the mere statement of these facts must have on rational beings having any influence on high dilutionists, for we find no longer ago than August, 1872, Dr. H. Hartlaub writing thus: "In homœopathy it is not with small doses that we have to do, but with *immaterial doses*; these are the peculiarity of homœopathy, and it is these which place a boundary between what belongs to homœopathy and what is foreign to it." And again: "The homœopathic preparation of medicines has for its object not the dilution nor the decomposition of the *matter*, but the *removal of it altogether*." And again: "To constitute true homœopathy we reckon not only the *simile* strictly according to the proving on the healthy, as well as single medicines without any foreign admixture, but *also the immaterial dose*, which is that without which the total mass has neither *spirit* nor *life*. With this *spirit* and *life* of the *medicine* stands or falls the spirit and life of the whole of homœopathy" (*Allgem. Hom. Zeitung*, August, 1872). Against ideas like this what avail all the wealth of facts and reasoning offered to us by physics, chemistry and physiology? We can only protest against and repudiate the pretentious presumption of such dreamers to put forward their silly speculations as the creed of the homœopathic school. It is almost sufficient to quote one paragraph from Hahnemann to dispose of these pretensions. In the *Organon*, 5th edit., p. 288, we find the following words addressed to those who doubt the possibility of the action of the ordinary homœopathic dilutions: "They may learn from the mathematician that a substance when divided into ever so many parts still contains in the smallest imaginable part *some* of the substance, and the smallest imaginable part cannot cease to be *some portion* of this substance and thus cannot possibly become nothing" [*i. e.* immaterial].

But as the old vague notions of spiritual essences as the cause of the properties or qualities of things, and the possibility of a separation of those spiritual essences from the matter to which they were supposed to be attached by a not insoluble bond, may still lie at the root of that credulity and want of true philosophical method which is conspicuous in dealing

with the "potency" question by all so-called high dilutionists, it may be well to say a few words on the subject in its old form and in the newer one of a "force" supposed to be capable of being set free. Hahnemann unfortunately for a time fell into the chemical blunder of supposing that *Causticum* was the "principle of causticity" which was detached from an alkali and held in combination for the time by an indifferent substance. But this was speedily recognised as an error. Nevertheless a similar idea of the possible detachment of the specific virtue of medicine from the material substance still apparently haunts some minds, and against that it is impossible to argue if those who believe it hold the doctrine that the properties of matter reside in superadded immaterial essences. From these, however, we can only demand rigid proof of the action of each dilution by ordinary experiment. What can we know about immaterial essences and the effect of dilution upon them? Can you dilute an immaterial substance? And if you could, what good or harm could it do? But to those who talk of "medicinal force" capable of transference and transformation we can hold a different language, and tell them beforehand that the whole idea lies in mere confusion and misapprehension of the meaning of the word force. It is only common force—in all probability, merely motion either molar or molecular of the particles of matter—which is capable of transference and transformation, while the specific properties which distinguish one kind of matter, whether simple or compound, from another, are inherent in the matter itself and incapable of being either detached from it or being manifested by any other kind of matter. All the specific powers of medicine with which it is our business to deal belong to these inherent intransferable properties, and consequently can only be manifested while some portion of the actual material is present. However little of this specific action of a substance be required it is necessary that matter must be divisible to the extent of the dilution that may be in question. But there are very strong reasons for holding the finite divisibility of matter, and of late Sir W. Thomson has given good grounds for supposing that the size of the ultimate atom may be ascertained approximately and that far below our higher dilutions.

Gaudin has calculated the size of the ultimate particles of matter on different data from those used by Thomson, and come to much the same conclusion. In illustration he states that in a sphere of ordinary matter the size of a pin's head the num-

ber of chemical atoms amounts to eight thousand trillions, or 8000,000000,000000,000000; and thus to count the number of distinct metallic particles in the head of a pin, at the rate, mentally, of a thousand millions each second, would take 250,000 years. Here we have ample room and verge enough for supplying millions of distinct particles to every square inch of the body from a single grain of any of our ordinary lower attenuations, if only they were equally distributed. But it is different with respect to the dilutions above the trillionth; for if the above calculations are approximatively correct, if we imagine one grain divided equally among a trillion drops of water, then each drop will contain one atom or indivisible particle. How, then, if you put one drop into ninety-nine fresh drops of water? We shall then have one particle in 100 drops of water, and if you wish to dilute that again in the same way, there must be ninety-nine chances to one that the next phial will contain none of the substance. It cannot be certainly said that the limit of size is reached at the trillionth; but it seems certain that some such limit must exist probably not far beyond it.

If such calculations are near the truth, then the distance between the molecules must become so great that the chance of some one of the series of our dilutions having none of the matter at all must ere long be reached, though at what point that result is reached it may be impossible to say. This would throw a doubt and uncertainty on all experiments with high dilutions, for the 20th, or 30th, or 50th, &c., might in one batch contain some, in another none of the matter at all. This may be illustrated more palpably by referring to the particles of organic matter which are the causes of contagious diseases. If, as is now most probable, these consist of living matter, then that is not soluble, but however small can only be held in suspension, and therefore not equally diffusible at all. Let us now suppose one particle of smallpox matter, the smallest portion capable of propagating the disease, thrown into drinking water actually drunk on any day which all the inhabitants of London had an equal chance of swallowing. Then it is plain that it is about three millions to one against any particular individual getting the smallpox, supposing all were susceptible, and the particle escapes all other chance of having its efficacy destroyed. If matter is not more divisible than calculated by Sir W. Thomson and Gaudin, this

illustration gives but a faint idea of the enormous chance against the efficacy of the highest dilutions. But when we add to that all the other uncertainties engendered by the impurities of materials, and possibility of error in manipulation in the preparation, those in dispensing, and beyond that the still greater chances of neutralization, loss, and destruction in the secretions and fluids of the body before the extremely attenuated portion of matter can come into contact with the living matter on which it is finally to act, then we shall begin to understand the *extreme uncertainty* that must cling to the action of all highly diluted medicines, even granting, what we by no means grant, that the dose of a well-chosen homœopathically specific medicine can never be too small to effect a cure. Our conclusion from these *à priori* considerations would be that, although possibly the higher dilutions might, in singular instances, effect cures, they would be quite unsuitable for ordinary practice, and that in proportion to the liability of error, all experimentation with them must be conducted on a larger scale and under far more rigid conditions of proof than with the lower and more massive doses. Now, it is not the case that the so-called experiments with the high dilutions, *i.e.*, 50th, 200th and upwards, have been made by men of proved capacity for such delicate investigation, by men who have at the same time knowledge, skill, and patience in the diagnosis and treatment of disease according to the known methods, and who have only advanced by slow steps from one well-ascertained stage to another. The contrary rather has been conspicuously evident, and men of possibly small experience with the 3rd and 6th dilution have leaped at a bound to the inconceivable height of the 200th on the slenderest evidence. The whole thing, in fact, was begun in a blunder or fraud by Jenichen, not a medical man at all, and has been carried on with a levity and disregard of the solemn responsibilities of the physician which has repeatedly caused us to blush with shame. Few things have retarded the progress of what is true in the homœopathic doctrines than this whole unfortunate episode of the high dilutions.

We do not mean to say that the question of the relative efficiency of the dilutions above and below the 3rd centesimal has been altogether left to the desultory experiments of private practice, for some systematic series of experiments have been undertaken by the Vienna Hospital physicians; but they are

still incomplete, and the question has not been settled; for although, as a rule, greater success has been attained in hospital practice under the lower, though still infinitesimal, dilutions than when the 15th centesimal was uniformly given, yet, on the other hand, Watzke, a man of rare observing powers, as well as solid judgment, found that in the provings on the healthy certain symptoms were evoked by the dilutions which were not observed when the drug was given in the immediate fractions of the drop or grain. He has candidly stated the facts in 1848, and also that he has had cures with dilutions above 3rd centesimal; but the subject was evidently to him still open to further experiment before positive conclusions should be drawn; and he certainly did not draw any conclusion favorable to the practical use of higher dilutions as a rule,—a fact that may be seen by reference to his much more recent “One Day of my Practice” published in this Journal some years ago.

The statistical reports of Eidherz, in 1862, also give countenance to the belief that the 6th or 9th centesimal dilution acted more favorably in pneumonia than the lower, though still infinitesimal dilutions.

The paper published by Dr. Bayes some time ago, in which he gave the doses usually prescribed by our colleagues in this country, proves very little beyond the fact that most of the British practitioners have accepted the common opinion first imported into this country along with homœopathy, viz., that low dilutions are best for acute diseases, and high dilutions for chronic diseases. This opinion does not seem to be founded on any series of comparative trials, and we are at a loss to account for its general acceptance except on the ground that it was authoritatively put forward by some writers who first secured the attention of the profession. Almost every new convert adopted it and passed some years of his professional life without questioning its truth. It is evident from the statistics collected by Dr. Bayes that many have remained in this stage of their first impressions, and have continued to repeat, like parrots, the opinion they first adopted on the authority of others. Some have indeed cast aside the trammels of authority, and have discovered that this rule for the dose has no foundation in practical experience, but most, as is evident from Dr. Bayes' statistics, have remained fossilised in the notions they originally adopted,

and amid the busy exigencies of their practical life have apparently lost the power to throw off the routine habits and ideas they started with. Thus it happens that statistics of the practice of homœopathists in this country show an overwhelming majority still practising in the way they first learned to practise, who have had, perhaps, neither the time nor the inclination to obtain fresh experience for themselves, but have been only too willing to accept a rule which comes recommended to them by its apparent simplicity and by what they deemed to be respectable authority. Every one conversant with recent homœopathic literature knows that this supposed rule for the dose is not true, but it is equally clear that the true rule for the dose has not yet been discovered.—Eds.]

*Guaco and its Uses.**

THIS species of twining plant grows wild in the fields of New Granada and Venezuela, and is met with usually in glens, at the margin of rivers, and sometimes attached to the boundaries of gardens.

No one knows when the Indians and negroes of Santa Fé first employed it as an antidote against the venom of snakes. This property was kept secret amongst them until 1788, when Señor Mutis discovered it by an artifice. Ten years later he thus wrote to Señor Zea: "Nobody in this place dies of snake bite. Horses, sheep, &c., are cured as well as man when there is an opportunity of giving them guaco juice."

When the negroes wish to guard against snake bite, and to be able to carry snakes about them with impunity, they resort to inoculation. They make six incisions—two in the hands, two in the feet, and one on each side of the chest. The juice is extracted from guaco leaves and put into the incisions, after the manner of vaccination. Previous to the operation two spoonfuls of juice are swallowed. It is advisable for the initiated person to take the juice every month for five or six days; because if this be omitted for some time, his vulnerability returns and a fresh inoculation will be necessary.

* Translated from *La Reforma Médica*, Oct. 31st, 1873, by George Moore, M.D.

As the plant drops its leaves in the dry season, and as the pure juice from them cannot be preserved many days without undergoing decomposition, the following preparation must be made for future use. Take the leaves only and squeeze out the juice through linen; put it at once into a bottle containing an equal quantity of spirit; shake this mixture well together, then cork the bottle and let it rest for eight days. At the end of this time all the sediment has fallen to the bottom, and the clear tincture remaining above is decanted into another bottle, which should be tightly corked to keep its contents in good condition for use when wanted. The tincture is applicable to the same purposes as the pure juice, except that the latter is alone fitted for inoculation.

Applications.—1. For snake bite, three large spoonfuls of the pure juice are to be taken immediately, and at the same time a cataplasm of the powdered leaves is to be applied to the wound. These are to be repeated every day until the patient is well. If nothing but the prepared guaco is at hand, he should have three spoonfuls of it, and it should be rubbed into the bite, repeating these measures as with the pure juice and the cataplasm. Larger doses are required for horses, cattle, and other animals.

2. The same treatment should be adopted against the bites of the scorpion (alacran) and those of dogs and other rabid animals, continuing in the latter case for forty days.

3. In rheumatism and gout give daily two spoonfuls of the pure juice or of the tincture, and rub the painful part with one or other of these forms of the drug, or apply a cataplasm.

4. For the injuries due to mechanical violence, apply the same treatment for a few days, with the difference that the dose should be three spoonfuls.

5. When the catamenia are suspended, two spoonfuls should be taken every day until the case is cured. The same treatment is required for other obstructions of the abdominal viscera and for liver disease. In the latter disease we should also apply cataplasms of the leaves over the right hypochondrium, or rub in the tincture.

6. He who suffers from chronic and refractory ulcers should take daily three or four spoonfuls of the pure juice or of the tincture, and also put cataplasms of the leaves on the ulcers, or dress them with the tincture.

7. The treatment of tetanus consists in lapping cloths saturated with the tincture round the jaws and head of the patient, and in giving three spoonfuls of the same preparation or of the pure juice, repeating the dose as is done with opium in like cases. In spasm of the stomach, give four spoonfuls of the juice, or, better still, of the tincture, and apply the above mentioned cloths to the region of the stomach.

8. In "la ética," *i. e.*, hectic fever, consumption, give an infusion of the leaves, made with hot water.

9. For asthma, use the same measures as are described in the fifth paragraph.

10. In tertians and all fevers with chills, four spoonfuls of the tincture or of the pure juice should be administered at the beginning of the rigor, and continued in equal doses, fasting, for a month.

11. The author of the memoir from which some of these remarks are drawn does not say how *Guaco* is to be employed as a vermifuge. In my opinion we should give the pure juice, or the tincture, in doses of one spoonful for children and two for adults, fasting.

12. In order to cure hemicrania radically it is necessary to give fasting two spoonfuls of the juice, or of the tincture, and as much more a little before meals.

13. For toothache, some of the juice or the tincture should be rinsed in the mouth, and applied on cotton to the painful part.

Cases.—*Guaco* has proved successful in so many different diseases, that if every case were referred to it would be necessary to write a treatise; hence, I shall here confine myself to the most remarkable of those which the aforesaid memoir contains, and to few of the many which have come under my own more immediate notice.

1. In 1828, a servant of the Sr. Martinez was bitten in the hand by a coral snake. The tincture was given and within eight days she was perfectly well. The same remedy cured, in 1830, a servant of General Juan de Escalona. She was bitten in the finger by a snake of unknown species, and was under treatment for three days. Sr. Antonio Rodriguez, who had caused himself to be inoculated with *Guaco*, was on such familiar terms with the most venomous snakes, that he had always some of them in his

house, in his clothes trunk, and even in his bed. On one occasion he carried a rattlesnake in the crown of his hat, and some friends to whom he showed it having irritated it, it bit him in the head when the hat was put on, but without the least bad result. Inoculated persons acquire a certain power over snakes, as is proved by what frequently took place in the district of Argua where two boys who had been inoculated by Señor Benitez used to go out into the fields, catch snakes, and return playing with them.

2. The author of the memoir does not mention any instances of the bite of the alecran, nor has anything reached me through other channels.

3. According to the statement of the late Dr. Cristóbal Mendoza, Governor of Venezuela, four negroes were bitten by a rabid dog. Three of them were treated by the usual remedies and died of hydrophobia; the fourth was treated with *Guaco* and escaped. Señora Porte, sister-in-law to General Juan de Escalono, and her servant were bitten by a rabid dog. Both at once took daily three spoonfuls of pure *Guaco* juice, applying it also to the wounds, and continued this for forty days. They did not fall victims to this terrible disease. Sr. Pedro Alcalá was bitten in the arm by a mad dog and escaped by virtue of *Guaco* treatment. It must be noted that two of the dogs just mentioned bit various animals all of which died rabid. Last year and this hydrophobia has been very rife amongst dogs in the whole province, and *Guaco* has been increasingly employed with the best results. I have been assured that for this reason the English Consul has written to London some interesting accounts of the virtues of this plant.

4. A woman, named Serafina, suffered from rheumatism for ten years, and became crippled by it. She then took *Guaco*, which restored her health and the use of her limbs, and I have seen her walking along the street without difficulty. A trustworthy person informed the author of the memoir that a foreigner whom the gout had crippled was so thoroughly cured by *Guaco* that shortly after his recovery he made a journey on foot from this city to Guavía, and that the complaint did not return.

5. A child of Carlos Mendoza fell from the second story of the house into the court below and was badly injured in the face and all over the body. Cataplasms of the leaves were applied to the

wounds and contusions, and the pure juice was given internally, with success.

6. Sras Martinez, who has been already referred to, had a slave suffering from arrest of the catamenia. A complete cure was effected by the treatment mentioned above in the fifth paragraph.

7. The late D. Francisco Espejo relates that a disease of the liver, which had afflicted him for a long time, having brought him into a desperate condition in the judgment of his physicians, a negro cured him with drinks of *Guaco* juice and cataplasms of the leaves put over the liver. A slave attacked with the same disease was given up by her physician, who said she could not survive five days more. *Guaco* was employed as in the previous case and succeeded in restoring her health so completely and so quickly that at the end of a month she returned to work and laboured on a par with the other slave.

8. Señor Pedro Edwards cured one of his slaves who had suffered for four years from a scrofulous ulcer in the neck, by giving the juice and applying cataplasms of the leaves.

9. Col. Diezo Vallenilla states that in Cumana, his country, no one dies of tetanus and spasm of the stomach when *Guaco* is used according to the directions given in the seventh paragraph. I do not know if this remedy has been employed in our city in such cases, which are rarely met with.

10. A slave of Señor Feliciano Palacios had all the symptoms of consumption resulting from suspended menstruation, and was cured with an infusion of the leaves prescribed by an Indian.

11. A slave of Col. Francisco Abendano was afflicted with asthma and had a severe attack of rheumatism. *Guaco* was administered for the latter, and it cured both diseases. The wife of Dr. F. Javier Yañey gave the tincture to a slave who was an asthmatic, and obtained the best results.

12. Señor Pedro Edwards, already cited, cured a Spaniard of a tertian fever contracted in the Antilles, by giving *Guaco* for a few days.

13. The author of the Memoir does not mention any specific cases of worms, but it is a fact that many persons who have resorted to *Guaco* for other reasons have destroyed these parasites.

14. Señor Eduardo, a frequent sufferer from violent hemicrania, got rid of it by taking *Guaco* tincture.

*Hypodermic Injections of Filtered water to Relieve Pain.**

In the September number of the *Art Médical*, Dr. Jousset reports cases treated by him at the Hôpital St. Jacques. In three of these cases he made use of *hypodermic injections of filtered water* in the treatment of the symptom *pain*.

CASE 1.—G. L—, æt. 37, stone-cutter, was admitted on January 11th, and discharged March 20th. He was suffering from pleuritis when admitted, and while in the hospital he got an attack of acute rheumatism.

Up to February 18th patient was treated with *Acon.*, *Canth.*, *Kali*, *Mang.*, *Ohin.*, *Sul.*, *Merc. sol.*, and on this day there was considerable amelioration, especially of the fever; the pulse had fallen to 84 since some days; at this stage we (Dr. Jousset) made some *hypodermic injections of simple water*; the pains diminished very perceptibly and the patient was at last able to sleep.

The pulse having fallen to 72, the pains having abated, the *subcutaneous injections of filtered water having several times stopped attacks of pain*, the *Quinine* was replaced by *Ohin.*, 3 trit., this by *Sulph.* 12., and the pleuritic exudation being pretty well absorbed, the patient was discharged on March 20th at his own request.

CASE 2.—M. T—, a man æt. 28, was admitted on February 11th, suffering from gouty arthritis confined to the right shoulder. The pain is very violent, the patient can make no use whatever of his arm, the joint is red, hot, and swelled.

On Saturday, January 15th, we made an injection of water simply filtered; twenty-five minutes thereafter the patient felt himself greatly relieved, and at night he got a little sleep.

On Sunday, the next day, we made another similar injection; after which the patient could readily move his arm, and he slept well the following night.

On Monday we made a third and last injection. Ever since the joint had been perfectly free, and, moreover, his sleep has been excellent. Hypodermic injections of filtered water exercise an incontestable action on the symptom *pain*, but here it is only right to mention that *Ohina*, 3 trit., had already begun to effect improvement.

* From the *Art Médical*. Extracted by Dr. Burnett.

CASE 3.—A woman suffering from intercostal neuralgia. She was subjected to subcutaneous injections of filtered water; these injections *relieved her*,* but one of them caused a subcutaneous abscess.

Dr. Jousset concludes thus: "Let us for a moment recur to this question of the hypodermic injection of water as a means of combating the symptom *pain*. This method at first seemed to us so very paradoxical that we most unwillingly consented to try an experiment with it. The conclusions which we have been enabled to arrive at from a consideration of the three cases in which we tried the experiment may be thus stated. Both in the rheumatic and in the gouty arthritis the pain was incontestably relieved after such injection. In the case of intercostal neuralgia the pain was not only not relieved, but the fourth or fifth injection resulted in an abscess of the size of a walnut. We have therefore the fact of the relief of the pain of arthritis by the injection of water, a fact which thus far appears inexplicable."†

Homœopathy and "Scientific Medicine."

THE following passage occurs in the Address delivered by Prof. Humphrey, of Cambridge, at the late annual meeting of the British Medical Association.

"The physiologically antagonistic influences of atropia and physostigma, and the fact that a poisonous dose of the one may be given with impunity if the other is administered along with

* There is a discrepancy with regard to the result of the injection in the case of the intercostal neuralgia. Thus, on p. 162, Dr. Jousset says, "*Ces injections la soulagèrent, &c.*" *i. e.*, these injections *relieved her*. But on p. 174 he says, "*Dans le cas de névralgie intercostale où ce moyen a été appliqué il a été inefficace contre la douleur, &c.*" *i. e.*, in the case of intercostal neuralgia in which this means was adopted, it was *inefficacious, &c.*

† I think it is to be explained by the well-known action of pure water on protoplasm, upon which it acts as a strong stimulus, causing it to become contracted and finally to lose its irritability. According to J. Ranke, "distilled water acts as one of the most violent poisons to muscular and nervous substances" (*Physiologie*, p. 118). The cause is probably the great capacity for imbibition possessed by pure water. This acting in excess becomes a force first stimulating then destroying the very complex molecules of the living matter. This action of pure water seems not to have been hitherto sufficiently considered in the method of hypodermic injection.—J. DEYSDALE.

it, seem to open a prospect that really curative, that is, antidotal agents may be discovered, not simply for drugs, but for the effects induced by drugs, and also for the changes which constitute disease; and the observation that morphia, chloroform, and some other substances produce different and sometimes opposite effects, according to the doses in which they are given, renders it not improbable that poisonous agents may, in some instances, be antidotal to themselves, and that the word 'homœopathy' may be rescued from its position as the expression of a fallacy, and may yet take its place in the etymology* of scientific medicine."

Professor Humphrey is a man of thought and science. But his qualities seem to fail him here, confused in the "lumen madidum" which the prejudice against homœopathy never fails to diffuse. Let us analyse his paragraph into its component propositions.

1st. Antidotal agents are the really curative ones.

2nd. Some substances are found to produce opposite effects, according to the dose in which they are given.

3rd. Hence it may be that in some instances a small dose of a poisonous agent may antidote, *i. e.*, cure, the effect of a large dose of the same, or a like change when occurring in disease.

4th. This would truly be "homœopathy," and such practice, denoted by this appropriate name, would take its place unquestioned in "scientific medicine."

What, then, is the "fallacy" of which this word is at present the expression? Simply this,—that a *methodus medendi* confessedly applicable to certain cases, and here suggested as possibly of wider range than we at present know, is asserted by some to be of universal application within its own sphere,—such assertion being based upon experiment and observation carried on widely and continuously since the beginning of this century. Wherein is the "fallacy" here? The induction may be disproved or superseded; but at the most it can only be demonstrated to be partial; there is no "fallacy" about it. To assume it as already discredited is surely unworthy of a man of Prof. Humphrey's reputation. He should rather, by precept and example, encourage those who look up to him to "prove all things" in medicine, before they allow themselves to "hold fast

* We suppose Prof. Humphrey means "vocabulary."

that which is good." Which is the more philosophical course, to test such a method by experiment, or to reject it as a "fallacy?" All we are doing is to adopt the former course, allowing the doctrine to dominate our practice just so far as it becomes verified by fact, and no farther.*

But, alas! Professor Humphrey could not recommend this more philosophical course, even if he approved of it. He would be imperilling the future career of his pupils. Let us recall the following:

"On the 4th of January, 1856, under the presidency of Professor Cruveilhier, were expelled from the Anatomical Society of Paris with the unanimous consent of the members, 'Drs. J. P. Tessier, Gabalda, Fredault, and Jousset, as authors of homœopathic publications, and M. W— an account of an infamous and felonious act already punished by the law.'" (See *l'Art Médical*, December, 1873.) Such a concatenation would seem to bear with it its own shame. But it is to be feared that such expulsion well expresses the medical mind of Great Britain at the present day. The name of Reith has to be added to those of Tessier and Henderson as instances of the utter intolerance of the most liberal and honest investigation, if its results happen to tend in a certain direction. Who then can dare to advise, and who dare to imitate, the "rescue" which Professor Humphrey anticipates? Suppose it leads, as it has already led in the case of such men as these, to a conviction that no rescue is needed, and that the word "homœopathy" is even now the expression of no fallacy, but of a large body of ascertained and sifted truth. Were Professor Humphrey himself to follow (as he need not be ashamed of following) Tessier and Henderson to this conclusion, his place in Cambridge would know him no more. He would doubtless be above any such terrors when Truth invited him. But

* A good instance of the comparative fruitfulness of such a course is seen in the case of the action of *Rhus* on the skin. In the *London Medical Record* of Aug: 27th, Dr. Ringer cites from the *New York Medical Journal* some observations on the power of *Rhus toxicodendron* and *Rhus venenata* to inflame the skin. The facts are recorded: but there they remain absolutely barren. To us, on the contrary, who use the method of Hahnemann, they have long ago suggested the use of the *Rhus* in such cutaneous affections, and with the distinguished success to which we all can testify. Which is the Medicine of the future, that which can utilize all pathogenetic facts, or that to which at least one half of them has no signification?

can he tolerate their existence? Can he doubt their benumbing effects on weaker minds? Is it not time that he, and such as he, spoke out for liberty of thought and removal of disabilities in medical as in political life? Is it not time for withdrawing the unjust stigma which rests upon those whose only fault is their free carrying out of the very investigations which have raised the hopes here expressed?

BOOKS RECEIVED.

- Compulsory Vaccination: its Wickedness to the Poor.* By J. J. GARTH WILKINSON. London: Pitman.
- Sir James Paget on Changes produced by Vaccination.*
- Disasters from Vaccination.* By EDWARD BALLARD, M.D.
- On the Evil Consequences of Impure Vaccination.* By EDWARD HAUGHTON, A.B., F.C.D., M.D., M.R.C.S.E., &c.
- The Danger and Injustice of Compulsory Vaccination.*
- Vaccination and the Vaccination Act.* By Rev. MUNDEFORD ALLEN.
- On the Best Method of Medicating Pilules.* By ISAAC C. THOMPSON.
- Annual Record of Homœopathic Literature for 1878.* By C. G. RAUB, M.D. Boericke and Tafel, New York.
- Albany Weekly Times*, Nov. 27, 1878.
- The Dublin Journal of Medical Science.*
- The New Zealand Homœopathic Gazette.*
- The Monthly Homœopathic Review.*
- The Hahnemannian Monthly.*
- The American Homœopathic Observer.*
- The Western Homœopathic Observer.*
- The Chicago Medical Investigator.*
- The North American Journal of Homœopathy.*
- United States Medical and Surgical Journal.*
- The Western Homœopathic Observer.*
- The New England Medical Gazette.*
- The American Journal of Homœopathic Materia Medica.*
- El Criterio Medico.*
- Bibliothèque Homœopathique.*
- The Calcutta Journal of Medicine.*
- The Food Journal.*
- The Chemist and Druggist.*
- The New York Journal of Homœopathy.*
- The Sanitarian.*
- The Medical Union.*
- Compendio di Materia Medica Pura.* PAR Dr. B. DADDA.

THE
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OF
HOMŒOPATHY.

THE CLIMATE OF MADEIRA, IN THE TREATMENT OF PHTHISIS AND OTHER AFFECTIONS OF THE RESPIRATORY ORGANS.

By W. B. A. SCOTT, M.D.

LITTLE more than a quarter of a century ago the Island of Madeira was, unquestionably, the favourite winter resort of all phthisical invalids from this country whose resources and circumstances permitted them to visit so distant a shore. The writings of Sir James Clark, Dr. Gourlay, Sir Thomas Watson, Dr. Scott Alison, and many others, all described the climate of Madeira as that which was incomparably better suited than any other to consumptive patients. The sufferers themselves, in many cases, echoed the encomiums bestowed on that beautiful island by their medical advisers, and the prevailing opinion of the public, no less than that of the profession, rose so high in its favour that a visit of longer or shorter duration to that favoured spot was deemed an all but infallible cure for consumption in its earlier stages, a certain means of securing prolonged existence, or, at least, euthanasia, at a more advanced period, and an effectual prophylactic measure in cases where the disease indicated its approach

by premonitory symptoms, without having as yet established itself in the constitution.

A very different opinion on this subject prevails at the present day. The name of Madeira, indeed, is still found in works dealing with medical climatology, but it occurs merely as one among a host of others, and to which no special recommendation is accorded; while our more accurate knowledge of the topographic, thermometric, barometric, hygrometric, and other physical conditions of the various health resorts now in vogue has enabled us to institute comparisons between them with greater precision, and has led, in many cases, to very unexpected results. It will be an interesting task to endeavour to find out the causes of this former popularity, in which we shall readily perceive the reasons of its subsequent decline, while, at the same time, we shall be doing a good service both to the island itself and, what is of far greater consequence, to the interests of suffering humanity, if our investigation shall enable us to point out the nature of the cases to which the climate of Madeira is likely to prove of real benefit.

In order to understand the circumstances under which Madeira acquired the high reputation it formerly enjoyed as a resort for phthisical invalids, it is necessary to bear distinctly in mind the views entertained until a comparatively recent period upon the etiology, pathology, and treatment of phthisis. This formidable disease was supposed to be chiefly, if not entirely, confined to damp, cold, and variable climates, and its origin was mainly ascribed to these hygrometric and thermometric conditions. It was imagined to be a local disease affecting the lungs, at least primarily, and even in some cases to run its course without materially implicating any other organ. The former of these ideas derived some confirmation from the general pulmonary symptoms, as cough, dyspnoea, sanguineous and purulent expectoration, and so forth, while the latter seemed to be supported by the fact that in some cases death supervened without the previous occurrence of the profuse diaphoresis, troublesome sickness, and colliquative diarrhoea,

which, singly or in combination, characterise in general the progress of consumption. In fact, these latter symptoms, as well as those of hectic, were accounted for as results of the "inflammatory" condition set up by the progress of the local disease, and, therefore, to be met by the disastrous antiphlogistic remedies then in fashion, which have more deaths to answer for than the most fiercely-contested tenets of political or religious persecution. Accordingly, when the disease had fully declared itself, the quick pulse and high temperature were held to indicate "inflammation," and immediate recourse was had to the "regular" sanguinary, nauseating, and debilitating measures which, repeated sufficiently often, safely conducted the patient to the grave, leaving the survivors with the consoling assurance that every weapon of the therapeutic armoury had been employed strictly according to rule, in combating the foe; but in this particular case had failed to baulk the destroyer of his prey. Now, it is evident that under this mode of treatment every accidental and temporary aggravation, such as a trifling attack of intercurrent catarrh or bronchitis, which was supposed to call for medical interference, must, on account of the infatuated measures adopted, have been succeeded by marked loss of strength and increase of all the unfavourable symptoms. It was observed that catarrhal or bronchitic affections often took their rise from cold or variations of temperature, and as it was to the supervention of these affections themselves, and not to the inappropriate measures adopted for their relief, that the physicians of the day ascribed the aggravations of the primary disease, they argued, with much plausibility, that by transporting the patient to a warm and equable climate he would be placed in the most favourable circumstances for obtaining an arrest or suspension, if not a final cure, of his malady. Moreover, as in those days comparative sanitary statistics hardly existed, and as it was noticed that coughs and colds were more common amongst ourselves in winter than in summer, and frequently took their rise, even during mild weather, from rash transitions from a heated room to the open air, it was hastily and

erroneously, but not altogether unreasonably, concluded, that phthisis was peculiarly a disease of cold and changeable climates, having its origin in these atmospheric conditions, and that therefore a temporary or permanent sojourn in more favoured regions might not only mitigate or heal the disease in those actually attacked, but even avert it altogether from others on whom it had not as yet laid its destroying hand. As might have been expected, no cases of consumption which fell under medical treatment in this country at the time we are considering ever by any chance recovered, and the not infrequent instances of spontaneous cure in such as had been so fortunate as to escape this ordeal were unhesitatingly declared to have been cases of bronchitis. The story goes that an Irishman once complained to a school committee of the undue favouritism shown by the master to one of the pupils at the expense of his (the complainant's) son. "Why," said Paddy, "sure an' the master asked how many commandments there were, an' my boy tould him there was a hundhred, and, bedad, the scoundhrel let t'other boy go above him who wouldn't own to more than ten!" And just as the indignant son of Erin thought that a schoolboy's deserts were in direct proportion to the number of moral obligations whose authority he acknowledged, so physicians of the old school were naturally persuaded that a patient's chances of recovery were directly proportional to the number and activity of the artificial methods employed in combating the disease. Armed with mercurial and antimonial draughts in the one hand, and with lancets, cauteries, and scarifiers in the other, like Queen Eleanor with the dagger and the bowl, they naturally felt that if they failed to destroy the interloper who had taken unlawful possession of their patient, and whose mazy windings they had so studiously tracked, it must be on account of her being invincible, and loudly denied the possibility of a spontaneous and gradual disappearance of their detested rival. Yet there is every reason to believe that fair Rosamond died in the course of nature, and it is still more certain that the formidable ailment, of which we have so ungallantly taken that objec-

tionable young lady as a type in our allegory, frequently enough departed of itself, when not rendered fatal by "heroic" measures. It was not strange, however, that the physicians of the day, finding the impotence of their art as a means of cure, should have laid the fatality of the disease to the account of nature rather than to that of their own malpractice, and, therefore, sought for prophylactic means when possible, or, when too late to apply these, prescribed such measures as might diminish the chances of the untoward complications they so much dreaded. Arguing on the insufficient premises we have above referred to, they supposed the requirements to be best met by a warm and equable climate, and this can assuredly nowhere be found in greater perfection than in the Island of Madeira. We need not be surprised, therefore, that they fondly deemed they had at last found the true Atlantis in this western isle.

During the latter years of the last century and the early part of the present, Madeira was so fortunate as to possess an eminently judicious British physician, in the person of the late Dr. William Gourlay, whose book upon the island is, in a medical point of view, very much the best which appeared previously to Dr. W. W. Ireland's articles in the *Medico-Chirurgical Journal of Edinburgh* in the summer of 1869. Dr. Gourlay, indeed, remarked that no disease was of more common occurrence than phthisis among the Madeiranese themselves, and thus at once refuted the unfounded notion that this malady is, in any sense, exclusively or even characteristically a denizen of cold or variable climates. He also observed that it ran a more rapid course among the natives in Madeira than among the English at home. In fact, Dr. Gourlay's is nearly the only medical work on this subject which can be described as having been written with a thoroughly honest intention,* as the publications of Dr.

* We do not, of course, extend this censure to the remarks of Sir James Clark (who, by the way, tells us he had never himself visited the island, but took his facts from information supplied him by others), but to the works named in the text, as well as to an ostentatious pamphlet by a Mr. Mackenzie Bloxam (who, however, was not a medical man), which contains an equal display of ignorance, presumption, and discourtesy; together with some others of like character.

Lund and others are little better than professional advertisements, and the foolish brochure given to the public two or three years ago by Dr. Grabham scarcely deserved even the contemptuous exposure it received from one of the Scottish medical journals. Notwithstanding his acknowledgment of the frequency and fatality of phthisis among the natives, however, Dr. Gourlay was of opinion that the climate of Madeira was eminently suitable for consumptive patients from other countries, especially England; and whether these two opinions are correct or not, we homœopaths are the very last people in the world to maintain that they are incompatible, as the allopaths are, of course, bound to do if they have the smallest regard to consistency. Dr. Gourlay found ample reason to be satisfied with the results of his own practice, and no wonder, for it seems to have been judicious in an eminent degree, and would do little discredit to one of his own school at the present day. He tells us that he found violent remedies of any kind badly borne, so that his measures were, as a rule, of the mildest character; he rarely, if ever, had recourse to bloodletting, substituting for this the administration of digitalis—a formidable drug, indeed, and one the action of which is even now imperfectly understood, but still, Hyperion to a Satyr as compared with the murderous operation it replaced. Under this enlightened treatment we are not surprised to find that many recoveries took place, and these, when contrasted with the uniform fatality of all cases of this disease which fell under the treatment of physicians in England at that time, naturally led the patients to endorse the favorable verdict of the profession, and to join loudly in the praises of an island which they had found so lovely a place of sojourn, and where many of them had received marked and permanent physical benefit.

The reputation thus acquired *bond fide* was (we fear, at times, disingenuously) defended in pamphlets and other publications by the various British physicians practising in the island. Of late years the dispute has assumed a specially acrimonious character, owing to the interests, not only of the doctors, but of the tradesmen and landlords,

having become seriously prejudiced both by the establishment of so many other sanatoria of equal or superior merit and easier access, and by the general migration of the previously resident English after the vine disease of 1852 having rendered all these persons dependent to a great extent upon the chance influx of winter visitors. Accordingly, as is the case in most valetudinarian resorts, we find that many of the English who, having originally visited the island for medical reasons, have since deemed it expedient to adopt it as their permanent abode, and whose interests have in consequence become associated with its prosperity, are loud in maintaining all its old claims as a sanatorium, in real or assumed ignorance of the fact that many of these claims have been utterly invalidated by the progress of science, and other results of the march of time. It now becomes our duty to lay before our readers as accurate and comprehensive a description of the island as is consistent with the limits of an article, and to consider this in connection with the altered views which our extended knowledge of pathology and therapeutics has introduced as to the causes, nature, and treatment of phthisis.

The island of Madeira is situated between the degrees of $32^{\circ} 49'$ and $32^{\circ} 37'$ north latitude, and $16^{\circ} 39'$ and $17^{\circ} 17'$ west longitude, its greatest length and breadth being about thirty and twelve miles respectively. It lies about 300 miles from the African coast, and a steamer performs the voyage from Funchal, its chief town, to Teneriffe in twenty-four hours.* Dr. Ireland remarks, "Like the Azores and Canaries, the whole island is obviously of volcanic origin,

* It ought to be mentioned in this place, that as Lisbon is the only town on the continent of Europe to which there is any direct communication, an invalid who shall select Madeira as his place of winter resort will find himself virtually compelled to remain in the island until he returns to England, whether the climate suits him or not; as the stormy passage to Lisbon, and subsequent fatiguing railway journey across Portugal, part of Spain and France in the depth of winter, ought certainly not to be hazarded by any one whose condition is such as to require change of climate at all. Lisbon itself has no claims whatever as a sanatorium, and now-a-days would never be thought of as such, except from its having been the death-place of Doddridge and Fielding, who resorted thither in vain pursuit of health.

formed partly by upheavals, but mainly by successive deposits of igneous rocks." This is shown by the existence of lava and trachytes, of recent date, together with trap and basalt, belonging to the secondary and tertiary strata. Dr. Ireland continues, "The backbone of the island, whose loftiest peaks are about 6000 feet high, slopes towards the sea both on the north and south aspect. Madeira is, indeed, one mountainous range surrounded by the ocean; nothing but hill, precipice, and ravine, scarcely any level ground, and no sea beach, save at one or two points where a powerful surf rolls about large pebbles which it has detached from the surrounding rocks." Owing to its mountainous structure the island presents a great variety of climates, snow being sometimes found on the summits during the winter time, while at Funchal the thermometer very rarely indeed falls below 53° or 54° , this mild temperature being due, in part, to the town having a southern aspect. It is with the town of Funchal itself we are principally concerned, as it is the sole residence of invalids, except for a few months during the spring and summer, when accommodation can be obtained at a village in the north of the island. This is much to be regretted, as the more bracing atmosphere of the northern shore would prove far more beneficial to a large class of consumptive patients than the warm, equable, and consequently debilitating climate of Funchal. At present, however, this can hardly be remedied, as their remoteness from medical aid, and even from the supply of the most ordinary conveniences and necessaries, renders the northern districts unsuitable for an invalid's residence. The rainfall at Funchal is about thirty inches,* and the most frequent showers occur during October, December, January, and February, when the rain often descends in torrents; but as these, although violent, are rarely of long duration, and as, from the nature of the soil and pavement, the streets dry quickly, it is but seldom that an invalid needs to keep indoors for an

* The rainfall at Malta is 15 in.; at Algiers, 86 in.; at Malaga, 16.5 in.; at Undercliff in the Isle of Wight 28.48 in.; at Nice, 86 in.; at Paris, 48 in.

entire day from this cause.* The number of days on which rain falls in the course of the year is said to be about eighty-eight, but this is thought by some to be increasing, owing to the reintroduction of the cultivation of the sugar-cane on the failure of the vines in 1852. Whether this event has really increased the rainfall may be a matter of doubt, but there can be no question that the constant irrigation the canes require must materially increase the vapour suspended in the atmosphere. This vapour, by in part condensing after sunset, combined with the insular situation, and the protection from northerly winds afforded by the range of hills behind Funchal, doubtless contributes to the equability of the temperature and the small thermometric variation between day and night (which in winter is often scarcely perceptible), but it also adds to the debilitating nature of the climate. This dampness was at one time overlooked, perhaps owing to the frequent absence of dew which results from the small nightly depression of temperature, but its existence no longer admits of question. Not only do clothes, books, &c., become mildewed and steel instruments rusty, but the hygrometer places the matter beyond controversy. The observations of Heineken and Barral with this instrument give us an average of 4·5 grains of aqueous vapour to the cubic foot, equivalent to saturation at 53°. Colonel Azevedo gives us 4·6 grains, or saturation at 53·5°. Mr. White gives us 5 grains, or saturation at 56°. Compared with this we have all over Scotland 3·2 grains, or saturation about 44·5°, and at Torquay 3·1 grains, or saturation at 44°. If we strike an average between the thermometric observations of Heineken, White, Barral, and Azevedo, we get the following mean temperatures for the seven months which chiefly concern invalids:—October, 69·89°; November, 65·40°; December, 61·88°; January, 60·82°;

* King Charles II used to say that in no country which he had ever visited was it possible to spend so many hours of so many days in the open air, throughout the entire year, as in England. He would certainly not have said this had he chanced to have ever resided in Madeira.

February, 61·45°; March, 62·35°; April, 65·31°.* The *extreme* range of temperature between and on the various days and nights during these months is thus given from observations at the Royal Observatory, Funchal, (when translated from the Centigrade to the Fahrenheit scale): October, 17·1°; November, 15·8°; December, 22·1°; January, 15·8°; February, 21·6°; March, 15·5°; April, 15·6°. We may see from these statistics that, in point of equability of temperature, Madeira is superior to almost any other invalid station with the exception, *perhaps*, of Malaga. Dr. Burgess endeavoured to impugn this, but he was misled by statistics taken during two very exceptional seasons. The amount of ozone seems to be at any rate not above the average, and the barometric height averages about thirty inches. The town of Funchal enjoys a night and morning sea breeze, and the only cold wind is the northerly, from which it is in a great degree sheltered. A dry, hot, east wind, called *Leste*, blows at times from the African shore, which is very trying to invalids, and, indeed, most unpleasant even to those in robust health; but the frequency of this has been much exaggerated. It rarely blows in the winter time, which is the season for visitors, and, indeed, between March, 1869, and April, 1870, and again from October, 1870, till February, 1871, during which periods the present writer resided at Madeira, he can only call to mind *one* occasion (and that in the hottest part of summer) on which he felt any serious inconvenience from this rare but troublesome visitor.

It is almost needless to say that the island is lovely in the extreme, a bright gem of the ocean, which seems to realise all that poets have ever dreamed of a possible Ogygia or Atlantis. The outline of the mountain tops, as seen

* That is to say, an average temperature of nearly 64° during these months. This may be compared with the following list which refers to the same months: Algiers, 56·91°; Cape Town, 57°; Malaga, 54·41°; Mentone, about 48°; Nice, 46·33°; Pau, about 43°; Queenstown, 44·1°; Torquay, 44°; Undercliff, 41·89°; Folkestone, 41·76°. So far as the *average temperature* is concerned, any of these would in all probability be preferable for most British phthisical patients. Unless in advanced cases, 64° is unquestionably, as a rule, too high for patients from England.

from some little distance at sea, is bold, rugged, and striking in the highest degree, somewhat recalling the Isle of Arran, but grander and more characteristic. In some parts the cliffs descend perpendicularly into the water from a height of many hundred feet, while in others there are gradual slopes or terraces richly clothed with the vegetation both of the temperate regions and of the tropics. Nearly every variety of landscape is here presented, fertile valleys, barren peaks, yawning ravines, and long ranges of more open country covered with noble trees. But owing to the very same steep and mountainous structure of the country which lends to it so many attractions, two of the leading charms of English scenery, namely, lakes and rivers, are wanting. The bougainvillia, the oleander, the clematis, camellias, roses, passion flowers, and jessamines, are seen in rich profusion; and among fruits there is the delicious banana to be had all the year round, and in their seasons there are (besides such English fruits as peaches, nectarines, strawberries, cherries, pears, apples, plums, and so forth) grapes, oranges, mangoes, loquats, guavas, pomegranates, lemons, prickly pears, and, best of all, the exquisite custard apple. Again, the island is perfectly free from all venomous reptiles, and is very sparingly visited by mosquitoes; the only annoyances of this kind are cockroaches and centipedes, which attain a large size, and are certainly more numerous than could be desired.

Owing to the comparatively recent period at which Madeira was peopled* the island presents no objects of antiquarian interest, but many charming excursions can be made in a hammock or on horseback within an accessible distance from Funchal; and, notwithstanding the hilly character of the district, there is one perfectly level road extending several miles from the western extremity of the town, admirably suited for invalids, either walking or riding. The boarding-houses are, on the whole, well situated, most of them being near the sea, but one

* Madeira was discovered by the Portuguese in 1419, and colonised by them shortly afterwards. It derived its name from the abundance of trees (Portug. Madeira = wood) observed in the island.

(Hollway's) is built at an elevation of several hundred feet, so that it enjoys the advantage of a much more bracing temperature. It has, however, the drawback of possessing scarcely any level walks in its neighbourhood suitable for invalids. The charges are not unreasonable; a bedroom, with the use of the general sitting-room, a liberal and even luxurious board, with attendance, lights, &c., may be obtained at the rate of from forty to fifty dollars monthly; that is to say, £8 6s. 8d. to £10 8s. 4d. This does not, of course, include wine. Washing, 4s. 2d. to 5s. per month. Hire of horse and man, 1s. 9d. per hour; hammock or carro (a sort of sledge drawn by two oxen) 1s. 3d. per hour. The price of provisions generally is far more moderate than in England. Meat and eggs not more than half the price; vegetables and butter a good deal cheaper than with us; fruit may be obtained at an almost nominal price; milk and bread about the same as at home; and, although we might have expected the price of cloth to be high, as it requires to be imported and is subject to a heavy duty, still, owing to the cheapness of labour in Madeira, a suit of clothes does not cost more there than in London. House rent is remarkably cheap. The writer well knows a house containing eight or nine good rooms, situated in a fair-sized garden, and provided with the usual offices and out-houses, which is let for less than £25 a year. Servants' wages may be stated, as a rule, at about half the amount paid in England.

Funchal is provided with a Portuguese and also an English library, reading-rooms, billiard-rooms, a Portuguese club, and one or two more such places of public resort; a military band plays once or twice during the week in the passeio or square. There are not many evening amusements, except private entertainments, but this is hardly an objection so far as invalids are concerned.

It is to be regretted that, with so many attractions, Madeira possesses so many and so great drawbacks, as, in our opinion at least, far more than counterbalance all that can be said in its favour. Among the lesser, but by no means trifling, inconveniences may be instanced the nature of the pavements in Funchal. Instead of smooth flag

stones being employed these are constructed of oval pebbles or small stones, rather larger than an egg, inserted perpendicularly, with the somewhat pointed extremities projecting a considerable distance above the level of the soil, which are extremely painful to the feet of walkers at all times, besides being excessively slippery after rain. They have, however, the advantage of drying quickly. Again, the streets, though far less odoriferous than those of many continental towns, at times contrast unfavourably in this respect with those of favourite English watering-places. The heat of the sun is most overpowering, though not so oppressive as at Lisbon, and the difference between the temperature in the sun and that in the shade is far greater even in proportion than with us. Much has been said in praise of the equability of the temperature, and it is, indeed, uniform in no common degree. But from this very cause, combined with the atmospheric moisture, it is debilitating and depressing to an extent only realisable by those who have experienced it, and which exerts a most unfavourable influence on most natives of England or other more bracing regions, and the children of such even if born in the island.* As a rule cod-liver oil can only be taken in greatly diminished doses, if at all; and, notwithstanding the unblushing effrontery of a physician practising in the island, who assures his patients this is of no consequence, every one who is entitled to have an opinion on the subject is well aware that this analeptic is of far more benefit to consumptive patients than any climatic treatment whatsoever or wheresoever.† The injurious effects of the

* This fact, which is so obvious to the most casual observer as to have forced itself on the attention of the present writer before he had been many days in the island, was first distinctly pointed out by Dr. Ireland in the pamphlet so often referred to above, though it might have been easily inferred from Dr. Gourlay's observations. It is a striking proof of the disingenuousness of those interested in the defence of Madeira that it should have been so long concealed. Dr. Graham has even the coolness to assert *the direct contrary*. Even in England the comparatively equable temperatures of such places as Torquay and Ventnor are not found very favorable to children; and at Malaga, which vies with Madeira in point of equability, the infant mortality is nearly 43 per cent. during the first five years.

† Dr. Chambers says, "To find the easiest assimilated oil, and to prepare

climate are painfully exemplified in the cases of nearly all the children born in the island of British parents. They are in general poor, nervous, dyspeptic, scrofulous little things.* In the next place, as there is but little society of an agreeable character among the residents, such of the invalids as care about maintaining their own self-respect are compelled to form a little clique of their own. Nothing can possibly be more undesirable than this. Cowper complains that—

“Some men employ their health (an ugly trick)
In making known how oft they have been sick,

the digestion for the absorption of the oil, are the main problems in the cure of consumption.”

* The remarks of Dr. Ireland in his pamphlet on Madeira, regarding this question of equability of temperature, are well worth quoting: “It appears to me, from actual experience, that warm air, ever at about the same temperature, has a relaxing effect upon the frame, diminishes the appetite, and depresses the spirits. Dr. Combe, whose favorable opinion on Madeira is so often cited, remarks, ‘the climate is somewhat relaxing from its humidity and equable temperature, and in summer must be so to a still greater degree.’ My experience in India, and especially at Koussonli, has convinced me that *patients do not recover well during an equable temperature, and that a considerable range during the day and night is of advantage to most constitutions.* Dr. E. Smith, in his thoughtful work called *Cyclical Changes*, has pointed out with great clearness the effects of those variations of temperature which we call seasons, and their influence in keeping up the balance of vital forces, actions, and re-actions, necessary to health, and although it is no doubt true that sick persons must often be guarded against what would do them good in ordinary health, even in pulmonary cases the advantage of equability of temperature has been much overrated. ‘Theoretically speaking,’ says Dr. Walshe, ‘steadiness of the temperature from day to day with but slight nocturnal fall of the thermometer, ranks as a very important condition, but *practically it turns out to be comparatively insignificant.* For these climates, Egypt and Australia, which furnish from time to time the most striking examples of the arrest of phthisis in individuals of the Saxon and Celtic races of North Europe, are glaringly deficient in this element of theoretical success’ (*Diseases of the Lungs*, 1860). It can scarcely fail to strike an attentive observer how readily an unusual, though apparently insignificant, variation of the thermometer, especially if it be accompanied by wind, causes colds and rheumatisms amongst those who have been some time in Funchal. *This has already been noticed by Dr. A. Combe in Madeira, and the same remark has been made by A. von Humboldt in a similarly equable climate in South America.*” (The italics are our own.)

And give us, in recitals of disease,
 A doctor's trouble, but *without the fees*;
 Relate how many weeks they kept their bed,
 How an emetic or cathartic sped, &c."

But if this is tiresome to a listener in health, it becomes most prejudicial when all the interlocutors are invalids. A comparison of pulmonary vomicae, hæmoptyses, purulent expectorations, cough, pleuritic pains, crapulous diarrhœas and acid vomitings, on the part of the sufferers themselves, is about the most effectual means that could possibly be devised for aggravating and perpetuating these untoward symptoms. But it is difficult to find much desirable society. The resident Portuguese are, as a rule, profligate in the extreme, and but few among them are persons of much intelligence or attainment. The Romish priests live, in too many cases, in open concubinage, with a recklessness of observation greater than can easily be found elsewhere, and among the laity the practice of systematic seduction is carried to an extent of which we in England, with all our faults, are, happily, almost unable to form a conception. Portuguese gentlemen appear in public with their mistresses without the smallest hesitation, and an English maid-servant, if at all good-looking, is almost certain to come to destruction. Unnatural vices are practised with little regard to secrecy by the lower classes, and even, it may be feared, by some persons of higher position. The condition of the lower orders generally is one of the utmost ignorance, vice, and poverty, although their natural levity and the clemency of the climate prevent their offering so conspicuous a spectacle of distress as might have been anticipated. But still, their moral, physical, and intellectual degradation must be exceedingly depressing to all visitors who are not so selfishly absorbed in the consideration of their own viscera as to be utterly regardless of the welfare of their fellow creatures.* Among the natives we find nearly every kind of scrofulous affection, rheu-

* The annual mortality of the natives of Funchal is 1 in 38·9; in France it is only 1 in 44·5, and in England and Scotland still less, being 1 in 46 and 1 in 40 respectively.

matism, phthisis, low and intermittent fevers, pneumonia, and a considerable variety of skin diseases; among these latter occur cases of elephantiasis; but Dr. Gourlay tells us that this disgusting malady is not here attended with the unseemly but too common accompaniment of satyriasis—a most fortunate circumstance, considering what is the actual condition of morals in the island; with this additional incentive Funchal would not be long in rivalling the Cities of the Plain. Even among the British residents the greatest circumspection is necessary before forming anything approaching to an intimacy; because too many of them have become so habituated to the contemplation of the state of things in Madeira,* that they have ceased to regard with becoming indignation the most selfish and degrading of all vices, which, though they may not themselves practise, they are but too ready to condone in others, especially in such as are of good position. It is strange and pitiful to behold many who are fond of displaying their religious zeal by ridiculing the professed faith of the country of their adoption, and dwell with much complacency on the imaginary “persecutions” they or their friends have under-

* It is scarcely necessary to say that all this is merely general, and has no personal reference.

“ Why, who cries out on pride
 That can therein tax any private party?
 Doth it not flow as hugely as the sea
 Till that the very very means do ebb?
 What woman in the city do I name
 When that I say the city-woman bears
 The cost of princes on unworthy shoulders?
 Who can come in and say that I mean her
 When such a one as she such is her neighbour?
 Or what is he, of basest function,
 Who says his bravery is not on my cost
 (Thinking that I mean him), but thereby suits
 His folly to the mettle of my speech?
 There then; how, what then? Let me see wherein
 My tongue hath wronged him; if it do him right
 Then he hath wronged himself; if he be free,
 Why, then, my taxing like a wild goose flies
 Unclaim'd of any man.”

As You Like It, Act ii, Scene 7.

gone for conscience' sake, who yet are not ashamed to court with the most servile assiduity the society of those whose impure and licentious lives would revolt any person of average moral feeling, whether Catholic or Protestant, Christian or infidel. But, unhappily, too many who are most edifying to listen to on nice points of theological doctrine, and to whom, in a religious point of view, any one suspected of heretical pravity is an abomination, feel little abhorrence for vices which neither affect their social status nor their breeches pocket—perhaps actuated by the notion that too rigorous a regard to matters of mere morality which concerned even the “poor heathen,” to say nothing of heretics and infidels, might be justly suspected of savouring of undue contempt for Gospel liberty, and smacked in some measure of a servile adherence to the law of works.*

We may conclude our description of Madeira with the remark that it is an island which Nature has lavished her utmost bounty to bless, and man has done his best to desecrate.

“Strange, that where Nature loved to trace,
As if for gods, a dwelling place,
There man, enamoured of distress,
Should mar it into wilderness,
And trample, brute-like, o'er each flower
That asks not one laborious hour,
Nor claims the culture of his care,
And sweetly woos him but to spare!
Strange, that where all is peace beside
There man should riot in his pride,
And lust and rapine wildly reign
To darken o'er the fair domain!
It is as though the fiends prevailed
Against the seraphs they assailed,
And, fixed in Heavenly thrones, should dwell
The freed inheritors of Hell.
So soft the scene, so formed for joy,
So curst the tyrants who destroy!”

* It is fair to remark that, in one respect, the conduct of the natives contrasts favorably with our own—they are certainly more temperate, as is usually the case in wine-countries; but as the English have borrowed so many darker vices from their entertainers, so they now seem to be in a fair way of repaying the obligation by imparting to the latter that of intemperance.

It is now time that we should direct our attention to the subject of phthisis itself, and examine what information modern researches afford us respecting its origin, nature, and treatment.

Until a few years ago the word phthisis (unless otherwise specialised by some such adjective as abdominalis) was used as a synonym for pulmonary tuberculosis; or, in other words, the morbid condition familiarly known as consumption was supposed to arise from invasion and subsequent destruction, to a greater or less extent, of the lung tissue by tuberculous matter. But pathologists were by no means agreed as to the nature of tubercle itself. The name was at first applied to that which is now known as miliary tubercle, namely, small, rounded, nodular masses, resembling a millet seed, and about the size of a pin's head. As, however, Lebert was of opinion that tubercle is a product *sui generis*, and that its presence in the lungs is the characteristic lesion of phthisis, the name of tubercle was extended to the opaque yellow masses, varying in size from that of a pin's head to that of a pea, and in consistency from a soft to a firm and dry and even calcareous body, which were frequently found associated with miliary tubercle in the lungs of those who had died from phthisis. Hence a distinction was drawn between grey or miliary, and yellow tubercle. Further, owing to the supposition that this morbid process was of a specific nature, the etymology of the word tubercle was wholly disregarded, and the term came to be applied to any deposit of a "cheesy" character, so far resembling the preceding as to have a tendency under some circumstances to harden and dry up, and under others to suppurate. Hence, pneumonic consolidations fell under this designation. Lebert thought the characteristic of tubercle to be little, hard, shrivelled, translucent, nucleolated nuclei, of a greyish colour, insoluble in acetic acid, which renders their outline more distinct. Prof. Hughes Bennett adopted a nearly similar definition, adding that these bodies are completely dissolved by fixed alkalies, and partially by ammonia. He lays special stress upon their *nuclear* character, because some had erroneously supposed

them to be *cells*, but Dr. Bennett very justly pointed out that one of the leading distinctions between the pathology of tubercular and cancerous products is, that, while the former are *nuclear*, incapable of reproduction, and therefore only susceptible of increase by additional deposition from without, the latter are *cellular*, and, being capable of reproduction, thus multiply themselves from within, thereby imparting to cancer its malignant character. The question of the inflammatory or non-inflammatory nature of tubercle was eagerly discussed, but, in the ignorance then prevalent as to the essential character of inflammation, it degenerated, in a theoretical point of view, very much into a matter of mere logomachy. In fact, even at the present day, notwithstanding the researches of Burdon Sanderson, Virchow, Cohnheim, Waller, Addison, and others, a good deal of uncertainty still prevails on this subject; one of their doctrines at least, viz. that of the extravasation of leucocytes, being stoutly opposed by Prof. Bennett and his followers. However, in a practical point of view,* the question was far more important some years ago than it is now, because "inflammation" was then the signal to bring together all the forces of depletion and antiphlogisticism, and as unhappily the inflammatory view of the origin of tubercle was that which long found most favour, we have seen above that most phthisical patients who were so unfortunate as to fall into the hands of physicians speedily died, from the inhuman treatment to which they were subjected.

With regard to the origin of tubercle there was much dispute. Gulliver and Vogel maintained, in opposition to Lebert, that in the earlier stages nucleated cells were to be found in tubercular matter. Van der Kolk, while admitting the nuclear character of tubercle corpuscles, supposed them to be nuclei resulting from the disintegration of the bronchial and pulmonary epithelial cells, a view which, as Prof.

* It is true that there is an increase of the nutritive activity of the cellular elements in an inflamed part, but at the same time there is a *degradation of the products*. Hence, so far from debilitating the patients by antimonials, leeches, and other old-fashioned contrivances, we often require even to administer *stimulants* in addition to nutritious diet.

Bennett observes, appears to be negatived by the fact of their occurrence in tissues destitute of epithelium, as in the substance of the brain. Virchow considered them to be the result of endogenous cell formation, but thought their cells might belong either to epithelial or to fibrous tissue. Among the chief medical authorities in this country, however, the carefully elaborated doctrines of Prof. Bennett may be said ultimately to have in general found most favour. They may be summarised as follows: tubercle is an albuminous morbid product, characterised by the presence of certain nuclei, and containing earthy phosphates, together with small quantities of fibrin and fat; it is incapable of spreading by reproduction, but rather tends to break down *slowly* into abortive corpuscles; very liable to ulceration and disintegration, but much less so to absorption; and it *commonly* makes its first appearance in the lymphatic glands, and occurs generally between the periods of dentition and adult age, being almost always preceded by derangements of the *primæ viæ*. Prof. Bennett thus distinguishes tubercular from simple inflammatory exudation which attacks all tissues and all ages indiscriminately, and is either chronic, forming adhesive products, or acute, forming rapidly growing temporary cell products which are speedily excreted by the emunctories; and from cancerous exudation, which commonly occurs in adults, attacks glands *primarily* and lymphatics only *secondarily*, and is characterised by an abundance of cells having the power of self-development.

But within the last seven or eight years all our ideas regarding phthisis and tubercle have again been thrown into uncertainty. In the first place, it was demonstrated that many cases presented most of the physical signs of what was regarded as phthisis in which no tubercle was discovered at the autopsy, and, next, it was shown that in cases of "galloping consumption," or acute tuberculosis, while miliary tubercle was found scattered over all the viscera, the injury to the lungs was often so slight that it was impossible to attribute the fatal result to the pulmonary lesion. The miliary tubercle in cases of acute general

tuberculosis was found equally studding the lungs, kidneys, liver, spleen, peritoneum and pia mater, and, what was very remarkable, in the first of these situations it did not appear to be the result of exudation into the air-vesicles, but assumed the form of little nuclear formations in the fibrous tissue of the lung itself, viz. in the walls of the air-cells and the peri-bronchial tissue; in the adenoid perivascular fibrous sheath of the capillaries, and in the subpleural fibrous tissue. Burdon Sanderson has shown that these only occur where adenoid tissue is normally present, and in all probability they usually consist of a hypertrophy of that structure.

This disease (acute tuberculosis) runs its course in from one to four weeks, and is accompanied by a fever closely resembling typhoid, but more intermittent. It was ingeniously suggested that the deposition of tubercle here very closely resembled the development of the eruption in eruptive fevers, and that it was, therefore, likely to be *infective, i. e.*, the result of toxæmia or blood infection; and it was ascertained by experiment that this or an analogous disease could be artificially produced by the inoculation of diseased gland structure, but especially by means of introducing portions of "cheesy" pneumonic products.* From

* Dr. Green (*Pathology and Morbid Anatomy* p. 151) remarks—"These cases of artificial tuberculosis, however, differ from the natural disease in this respect—that most of the disseminated lesions in the lungs and in *other solid organs (sic)* are *not miliary tubercles*, but consist of nodular and diffuse inflammatory growths, which, like the tubercle, quickly become caseous." This is certainly rather an important difference, especially as (p. 34) Dr. Green tells us these cheesy masses "indicate merely that the histological elements have this fatty metamorphosis, and *under no circumstances are they in themselves evidence of any one particular form of morbid growth.*" However, for our purpose this does not very much matter, as, in the first place, it is almost impossible nowadays to make out what different writers mean by tubercle, and, secondly, there can be no doubt that a histolytic disease of the lungs may arise from absorption of, and subsequent poisoning by, these "cheesy" masses, whatever their origin. The use of setons, Dr. Green informs us, will produce this artificial disease. Now, Themison (the founder as some suppose of that eminently judicious allopathic sect called "Methodists") was remarkable for his heroic employment of setons in phthisical cases. We are, therefore, not surprised to find that when Juvenal was casting about for some hyperbolic expression to signify a

hence it has been inferred that the disease commonly arises from the absorption of masses of "cheesy" matter, whether the result of old pneumonic processes in the lungs, or of amyloid or other degeneration elsewhere. This conclusion may be said to be now tolerably firmly established.

The absence of true tubercle in many cases of miners' and fibroid phthisis, together with the fact that destruction of the substance of the lungs may result from the retrograde metamorphosis of simple pneumonic products in an unhealthy constitution, and from various other causes, as gangrene, &c., has induced Professor Sanders, of Edinburgh, to include under the name of pulmonary phthisis, in strict accordance with its etymology, all diseases capable of producing cavities or destruction in the pulmonary tissue. While this definition is convenient in some respects, it will be at once seen that it brings under one general designation a vast number of diseases differing in the mode of treatment appropriate to each, no less than in their respective etiology and pathology. It therefore becomes necessary for our present purpose to ascertain which of all these varieties it is which is said to prove fatal to one eighth part of the whole population of Great Britain, and which, *par excellence*, is popularly known as consumption or decline. A very little investigation will suffice to convince us that it is the disease treated of by Professor Bennett in his admirable treatise on pulmonary consumption, and the real causes, nature, and treatment of which that gentleman has perhaps done more than any other living physician to elucidate. We shall, therefore, now give a summary of Professor

countless multitude, he selected the phrase "*Quot Themison agros autumnos occiderit uno.*" Probably Sir James Simpson would have alleged this was an instance of homœopathic practice on the part of Themison. It is, no doubt, marvellously like the style of homœopathic practice adopted by the allopaths when they profess to be "giving homœopathy a fair trial," in order to refute that system by means of secret trickery and cooked statistics, as in the case of Andral; but it bears about as much resemblance to the practice of Hahnemann as the professional demeanour of Sir James Simpson bore to the conduct of a gentleman, or that "bellicose professor's" garbled misrepresentation of the doctrines of the *Organon* to a candid and intelligent reader's conception of the same.

Bennett's doctrines on this subject, together with a short sketch of the process by which he was led to adopt them, and conclude by showing their bearing, together with that of the theories we have been discussing, upon the climatic treatment of phthisis, formerly so much in vogue.

Professor Bennett, as is well known, was one of the first to point out that consumption, so far from being a necessarily fatal disease, is one which presents numerous instances of spontaneous cure, towards which it at all times has a marked natural tendency. This discovery was, as usual, greeted with ignorant and derisive contempt by the allopaths, who lost no time in lavishing upon one of the acutest physicians of the day the same unmeaning ribaldry and invective which that anile community or its grandmothers had drivelled against Harvey, Sydenham, Jenner, Hahnemann, and Elliotson in former years. But Professor Bennett's new doctrine, unlike those of his opponents, was no baseless *à priori* theory, spun from the substance of a mind alike devoid of the knowledge gained from acquaintance with the thoughts of other men and the wisdom which dwells with such as are attentive to their own. It was the result of observation, of the "actual experiment," "interrogation of nature," and so forth, about which such a clatter is kept up nowadays by persons wholly devoid of the originality and attainments necessary to put them in practice. Professor Bennett had long been impressed with the not uncommon but isolated cases of real or imagined recovery from phthisis in all stages, and, with his usual candour, industry, and acuteness, instead of voting such cases impossible because opposed to the dogmas of an effete superstition, he at once set about investigating whether they were really authentic, and, if so, on what principles they were to be accounted for. He ascertained that the facts were unquestionable; and that just as the disease had been invariably preceded by some circumstances either in the patient's own constitution or in his surroundings leading to mal-assimilation of food (not of necessity from poverty, it might arise from many other causes, as overwork, anxiety, mental distress, too luxurious living, insuffi-

cient exercise, impure air, &c.), so he found recovery to be in all cases preceded by the restoration of the due discharge of the digestive functions.* The introduction of the stethoscope by Laennec had at first tended to confirm the belief in the incurability of consumption, by more distinctly revealing the serious organic nature of the accompanying pulmonary lesion. It was impossible to suppose that a cavity in the lungs could be filled up with new pulmonary tissue, or that a portion of lung substance which had for years been consolidated and metamorphosed could be regenerated and resume its normal functions. But Professor Bennett discovered that this was by no means necessary, that if further disintegration and additional deposition of tubercle be prevented, and the system be brought to a healthy condition, cavities would quickly contract and cicatrise; cretaceous or cheesy masses become encysted in a firm, fibrinous covering, and any loose purulent matter be got rid of by expectoration. Then the portion of lung which still retained its normal structure, even if very small in amount, would amply serve all respiratory purposes by means of quickened breathing, and perhaps expansion. A case occurred at the Royal Infirmary of Edinburgh, February 8, 1844, which triumphantly ratified these conclusions. We give it in Professor Bennett's own words:—"John Keith, æt. 50, a teacher of languages, was admitted into the Royal Infirmary, February 8, 1844, in a state of coma, and died an hour afterwards. On examination the mem-

* It is due to the memory of the late Dr. Stewart, the "physician-minister of Erskine," to mention that he had, some years previously to the labours of Dr. Bennett, pointed out the necessity of the analeptic treatment in phthisis. With no more specific analeptics than beef-steaks and stout, the rev. gentleman effected numerous cures, both in his own parish and in more distant parts, to which he was often summoned on account of his well-earned fame. Like Melampus, he obtained the hand of one of his fair patients as the rich reward of his successful treatment of her case. He was, perhaps, the first to point out that the ridiculous "coddling" system so much in favour with most patients, and even recommended by some physicians who have more regard to their patient's personal approbation and the guineas resulting therefrom, than to the conscientious discharge of their own duties, is wholly out of place in the treatment of this disease.

branes of the brain at the base were found unusually congested, and covered with a considerable exudation of recently coagulated lymph, here and there mingled with bloody extravasation. The apex of the right lung presented a remarkable cicatrix, *consisting of dense, white fibrous tissue, varying in breadth from one fourth to three fourths of an inch, and measuring about three inches in length.* The pleural surface in its neighbourhood was considerably puckered. On making a section through the lung parallel with the external cicatrix, the substance immediately below presented linear indurations of a black colour, together with fine cretaceous concretions, varying in size from a pin's head to that of a large pea. *The surrounding pulmonary substance was healthy.* The apex of the left lung was also strongly puckered, and contained six or seven cretaceous concretions, *each surrounded by a black, dense, fibrous cyst."*

The history was as follows:—"Keith, in early life, was in very indifferent circumstances, and supported himself as a writer. At the age of twenty-two or twenty-three he laboured under all the symptoms of a deep decline and his life was despaired of. About this time he was lost sight of by his friends; but it was afterwards ascertained that he had become a parish schoolmaster *in the west of Scotland,*" not in Madeira or Egypt, "and that his health had been re-established. He returned to Edinburgh six years before his death, and endeavoured to gain a livelihood by teaching Latin and French. He succeeded but very imperfectly, and fell into dissipated habits. Latterly he had become subject to attacks of mania, apparently the result of drink. It was after an unusually severe attack of this kind that he was brought into the Infirmary, where he died in the manner previously described.

"This case points out the following important facts: 1st. That at the age of twenty-two or twenty-three the patient had a tubercular ulcer in the right lung, the size of which must have been very considerable when *the contracted cicatrix alone was three inches long.* 2nd. That tubercular exudations existed at the apex of the left lung. 3rd. After

receiving the appointment of a parish schoolmaster, after changing his residence and occupation, while his social condition was greatly improved, these symptoms disappeared. We may therefore infer that it was about this period that the excavation on the right side healed and cicatrized, while the tubercular exudations on the left side were converted into cretaceous masses, and so rendered abortive. It demonstrates, 4thly, That when at a more advanced age he again fell into bad circumstances, and even became a drunkard, *tubercular exudations did not return*, but that delirium tremens was induced, with *simple exudations on the membranes of the brain*, of which he died." So complete and permanent was the cure so far as phthisis is concerned.

Professor Bennett's views derived further confirmation from every case which came under his notice, some of the most characteristic of which are given *in extenso* in the work from which the above extract is taken. The results at which he arrived may be thus summarised. The characteristic lesion of pulmonary consumption consists in an exudation of low type into the lungs, which assumes the form of tubercle, being at first miliary, but, if long continued, exhibiting the "cheesy" form; this substance is incapable of self-reproduction, and hence only susceptible of increase by additions from without by fresh exudation of the impoverished liquor sanguinis; it may run any of the three following courses—(1) it may be absorbed to a greater or less extent, the residue becoming encapsuled in a firm fibrous sheath, the walls of which in process of time contract and coalesce, through absorption of the contents, until a cicatrix of dense connective tissue is all that remains to tell of the previous lesion. This is a favorable termination; or (2) the animal matter may be entirely absorbed, and the calcareous salts be left in the form of mineral concretions of larger or smaller size, which also become encapsuled as the preceding, and thereby innocuous; or (3) through fresh deposition of tubercular matter and its subsequent retrograde metamorphosis, the lung tissue may become deprived of its proper blood-supply, owing to pressure on the vessels

by the adventitious substance, and also be broken down and caused to suppurate by the presence of the products of retrograde tubercular metamorphosis. Thus cavities are formed which may either (*a*) increase in size, until the patient falls a victim to a prolonged and severe hæmoptysis, owing to implication of a large vessel, or more commonly succumbs to the hectic and debility engendered by prolonged suppuration; or else (*b*) a fibrous capsule may form around the cavity, which ere long contracts, leaving the patient perfectly well.

It is thus seen that of the four possible terminations of phthisis, viz. partial absorption and cicatrisation, calcification and cicatrisation, the indefinite extension and suppuration of pulmonary vomicae, and the encapsulating and subsequent contraction of the same, *one* only, the third, is necessarily fatal, and the circumstances in which it is likely to occur are precisely those which give rise to the disease in the first instance; that is to say, a state of cachexia or mal-nutrition.

This cachectic condition Professor Bennett found to consist in a want of due assimilation of fatty principles. The fact that during the progress of phthisis fatty matters are frequently deposited in the liver and certain other viscera, in no way militates against this conclusion, because in these cases the adipose formations occur as a result of the secondary digestion, or of the specific secretion of individual glands, and, "as such, are, *per se*, incapable of being reabsorbed or of affording nutrition. In short, such fat must undergo those changes and that elaboration which the digestive functions produce before it can be made available for the formation of good blood, which in its turn is only a preliminary step to healthy nutrition," (*Pulm. Con.* p. 35). It is very important to bear this fact in mind in inquiring into the climatic treatment of phthisis, as this useless and even injurious form of fatty deposition is just the result most likely to ensue upon the administration of oleaginous principles in warm climates, as we learn from the common occurrence of "fatty liver" in those who have resided in hot countries, and from the practice of those

who feed up Strasburg geese in order that rich gluttons, who do not care at what pain to others they gratify their own debauched palates, may be enabled to gorge upon diseased livers in the form of *pâté de foie gras*. Hence we see that a warm climate is likely to prove unfavorable to the proper assimilation of the oleaginous substances which form so necessary a part of the diet of a consumptive patient.

Next, as to the treatment. The ordinary articles of diet supply all the necessary fatty principles, but not always in a form readily taken up. For instance, the oleaginous particles in ordinary adipose tissue are contained in a cellular sheath, which must first be dissolved before the contents can be assimilated. Besides, as either beef or mutton fat remains solid at ordinary temperatures, it is likely to prove of a heavy and indigestible character, even although it may be liquefied at the temperature of the interior of the body. Expressed vegetable oils are free from these disadvantages, but such nearly universally exert a cathartic or other specific action. But in cod-liver oil, *i. e.*, the oil expressed from the sliced fresh livers of the cod fish, we have a combination of all the required qualities, together with the presence of minute quantities of *Phosphorus, Iodine, and Bromine, just the very drugs which are homœopathic to the disease*. Professor Bennett, we regret to say, in spite of his originality, is still pervaded with so much of the "odor quo semel est imbutus recens" as to think the proportion of these elements too small to exert any influence one way or the other, *but we know better!*

The appropriate "analeptic" for phthisis having thus been found (we do not say that the "dynamic" action of other drugs may not be necessary, notwithstanding the *Iodine* and *Bromine*), the next desideratum is to order the patient's regimen in suchwise that the oil may be best assimilated. Now, the circumstances universally favorable to digestion are pure air, sufficient exercise, and a mind cheerful and at ease. The last of these it is not in human power to minister, but it is hardly likely to be promoted by expatriating a patient to a distance of 1100 miles from his

friends, where a fortnight at least necessarily elapses between writing a letter and receiving a reply. Exercise is specially needful to the due assimilation of fatty aliment; a warm, equable climate, with a high saturation point, and consequently, *par excellence* a debilitating and enervating climate, is not very likely to predispose to exertion, and perfectly certain to produce copious and weakening diaphoresis if any exercise be taken. Further, as a liberal supply of oxygen is especially requisite in the case of persons on a fatty diet, it is reasonable to conclude that the condensation of that vital agent in a moderately cold atmosphere, by causing a greater amount, bulk for bulk, to be inhaled at each inspiration, must prove more beneficial than the smaller quantity which a respiration of equal extent inhales in a warm, and therefore expanded and rarefied, atmosphere. Lastly, a high saturation point prevents sufficient elimination of watery vapour from the lungs, and it is to be remembered that it is the *actual*, not the relative, humidity of the atmosphere which is here in question. For example: an atmosphere at 45° with a saturation point at 44° is very damp indeed *relatively*, having only 1° of dryness, but as respired air is raised nearly to the temperature of the body in its course through the air-passages, there will be 50° or more to be saturated before it leaves the lungs, and hence much more pulmonary evaporation can take place than in an atmosphere of 64° with a saturation point of 54° , although we have here 10° of dryness instead of only 1° , so that the *relative* humidity may be described as less. Furthermore, we find consumption all but unknown in Newfoundland and Labrador, and four times more common at Marseilles than at Stockholm; also, it is notorious that many if not most consumptive patients stand the dry cold of the Hudson's Bay territory perfectly well, often with actual benefit; so, as this question of temperature is shown to have nothing to do with the production of phthisis, and every process of reasoning, no less than observation, leads us to suppose that warmth is by no means conducive to its cure, we have no hesitation in ratifying the verdict which Professor Bennett has delivered as the result alike of his studies and of his extensive

experience, that "with proper care and treatment phthisis may be arrested in this country much more frequently than was formerly supposed, and that there is no reason to believe that such arrestment is more common in Madeira, Egypt, or Italy, than in Edinburgh or London."*

It may, perhaps, be objected that the discovery, to which we alluded above, of the deposition of tubercle in acute tuberculosis being of an infective character, and the result of retrograde metamorphosis of "cheesy" pneumonic products, seems to point to a mild climate as the most favorable, as there can be no doubt that pneumonia is often caused by cold. But, in the first place, acute tuberculosis is a totally different disease from the one under consideration; and, secondly, it results not from an attack of intercurrent pneumonia occurring in a duly nourished frame, but from the morbid degeneration of old pneumonic products in a debilitated constitution. If assimilation be only properly effected, no disease is more easily treated, or, in fact, requires less treatment, than pneumonia. In such cases the disease will run its natural course; the exudation will pass through its normal stages, and will finally become absorbed and its products be duly eliminated by the natural emunctories instead of remaining behind as "cheesy" deposits. So that the great *preventive* of acute tuberculosis is due attention to nutrition; when it has once fairly set in it usually runs its course in from one to

* The only statistics of any value relating to the effects of the climate of Madeira in the treatment of phthisis are those giving the results of the celebrated Brompton experiment. Twenty-seven cases were sent out a few years ago by the Brompton Hospital, with the following results:—2 returned improved, 7 slightly improved, 12 neither better nor worse, 5 were made worse, and 1 died. See Dr. Thorowgood's treatise on the *Climatic Treatment of Consumption*. The statistics of Dr. Lund, even if we were to suppose them accurate, give no better results than are constantly obtained in England with the improved treatment of modern times, and Dr. Schultze has committed himself to so many extravagant theories as must tend to discredit any of his conclusions. For example, he asserts *Cod-liver oil* to be of no value in the treatment of phthisis; maintains that this disease will be revealed by Hutchinson's spirometer *when percussion and auscultation have failed to detect it*; gives the death rate of Great Britain as 1 in 60, and the deaths from phthisis in Britain as 1 in 5. See Dr. Ireland's pamphlet.

four or six weeks, so as to render banishment to a remote island impossible, even supposing this were capable of producing the smallest benefit in such cases, which it confessedly is not. Where such "cheesy" deposits already exist without acute tuberculosis having as yet declared itself, *let due attention be paid to bringing about a state of general eucrasia*, and these untoward reliquix will speedily become encapsuled and harmless. These general hygienic and dietetic measures are the same as those above described.

But while the climate of Madeira is, as we have seen, little likely to prove beneficial in pthysical cases, we know of none more admirably adapted for such more local respiratory affections as laryngitis and chronic bronchitis. Here its warm, moist, equable temperature is just the very thing to be desired. In all these respects it is far superior to the climate of Torquay, Queenstown, Jersey, Mentone, Hyères, Nice, Rome, Naples, or any other invalid resort with the statistics of which we are acquainted; and although the climate of Malaga may, perhaps, vie with that of Madeira in point of equability, still, the accommodation of that town is described as being so very inferior (for here we cannot speak from personal knowledge) that the island must unquestionably, all things considered, bear off the palm. Besides, the humidity of the atmosphere in Madeira is, in such cases, a positive advantage, and furthermore renders the island likely to prove highly salutary to most asthmatic patients. Some really remarkable and well-authenticated cures of gangrene of the lungs, as that of Dr. Dyster, are also recorded to the credit of Madeira. Elderly persons in general are likely to enjoy this genial climate, and certainly could find no lovelier spot for their closing years; and cases of hopelessly advanced pthisis may sometimes be transported thither with some hope of euthanasia, but this is not a very certain result of the experiment.

A permanent residence in the island, in the case of those who have families, entails a necessary separation from their children, not merely on account of the climate being highly

pernicious to these latter, but for the much weightier reasons that there are no means of education, and that the moral and social influences are deleterious in the last degree. Those among the children of British residents who are not sent home for their education grow up utterly untaught, speaking a sort of hideous mongrel *patois* bearing about as much resemblance to refined English as it does to Low Dutch; and their ideas, as Dr. Johnson was so ungallant as to say of the sentiments of a lady of Boswell's acquaintance, are "very fit for a brothel."

Considering the reception accorded to Dr. Ireland's temperate and unanswerable pamphlet by those whose pecuniary or professional interests were involved in the reputation of Madeira, we have little doubt that if our article shall fall under the notice of such persons it will be the signal for a burst of insular indignation, expressed in terms which are likely to be a good deal more forcible than elegant. Few, indeed, in the island took the trouble of reading so calumnious a production as Dr. Ireland's publication, and, even if they had done so, still fewer were capable of understanding it. But all felt themselves fully qualified to join in a universal bray of terrified cupidity and injured self-esteem. A physician practising in the island hit upon the truly ingenious and economical device of writing a letter to the *Guardian*, assuring the editor and readers of that periodical that all English visitors to Madeira might rest satisfied that their spiritual wants would be attended to in the most efficient manner, and in every variety of style, by the British chaplains of different denominations resident in the island. We can from our own personal knowledge affirm that this assurance is strictly true, as the gentlemen who now officiate in that capacity would adorn any sacred office to which they might be appointed. But as the typical valetudinarian is, unhappily, a very selfish and not over spiritually-minded specimen of humanity, we fear the medical gentleman's interesting piece of religious statistics was contributed mainly with the view of acting as the vehicle of the gratuitous advertisement of the island itself, and of one at least of the distinguished

sons of Æsculapius, who favour that fortunate locality with the benefit of their learned services. If our article shall call forth a second advertisement of similar character we shall wish the latter all success for the sake of those interested, but as we have been rigidly careful to make no statement in the course of our remarks which will not bear the strictest investigation, we stand in no fear of criticism, and however many exploded vagaries may be trumped up in maintenance of theories long since discarded, we, at least, shall assuredly not cry *peccavi*. And as we do not understand that the echoes of the Madeiranese outcry were so distinctly audible in this country as to disturb Dr. Ireland's well-earned nocturnal repose with their thunder, or to distract the attention of the editor of the *Edinburgh Medico-Chirurgical Journal* from his important labours, we take our leave of the subject of Madeira, satisfied with having spoken the truth, and with the consolatory assurance that as any counter-statements must be destitute of foundation in fact, so remote provincial vituperation is impotent of harm.

ON THE TREATMENT OF SOME SKIN DISEASES.

By Dr. CLOTAR MÜLLER.*

THE Leipzig Homœopathic Dispensary, with which I have been connected as ordinary medical officer for a long series of years, has brought under my observation a rich array of exanthematic diseases. In some kinds of these diseases I believe I have observed in my frequent treatment of them a certain steadfastness in the occurrence of certain results. I therefore do not hesitate to give a *résumé* of my observations and deductions respecting them with all caution. These will doubtless be comparatively few in number if I confine myself to what seems to me the necessary

**Internationale Hom. Presse*, iv, 1.

limits. Not that the number of cures effected was so very small, although these must be regarded as not very numerous compared with the number of cases treated, owing to the difficulty of exercising any control over the patients frequenting a dispensary. But in conformity with the special object of this communication I must pass over all those curative results even of a striking and decisive character which only occurred in single cases and were not confirmed on the occurrence of analogous circumstances. In like manner no notice can be taken here of all those cures where the curative medicine was chosen not exclusively or chiefly with reference to the *exanthematous* symptoms, but with reference to the general morbid phenomena, whether these were the consequence or the cause of the skin affection. For in the great multiplicity of these morbid symptoms, which may be present in the most various forms of exanthemata, the skin symptoms themselves have little or no influence on our selection of the drug, and it would be incorrect to infer that the same remedy would again be useful in the same form of skin disease if the general morbid symptoms that determined the selection were not likewise present. In the present short communication, I repeat, I shall confine myself to the few constant curative results obtained in certain forms of exanthemata, in which that which determined the selection was found in the skin symptoms themselves, and, consequently, I was able to repeat the curative experiment with the medicine in the same cases of skin diseases, and others may now test the matter for themselves.

Limiting myself thus, I shall not enter into the question of the constitutional or local nature of skin diseases, nor as to whether Hahnemann's psora theory should be accepted fully or with limitations, or entirely rejected. But I may be allowed to make a few general observations on this latter point suggested by a postscript by Dr. Süß-Hahnemann to Dr. E. Blake's paper translated in the first volume of the *Internationale Hom. Presse*.

Whether Hahnemann, if he had become aware of the existence of the *Acarus scabiei*, would have treated the itch with

external remedies cannot be determined by the views he has enunciated in his writings respecting parasitical diseases. In this I quite agree with his grandson; but the question is rather an idle one. It is, however, certain that a knowledge of the acarus would have caused Hahnemann to modify his psora theory as far as regards the nomenclature of those skin diseases which he believed to constitute the prominent signs and essential symptoms of the psora dyscrasia. If he specially reckoned the itch among these, and, indeed, frequently used the terms "psora" and "itch" as synonyms, he would certainly, on recognising the essential character of the acarus itch, have either excluded it entirely from the list of psoric symptoms or only admitted it in a modified manner. But this would assuredly have in no way militated against the psora theory itself, or against the maxim that skin diseases are of a constitutional and not a local nature. For in a certain and strictly scientific sense the acarus itch does not belong to the cutaneous diseases or exanthemata at all, but can only become such in consequence of neglect or long duration, like the affections caused by the head and body louse. If, in consequence of our present knowledge of the acarus, we will accustom ourselves to separate the idea of the acarus itch completely from psora and to substitute for the latter some dyscrasia more in accordance with our present pathological views, such, for example, as scrofulosis, then no valid objection can be raised against Hahnemann's psora theory and its main consequences. No one will deny that the skin diseases of the so-called scrofulous are of a completely constitutional character, that their imprudent suppression by external desiccating remedies is frequently attended with danger and is always useless in respect to the cure of the dyscrasia. Moreover, it is well known that the scrofulous dyscrasia finds its chief subjects in the children or descendants of syphilitic parents, and hence may be regarded as an outcome or development of syphilis or sycoosis, therein agreeing with Hahnemann's dictum respecting the three sources of all chronic diseases.

If then, according to my view, we are not justified in

rejecting Hahnemann's psora theory as an obsolete idea or even as an absurdity, and in asserting that the homœopathy of the present day ignores it, so, on the other hand, the orthodox followers of Hahnemann's homœopathy should guard themselves against asserting too much and obstinately holding to the letter of his doctrine. I will not here speak of the antipathy to the local treatment of the acarus itch, *i. e.* of the destruction of the skin vermin by the direct application of remedies, for such one-sidedness and obstinacy can only be accounted for by a deliberate shutting of the eyes to undoubted facts. But, besides the acarus itch, there are evidently other skin diseases which, at least at their commencement, and ere they have lasted too long, are of a purely local nature and may certainly, and without any injurious effects, be removed by external remedies or by the knife, and I do not here refer merely to warts, callosities, corns, horns, certain encysted tumours, &c., but also to exanthemata strictly so called. Certain cutaneous affections, as favus, condylomata, prurigo, lupus, &c., can hardly ever be removed, radically and permanently, without the aid of external remedies, and the danger of producing more serious diseases by cures of this kind is, on the one hand, exaggerated and merely supposititious, and on the other, if it really exists, as it does in all constitutional and particularly in exuding skin diseases, generally owing to other causes and processes. For when, after the sudden disappearance of an exanthema other disturbances of the health ensue, this is not always a proof, as some partizans of the psora theory allege, that the former supposed constitutional malady is now driven to another organ and has undergone a dangerous aggravation, but even when the latter disease stands in causal relation to the suppressed skin disease this relation is usually limited to the imprudent and sudden suppression of a secretion to which the organism has become habituated. In illustration of this I may refer to the precautions with which in former days issues that had been kept long open were healed up, because it too often happened that after the sudden suppression of the accustomed suppuration evil

effects were observed. No one will seriously contend that the artificial suppuration kept up by the pea was a constitutional (psoric) affection, which after its suppression in the arm flared up in a worse form in an internal organ. It is precisely the same case with many of the so-called metastases after the removal of skin diseases. Hence it follows, in my humble opinion, that though it is doubtless very irrational and blameable to suppress quickly skin diseases, especially such as exude freely, even though they may be of purely local nature, by means of external desiccating remedies, still, it is not correct to infer that the diseases that subsequently occur are direct metastases, *i. e.* new and more dangerous forms of the dyscrasia that was previously confined to the skin.

In what I have said I do not mean to curtail too much the number of skin diseases depending on constitutional dyscrasia, far less to account for the danger of rapid curing merely by the suppression of accustomed secretions. On the contrary, I think there can be no doubt that besides the scrofulous and syphilitic exanthemata there are many other real constitutional skin affections whose appearances and disappearances stand in direct alternating connection and in direct causal relation with often dangerous maladies. In this category we must reckon some apparently unimportant eruptions without any discharge, as, for example, the usually dry insignificant hæmorrhoidal eruption round the anus, &c. All I contend for is that here as elsewhere in medicine we must draw distinctions and not estimate all exanthemata alike. Just because I would wish to see the Hahnemannian psora theory maintained, and not heedlessly sacrificed to the prevalent hypermaterialism, I am anxious that it should be rightly understood and kept within its legitimate bounds. I hope these few lines may serve as my humble contribution to this object.

Scabies and Prurigo.

These two exanthemata are certainly far from being identical, but they not only frequently occur simultaneously,

but they have also this in common that both are exclusively caused by external local influences on the skin, the itch by acari, and prurigo chiefly by want of cleanliness, lice, discharges, scratching, dust, and other cutaneous irritants. The treatment of both will consequently be in many cases the same; for even the acarus itch generally requires some subsequent treatment after the acari have been killed, for even on those parts of the skin where no acari existed (their chief seat being betwixt the fingers and on the wrist) we find secondary and sympathetic eruptions (papulæ, vesiculæ, or impetigo).

In the dispensary I generally use for killing the acarus soft soap, which I direct to be well rubbed into all the affected spots for three successive nights and only washed off the following morning. If this does not suffice, then I order a watery solution of styrax to be used in the same way. This is cheap, it leaves behind it no penetrating odour, nor does it cause any permanent stain on the linen. In very obstinate cases these rubbings must be repeated after a week or a fortnight, but this is generally because the first rubbing was not performed with sufficient energy. At the same time I give internally *Sulphur* or *Mercury*. The choice betwixt these two remedies is rather difficult; the common saying that the characteristic eruption of *Sulphur* is papular while that of *Mercury* is vesicular does not settle the matter, for in many cases both forms of eruption occur mingled together in one person and besides these not unfrequently pustules. In prurigo, and particularly in itch, the external form of the local eruption is of no great consequence; it often depends on purely external and accidental circumstances, and Hebra is not far wrong when he says, "The exanthema of itch depends on the length of the finger nails." In most cases, but especially in old and neglected itches, I begin by giving *Sulphur*, from three to five drops of the tincture night and morning. If, after ten days, that is to say, seven days after the last rubbing-in, there is no diminution of the eruption, and particularly of the itching, then I give *Mercurius solubilis*, as much of the 3rd trit. as will lie on the point of a penknife in a tea-

spoonful of water every night and morning; at the same time, if the acari appear to be not all destroyed, I direct three more rubbings-in of soap or styrax. If the eruption is from the very first generally vesicular, or set thickly with vesicles and pustules, or if the patient has already been treated with sulphur ointment and baths, then I give *Mercurius* at once. I am unfortunately unable to give a precise differential diagnosis for the employment of *Sulphur* and *Mercury* founded on the essential differences in the local and general symptoms of both remedies, for the chief characteristics of itch are possessed by both remedies in equal degree. Among these chief characteristics (passing over the local peculiarities of the eruption) I include particularly the aggravation of the itching at night and in the heat of the bed and the general irritability of the skin, which, by scratching on one spot, spreads over almost the whole surface and is thereby aggravated to the utmost.

Under this treatment many cases are quickly and perfectly cured, and I have never observed that so-called metastases and bad effects occurred in those cured either immediately or later. Still very many cases remain uncured after a longer or a shorter treatment. This, however, I must attribute less to the insufficiency of the treatment prescribed than to the unfavorable conditions surrounding dispensary patients. For, apart from the circumstance that the frictions are generally performed in a very careless and imperfect manner, the living together of whole families in a confined space, and especially the sleeping of several children together or with their mothers, forms a constant source of new infection by the acari, so that it constantly happens that a child who has been freed from the acari by the rubbings-in, will be infected anew a few days afterwards by the bed or body linen. We must also take into consideration the numbers of those who do not return to report whether they have been cured or not. These certainly constitute disadvantages enough to explain the fact that the percentage of cures of itch patients is very small, and that the results of the treatment are apparently unfavourable. I have consequently often had serious

thoughts of excluding all itch patients from the dispensary and sending them to the town hospital, where the enforced isolation of the infected would at all events prevent the further propagation of the infection to other members of the family.

Of all skin diseases the treatment of prurigo is one of the most unsuccessful and unsatisfactory. In the first place, the disease itself is very obstinate, and, moreover, the greater number of the injurious influences that cause, or at least keep it up, in dispensary patients are difficult or impossible to be removed. The greatest cleanliness, and the most careful attention to the skin, are here the chief promoters of the cure. The main remedy here is *Sulphur*, to which *Graphites* is to be preferred, when, as often happens in children, large raw places, destitute of epidermis, occur. If the prurigo is complicated with eczema, impetigo, and ecthyma, I employ *Mercurius* and *Antimonium crudum*. Besides these *Croton* is particularly recommended, but to me it appears that this remedy is more suitable for pruritus. In prurigo of the anus not caused by ascarides *Lycopodium* is indicated; in prurigo pudendi *Mercurius* and *Antimonium*. If the eruption about the anus is caused by ascarides *Ignatia* is often of use, at all events for the itching that disturbs the sleep of children, but in order to remove this itching and eruption permanently it is necessary to remove the worms by means of clysters. Of late I have used with good effect an injection of infusion of walnut leaves, which is not so repulsive as the disgusting smelling clysters of onions and garlic, and yet is equally efficacious.

For pruritus (hyperæsthesia of the skin, which, to be sure, in many cases is owing to local derangements of the skin) I employ pretty much the same internal remedies as for prurigo, only that here I prefer the higher dilutions of *Sulphur* (30). I have also sometimes seen good results in such cases from *Arsenic* and *Croton*; these have, however, been generally but transient in pruritus senilis, a very obstinate disease. In this disease careful attention to skin cleanliness is required and the removal of

all exciting causes, as parasites, dirt, irritating and highly-spiced food, the use of spirits, &c.

I would call attention to the employment of *Cheledonium* in the pruritus of icteric patients; its pathogenesis shows some very characteristic indications.

Psoriasis.

There are three remedies from which I have not only frequently, but almost always, seen good effects in this most obstinate skin disease. The chief of these is *Arsenic*. With this remedy alone I have cured very many, and among these the most severe cases radically; some of these had persisted for years, and resisted almost every variety of treatment. I have never met with psoriasis in any other than a chronic form, and I do not understand how Blake and Süß can recommend *Mercurius* for acute psoriasis, nor do I find that Hebra or other dermatologists anywhere mention an acute form.

This most decided efficacy of *Arsenic* in psoriasis must, if the homœopathic law of similarity be, in other respects, the proper indication for the choice of the remedy, finds its corroboration also in the local skin symptoms which this medicine has produced in provings on the healthy or in cases of poisoning; and this is doubtless to a certain extent the case. We cannot, to be sure, expect to find complete identity, but only indications and analogies in the essentials and characteristics of this cutaneous affection. Such are the following *Arsenic* symptoms which I extract from our *Materia Medica*.

Dry, parchment-like, cold, livid skin; dirty earthy colour of the skin; spots here and there on the skin; yellow spots on the chest; discoloured spots; scaling and desquamation of the skin; spots and scabby eruption on the skin; papular eruption that falls off in scales.

It will be observed that the correspondence is not very striking, by no means so much so as it is between other remedies and diseases; *Arsenic* is deficient in some symp-

toms which appear to be extremely essential and characteristic of psoriasis. Such are the continual desquamation of true white epidermis scales on a hyperæmic, superficially infiltrated cutis ground, the almost invariable round shape of the spots and the marked predilection of psoriasis for the elbows and knees and the neighbouring parts of the extremities, and for their extensor sides. Whether this merely superficial resemblance of the skin symptoms of *Arsenic* with psoriasis be owing to the shortcomings of our provings and observations or to some other cause, this much is certain, that the curative action of this remedy in most cases was very evident. Usually, in the course of a week or two, an amelioration of the exanthema was observed; still, no doubt, in old cases a considerable time (two to three months) was often required to effect a complete cure. I usually prescribed the *Arsenic* in the 6th centesimal dilution; in very obstinate cases also in the 3rd and 2nd centesimal triturations.

I may further mention that in old cases of psoriasis especially, the indication for *Arsenic* is to be found in the general morbid symptoms, particularly in the dyspepsia, the emaciation, the corporeal debility, and the disposition to diarrhœa.

More significant is the correspondence of *Mercurius* in its skin symptoms with psoriasis, although here also, it must be confessed, the commonest and most characteristic mercurial exanthema does not exhibit the peculiarities of psoriasis. It is well known that the mercurial exanthema chiefly affects the form of eczema and ulceration. The following cutaneous symptoms may be adduced as being the principal ones pointing to psoriasis:

Skin dirty yellow, rough, and dry; scaly dry eruption (Flechten); eruption of small, red, not inflamed elevations, whose apices become scaly and white on the left arm; red, round, scaly spots, one inch in diameter, on the forearm and wrist; rough skinned, partly reddish, partly whitish leprous-like spot on the left zygoma; dry, elevated, burning, itching, leprous spots all over the body, especially on the legs, arms, wrists, and hands, and even betwixt the

fingers; leprous spot on right forearm, which becomes round, causes the skin to peel off, and itches voluptuously; those parts of the skin that remain free from impetigo mercurialis become rough, dry, somewhat chapped, and peel off in the form of white bran-like scales, especially on the hairy parts, on the scalp, in the whiskers, in the eyebrows, leaving the face free; deep chaps, like cuts, on the hands and fingers, especially on their inner side, looking raw and bloody in their bottom and painful (psoriasis palmaris?).

Mercurius is specially indicated for psoriasis occurring in a syphilitically infected system; it is well known as a pretty frequent form of syphilid. But even in cases where there was no syphilitic complication I have sometimes found *Mercurius* of use where *Arsenic* was of none, or at least only caused transient amelioration. I think I have noticed this to be particularly the case where the psoriasis was mainly concentrated in the lower extremities; it strikes me that in the last three or four years I have been obliged to resort more frequently to this remedy, whereas formerly *Arsenic* was more generally and efficaciously employed.

I generally gave the 3rd or 2nd trituration of *Mercurius solubilis*, less frequently *Merc. precip. ruber*.

Lastly, *Sepia* presents some highly characteristic skin symptoms for psoriasis, particularly the following:

The epidermis scales off painlessly in larger or smaller, generally roundish spots, especially on the hands and fingers; yellowish-brown spots about a square inch in size round the neck, which scale off when rubbed; lentil-sized brown spots on the elbows and round about leprous-like skin; itching discharge at the back of both elbows; desquamation of the skin of both palms; ring-shaped desquamation of the skin.

In spite of these in many respects characteristic indications I do not believe that *Sepia* can be considered a real specific for psoriasis like the other two medicines, and I have never observed really curative effects from its use in old highly-developed cases of this disease, especially when the desquamation was great and thick, and complicated

with considerable infiltration of the skin. On the other hand, I have often seen good effects from its employment in cases where a much thinner, bran-like desquamation took place on yellowish-red spots, cases which might, perhaps, be more appropriately considered as pityriasis, lichen circumscriptus, or other allied exanthematous forms. In all those cutaneous spots characterised by a yellowish coloration, *Sepia* is known to be a chief remedy, and the presence of this symptom frequently constitutes a particular indication for its employment in many diverse forms of disease.

On the other hand, I have never seen any marked curative effect from *Clematis*, whose skin symptoms show much similarity to psoriasis, nor yet from *Lycopodium*. The last-named remedy has sometimes proved curative in the 30th dilution in pityriasis.

Eczema.

Of the various kinds of eczema, the eczema chronicum is that which occurs most frequently in dispensary practice and its most frequent seat is on the legs and the scalp. Eczema of the legs is one of the most obstinate and troublesome forms of this exanthema, for it is often the cause of extensive ulcers on the leg, almost as often as varicose veins, the two diseases being often complicated with one another.

I have already mentioned that *Mercurius* is the chief representative of eczematous eruptions, and I must add that according to my experience it is also their chief remedy, especially when they occur on the extremities, and particularly on the lower limbs. The only remedy that is of nearly equal value in such cases is *Sulphur*. But in all cases of pure eczema I prefer *Mercurius*. In this disease I have often effected comparatively rapid amelioration and cure in the most diverse cases where there was considerable infiltration and where at the same time the patient's circumstances would not allow of any lying up. Only in

those cases where there is considerable swelling and varicose dilatation or extensive ulceration is *Sulphur* my chief remedy. In my lengthened experience of this very common affection in dispensary practice I have found no remedy equal to *Sulphur* in such cases. Though I have seen occasional curative results from *Mercurius*, *Lachesis*, *Hamamelis*, *Graphites*, and *Pulsatilla*, in ulcers of the legs, I always resort to *Sulphur*. It is remarkable how rapidly it often causes amelioration, and above all how quickly it removes the intolerable burning pain. And this it does under the most unfavorable external circumstances which permit of no release from a standing posture, in compositors, printers, cooks, &c., and even where any adequate cleanliness and bandaging of the ulcer is impossible. There is hardly any possibility of employing any of the external adjuvants that are of so much use in the treatment of ulcers of the leg; a horizontal position of the limb or strapping the ulcer with sticking plaster is never attainable. The utmost that can be done is to apply linen rags spread with beef suet, and, perhaps, a cold water compress at night. Although in some cases under these unfavorable circumstances *Sulphur* 30 will display its power, I now almost invariably give from 3 to 5 drops of the undiluted tincture of *Sulphur* every night and morning, because I have seen the most rapid, marked, and certain effects from this dose.

I will not here detail the cutaneous symptoms of *Mercurius* that point to eczema, for these are given so fully and lucidly in our *Materia Medica* (vide Noack and Trinks' *Handbuch*, vol. ii), to which I refer the reader for each individual form of the disease.

Mercurius is not nearly such a sovereign remedy for eczema on the hairy parts of the head (*tinea capitis*), which is very frequent among children here and generally occurs in combination with eczema impetiginodes with swelling of the lymphatic glands. In this affection *Rhus toxicodendron* is the chief remedy, as it is also in most facial eruptions if they are of the eczema or lichen form and not too strongly complicated with impetigo or running on to ulceration. When this last is the case *Mercurius* and *Sulphur* are

again to be preferred, the former, especially in impetigo on and behind the ear. But I have seen no good effects from *Rhus* in favus. This disease is generally very obstinate, and requires a careful external treatment with frequent ablutions with soap and water and moistening of the scabs with oil. The best internal remedies are *Spongia*, *Graphites*, and *Cotyledon*.

Ecsema rubrum of the face is also a very obstinate disease. Not only is the burning and itching of it extremely tiresome and the serous secretion often so copious that it trickles down the face (especially in the case of women after confinement and after weaning), but the relapses every six, eight, or fourteen days, are very difficult to be prevented. At least I have never seen any decided effects from *Rhus*, *Apis*, *Euphorbium*, or *Ranunculus*.

In eczema scroti and pudendi, *Aurum*, *Graphites*, *Rhododendron*, and *Petroleum* are particularly recommended, but I must confess that I have never seen much effect from these remedies, and I have much greater confidence in *Mercurius* and *Sulphur*.

Lastly, I will mention that according to my experience eczema is one of those exanthemata, the sudden cure of which, whether it occur spontaneously or by the incautious use of external remedies, is not unfrequently followed by serious affections of internal organs, and we sometimes see chronic diseases relieved or even disappear on the occurrence of eczema. Hence, we require to be cautious in the employment of external remedies, especially in cases of the latter description. Whether this proves the true constitutional character of eczema or whether the metastases are only to be ascribed to the suppression of the profuse secretion that accompanies the eczema, the difference of which I have already alluded to above, I am unable to determine. In young children I have several times observed serious meningitis follow the spontaneous rapid drying up of moist eruptions on the face and head, but my impression is that this drying up has usually been rather the effect than the cause of the meningitis. I have not unfrequently observed

alternating exacerbations of asthmatic, cardiac, and pulmonary disease and chronic eczema of the legs.

Herpes.

The various forms of herpes, as phlyctenodes, circinatus, and zoster, are generally curable by *Mercurius* and *Sulphur*, and in some cases by *Rhus*, *Ranunculus*, *Graphites*, *Arsenic*, &c. Many of these exanthemata get well without medicine, as, for example, herpes labialis in acute diseases (generally inflammatory affections of the lungs) and herpes preputialis. On the other hand, herpes zoster is often a very disagreeable affection on account of the excessively severe burning pain, and the frequently persistent intercostal neuralgia. *Rhus*, *Mercurius*, *Arsenic*, *Dulcamara*, are particularly recommended for zoster, and their skin symptoms all present a certain resemblance to this peculiar cutaneous disease. However, I cannot say that I have ever seen any very decided curative action from any of these remedies. Whichever of these remedies I have given the affection would run its course, sometimes quicker, sometimes slower, sometimes with more, sometimes with less, burning pain. I have most confidence in *Mercurius*. I have seldom had to treat the secondary neuralgic pains, and never in any great severity (perhaps this may be owing to the remedies I have used?); *Dolichos pruriens* and *Zincum* are recommended for it.

Herpes of the fingers frequently occurs, that looks very innocent, but is attended with excessive itching; sometimes lasts long, and is apt to produce injurious effects on the nails and joints. I have generally found *Ranunculus bulbosus* in the 6th or 3rd dilution to be of service.

On the whole, the herpetic exanthemata, in comparison with the eczemata, are usually slighter affections, and frequently get well of themselves. So-called metastatic secondary diseases are seldom or perhaps never observed after them. On the other hand, the pemphigus of newborn infants is often very obstinate and even dangerous. I

have seen some cases where new blisters constantly broke out, developing with extreme rapidity into raw exuding spots the size of the hand. What with the constant screaming, the refusal of food, fever, and complete suppression of the urinary secretion, the little patients were so reduced that death seemed imminent. I gave several remedies, such as *Apis*, *Urtica*, *Cantharis*, *Lycopodium*, the disease at length took a favorable turn, but I am unable to say whether any one of the remedies, far less which of them, contributed to the favorable result. Probably warm baths, and alleviation of the burning pain by supplementing the loss of the epidermis by the artificial aid of cotton-wool, dusting with starch-flour or the like, did most to promote the cure.

Urticaria.

In the case of dispensary patients, whose visits are almost invariably very irregular, it is very difficult to determine what effect the prescribed remedies have on the temporary or radical disappearance of the exanthema. The nettlerash appears on one spot of the skin and perhaps vanishes soon to reappear after a short time on the same or another spot. It is only in the case of chronic urticaria that it would be possible to establish the action of remedies with certainty were it not that the patients are too apt to cease attendance when they have obtained some alleviation, for they do not think the malady important enough to subject themselves to a lengthened treatment in order to obtain a radical cure. Moreover, the cure of nettlerash is to a great extent dependent on the avoidance of various local and general exciting causes, which is a matter of great difficulty with dispensary patients. In the chronic form that is liable to burst out after any dietetic error or after any overheating or mental excitement I have generally employed *Apis*, *Clematis*, *Dulcamara*, *Copaiba*, and *Urtica*, but without any marked result; in acute cases *Aconite* sometimes seemed to have a favorable effect, at all events on the troublesome itching.

Acne, Impetigo, and Lupus.

In that most obstinate affection acne, which in the form of *acne punctata faciei* so frequently attacks young girls and boys, I have for many years tried various remedies. I have sometimes seen decided good effects from high dilutions of *Belladonna* and *Pulsatilla*, but very often no effect at all. Latterly I have generally employed *Sulphur*, and direct the affected parts of the face to be washed at night with the undiluted tincture. When large pustules appear here and there I prescribe *Antimonium tartaricum* or *crudum*. Of all remedies *Tartar emetic* is most decidedly and markedly specific to impetiginous and erythematous eruptions. I may refer here not only to its well-known property of causing a pock-like exanthema when rubbed on the skin, but also to the various pustular eruptions caused by its internal administration which are recorded in our *Materia Medica*. *Antimonium crudum* alone displays a similar marked resemblance in its skin symptoms, and doubtless it would do this in a still greater degree were not its proving so imperfect and incomplete. This may also be the reason of its rare administration and neglect by us, which I regret much, as latterly I have frequently witnessed its extraordinary efficacy in affections of the skin and respiratory tubes. I have reason to think that *Antimonium crudum* is an invaluable remedy in all cutaneous affections where pustules, pocks or furuncular excrescences, or pimples and boils, arise primarily or secondarily, especially when at the same time there is severe, continued pricking itching of the skin, and after rubbing tenderness and soreness. These indications for *Antim. crud.* may occur in the most various forms of exanthema, in eczema, prurigo, scabies, acne, impetigo, ecthyma, &c., and in my opinion always furnish a particular indication. They may appear on any portion of the skin, but specially call for *Antim.* when they occur on the face or genitals. I may particularly mention an impetiginous eruption on the scrotum that is by no means uncommon and is very tiresome and obstinate.

Moreover, some of the symptoms of *Antimony* lead me to infer that it may be of use in certain cases of lupus, namely, when the suppurative destruction and loss of substance is not far advanced; at least, prominent among the symptoms of *Antimony* we find the obstinate lumps, boils, and pimples so characteristic of lupus, and not less so the disposition to discoloured gangrenous suppuration of the upper connective tissue. I have not at the present moment any clinical experience of the efficacy of *Antimony* in such affections, but I shall employ it whenever an opportunity presents itself.

As regards the treatment of lupus it is not altogether without favourable results. *Arsenic* and *Mercurius* are sometimes strikingly efficacious, sometimes, however, not at all. I have given *Kali bichrom.* and *Condurango* too seldom to be justified in forming conclusions respecting them. For about seven months I have had under treatment a girl of seventeen who has had this horrible disease for ten years, and in whom it has already produced the most cruel devastation. The left eye, the nose, and the upper lip are completely destroyed; the lower lip is so far destroyed that the incisor teeth are laid bare to their roots and are quite loose. Since the employment of *Mercury* the destructive process in the orbit and the root of the nose has come to a stand and become almost dry, and the pains in the lower lip have almost ceased.

In order to show how numerous are the cases of exanthematous disease in our dispensary I subjoin a tabular *résumé* of the cases treated in 1872 and the results of the treatment.

	No. of cases.	Cured.	Improved.	Only came once.	Discontinued.	Changed their treatment.	Died.	Remaining.
Acne	15	2	2	6	4	...	...	1
Crusta lactea	4	1	...	1	1	...	...	1
Eczema	46	12	7	7	14	...	...	6
Elephantiasis	1	...	1	...	...	...	...	...
Erosiones	4	3	...	1	...	...	...	...
Erysipelas	20	3	1	9	6	...	...	1
Syphilides	2	...	...	1	1	...	...	...
Favus	2	...	...	...	2	...	...	...
Herpes	17	4	...	6	6	...	...	1
— zoster	2	...	...	2	...	...	...	...
Impetigo	40	7	4	13	7	...	...	9
Intertrigo	4	...	...	2	...	...	...	2
Lichen	1	...	...	1	...	...	...	...
Lupus	5	...	...	2	1	...	...	2
Mentagra	1	...	...	...	1	...	...	...
Miliaria	4	...	...	2	2	...	...	...
Morbilli	8	5	...	...	2	1	...	...
Pemphigus	1	1	...	...	...	...	...	...
Pityriasis	6	1	1	2	...	...	...	2
Prurigo	43	9	6	10	13	...	...	5
Pruritus	4	1	1	1	...	...	...	1
Psoriasis	16	3	3	3	3	...	...	4
Rhagades	1	...	...	1	...	...	...	...
Scabies	56	14	2	12	23	2	...	3
Scarlatina	3	1	...	1	1	...	...	...
Strophulus	1	...	...	...	1	...	...	...
Tinea capitis	25	5	...	5	14	...	...	1
Urticaria	12	3	2	5	2	...	...	...
Varicella	3	1	...	2	...	...	...	...
Variola	2	1	...	...	...	...	1	...
	349	77	30	95	104	3	1	39

I should mention that in the third column ("improved") all those cases which did not present themselves in the dispensary after their complete cure must be included; and in like manner under the head of "discontinued" there must always be a considerable proportion of cured, as, indeed, we are often made aware when they subsequently present themselves for other affections.

The case of elephantiasis occurred in a man of sixty, in whom, in consequence of chronic ulcers of the legs of many years' standing (originating in eczema), there was developed immense infiltration of the whole surrounding skin with considerable thickening and desquamation, so

that the whole leg and foot formed a thick shapeless mass, which certainly justified the above diagnosis. Under the use of *Sulphur* and *Arsenic* marked improvement took place; unfortunately the patient ceased attendance after some time.

THE CYPHER REPERTORY.

By Dr. RICHARD HUGHES.

THE appearance of a fresh instalment of the Repertory of the Hahnemann Publishing Society,* for which we are indebted to the industry of Dr. Herbert Nankivell, induces me to say a few words on the subject of repertories in general, and of this one in particular.

It must be obvious to any one who considers the subject, that there are two conceivable modes of working the homœopathic method, of following the rule "Let likes be treated by likes." The one may be called the *à priori* mode, the other the *à posteriori*. The former infers from the pathogenetic action of any substance what will be the morbid conditions in which it should prove curative. It tests the inference by practice, and gains therefrom additional indications for the distinctive choice of the remedy. It finally obtains a specific, *i. e.* a medicine definitely related to a certain form or stage of a known malady, which when it encounters it will certainly modify or extinguish. The *à posteriori* mode, on the other hand, begins with disease instead of drugs. It is that which we adopt when, having examined a case, we consult our pathogenetic records to see what medicine has caused similar symptoms in the healthy. Our future progress here *may be* as in the former way of proceeding; but, more commonly, the fre-

* *A Repertory; or, Systematic Arrangement and Analysis of the Homœopathic Materia Medica.* Part VI, containing Stools and Rectum. By Dr. Herbert Nankivell. London: Turner. New York: Boericke and Tafel.

quent adoption of this plan results in its exclusive use, to the disregard of the other mode of working.

I have myself been an habitual follower and advocate of the *à priori* mode of homœopathising; and what work I have been able to do in the field of *Materia Medica* has been directed towards its furtherance. Nor do I cease to maintain that it is, whenever practicable, the best manner of proceeding. It sends the student forth ready equipped for his work without cumbersome apparatus of books of reference. It harmonises with all advance in physiology and pathology, for it tends to make of pharmacodynamics a companion and analogous science. Nor need it be deficient in the individualisation which is the special merit of the other plan. If only the medicines be studied in their minute detail as well as their broad outline, they may be *à priori* adapted not only to genera but to species, not only to species but to individuals. As a matter of fact, nearly all our best specifics—the remedies which are the glory and the power of homœopathy—have been gained in this way.

But it is nevertheless true that such a plan alone does not suffice for the exigencies of practice. The chief difficulty in working it arises from the form of our *Materia Medica*. The *à posteriori* method was evidently Hahnemann's ideal; and the arrangement of his pathogeneses in the form of a schema of disconnected symptoms had view thereto. If every case is to be treated by writing down its symptoms in anatomical order, and then finding what medicine has produced all, or the greatest number, or the most characteristic of them, then the form adopted answers every purpose. That it is impossible to form any *à priori* notion of the medicine, or to see in its effects any true pictures of disease, is of no consequence upon this system. The only faculty to be exercised upon the *Materia Medica* is that of memory. Now, as we know many of our medicines only from the pathogeneses with which Hahnemann and his like-minded followers have furnished us, we can work with them only upon his plan. We should never use them *à priori*; but when seeking for a *simile*

to fit a given case, every now and then we come upon them.

It is for this latter purpose that repertories are indispensable. A repertory, as its name implies, is a means of finding that to which it belongs. It is simply an index to the *Symptomen-Codex*, which shall save us the turning over every page in search of that which we want. But an index may be a good or a bad one. It is good in proportion as it is copious, as by repeating each topic in every element of which it consists it insures immediate success in consulting it. Dr. Nankivell himself has, years ago, demonstrated the superiority in this respect of the Repertory of the Hahnemann Publishing Society over the others available to English readers.* I would refer those interested in the subject to his article, and it is needless to repeat his arguments here. One, however, may be added. The other repertories (Hempel's, and Hull's and Curie's *Jahr*) date some twenty years back; and hence contain none of the medicines which have been added to our stock since that time. The *English Repertory*, as it has fairly been called, adopts all new remedies as it goes on. Its first list (1850) contained 323 medicines; its second (1859)—some being omitted—301; and now Dr. Nankivell has added (mainly from Hale's and Mure's collections) eighty-two more.

As this work is hardly so well known as it deserves to be, a brief account of its history and progress may be given with advantage.

The Hahnemann Publishing Society was founded in 1848. Its object was to supply to physicians practising homœopathy works of real value, the expense of whose publication would be too great a risk to be undertaken by private enterprise. Dr. Dudgeon at once offered to prepare for it "a systematic arrangement of the homœopathic *Materia Medica*." This offer being accepted, there appeared from his pen in 1850 a volume of some 600 pages, entitled *The Pathogenetic Cyclopædia; a systematic arrangement and analysis of the Homœopathic Materia Medica*.

* *Brit. Journ. of Hom.*, xxiv, 278.

Part I, containing the symptoms of the Disposition, Mind, and Head. This work is of priceless value; and I for one could have wished that the subsequent parts had been fashioned, bulk notwithstanding, on the same plan. It is arranged in sections with certain general headings. The symptoms as they occur in the original provings are arranged under these, the medicines being placed in alphabetical order. To each section is appended a minute analysis of its contents, the medicines being arranged as to precise character, circumstances of aggravation and amelioration, and concomitants. The finding of the required medicine is thus rendered certain and easy.

After an interval of nine years, there appeared a volume called on its cover "A Repertory; or systematic arrangement and analysis of the Homœopathic Materia Medica. Parts I and II, containing Preface; Introduction, by Drs. Drysdale and Atkin; Eyes, by Dr. Dudgeon; Ears, by the same; and Nose and Smell, Face and Neck, Teeth and Gums, by Drs. Drysdale and Stokes." On its title page, however, it is styled "A Repertory of the Materia Medica Pura: forming vol. ii of the Pathogenetic Cyclopædia." In the preface we are informed that a special committee of the society was formed in 1853 "for the purpose, if possible, of devising a plan for completing the Pathogenetic Cyclopædia in a less voluminous form than that adopted in the first volume." The result was the work whose first instalment was now published. A third and fourth part appeared in the course of the same year, containing "Mouth and Tongue; Throat; Appetite, Taste, and Digestion; Acidity, &c.; Nausea and Vomiting; and Stomach;" by Drs. Drysdale and Stokes. 1861 saw a fifth part, concluding the Stomach, and adding thereto the Abdomen, by Drs. Drysdale, Stokes, and Hayward. Then its progress was arrested, until in the present year we received from Dr. Nankivell the sixth part now before us.

A good deal of difference appears in the arrangement of this second volume of the Pathogenetic Cyclopædia. The sections are commonly six in number. The first comprises "Character," "Pains," "Degree, Locality, and Direction

of Pains;" the second, "Conditions of Pains;" the third, "Concomitants of Pains;" the fourth, "Course and Progress of Symptoms;" the fifth, "Peculiar Symptoms;" the sixth, "Anatomical Regions." Some modifications have been introduced into subsequent portions of the work (as, for instance, in Part VI, "Stools and Diarrhœa" take the place of "Pains"); but substantially this is the order adopted.

But the distinguishing feature in this repertory is that *every symptom is given entire under every aspect in which it could possibly present itself*. This had already been noted by Jahr as desirable and even necessary; but renounced as impracticable, since he had calculated that if, upon an average, only four points of view of each symptom were given, the number of necessary repetitions is so great, that for a repertory worked on this plan, forty-eight thick octavo volumes would be required. The difficulty has been surmounted in the *English Repertory* by the use of *cypher*. A system of symbols has been devised for the various elements of the symptoms—Roman numerals for "pains" and English for their "conditions," English letters for their "degree, locality, and direction," and Greek for their "concomitants," and so forth. By means of these a whole symptom may be expressed within the compass of little more than the abbreviations of the medicines ordinarily used in repertories. Thus—in Chapter "Teeth and Gums," *Phosphorus*; "continued tearing and boring of one molar tooth, worse by touch or chewing," appears as "Mo. Pho. I^{ch}. V^s. VI⁴. 11—60." Accordingly, the 600 pages which were required in the first volume for the "Disposition, Mind, and Head" have sufficed in the second for all the categories of Hahnemann's scheme from "Eyes" to "Stools."

I am not disposed to pass any criticism on this adoption of *cypher*. It has unquestionably hindered (to say the least) the acceptance of the work; and yet complaint would probably have been greater still if any approach to Jahr's forty-eight volumes had been made. Dr. Nankivell, in the article to which I have referred, has well shown that the

cypher is not an essential part of the repertory, that the latter can be used while it is ignored. It is only essential to the completeness of the view of each symptom in every place where it is found; and such completeness must often save greater trouble than that involved in mastering the meaning of the symbols.

I have too little practical acquaintance with repertory-making to criticise Dr. Nankivell's work.* My one thought is to congratulate English-reading homœopaths that in it our best index to the *Materia Medica* is resumed. I hope that the Hahnemann Publishing Society will now find workers to press on the undertaking to its conclusion. When Dr. Allen's complete collection of the *Materia Medica* itself shall have been published, the two will stand side by side and complementary, to represent Hahnemann's homœopathy as it now stands. Whether the homœopathy of the future may not be something better is a point on which I have opinions, but which I will not here discuss.

[NOTE BY DR. DEYSDALE.—It has been a subject of regret for some time that my esteemed friend and colleague, Dr. Hughes, does not fully share the opinion of Dr. Dudgeon and myself on the supreme importance of having an accurate and complete catalogue of the symptoms of our *Materia Medica*. The *Cypher Repertory* purports to be this and nothing more; and, moreover, it is, as yet, the only practicable plan aiming at that object. But in recommending it I decline to allow myself to be placed in the above *à posteriori* category; nor do I admit that Hahnemann is rightly placed therein. On the contrary, he belongs to the *à priori* category, for the knowledge of the special symptoms is essential to the *à priori* method, just as semeiology is

* The following remark has been communicated to me by one well qualified to express an opinion:—"In the concomitant pains of stool there is no collective of pains before, during, or after stool. So, to find all the pains before stool, we have to look through all varieties and classes of pains occupying twelve columns. This is a serious omission. Also here, and in some other rubrics, there is a heading 'Pains so stated,' with complete adjuncts of conditions and concomitants; a useless and misleading heading, instead of which we should always have a 'collective.'"

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an essential part of pathology. The proper division of parties seems to me to be that given by Dr. Hughes in his paragraph on the *à priori* method, viz. with those who follow it in a broad, general, and more or less vague manner, and those who adapt it, not only to genera, but also to species and individuals, leaving out the *à posteriori* altogether as a mere abuse of the homœopathic principle. It is only those persons in the second division who will ever obtain the full benefit of the homœopathic law, and that only through the means of an accurate catalogue of the symptoms of a sufficiently large and sufficiently well-proved *Materia Medica*. With respect to the preference of Dr. Hughes for the plan of the *Pathogenetic Cyclopædia*, it is not shared by Dr. Dudgeon himself, who is now occupied, in conjunction with Dr. Stokes, in supplementing it with an analysis after the manner of the *Cypher Repertory*.]

THE TREATMENT OF TYPHOID FEVER BY COLD BATHS.

THE cold-bath treatment of diseases attended by increased temperature has become such a recognised therapeutic method, and its results have been everywhere found to be so successful, that no system of medicine can afford to neglect this mode of treatment.

As representatives of progressive medicine, it is our duty to avail ourselves of every improvement in therapeutics, whencesoever it may come. As long as our treatment of diseases remains imperfect, so long shall we seek to diminish its imperfections by all the aids that accident or science may offer to us. The success of our treatment of typhoid and other febrile diseases attended by a great rise of temperature is not so absolute as to prevent us desiring some adjuvant to the merely medicinal treatment that may diminish still further the percentage of our fatal cases; and such an adjuvant is apparently offered to us in the now fashionable cold-bath treatment of fevers.

One of the earliest accounts of this treatment will be found in the *Lancet* of December 31st, 1870, where Dr. O. Fehrsen gives an account of the treatment of the fever-stricken soldiers of the French and German armies in the Stadtkrankenhaus of Dresden.

A paper by Dr. C. Liebermeister, of Basel, in No. 31 of Volkmann's *Sammlung klinischer Vorträge*, gives us a detailed account of the treatment pursued in the Basel Hospital, and some historical account of the treatment, which we are happy to be able to lay before our readers *en résumé*.

Until a very recent period it was generally supposed that fever was in some manner a wholesome effort of nature to throw off some morbid materies from the system. This opinion was held by the most illustrious names in medicine, as Asclepiades, Campanella, Van Helmont, Sydenham, Stahl, Boerhaave, &c.

Since it has been shown that the increased temperature in fever is owing to a more rapid combustion of material, and as in febrile diseases the appetite and digestive system are usually deficient, it is evident that the temperature can only be kept up by the consumption of the tissues of the body; hence the febrile process began to be looked upon as something the reverse of wholesome.

But it has now also been satisfactorily shown that the increase of temperature in the organism is accompanied by destruction of the organs themselves, and it has been found that when the temperature rises above a certain point, this destruction is complete and unmistakable, so that the integrity of the organs cannot be restored, and the patient must die. The destruction or disorganisation varies according to the organ. In all organs it is a real parenchymatous degeneration that accompanies this extreme temperature; the liver, heart, kidneys, brain, are each disorganised in their several manners.

This having been recognised as the inevitable effect of a certain elevation of temperature, it seemed desirable to check the tendency to elevated temperature in fever, and so prevent the disastrous effects that are owing to increased temperature alone.

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It is well known that in the end of last century Dr. James Currie attained a remarkable degree of success in the treatment of exanthematic typhus and scarlet fever by means of cold water douches. But though his method was so successful, it found but few imitators, and was almost forgotten until the success of Priessnitz with his cold water cure brought Currie's method to remembrance. It is certain, however, that Priessnitz and his disciples did not commonly employ their method in cases of fever.

Ernst Brand, of Stettin, in 1861, wrote a book in which he vaunted the success of the cold water cure in typhus. But his recommendation fell dead on the ear of the profession.

It was not till the work of Bartels and Jürgensen, of Kiel, was published in 1866, that attention was roused to the efficacy of the cold-bath treatment in lowering the temperature in fevers, and thereby obviating the ill-effects of the elevated temperature. These careful observers showed that cold baths could be given not only with impunity, but with immense advantage, as often as the elevated temperature rendered them necessary. They showed that the abstraction of heat from the patient should be carried out persistently day and night as often as the temperature as shown by the thermometer applied to the axilla reached or exceeded 39° C. It sometimes happened that as many as twelve baths had to be given in twenty-four hours, and that one patient had to get 200 baths in the course of his disease.

The results of this treatment were exhibited by the statistics of typhus abdominalis in the Kiel Hospital. From 1850 to 1861 there were treated 380 cases by the ordinary methods, of whom 51 died, showing a mortality of 15·4 per cent. From 1863 to 1866 there were 160 cases treated by the cold-bath system, of whom only 5 died = 3·1 per cent.

In Basel, where the abdominal typhus is extremely frequent and malignant, the success obtained in the hospital by the cold-bath treatment was equally striking.

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Up to 1865 the treatment was the ordinary expectant treatment. In 1865, cold baths were employed to some extent, but as a rule only once, very seldom twice a day. But Dr. Liebermeister, having read Bartels and Jürgensen's book in 1866, adopted the full cold-bath system administered by these gentlemen. The result is evident from the following table :

I. Ordinary treatment.

<i>Years.</i>	<i>Typhus-cases.</i>	<i>Died.</i>	<i>Mortality.</i>
1843—1853 ...	444 ...	135 ...	30·4 per cent.
1854—1859 ...	643 ...	172 ...	26·7 "
1860—1864 ...	681 ...	162 ...	25·7 "

II. Imperfect antipyretic treatment.

From beginning of 1865 to Sept. 1866 ...	982 ...	159 ...	16·2 "
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*III. Complete antipyretic treatment.**

Sept. 1866 to 1867 ...	339 ...	33 ...	9·7 "
1868 ...	181 ...	11 ...	6·1 "
1869 ...	186 ...	10 ...	5·4 "
1870 ...	189 ...	10 ...	7·2 "

* A paper by Dr. Behier, in the February number of the *Practitioner*, enables us to add to the statistics supplied by Dr. Liebermeister of the cold-bath treatment of typhoid.

Brand treated in 1868,	171 cases, of whom 1 died.
" " 1870-1,	89 " 0 "
Elßnard " at Lyons,	12 " 0 "

In the Leipzig hospital from 1851 to 1867, 1178 cases were treated by the old methods, of whom 213 died=18·1 per cent. From 1868 to 1872, 251 cases were treated by cold baths, with 18 deaths=7·2 per cent.

	<i>Mortality with treatment without baths.</i>	<i>Mortality with treatment with baths.</i>
Jürgensen	15·4 per cent.	3·1 per cent.
Ziemssen and Immermann	30·2 "	7·5 "
Liebermeister and Hagenbach	26·2 "	9·7 "
Riegel	20·0 "	4·3 "
Stöhr	20·7 "	6·6 "

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This striking result of the cold-bath treatment of typhoid, whereby the mortality was reduced to nearly a fourth of what it had been under the ordinary expectant treatment, was confirmed by the experience of the hospitals of Munich, Erlangen, Würzburg, Nürnberg, Greifswald, Jena, Halle, &c., and there can be no doubt that it is a powerful remedial means that should not be neglected in the treatment of typhoid wherever it may occur.

But it is not only in typhoid that the cold-bath treatment is of use. It has been employed with success in typhoid pneumonia, in scarlatina, measles, the premonitory fever of variola, puerperal fever, pleurisy, meningitis cerebro-spinalis epidemica, &c.

The temperature of the water in the bath should be 20° C. or lower. The same water may be used for one patient repeatedly. The bath may stand in the patient's room ready for use, and he should remain in it for ten minutes at a time. The attendants should be instructed to take the temperature in the axilla every two hours, and whenever they find it 39° or upwards they should put the patient into the bath for ten minutes, then lift him out, wrap him up in a dry sheet, and let him rest for a time on the bed before putting on his night shirt.

Very weak patients should have the water rather warmer (24° C.), and may remain in it a shorter time (seven or five minutes).

Such is the cold-bath treatment now so extensively employed, especially on the Continent, in the treatment of febrile diseases with a high temperature of the body. It promises to be a useful auxiliary to the best medicinal treatment of such diseases, and though like much of the medication of the so-called "rational" school, it is a mere treatment of a symptom, the increased temperature of the body, yet that should not prejudice us against it, for it is precisely this increase of temperature that constitutes the great danger in typhoid by the parenchymatous degeneration it is liable to produce. If by the use of cold baths we can effectually ward off this by no means insignificant peril, we shall afford to our specific remedies *Baptisia*, *Rhus*,

Arsenicum, *Phosphorus*, and others, all the more scope for exerting on the essence of the disease those curative effects which would be rendered nugatory by the disorganisation that attends the elevated temperature.

Dr. Liebermeister does not trust entirely to the anti-pyretic action of cold water in the treatment of typhoid, but seeks to aid it by the administration of large doses of *Quinine*, *Digitalis*, or *Veratrum*, remedies which are not to be compared in efficacy with the medicines which the homœopathic principle of selection furnishes us with.

A CALL UPON ALL HOMŒOPATHIC PHYSICIANS FOR THE PROVING OF MEDICINES UPON HEALTHY MEN AND ANIMALS.*

HOMŒOPATHY can only fulfil her task of curing men and animals of their diseases in proportion as she more or less thoroughly tests the medicines as to the artificial diseases which they are capable of producing on the healthy organism. She takes her stand solely on the ground of these "provings;" and according as they are sparingly carried on or discontinued, so her living power of progressive development comes to a standstill.

How could any one ever think of effecting a homœopathic cure in cases where similar diseases have never been produced, either in healthy animals or healthy men, by provings of the remedies? How could any one hope, on a return of any given disease, as, *e. g.*, Asiatic cholera, to become each time more surely master of the disease, if he does not constantly prove more rigorously the remedies hitherto used for cholera, and all the medicines most nearly related to them? "Prove more rigorously," what does that mean?

The means of determining almost all morbid symptoms

* From the *Internationale homœopathische Presse*.

have multiplied with the progress of the natural sciences. Not one of these means should be overlooked or even imperfectly employed in our provings of medicine.

1. All physical methods of examination (auscultation, percussion, laryngoscopy, &c.) should be called to our aid with the greatest rigor and precision.

2. Every chemical examination of organic matters that have undergone morbid changes should be made with the aid of all the methods placed at our disposal through the advance of chemistry, methods aiming at the most precise determination of their internal chemical constitution.

3. The pathologico-anatomical new formations (morbid neoplasms) ought to be examined and determined with the utmost exactitude by macroscopic and microscopic observation.

The highest aim that any prover of a given medicine can propose to himself is to produce by the mutual action of that medicine and his healthy body a well-defined totality of morbid action, or else, in case he should himself be not perfectly healthy or too feeble for the purpose, it must be that of other healthy* persons placed under his immediate inspection, or, at the very least, that of some healthy animal.

Morbid symptoms that are perfectly isolated, provided only they be accurately determined, in case only one prover was in a condition to incur such symptoms, are welcome with a fully adequate recognition of their value as fragments of a totality of which others will avail themselves in order to complete the "picture" of the artificial disease.

In Vienna the medicines selected for proving will be tried upon animals in various localities. Approved zoologists, chemists, and histologists have promised their advice and aid in the experiments to be conducted by skilled provers of medicine.

Whoever has a mind to see for himself the procedure in the production of artificial diseases by given medicines on

* For which purpose also women, single and married, and also children, are desirable.

healthy animals, or, at least, will associate himself as an observer and registrar of all morbid symptoms exhibited by animals under proving, an opportunity is offered especially at the Pesth University, in the homœopathic institute, for the production of artificial disease.

Directions for the provers of medicines respecting the diseases which they produce are to be found in vol. i of the *Journal of the Society of Austrian Homœopathic Physicians*, edited by Dr. J. O. Müller (Vienna, 1857). They have been elaborated into a whole out of the previous admirable results of the Vienna Proving Society by a select committee. We recommend this article to the attentive consideration of all those who are in a position to undertake for the first time, without any preliminary practice, the physiological proving of any given medicine on themselves, on others, or on animals.

We propose *Cuprum metallicum* as the first medicine to be proved, in consideration of all that has occurred in Europe this year in cases of cholera; and, this proving being completed, the next in order will be *Cuprum aceticum*, then *C. sulphuricum*, and, lastly, *C. arsenicosum*, in proportionably longer or shorter periods, and with constant comparative retrospect of the results of the *Cuprum metallicum* proving.

The centesimal triturations of the metallic copper are, immediately after their preparation, and again before they are administered to the provers, examined microscopically both as to the number and the fineness of the metallic particles reduced by each trituration with milk-sugar, and the results formed into a table to be afterwards added to the printed account of the proving. The dilutions of the same are next examined in like manner with the microscope, or, in case this no longer indicates any copper, by spectrum analysis; and the result of this examination is faithfully and accurately published in tables afterwards.

The preparations of the medicines to be proved are sent, with the most exact account of the process, from Dr. Willmar Schwabe's homœopathic central depôt, Leipsic, to

every prover, at the cost of the Society, without charge, or, in case he wishes it, to be paid for afterwards.

The medicines selected for proving by the Central Society from time to time will be kept there, in all triturations and dilutions on the centesimal scale, ready for the optional selection of the prover.

The results of proving are to be sent to the chief editor of the *International Homœopathic Press*, Dr. Clotar Müller, Leipzig (No. 5, Rudolfstrasse).

On behalf of the Central Society of Homœopathic Physicians of Germany, Vienna, August 10th, 1873.

Dr. ERNST HILARIUS FRÖLICH, Vienna.

Prof. Dr. FRANK HAUSMANN, Pesth.

The following observations by Dr. Koeszler at the forty-first meeting of the Central Homœopathic Society of Germany, held at Vienna in August last, form a fitting addendum to the above appeal. We take the report of the speech from vol. 87 of the *Allg. Hom. Zeitung*.

GENTLEMEN,—I will call your attention to a subject with which not only our interests but the interests of homœopathy are most intimately connected, and which is deserving of our most careful consideration; I mean the question, *Why are we now getting so few young physicians to join our ranks?*

The discussion of this question, the elucidation of the causes of this unhappy circumstance, is by no means new; we have often talked it over, but without properly comprehending and demonstrating the real facts of the case, and without being able to indicate remedial measures. It cannot be denied that noted homœopaths have given weighty reasons in explanation of the unfavourable position, and likewise alleged the possibility of altering it; yet they have not chosen the starting-point proper to a consideration of this earnest question. Those numerous and enthusiastic fighters in the van of homœopathy that were brought over in consequence of the defects of the dominant school, and by the practical success of the Hahnemannian doctrine, and who studied homœopathy and bore their

part in founding the school, worked with holy zeal at the development of our method, but they divided themselves from the very beginning into two different parties—into the absolutely dogmatic with a dynamic basis; and into the speculative-rational with a material basis.

The former became and remained dogmatic, and regarded all that had been done in homœopathy, including the *Materia Medica Pura*, as complete and not to be touched by unholy hands; the latter entered on the path of sifting and examining the collected materials.

Now, we must all admit that the so-called *Materia Medica Pura* is indeed the corner stone, but not the crowning one of the edifice. The sifting and sorting and the after-provings were not carried on in an exact scientific way either; hence they were unable to attract the attention of scientific thinkers; and since these efforts could not even satisfy the workers themselves, they flagged and finally ceased. The want of fresh men coincides with this period of the historical development of homœopathy!

But time advances; we enter upon a new phase of the historical development of the immortal idea of Hahnemann: this is the *era of exact scientific experiment*.

The *Organon*, the *Materia Medica*, constitutes now, as then, the basis of our school; but it is necessary that it be understood and explained in accordance with the present state of science, and that by the exact method of the present time—by scientific experiment.

But what is this *exact method*? It is the practical application and utilisation of all those aids which modern natural science offers in proving our drugs on the healthy, *i. e.*, a most extensive strictly scientifically carried-out method in the provings of remedies as morbid agencies with a correlative comparison of the natural diseases at the bedside. For this purpose we must make use of experimental pathology, pathological physiology and histology, chemistry, &c., in the study of our *Materia Medica*, just as is done in the study of the natural diseases. Taking this as a starting-point, homœopathy in Hungary has acquired her two professorships, and that one for *Materia Medica* with a proper experimental institution attached, and the other for homœopathic clinical instruction. For the successful development of homœopathy which is now showing itself in creating a young generation,

these two professorships are absolutely necessary—one conditions the other, one completes the other. These are the workshops in which the young physicians of the modern school must be taught the ideas that represent our school by the facts obtained from nature's scientific experiments.

Now-a-days the young physician can no longer be converted into a believing therapeuticist by the cut-and-dried *post hoc ergo propter hoc*; only in the way just indicated is it possible to procure for homœopathy numerous firmly-convinced adherents, and to develop homœopathy in a strictly scientific sense, and to conquer a place of honour for it amongst the natural sciences. (Cheers.)

With us in Hungary, where, under the direction of Professor Hausmann, the Institute for Materia Medica is for the experimentation in artificial drug-diseases; where, under the direction of Professor Bakody, the homœopathic hospital exists as adjunct to the artificial diseases; where, therefore, the demands of modern science are satisfied in the lectures of these two professors, there has arisen such a lively interest for homœopathy that we can already speak of a considerable increase in the number of new homœopathic physicians.

Wherever homœopathy has established itself our endeavour must be to advance in like manner; we may not put up with a little dispensary, or with some clinical wards, or with a professorship for everything; no, we must have homœopathy in its entirety, for then victory is certain and the future ours. (Great cheering.)

PHYSIOLOGICAL ACTION OF ACETATE OF COPPER.*

THROUGH the kindness of Professor Joseph Buchner, of Munich, we have received a valuable inaugural dissertation by Adolf Carl Köck, delivered at Munich in 1872, containing very precious information, which we wish to com-

* *Neue Zeitschrift für Hom. Klinik*, Bd. 17, Nos. 20 & 21.

communicate to our readers in an extract ; though compressed in form yet substantially complete.

I. POISONING CASES.

a. Scheuchzer gives an account of a Swiss monastery where the monks suffered from constant colic, retching, bilious vomiting, loss of appetite, constipation, flatulence, heartburn, pain in the limbs, tightness of the chest, and even paralysis. He found that the kitchen utensils were of copper, badly or not at all tinned, and some of brass, were very dirty ; and in these all sorts of food, *acids included*, were boiled.

b. Schodius saw in the case of a gardener, who had eaten fish cooked with salt and oil in a copper vessel, vomiting, bloody stools, and death. Lanzoni observed, after eating rice out of a copper vessel, vomiting, colic, and delirium.

c. Strack saw in four children, who ate beans cooked in a copper vessel, retching followed by vomiting, continued diarrhœa, pale face, swooning, and colic.

d. Fabas relates that a family of six were ill after eggs cooked with sorrel and butter in a copper vessel. All six had constant vomiting and diarrhœa, convulsive movements, cramp and violent pain in the abdomen, and were benefited by taking oil and mucilaginous remedies.

e. A boy fell into violent convulsions after eating, on board ship, some peas which had stuck to the bottom and sides of a large copper. Soon after a serious disease broke out in the whole crew, with colic, vomiting, purging, and swooning. The ship surgeon took it for cholera, but it passed off when the dirt in the copper was discovered and removed. Thus says Ramsay.

f. Two men died after eating food prepared in a copper vessel imperfectly tinned ; for an hour they suffered the most violent pains in the stomach, with vomiting and tenesmus. The intestines, says Portal, were swollen, with erosions in several places, especially in the small-guts ;

the pylorus and duodenum were even gangrenous; the rectum perforated in two places.

g. In Fahner's *Beiträge zur praktischen und gerichtlichen Medizin* we read as follows:—"A girl, æt. 18, who ate beans boiled in a copper vessel, soon after experienced nausea, vomiting, pain in the abdomen, convulsions, and loss of consciousness. Six hours after, oil and milk, with oyster-shell powder, were prescribed internally, with emollient poultices. The pain and vomiting ceased; yet the girl complained of an unusual paralytic sensation in the arms and legs. Bloodletting was ordered, with *Spirit of Hartshorn*, afterwards *Nitre* and *Opium*. Her face was hippocratic; the abdomen painful and tumid; soon after she died. The skin was yellow, the mouth fast closed, eyes half open, nails blue; the stomach inside was green and much inflamed, especially at the pylorus: it contained green mucous masses; several gangrenous specks in the cardiac portion; the mesentery was tender and much inflamed; the intestines contained green fluid and green fæces in several places; the liver inflamed on its sharp rim; bladder empty, almost inflamed; gall bladder also rather inflamed; lungs and heart full of thick blood; œsophagus much inflamed. There are very full symptoms of men who had swallowed verdigris; in some cases inadvertently, in others from despondency or for the purpose of suicide.

h. Pyl tells us of a girl, æt. 24, that had swallowed four ounces of verdigris, who died in sixty hours with frequent vomiting, colic, diarrhœa, and convulsions. The post-mortem showed yellow skin, the body stiff, mouth fast closed, eyes half open, nails blue, mesentery soft and inflamed; intestines stained green, inflamed, here and there gangrenous; pylorus green, inflamed, gangrenous, contracted like cartilage in some places of the size of a crown; fæces green; intestines here and there inflamed, and gangrenous all the way to the rectum; liver inflamed on the sharp rim; gall bladder somewhat inflamed; heart and blood-vessels distended with blood not in a fluid state.

i. Duval describes a similar case, with the same symptoms, of a soldier, who swallowed $1\frac{1}{2}$ oz. of verdigris in 4 oz. of water from despondency. Vomiting, colic, and purging; convulsions, tetanic contraction of all the limbs, &c.

k. Orfila describes a case of copper poisoning with 4 drachms, by a man. Violent pain in the abdomen, copious stool and vomiting. Mucilage, milk, and emollient clysters prescribed. In three hours his countenance was sad, with deep-sunken eyes, moist tongue, and clammy mouth. Hawking, coppery eructation, violent thirst, loss of appetite. Next, vomiting of green masses; and shortly after jaundice set in. Three stools brought alleviation and sleep. The day after, countenance calm, tongue greyish, mouth clammy, with coppery taste, yellow skin; the vomiting stopped; abdomen very sensitive to pressure; pulse regular, head heavy, with slight deafness. After Vichy water with whey, and emollient clysters, four greyish stools. The day after, felt unwell, with thirst and dark-red urine. Next day jaundice disappeared, appetite returned; weakness alone remained.

It would lead us too far to specify all the cases which presented the characteristic action of this salt. It is, however, well seen from the individual instances here selected out of all that Drouard, Orfila, and Smith tell us in abundance, we may infer that this poison causes death within twenty-four hours, if the dose amounted to 1 to $1\frac{1}{4}$ gramme; that, on the contrary, death ensued in two hours if it was a larger dose; further, that if the verdigris was taken in a solid form, or dissolved in water, the first symptoms appeared in ten minutes.

II. EXPERIMENTS ON ANIMALS.

1. Pigeons.

a. Having tied the cesophagus of a healthy pigeon, I injected 0.1 gramme of neutral *Acetate of Copper* into the

crop, dissolved in 2 grammes of water. In a few minutes began violent oft-repeated retchings, shivering all over the body; soon after, greenish-grey fæces passed, next, straining to vomit, then more green fæces; quick respiration, growing constantly louder; violent shivering and wavering of the whole body; till, in a few minutes more, the bird collapsed; continued opening and shutting of the bill with very laborious breathing; then death.

Post-mortem.—The crop, which contained some grains of barley, exhibited a blue fluid; a thin membrane of a greenish-blue was easily drawn off from the underlying muscular coat; œsophagus coloured blue outside; in the glandular stomach was a bluish-green greasy mass; intestines much reddened, the vessels strongly injected, showing themselves dichotomous; on some spots the red is dark; the lower intestines filled up with white greasy mass; kidneys distended with blood; liver brownish-red, very full of blood, as also the lungs; the spinal cord seems to be affected; at least, hyperæmia of its sheath is unmistakable.

b. Having tied the œsophagus of a perfectly healthy and very lively pigeon, I injected 0·5 gramme of neutral *Acetate of Copper* into the crop, dissolved in 2 grm. of water. This bird was as lively as ever, just as if nothing had happened. In about half an hour there came on retching, but with no effect; soon after, it lost its equilibrium, and tumbled about, but got up again; at last shivering set in, and the bird collapsed and flapped out its wings constantly, as if trying in vain to raise itself, and so continued for half an hour; breathing was now quick, but not so distressing as in the first case; the eyelids opened and shut by turns; the respiration became a mechanical catching at the air, and she let her head fall to the ground and died.

Post-mortem.—The crop as in the previous case; the mucous membrane of the upper intestines thrown off easily, a greenish greasy coat, in the middle third, strongly injected; the lower, of the normal colour. Kidneys and liver as in Case 1. The veins leading from the intestines contain dark blood in abundance; heart full of liquid dark red blood, lungs hyperæmic, yet the trachea uninjured.

c. I injected a well-fed pigeon's crop with 1 gramme of neutral *Acetate of Copper* dissolved in 15 grm. of water. The head, bill, and eyes betrayed discomfort, by constant movements; shortly commenced efforts at vomiting and convulsions, soon followed by actual vomiting. The breathing was accelerated and distressing; yellowish-white fæces passed, then liquid, and then green containing copper; respiration became audible, the bird shivered, sat on the ground, and jerked with its wings; this I took for convulsions, because this symptom was constantly aggravated, so that a cramp-like jerking of the muscles was unmistakable, especially those of the wings.

The eyes were fixed and the head often quivered; this bird snatched at the air; and, quite exhausted from want of breath and from shivering, let its head sink and died, two hours after the injection of the poison.

Post-mortem.—Crop, œsophagus, and stomach as in the two first cases. Mucous membrane of the intestines quite eroded and softened, and peels off in bluish-green bits, especially in the duodenum. Kidneys and liver hyperæmic, the envelope (peritoneum) of both greenish. The bronchial tubes look green, as well as their continuation imbedded in the lungs. The inner surface of the larynx much eroded, with a bluish membrane sticking to its inner parietes. The blood-vessels of the brain exhibited much blood, whilst the brain itself was normal. The investing membrane of the spinal cord less full of blood than in the previous cases. Fluid dark red blood in the heart; which, on long exposure to the air, became bright red.

d. A fourth pigeon, after its œsophagus was tied and 2 grammes of *Acetate of Copper* in 18 grammes of water were injected into the crop, remained quiet for about five minutes, when a gurgling of fluid was heard in the crop; the breathing at once became difficult, so that the whole body began to shiver; this grew worse and worse, and she seemed anxious to vomit, but did not succeed. Hard fæces then passed. The bird kept catching at the air, the eyelids opened wide, with the pupils fixed and motionless. The whole body shivered; a convulsive twitching of the

muscles was perceptible, and also an alternate dilatation and contraction of the pupils; respiration kept getting weaker, the muscles seemed quite paralysed. The pigeon fell on its side, and soon died.

Post-mortem.—Throat somewhat reddened, contained mucus; œsophagus bore no signs of erosion or inflammation, crop filled with blue liquid. The part of the œsophagus above the ligature yellowish-white outside, without any particular injection of the vessels. The glandular and muscular stomach filled with a greenish-blue fluid, but nowhere inflamed or eroded. The intestinal canal covered with numerous dichotomised vessels, and is greenish blue; its inner coat showed no inflammation. The kidneys when cut open emitted dark red blood; so also the spleen. Liver very dark, containing much blood; heart filled with black fluid blood, the coronary vessels quite distended with blood. Lungs scarlet and very full of blood when cut up; the membranes of the brain covered with vessels tolerably full; on cutting through the brain specks of blood are seen, and the sheaths of the spinal cord also contain much blood.

2. *Rabbits.*

From the experiments carefully tried upon two rabbits the following instructive symptoms presented themselves :

a. A rabbit was subcutaneously injected with 0·06 gramme of *Acetate of Copper* dissolved in 4 grammes of water for five days in succession. No symptoms. From sixth to eleventh day $1\frac{1}{2}$ centigramme. No symptoms. From twelfth to fifteenth day .3 centigrammes. The animal has lost its sprightliness; it steps slowly and with difficulty, generally remains sitting in one place, and seems to have lost appetite, whilst it drinks more. From sixteenth to twenty-second day 6 centigrammes. Its pace becomes still more difficult, almost dragging the hind feet; daily amount of urine diminished, and traces of copper discovered in it by testing; much thirst and sleepiness; sudden

starting and shivering all over. Two days after 12 centigrammes daily; extreme langour and emaciation. On the upper part of each fore leg, close to the chest, two boils are visible, and can be felt as round doughy bodies, clearly defined; the right hind foot drawn in spasmodically, the left dragging behind. Traces of albumen in the urine, which is scanty. On the twenty-fifth day 18 centigrammes in 1 gramme of water injected. Walking very wearisome; left fore foot drawn inwards and disabled; total loss of appetite; shivering all over; here and there more severe, like an ague fit; head always moving from before backwards; respiration very quick; fæces no longer compact and globular, but soft and long; albuminous urine. On the twenty-sixth day 24 centigrammes. The animal lay with chest and belly on the ground; the head sinks, but is raised again now and then and falls back to the ground; respiration very rapid, mechanical convulsive gasping; constant jerking and shivering of the whole body; eyes closed; no urine. On the twenty-seventh day I found it lying dead in the same position, only rather turned to the right, in a semifluid green pus which it had probably thrown up, whilst the hind feet and belly were wet with liquid fæces.

Post-mortem.—Under the skin where the punctures were made there were dark green hard cicatrices adhering to the muscle; the two boils on the fore legs exhibited a green mucous mass, an exudation of the inflammation caused in the skin and cellular tissue by the injection; muscles anæmic and thin; lungs hyperæmic in a slight degree; heart full of clotted blood, with the septum of the left ventricle four times as thick as the right; liver very large, full of blood, and very firm; gall bladder full, and dark green. The scalpel, in dividing the liver, crepitated, so that one was clearly aware of meeting with some resistance, with a crackling sensation, as if the scalpel was passing over a number of slender threads which had to be cut through; the surface of the section was uneven, as was still more manifest from treatment with nitric acid; stomach and intestines normal; the former small, and moderately full of food; duodenum stained green with bile; cæcum

full of thin fæces; rectum quite empty; bladder moderately full; spleen very hyperæmic, small, and shaped like a leech. Kidneys externally pretty large, not particularly full of blood when cut; showed under a microscope that the urinary canals were filled with an immense quantity of little granules, which were fatty degenerations of epithelium detached from the canals; the membranes of the spinal cord were somewhat hyperæmic, those of the brain normal.

b. A rabbit was subcutaneously injected with 8 milligrammes of *Acetate of Copper*. No symptoms. Next day 10 milligrammes; on three following days $1\frac{1}{2}$ centigramme; on the last of these days there was a jerking of the fore foot during and little after the injection. From the sixth day to the ninth 3 centigrammes; the animal is surprisingly quiet, keeps sitting in the same place, and eats very little. From tenth to sixteenth 6 centigrammes. Emaciation, little appetite, much thirst; great weariness, slow walking. traces of copper in the urine. The two next days 12 centigrammes in 1 gramme of water; the anterior joint of the left fore foot convulsively drawn in, so that the animal walks on this side as if it were broken; the attempt to straighten it is difficult, and it immediately resumes its contracted form. On the left upper arm, close to the chest, a boil is to be felt; the anterior joint of the left hind foot is drawn back, and this foot drags in walking; fæces not so compact as before, but more doughy; urination suppressed; the urine was rendered turbid by nitric acid. Nineteenth day 18 centigrammes. Extreme emaciation; the animal keeps sitting in the same place, and turns away from food; inspiration frequent; often stretches its neck upwards as if catching at the air. Twentieth day 24 centigrammes given. Want of breath is clearly indicated; the thorax rises and falls so quick that it looks like a shivering of the whole body; the head is raised aloft and falls again to the ground; the right fore foot is stretched forwards, the animal falls with its chest on the ground, rocks from side to side, and dies on the left amidst frequent jerkings.

Post-mortem.—Skin and muscle in the same plight as in

the first case ; lungs on the two lower lobes normal ; the other lobes externally dark red, almost brown ; when cut through a little blood issued, but more froth and serous fluid ; heart, in both ventricles and both auricles, contained congealed black blood ; the septum of the left ventricle was notably thicker than that of the right. The vessels of the retina much injected. The stomach, containing some remains of food, exhibited nothing abnormal, nor did the intestines, which were full of liquid fæces ; liver, not particularly large and hyperæmic, showed as in the first case ; the scalpel met with resistance in cutting it, accompanied by crepitation, and the external appearance led, as in the above instance, to the conclusion that the liver was certainly "granulated ;" spleen somewhat larger than in the first case ; bladder not overfull. The membranes of the spinal cord were here also hyperæmic, and the cord itself on section showed insignificant specks of blood ; kidneys somewhat larger as to external form, and when cut open not so pale as in the first case ; still there was the same evidence in the urinary canals of cells subjected to fatty degeneration.

3. *Dogs.*

As I could not myself institute experiments and observations for want of subjects, I adduce some instances to complete my subject, which lead to conclusions respecting the characteristic phenomena of the action of *Acetate of Copper*.

a. Drouard gave a dog 15 grains of this salt ; in half an hour he made vain attempts to vomit, and passed much by stool day and night ; great weakness preceded his death, which followed in twenty-eight hours. Stomach exhibited ecchymosis here and there ; duodenum hyperæmic ; in the jejunum extensive extravasation.

b. He injected $\frac{1}{2}$ grain into the jugular of a strong dog ; at the moment movements of chewing and swallowing ; in a quarter of an hour he vomited. On the third day he kept quiet and languid, and his limbs appeared generally

paralysed. Fourth day he died with violent râle and difficulty of breathing.

c. Hillefield gave a dog 1 scruple *Æs. viride* in water ; at once violent retching set in, with frequent urination. In an hour and a half he ate flesh, and soon after drank water ; in two hours retching and convulsive breathing set in ; the next three days passed with constant retching and spasmodic cough.

d. He gave 16 grains to a dog, vomiting of greenish mucus at once set in ; in a quarter of an hour he breathed with difficulty and pain, and whined at times ; in half an hour he lay stretched out, hardly breathing ; began retching and soon after died.

Post-mortem.—Lung here and there sugillated, full of mucus and air ; heart-blood black, stomach full of food, blackish-red inside and contracted in small plaits, intestines healthy.

e. Orfila made several experiments with *Acetas cupri* on various dogs, and found that frequent vomiting of a blue mass, followed by ineffectual retching, difficult breathing, irregular quick pulse, and often general paralysis followed ; almost always the animals suffered from violent jerking movements a few moments before death ; general stiffness took place, with tetanic kicks and mucus at the lips. Immediately after death the muscles were no longer irritable ; mucous membrane of the stomach lined with a bluish hard almost wrinkled coat ; under this it was rose coloured ; trachea and its branches full of white froth, lungs crepitant, spotted with rose colour.

From these experiments on animals of three species, of different age and sex, in most varied ways and doses and from the consideration of the symptoms of men, where through neglect of cooking-vessels or suicidal intention, the deleterious effects of verdigris were brought to light, the following properties may be inferred.

1. The neutral *Acetate of Copper* certainly attacks the abdominal ganglia of the sympatheticus and vagus ; affects

the* stomach, liver, and spleen; causes violent thirst, nausea, loss of appetite, emaciation, retching, and actual vomiting; pain in the bowels, colic, diarrhœa, suppressed secretion of bile, and biliary stasis proceeding to cirrhosis of the liver and jaundice (I, *g* and *h*).

2. Its action on heart and lungs is such that the muscles of the left side of the heart become hypertrophied after long action of the poison, though only in a moderate degree; the kidneys are also attacked, so as to exhibit in a comparatively short time albumen and deficiency of urine. In this respect *Cuprum* is allied to *Arsenicum* and *Aurum*; whilst *Phosphorus* produces albuminous urine by congestion of the right heart. From the post-mortem results in the lungs (which were but slightly hyperæmic and often quite normal), no conclusion can be formed of any specific action. As to the symptoms of dyspnœa, tightness of the chest, hindrance of breathing even to suffocation, catching at the air, convulsive respiration, frequent and audible,—all these must be regarded as the effect of *Cuprum* on the innervation.

3. The main effect of the poison is, however, certainly the seizure of the *motor* nerves; convulsions of the limbs, with reactionary languor, weakness and paralysis of them and of the whole body; also cramp in the abdomen and its muscles; on the brain it seems to have no influence, at least not in all cases; but it has certainly on the spinal cord and its investing membrane, which were found partly altered; in this last respect it is allied to *Stramonium*, *Atropine*, and *Argent. nitricum*, but quite opposed to *Arsenicum*, which attacks the nerves of *sensation*.

* The symptoms of parts in actual contact with the poison, as stomach, intestines, external skin, &c., cannot be reckoned here as characteristic symptoms, since they appeared in greater or less intensity, according to the power of resistance in the several animals, and in proportion presented degrees of local action varying from mere detachment of the epithelium to erosion and gangrenous inflammation.

BINZ AND ANSTIE ON BROMIDE OF POTASSIUM.

THE articles by Binz and Anstie in the January number of the *Practitioner* are very instructive. After the great experience with it of late in the imperfect and unsystematic way usual, it appears to be a salt of not great power, probably not more active as a poison than common salt; and its more obvious action seems to be as a mild narcotic acting chiefly on the reflex action of the spinal cord, with slightly hypnotic power. It is for these purposes chiefly given and with the usual results of a fashionable drug used by unscientific, merely professional hands, at first unduly lauded, and then producing the customary disappointment. But there are some things that remain and it is singular to look at what these are. The drug was first introduced by Dr. Locock on account of its supposed primary action in depressing the sexual nerves and function. But in Binz's paper here, p. 10, we find the experiments of Laborde thus narrated. He took ninety-four grains each time.

"Within an hour he felt a general sensation of well-being and of calm which incited to sleep; the latter, however, was but half established, so to speak, and in this half sleep there soon came on, especially if he was lying on his bed, a more or less intense sexual excitement, according to the circumstances—an excitement which was habitually accompanied by erection and emission; this act, of which there is always perfect consciousness, almost always wakened him. . . . Finally, sleep is definitely established, but with more difficulty or less rapidity than when emission does not take place."

To this Binz remarks only, "Thus *K. br.* is also an aphrodisiac. What manysidedness!"

And on this Anstie makes no remark at all except apparently inadvertently in a parenthesis which is very significant in spite of him; for, as usual, Anstie evades the difficult points in pharmacodynamics. He dares not give

the true explanation of the many homœopathic actions of medicines, so he keeps discreet silence. The conclusion of Binz is that the whole therapeutic action of *K. br.* has been exaggerated, and that it is of very little value, and that the good it happens to do is solely on account of the potash it contains. Hereupon Anstie writes an article intended to confute that dictum by the English experience. The main body of this is, we find, little more than a transcript of R. Reynolds' well-known articles on the use of it in epilepsy, in some cases of which he pronounces it curative in doses of four to forty grains daily. On this Anstie gives the result of the experience of himself and Dr. Hughlings Jackson, and, alas! they both agreed that neither of them had ever seen an example of a cure of epilepsy by it. It can mitigate the number and severity of the fits, as anybody now knows, but cure never.

Both of them have great doubts if it has any effect as a hypnotic in the miscellaneous forms of insomnia. Anstie then says for himself, "As regards sleeplessness from emotional causes (*with the exception of the insomnia produced by sexual excitement with exhaustion*), I am not convinced on the whole that *K. br.* is distinctly remedial" (p. 22).*

This is very remarkable indeed. The original discovery of *K. br.* was empirical from its calming sexual excitement and the diseases arising from it, and of course it was assumed such influence was from its primary action. But now by more extended proving it turns out this is one of its true specific actions and is really homœopathic. At the same time, the really slight narcotic action or reflex actions in the healthy were turned to account allopathically, and after twenty years' experience it is confessed to have failed to cure by means of them; whereas the only action which still holds its ground as curative, as admitted involuntarily by Anstie, is the homœopathic action. This is of the more specific character only discovered by long proving, for the specific susceptibility is not always developed, and thus the careless, unsystematic,

* To the above testimony of Anstie may be added what he says on *Neuralgia*:—"It is singularly efficacious, but in a comparatively limited number of cases; the majority of these are instances of some form of sexual worry."

haphazard proving does not reach it. There is another specific action now found, viz., the rash or acne on the skin, and on this R. Reynolds gives a most significant remark, "the rash or acne on the skin which is occasionally seen is not determined by the quantity of the *Bromide* that is taken. I have seen it after a few doses of five grains each, and it has been absent in many cases where thirty grains have been taken three times daily for six or even twelve months."

Thus it is not one of the common actions which may be produced at will by merely giving enough of it, but it is one of the peculiar actions which requires the presence of the special susceptibility to bring it out—one of the idio-dynamic class as named by Dr. Madden, and it is in them that the more specific curative actions of medicines lie, and as such is almost independent of dose. We have repeatedly verified the curative effect of *K. br.* in this form of acne to two or three grain doses. Thus the only two diseases in which *K. br.* holds its ground as a really curative drug are the two in which the specific and homœopathic actions are synonymous.*

Besides these two no doubt there are other diseased states in which *K. br.* is truly curative, and if they are closely studied we have no doubt they will be also found to be homœopathic. The analysis of Dr. Clouston's experience in a lunatic asylum shows the merely palliative action of the drug in epileptic fits, and no cure is reported, although there was some permanent amendment in some cases, while others were actually worse after the palliative effect had subsided.

To weigh the real value of the drug when used for its merely primary or allopathic action we need be in no difficulty. We are quite ready to acknowledge the degree in which it may "do good" to the patient by calming reflex spinal irritation for the time even. No doubt there are circumstances where such a drug may benefit the health by warding off the immediate evils of the succession of fits, and in default of true cures this is not a means to be despised or withheld. The best way to picture the matter to ourselves is to com-

* See vol. xxviii, p. 807, of this Journal.

pare it to the effect of a mild purgative like *Rhubarb* or *Aloes* in constipation; by means of this from time to time we can ward off many serious evils, although we do not cure the tendency to constipation, and in default of that the occasional purgative is a smaller evil than the manifold secondary disturbance from inaction of the colon.

But we should not be satisfied with that, and always aim at the radical and true specific cures. But as long as men are hindered by subsidiary personal motives from fairly and philosophically discussing all the possible actions, homœopathic as well as other, of medicines, it is impossible that there can be any important or philosophical discussion of the subject between ourselves and the adherents of the dominant school. And yet the time has surely gone by when our opponents can afford to treat us as unworthy of professional courtesy when almost every improvement that has of late years been effected in old-school therapeutics has been merely a "crib" from the practice of the school they despise in words but in fact sincerely admire, if imitation be a sign of admiration.

ON THE NAÏVETÉ INHERENT IN GERMAN
HOMŒOPATHY.* A CRITICAL MEDITATION.

By Dr. J. KAFKA, Prague.

THE attentive observer is sometimes disagreeably surprised when, in speeches, magazine reports, new books, or original articles, he gets to hear or read expressions, opinions, and views which are in direct antagonism with the judgment, experience, and aims of the modern school, betray a character of mere childish innocence, nay even of inconsiderate rashness, and expose themselves, partly through one-sidedness, partly through false conclusions, or mere deficiency of the judicial faculty; and all this from men

* *Allg. Homœop. Zeitung*, Bd. lxxxvii, No. 25.

at whose hands he expected energy, solidity, conscientiousness and scientific progress!

It is really sorrowful and disheartening to see how those who are rich in experience and natural gifts (and to a certain extent belong to the class who *give the tone*), yet partly venerate tradition, partly disallow, intentionally or unintentionally, the progress of modern times, get into contradiction with themselves, or with the positive experience of others, and thus damage, whether they know it or not, that very homœopathy whose banner they fancy they are waving aloft.

In my report of this year's assembly of the Central Homœopathic Society at Vienna (No. 12 of this serial) I expressed my astonishment that the president, Dr. Gerstel, spoke in favour of maintaining the "conservative standpoint" in homœopathy.

Before he reached this stage in his peroration he had expatiated on the "value of practical medicine," and said that it is therapeutic medicine alone that gives value to the theoretic studies, which (apart from the collateral sciences) consist essentially, mainly, entirely, of nosology (including diagnosis) and the knowledge of the Pharmacopœia.

Of Hahnemann's own "*Arzneimittellehre*" which he most truly called "*Monumentum ære perennius*," he said, *en passant*, that this treasury of science first received its infinite appreciation, nay its very consecration to the service of therapeutics, through the *method* at the same time discovered by Hahnemann on the path of experience and observation *how this real knowledge of the action of medicines should be brought into combination and due appreciation with the permanent positive sciences, pathogenesis and pathology, i. e., with diagnosis, in order to the real cure of the patients.*

This practical point of connexion between pathology and *materia medica*, this nucleus of therapeutic science, is the fundamental law of healing discovered by Hahnemann, "*similia similibus*." It is, said Gerstel, the electric spark which elevates medicinal action to the rank of curative action in the morbid organism. So far I am in full accord-

ance with our honoured president ; for, as I long ago sought to make good, our knowledge of the morbid action of the medicines (*i. e.* of our *materia medica*) depends on our knowledge of pathology and diagnosis ; because we are always directed to the comparison between medicinal and natural diseases, only in order to find out their mutual resemblances and differences.

Hence follows the necessity for all unprejudiced persons, who would systematically understand and duly value the homœopathic *Materia Medica*, to be first thoroughly conversant with those indispensable branches, pathology, pathogenesis, and diagnosis, *i. e.*, they should be first regularly trained and accomplished physicians, and then take homœopathy in hand. In his further deductions respecting the importance and value of our *Materia Medica*, and of the law of similitude, which are announced as the only actual bases of homœopathic curation, Dr. Gerstel at last comes to the conclusion "that we retrograde so much the more, under the reproach of ignorance and indecision, in proportion as we accommodate ourselves to the views of the dominant school, and are willing to give up the *Mat. Med. Pura* as the foundation of our curative indications, in order to substitute in exchange the evidences formulated in clinical practice."

These words of Dr. Weber at Dursburg (compare Bd. 86 *Allg. Hom. Zeit.*, No. 4), on which Gerstel supports himself and which he sets forth as his own view, stand in glaring contradiction to his own propositions above quoted, and form as it were a *parody* on my "progressive tendencies," in which I defined the physiological school as the very heart and soul of the totality of auxiliary sciences which embrace medicine as a whole, and I incessantly stood up for its appropriation by us. According to my idea, the physiological school is the very groundwork of the whole circle of theoretic medicine, and is the common property of *all* therapeutic schools ; who, all alike, seek to utilise it for their curative purposes, according to their respective judgments, principles, and views. It ought not to be identified with allopathic therapeutics in particular, for

allopathy represents not only the densest conservatism, the chronic dependence on tradition and prejudice, self-satisfaction with delusive effects, with unprofitable narcotising, depletion, and enfeebling of the constitution, &c., but she is to the highest degree intolerant towards us "into the bargain;" and, in her grandeur and high-mightiness, wilfully overlooks our splendid results, which she explains without exception as "spontaneous recoveries." It never could enter the thoughts of any educated and scientific homœopath to lean on the "indications" of allopathy and value *them* for the purposes of our therapeutics. The physiological school has nothing in common with these excrescences of the old medicine; but teaches us to know the natural laws under which the various functions of the human body take place, gives us an insight into the phenomena which occur in health and disease, and leads us on those ways which show the possibility of a good result, both in a physiological point of view and also that of pathology and organic chemistry.

These are the true acquisitions of the physiological school, the indisputable signs of progress in every sense, which the homœopathic physician has to appropriate to himself, and to utilise for his curative purposes. These alone have I tried to avail myself of in my treatment; and have, from this true standpoint, ranked homœopathy with the physiological school, not with the allopathic therapeutics.

Unfortunately, there is still a great mistake prevalent as to the meaning of the "Physiological school," by which expression many of us understand allopathy itself! Wherefore there were many, and even the late highly gifted Trinks, who were alarmed at the title "homœopathic treatment on the foundation of the physiological school," by which I understand not allopathy, but the newest advance of recent times in the sciences that lend their aid to universal medicine. Unfortunately, my honoured friend Gerstel belongs to the category of those who are caught by this error, otherwise he would not possibly have quoted the above words of Weber's with approbation.

Naïf in the highest degree seems to me the grand finale

of Dr. Gerstel's gala-speech, in which he emphatically says, "The newer researches of medical science ought to accommodate themselves to homœopathy; *they* ought not to pay homage to their *actual progress* in homœopathy, and *they* should *not* assume a conservative attitude towards her!" The newest researches in medical science are purely objective; they follow no therapeutic direction, but simply attend to the matter on which they are treating. Much does pathological anatomy trouble itself about *curing* the "subject!" If it ever does so, it is in general only to expose the blunders of the dominant therapeutic school, as was the case long ago in Berlin, Vienna, Prague, and even in London and Paris, where the clinical professors regularly found themselves more or less on a warlike footing with the post-mortem class. The physiologist, the histologist, the microscopist, the chemist, nay even the pathologist, the biologist, the epidemiologist, &c., follow their own path without any regard to curation. On the contrary it is the necessary task of therapeutics to estimate precisely the lessons of these departmental sciences, and to utilise them for their own curative purposes. That method of treatment alone rests on the modern standpoint, and possesses stability which appropriates the lessons of universal medicine, and supports itself on them, not on tradition or caprice.

Much we care whether our opponents are giving up their conservative standpoint or sticking to it! We have to care for ourselves and our future, for the permanence, the diffusion, and genuine scientific development of homœopathy. If we abide on the old standpoint handed down to us by Hahnemann, without sharing the profits of the modern acquirements in pathology, physiology, nosogeny, diagnosis with all its aids, microscopy, &c., then the future of homœopathy is very questionable, and its recognition by the scientific world can never be expected. As long as the psora, metastasis, and dynamization theories keep flitting about in our brains, so long are we occupying ourselves merely with the outer coverings of the symptoms, and not paying at the same time due regard to the pathological processes, and so long are we seeking power in the smallness

and not in the suitability and correct choice of the doses; on the other hand, as long as we do not occupy ourselves with the cognisance and differential diagnosis of the diseases and only cultivate that of the remedies, so long are we not justified in announcing our therapeutic system as a rational one, intelligible and accessible to all educated physicians. Homœopathy groans under dogma as well as under conservatism; she sighs under the pressure of one-sidedness, and gasps under the shackles of restriction; nor will she ever, in such "form" as this, be able to lay claim to universal esteem and recognition.

Conservatism is, as Dr. Gerstel described it, the death-knell of homœopathy! The old will die off one by one, and the young will turn away with aversion from our method, glorious and blessed as it is. *The young are otherwise led and otherwise schooled than by conservatism. We must work and live amongst the principles of modern medicine as a whole, and turn them to account for our doctrine. That is what I understand by "Progress;"* for I am incessantly pressing it on my homœopathic colleagues that it is only by progress that our method of cure will ever grow in vitality, and thus be in a condition to maintain itself for the coming generation, to overspread the wide world, and dispense blessings to its utmost limits.

ON CERTAIN PATHOLOGICAL POINTS OF INTEREST.

By EDWARD T. BLAKE, M.D., of Reigate.

(Read before the British Homœopathic Society.)

- I. *Sublingual Ulceration in Hooping-cough.*
- II. *Frequency of Follicular Pharyngitis.*
- III. *Ætiology of Sunstroke and Hay-fever.*

MR. PRESIDENT AND GENTLEMEN,—It is my purpose first to consider a peculiar pathological condition coexistent with a very ordinary disease always endemic in some part of this country, which has, strange to say, escaped the observation of physicians till within a comparatively recent period. I allude to ulceration beneath the tongue occurring in the course of hooping-cough.

You are aware that MacCall has pointed out the existence of the sublingual sore of pertussis. The observation was made during the winter of 1869-70, when MacCall found ulceration present in 111 out of 252 children attacked with hooping-cough, *i.e.*, in more than 44 per cent. The affection varied in degree from a mere abrasion to a deep fissure with a grey or yellowish surface, and often bleeding during or after a paroxysm. In 105 of the 111 it was situated in front of the frænum; in 4 out of the other 6 its varying position was accompanied by some abnormal disposition of certain teeth.

He considered it to be due to the rubbing of the tongue against the latter in the act of coughing. He looks upon it as a valuable diagnostic sign in cases where the cough is not heard by the physician.*

Unfortunately for the probability of the explanation afforded by Dr. MacCall, children rarely cough with their tongues extruded, and it is quite an anatomical impossibility

* *Glasgow Medical Journal*, 1871, iii, 172.

to bring the frænum into contact with the teeth. Dr. MacCall was mistaken when he hailed his observation as a discovery, for as early as the year 1844 the association of these phenomena was observed and discussed by Amelung, Bruch, Braun, Leirsch, Schmidt, Zitterland, and others. Then come Gamborini's observations, and many other writers on this subject followed in his wake; chief amongst them may be named Messrs, Charles and Bouchut.* I have said that MacCall thinks the ulceration useful in differentiating this disease; in my own experience the sublingual ulcer is of too uncertain occurrence to be a diagnostic sign of much value. In the two towns Reigate and Redhill I had last year 6 cases of this tedious disorder, 1 only had the ulcer; it was as large as a pea; it had a yellow base and was seated in the centre of the frænum.

During the present winter 18 cases have up to this date fallen to my share; of these again 8 only have exhibited ulceration of the frænum, 2 others had ulceration of lips and tongue. I should much like to hear the results of your own observations on this point. Apart from its pathological interest, to the physician who employs the symptomatic clue to thread the intricate labyrinth of THERAPEIA, when present, this sign will lead him to a greater accuracy in the selection of his remedy. He will think of such medicaments as *Agaricus*, *Bovista*, *Carb. veg.*, *Causticum*, *Graphites*, *Kali carb.*, *Lycopodium*, *Natrum Carbonicum*, *Nitric acid*, *Nux moschata*, *Phosphorus*, *Bichromate of Potash*, and *Iodine*, including its potassic and mercurial compounds.† These have been observed to produce sub-

* Bouchut, *Bull. de l'Acad. de Paris*, 1858-9, et *Jour. für Kinder Krankheiten*, 1865-6, et *Traité Prat. de Malad. des Nouveaux-nés*. Charles, *Des Ulcerations de la Langue dans la Coqueluche*; also in art. "Coqueluche," *Novo. Dict. de Méd. et de Chirurg.* I am indebted to my friend Dr. Cooper for the early literature of this disease.—E. T. B.

† As to the ordinary remedies of the disorder under consideration, it must have struck all my hearers forcibly how lamentably all come short in certain cases. I have seen decidedly better results in the spasmodic stage from *Mephitis putorius*, the fluid of the pole-cat (for which we are indebted to Neidhard), than from the time-honoured but uncertain *Drosera*. When spasmodic symptoms predominate, Trousseau's favourite remedy, *Sulphate of Copper*, is followed by good results.

lingual symptoms in addition to a cough more or less spasmodic and continued in character.

Agaricus, which gives under tongue symptoms "small painful ulcer, by the side of the frænum of the tongue on the ninth day. After 18 coryza symptoms we have as regards resemblance to the cough of pertussis: "frequently returning sensation of tickling in the larynx; which induces short and frequently repeated coughing."

Bovista. We find, under this rarely-used medicine, "red, little spot on the *frænum lingue*, which is painful to the touch." There are cough symptoms; but they belong essentially to the pharynx and occur accordingly in the morning.

Carbo vegetabilis has been employed as a remedy in the course of pertussis; we find "crampy pain in the left side of the root of tongue."

There are 28 coryza symptoms.

Of the 68 symptoms under "throat and respiratory organs," one is "with retching" and one with "vomiting and retching, aggravated in the evening."

Under *Causticum* we have "soreness upon and under tongue and in palate." After 16 "coryza symptoms" we find under larynx:—"Cough and retching with difficulty of breathing; frequent, dry, short, and hacking cough, rarely accompanied by a discharge of mucus; dry, hollow cough, five or six fits at a time, with a feeling of soreness in the interior of the larynx in a space like a band, every fit of cough causing a pain and almost arresting the breathing."

Graphites gives "burning vesicles on the lower surface of the tongue," and "whitish, painful ulcer on the lower surface of the tongue."

Plumbago was credited by Hahnemann with the power of producing no less than 30 symptoms of "catarrh" and "coryza," besides 5 different "coughs," none of which, however, resembles the classic cough of pertussis.

Kali carbonicum,* we have a much more promising remedy,

* Becker, of Mühlhausen, gives a rather singular but, I fear, not very practical, indication for the employment of this remedy in pertussis, viz., pityriasis over upper extremities and scalp, with dry hair. C. Hering holds

one indeed that already holds a post in our programme of treatment of pertussis. Its proving gives "soreness of the *frænum lingue*" [the soreness is produced apparently by a vesicle, for the characteristic buccal symptom is] "vesicle with burning pain."

There are 18 "coryza" symptoms, and when I tell you that there are over half a hundred "cough" symptoms, you will pardon my not quoting them. Suffice it to say that one of those symptoms is "accompanied by nausea" and two are with "vomiting;" resembling so far the especial explosion of hooping-cough.

Lycopodium presents, in its proving, a slight resemblance to the phenomena of pertussis: "ulcer under the tongue, being very troublesome when talking or eating." There are 24 "coryza symptoms" [rather above the average!]; one only of all the "cough" symptoms presents reflex, gastric contractions, "titillation with cough with retching." (I do not know, I must frankly confess, what to make of a symptom like this:) "nightly cough affecting the stomach and the diaphragm (? how), mostly previous to the rising of the sun."

Natrum carbonicum has "pustule near the *frænum*." Hahnemann records no less than 33 catarrhal symptoms under this remedy. They coincide with the earlier stages of hooping-cough.

Nitric acid, it is well known, causes ulceration of the oral cavity generally. There is quite the usual modicum of "coryza" symptoms, 25 in fact, and they are well pronounced. This drug undoubtedly enjoys, like most of its compounds with the mineral bases, a specific action on the larynx.

Of the 35 "cough" symptoms, one is connected with "vomiting" and one must be given in detail, "concussive cough, in the night, the breathing being frequently arrested,

this drug in high esteem for certain forms of hooping-cough, especially when agg. from 3 to 5 a.m. is present. Bœnninghausen affirms that he administered it with complete success in an epidemic where an early symptom was "puffing of upper eyelid."

as in *hooping-cough*, accompanied by stitches in the chest, sore throat and fever."

Nux moschata. In Hull's large *Jahr* (1848), we see "bright-red shining elevations resembling mucous glands below the *frænum linguae*, somewhat larger than millet-seeds." Three symptoms of "coryza."

The seven cough symptoms do not resemble hooping-cough; they point more to the dry, brassy, ringing, reflex cough of the hysterical subject.

Phosphorus gives "pain and prickling in the *frænum*," apparently subjective sensations. This drug has "vomiting" connected with "cough," but it is "sourish vomiting during the cough," whereas the vomituration of *pertussis* occurs at the close of the *paroxysm*.

Our old friend, *Drosera*, gives "whitish ulcer on the tip of the tongue."

Follicular Pharyngitis.

A disease of an adjacent organ, to the consideration of which I will next ask your attention. The literature of the new faith teems with examples of the cure of chronic disease, but of follicular inflammation of the pharynx we see little, and, excepting in the more recent serials, nothing; indeed, I am not aware that any of our body, besides Hughes and Meyhoffer, has honoured this prevalent and persistent pathological condition with distinct notice.

Kleinert, in vol. xx of the *British Journal of Homæopathy*, in a paper distinguished by originality of thought and disfigured by a perfectly paradisiacal innocence of pathology, relates some interesting cases of follicular disease under the comprehensive title "Laryngeal Catarrh." His remedies are *Acid. nitric.*, *Ambra*, *Argentum*, *Carbo veg.*, *Causticum*, *Eupion*, *Hepar*, *Mangan. acet.*, *Merc.*, *Phos.*, *Selenium*, *Stram.*, *Verb.** Hartmann does not condescend to recognise the existence even of this disorder.

* Oddly enough Dr. Kleinert did not appear to employ *Kali bich.*, though

The reason of this remarkable neglect is twofold : On the one hand physicians are rarely consulted for this symptom when it stands alone, and if graver signs coexist, the pharyngeal complication is lost sight of in the *mélange* of phenomena, more urgent or at the least more interesting. On the other hand, the disorders of the pharynx received little attention before the researches of Garcia, Turck and Czermak, initiated in the year 1855,* shed upon an adjacent region such a flood of new light, light both literal and figurative.

As far as my own experience goes, I have encountered this affection most frequently in two classes of the community, viz., in clergymen and in nursing mothers. The association is apparent—debility.

In Meyhoffer's admirable work on *The Chronic Diseases of the Organs of Respiration*, treating of follicular laryngitis (which I have never myself seen without accompanying and probably antecedent pharyngitis), he gives as causal agents : "over-exertion of voice, oral respiration, local irritants as tobacco-smoke, alcoholic drinks, spices and the inspiration of chemical vapours." To these I will add such predisponents as dyspepsia, starvation and depressing mental emotions, in fact every debilitating circumstance ; but above all these we must place those constant catarrhs which ever afflict the resident in a humid and fickle climate.†

As evidence of the prevalence of pharyngeal lesions even in a sheltered valley noted for the dryness of its air, I will give you the result of some careful observations recorded by myself in the March of the year that has just passed (1873).

I had the curiosity, during one week, to scrutinise the pharynges of all the patients who came to my consulting-room.

that drug had been even then figuring in English clinical literature for fourteen years.

* I do not here speak of Liston's earlier use of the laryngeal mirror in 1840, because that is a matter of historic rather than of clinical interest.

† Conversation in a carriage has a peculiarly irritating effect on the voice of follicular subjects, and it is not easy to append any satisfactory explanation to this.

From the 23rd to the 29th of March, both days inclusive, I examined forty-nine throats; of these thirteen were males.

Now, I think, gentlemen, you will be surprised when I tell you that in so enormous a proportion as forty-two to seven there was some distinct deviation from the standard of health! In nearly every instance that deviation took the form of engorged follicles. It is interesting to note that though this disorder formerly enjoyed a masculine designation, *Angina Clericorum*, as a matter of fact it is divided with remarkable impartiality between the two sexes; for whilst $\frac{11}{13}$, or 85 per cent., of men suffered, $\frac{31}{36}$, or 86 per cent., of the women were victims; showing even a slight preponderance on the *female* side.*

One sixth only of all patients enjoyed the possession of a typically sound pharynx.

It is difficult to follow numerical values mentally, so I will briefly tabulate thus:

	<i>Men.</i>	...	<i>Women.</i>
Pharyngeal affection	11	...	31
Healthy throats	2	...	5
	—		—
Respective totals	13	...	36
	⏟		
Total	49		

The remedy from the use of which I have seen the greatest amount of success is the *Yellow Iodide of Mercury*; the salt containing two equivalents of *Iodine* has not appeared to me to be followed by results so favorable. The next medicinal agent in order of clinical value is *Kali bichromicum*.

I have seen good effects from *Hamamelis* 1^x in the sub-acute, from *Capsicum* 3^x in the chronic venous congestion so frequently seen in conjunction with follicular lesion. *Nux* is useful when the mucous membrane is brick-red, and

* Follicular pharyngitis is nearly always present in the subjects of pulmonary, vesicular emphysema. Dr. Henry Bennett has pointed out how frequently pelvic congestion in women is associated with a relaxed state of the pharyngeal mucous membrane.

the mouth is sore, or when pelvic congestion complicates the case.

Insolatio and Hay-fever.

We will now, gentlemen, pass to the consideration of two diseased conditions which, widely separated as they may be in their manifestations, are yet at times allied as to their ætiology—I speak of sunstroke and hay-fever.

It would be no novelty to assert that both these morbid states may be induced by the impinging, under certain circumstances, of the rays of the sun on the surface of the body. They have been said to owe, in some instances, a common origin to the HEAT of the sun; but I ask you, have we not rather ignored the share that another factor concerned may claim in the production of these phenomena?

We must not forget that the solar beams contain pencils of yellow or light rays as well as pencils of blue or chemical rays.

Why may not over-stimulation by light be accredited as the cause, knowing as we do that no amount of heat* without light will so disturb the economy?

In an exhaustive monograph, composed in a truly scientific spirit, and displaying peculiar powers of patient investigation, one of our body has recently given to us the valuable results of years of thought and observation on the subject of hay-asthma. When I had the pleasure of perusing this classic contribution to the scant literature of hay-fever, with a feeling of extreme admiration for the minute care, the patient research, betrayed by its style, came a sensation of surprise that its author should have dropped into the beaten track of attri-

* There is a disease induced by over-stimulation with chemical or blue rays, viz. the moon-stroke of India. It is characterised by hepatic congestion and an impaired state of the memory. I have under my care a lady who, after a moonlight walk, experiences diminished heart-action and marked muscular prostration—nicotism minus the nausea.

buting this disease to the *heat* rather than to the *light* of the sun.

At p. 677 of vol. xxx of the *British Journal of Homœopathy* Mr. Blackley says:—"Many patients have thought that exposure to the heat of the sun has made their attacks more severe." Again, "Dr. Bostock had the symptoms more severely developed whenever he ventured into the open air whilst residing at Ramsgate" (whose atmosphere is likely to be as free from pollen as any in great Britain); and again, "Dr. Phœbus notices that exercise, especially that of a fatiguing nature (in other words, outdoor exercise), causes exacerbations." Dr. Smith, p. 258, loc. cit., thinks that great heat *and strong light* induce or aggravate the symptoms.

Mr. Blackley explains all these by the fact that when patients are in the open air they inhale more pollen. This **MAY** be so; but another explanation perhaps lurks behind. They are certainly more exposed to the direct rays of light emanating from the sun. Mr. Blackley does, indeed, at p. 253, take up the question of light as a causative agent, but he dismisses it so summarily as nearly to amount to a putting out of court.

Whilst Bostock, George Moore, Pirrie, and Smith have supported the heat theory, Phœbus alone definitely advocated the view that light might be the chief disturbing cause.

May not the whole question of hay-asthma be condensed and formularised thus?—*Given a hyperæsthetic condition of the nerves distributed to the skin or to the ophthalmic-respiratory tract, then any irritant, local or reflex, its nature determined by the special idiosyncrasy of each particular individual, shall induce an attack.*

We shall never discover which is the precise sinner, because **ALL** in turn *are* sinners, because every patient has his own peculiar *bête noire* always ready to pounce on him in seasons when his resisting power stands at a minimum.

For convenience we class all under the comprehensive, but incorrect, terms "hay-fever," and "hay-asthma;" there is no doubt that even in the same individual

different exciting causes will induce the same result, whether we style that result musk-asthma, pollen-asthma, solar asthma, or ipecacuanha-asthma.*

It is well known that some persons are prone to have a sneezing fit on passing from the shade suddenly into the full blaze of sun. May not this be a kind of incipient or rudimentary hay-asthma?

I always direct my patients who are predisposed to sun-stroke or hay-fever to wear on the head during summer a white covering, lined with some black material, that any light rays which escape reflection from the white surface may be absorbed by the dark lining.

The remedies that I have found most useful in the treatment of insolatio are *Glonoïn*, *Lachesis*, *Nux vomica*, and *Argentum*.

It might seem, gentlemen, to demand some apology that this New Year's dish offered for your discussion should be such a medical mixture—such a veritable pathological *Olla podrida!*

However this may be, it has given me much pleasure to prepare it for you, and now I heartily invite you, one and all, to begin the attack. Use your knives with a will, but spare—spare me your teeth!

This night I crave, my brethren, from you no happier fate than befalls the oyster—to be swallowed without being bitten!

Discussion on Dr. Edward T. Blake's paper.

Mr. KYNGDON had never observed the sublingual ulcers spoken of by Dr. Blake, and would ask him at what period of the disease he saw them. Speaking of the treatment of buccal ulcers, he once had an obstinate case of ulcer in the fauces which ultimately healed rapidly under *Ac. fluor.* 5. He could not agree with Dr. Blake that hay-asthma could be induced by the heat and bright light of the solar rays acting on the cutaneous nerves; for this theory is completely upset by the fact that sufferers from the

* One fact has latterly been pressed upon my notice, that this disorder is of much more frequent occurrence than is usually supposed by us.

affection usually lose all the distressing symptoms on going out to sea, where we know that the sun's rays are more powerful and more "burning" than on land. He knew the case of a gentleman who invariably had a sharp attack of hay-asthma on touching or coming near a dead deer. As regards treatment, many years ago he made a tincture of the flowers of *Anthoxanthum odoratum*, and used it empirically for this affection, sometimes with marked success, so much so that Mr. Kendall, the homœopathic chemist at Exeter, had such numerous applications for "Mr. Kyngdon's remedy for hay-fever" that he used to sell it to allopathic chemists' and others by the pint and quart; but latterly he had almost given up its use and employed very successfully *Sulph. iod.* 3. This remedy is very homœopathic to hay-asthma, and the trituration of it by the chemist usually brings on a sharp attack of its prominent symptoms.

Dr. VERNON BELL said he had never noticed ulceration under the tongue in any case of whooping-cough that had been in his care. In one very severe instance a species of complete chemosis came on during the convulsive stage, which he attributed to strain. He fancied the ulcers of the soft tissues under the tongue mentioned by Dr. Blake and other observers might be due to the same cause; at all events, he (Dr. Vernon Bell) scarcely considered such exceptional occurrences any clue to treatment. As to follicular pharyngitis he thought it very probable that such an affection existed far more frequently than was suspected, but it was seldom brought under the observation of medical men until it had become moderately bad. In his (Dr. Vernon Bell's) experience the disorder was certainly not confined to clergymen or to those who greatly exercised the voice, for it was even more frequent among the classes exposed to sudden atmospheric changes and to noxious particles floating in the air. He had met one very obstinate example of the latter in the case of a photographer. But whatever the *proximate* causes might be he had no doubt about two *remote* predisposing causes—disorders of the stomach and a peculiar proclivity of the pharyngeal membrane to morbid action, which had not yet been satisfactorily explained. The medicine in which he most confided was *Nux vomica* in the earlier degrees of the inflammation. The green *Iodide of*, and other combinations of, *Mercury* and *Ferrocyanide of Potassium*, with an exclusive dietary, he believed to be necessary in almost every severe case. The inhalation of *Iodine* he almost always used, but this and other local applications were of subsidiary service, and could not be relied upon for a permanent cure in the absence of systematic and radical measures. So much might be urged for and against Dr. Edward Blake's supposed causes of "sun-stroke hay-fever" that he (Dr. Vernon Bell) could not offer any opinion which would be of value to the Society.

Dr. HALE could not agree with Dr. Blake's statement that

follicular pharyngitis had not been sufficiently observed by practitioners; for his own part, Dr. Hale had recognised and treated such a condition of the pharyngeal mucous membrane for years, and had met with a large percentage of cases so affected. He had found *Biniodide of Mercury* one of the best remedies. Follicular deposits are generally met with in strumous cases, and their presence always led him to examine carefully for the existence of tubercular deposits in other organs, especially in the lungs. The case of a clergyman who had been a patient of Dr. Hale's for many years illustrated the importance of this connection. This patient had not only the follicular deposit in the pharynx as a chronic condition, but from exposure to a chill after preaching suffered from an attack of subacute laryngitis of the follicular kind, involving the vocal cords, necessitating complete rest of the vocal organs. Dulness on percussion over the apex of the right lung, where congestion with hæmoptysis had occurred under Dr. Hale's care twenty years before, caused grave suspicions of tubercle, but happily under a course of medicine consisting of *Biniodide of Mercury* 5 \times , *Iodide of Potassium* 3, and *Iodium* 3, with *Cod-liver Oil* and sea air, complete restoration of voice and removal of the physical signs of lung disease followed the treatment. Mr. Kyngdon had quite demolished Dr. Blake's theory of light as the factor in producing hay-asthma. There were, nevertheless, some remarkable physiological effects produced by the non-luminous rays in the solar spectrum which Dr. Hale suggested would form an interesting subject for inquiry. Referring to the effects of sunstroke Dr. Hale mentioned a case of painful interest to him where chronic inflammation of the membranes of the brain and spinal cord had its origin in sunstroke. Dr. Hale described a remarkable case in which, owing to the idiosyncrasy of the patient, the smell of horses or of a stable produced most violent attacks of asthma resembling the symptoms of hay-asthma. Dr. Hale had tried with some effect the *Tincture of Anthoxanthum odoratum* in hay-asthma, but it is probable any stimulating vapour would act as a palliative.

Mr. ENGALL said that amongst other remedies there was one which he thought would be of use in follicular pharyngitis on account of its action on the mucous membrane. This was the local use of *Glycerine*. He had tried it in the form of gargle with great benefit in cases of deafness from the closure of the Eustachian tube. He had been led to use it for this purpose from observing the effect of it upon the mucous membrane of the nose in a case of congenital closure of the lachrymal canal. In this case from the time of the child's birth the canal was so obstructed that a large tumour formed in the sac which he feared would have ended in fistula. After several medicinal means had failed he ordered the internal nostril to be moistened with diluted *Glycerine* by means of a hair-pencil; after persisting in this for a few days the distension of the sac suddenly disappeared; and

although many months had now passed it had remained perfectly cured. As to the hay-fever, he did not think that light could be the cause of it. The body was not exposed to its influence, being clothed; the face was the only part exposed, as the head was protected by a natural or by an artificial covering. As regards "clergyman's throat," he found that one efficient means of cure was to teach the natural use of the voice, as the cause of it in most cases is undue tension and too prolonged use of the organs forming the voice through lack of sufficient rest by way of pauses. Let the patient be made to read and this fault is easily discovered. By directing him how to read and speak so as to ensure a momentary rest, between the words if the case is very bad, or between the sentences in less severe cases, the cure could be effected. It is a common error with speakers and readers to suppose that in order to be heard the voice should be loud. The best way to ensure this is the distinct articulation of every word; and the greater the distance to be reached the slower should the utterance be, and the more marked the necessary emphasis.

Dr. KIDD said follicular pharyngitis is often a very chronic disease. He had found much help in its treatment from the use of *Antimonium tartaricum* according to a suggestion of our dear and much valued friend Dr. H. B. Madden some years ago. The usual dose he (Dr. Kidd) gave was five grains of the second decimal trituration on the tongue at bedtime every night for a few weeks. He had in other cases found *Ferri sulph.*, five drops of the first decimal dilution three times a day, very helpful. Of all local remedies he had found table salt (*Chloride of Sodium*) in *Glycerine* and water, used by the spray-producer, most effectual, two drachms of table salt dissolved in two ounces of *Glycerine* and four ounces of water used twice or three times a day. The *Chloride of Sodium* he considered to have a specific effect on the follicles, improving their secretion. As to the pathology of hay-fever and hay-asthma Dr. Kidd quite agreed with Mr. Blackley as to the pollen theory. In simple hay coryza with sneezing he had found *Nux v.*, four to six drops three or four times a day, most effectual. In hay-asthma for twelve or fifteen years he had used *Arsenic* with singularly good result; the first centesimal dilution about three to four drops three or four times a day, or Fowler's solution the same dose. In the treatment of hay-coryza and hay-asthma a most important aid he considered to be to endeavour to blunt the sensibility of the mucous membrane. For this purpose for many years he had prescribed half an ounce liquid *Extract of Opium* blended into a cream with an ounce of beef marrow used three or four times a day. The effect of this was most beneficial.

Mr. POPE (Vice-President, in the Chair) said that they had all much reason to feel obliged to Dr. Blake for the suggestive paper he had read, as well as for the interesting discussion to which it had led. The ulcer under the tongue to which Dr.

Blake had referred had, he thought, been alleged to be a premonitory symptom of measles, as well as of hooping cough. He had looked for it on several occasions in both forms of disease, but had never observed it, and believed that where it had been noticed it was a mere coincidence and not of any importance as a diagnostic indication. With regard to the etiology of hay-fever, Mr. Pope thought that the evidence as to its dependence upon floating pollen had been so fully and clearly set forth by Mr. Blackley in his recent work on the subject, that at present it was incontestable. It had been shown that whenever other circumstances, such as heat and light, for example, to the influence of which hay-fever had been ascribed by some, had been supposed to excite an attack of the disease pollen had also been present; and further, it had also been shown that in the absence of pollen these other circumstances did not give rise to the symptoms of this painful illness. If pollen was the cause of the disease, it seemed hopeless to attempt to *cure* it, in the correct sense of that term. As long as the poison was being inhaled, so long would the patient suffer. All that was left to us to do was to palliate. Of the various means of palliation suggested that named by Dr. Kidd of a mixture of fat and opium seemed to him the most promising. In reference to a remark about the *Iodide of Sulphur* he would state that a very fair proving of it by Dr. Kelsall would be found in an early volume of the *Monthly Homœopathic Review* (vol. ii, p. 154). The medicines known as "American Remedies" had been spoken of somewhat disparagingly. He was afraid that there was only too much reason for doubting their value. He believed that the cause of the disappointment which had been met with in using them was due to the indications for prescribing them having been, in too many instances, purely empirical. Their information regarding them was only partly derived from physiological experiments. On this source they could rely, and if they, in studying the works of Dr. Hale, restricted themselves to the provings he had recorded, and ignored, as at least doubtful, all the empirical notions of the so-called Eclectics and others of the same class he had unfortunately mixed up with them, the remedies he had introduced to their notice would prove of great service. It was when they were non-homœopathic that these medicines had led them astray, not in cases where they were homœopathic. Mr. Pope concluded by expressing the pleasure with which he had heard that Dr. Cooper had a proving of the *Chlorate of Soda* in his desk.

Dr. BLAKE, in reply, observed that epithelioma of the tongue had been spoken of by Dr. Cooper. Dr. Blake had tried the much vaunted chromic acid in a case where the submaxillary glands were involved, and it had failed as all remedies do fail when that is the case. Dr. Blake considered carcinoma linguæ to be *primarily, i. e.* before gland invasion, essentially a local disease

quite amenable to local treatment. He had seen many cases disappear under *Hydrastis*, but always used locally as well as internally. He thought that *syphilis linguæ* was often called carcinoma. In connection with the allusion to the use of lunar caustic by one of the speakers, it is interesting to note that *Argentum* is administered internally by homœopaths for one form of follicular throat. In reply to Mr. Kyngdon, Dr. Blake said that it was during the spasmodic stage that sublingual ulceration had been observed. It was quite a mistake to suppose, as observed by Drs. Hale and Kyngdon, that hay-asthma did not occur on board ship; it was a problem to the exclusive pollen school to explain it, they had been compelled to such ingenious explanations as that pollen might be carried over the sea in "dust clouds," or that hay might be on board to feed the cows! Dr. Blake would remind Dr. Hale that it was at the sea-side, in the Island of Thanet, that Dr. Bostock fell a victim to this besetting calamity, where he was *not* in the way of pollen from grass. When insolation produces profound disturbance of the nutritive function, as in the sad case of his own child detailed by Dr. Hale, more was to be hoped from *Argentum* and its salt than any other known remedy. *Anthraxanthum* might be a remedy in some cases, but to the homœopathic it should be employed in just those cases which simulate asthma from hay, but are *not* caused by pollen irritation. In Mr. Kyngdon's interesting instance it is quite possible that the disturbing cause was an emanation from the scrotal follicles of the deer. You know that musk will induce asthma in certain persons, and it was unnecessary to remind the members how nearly allied are the *Moschidæ* and the *Cervidæ*.

CASES ILLUSTRATIVE OF DISEASE OF THE URINARY ORGANS.

By HENRY HARRIS Esq., M.R.C.S.

(Read before the British Homœopathic Society.)

THE first case I have to bring before the Society to night I have called tubercular disease of prostate. It is not my intention to preface it with any remarks upon the nature of the disease it professes to illustrate, but to let it

tell its own tale, and at the close point out the grounds upon which I found my diagnosis.

W. C—, æt. 32, a strongly built man, five feet eleven inches in height, and weighing fourteen stone, in early life a bookbinder, latterly a gas inspector. Comes of a consumptive family, but has always had good health with the exception of occasional attacks of gout in the feet.

At the end of the year 1870 he consulted me, complaining of an increased frequency of micturition, with some little pain after passing water, which was occasionally tinged with blood, or perhaps it would be more correct to say contained streaks of blood. The urine on examination appeared to be normal, with the exception that it contained a rather larger quantity of mucus than is usual. He received *Terebinthina* and *Belladonna*, and in a fortnight all the symptoms were removed. He remained free from any trouble till January, 1873, on the 27th of which month he again came under treatment for the same symptoms but in an aggravated form. The water at this time contained a considerable quantity of muco-pus, very little albumen, no casts, and varied much in character on different days. The pain was mainly at the commencement and after micturition. Thinking it possible he might be suffering from calculus I carefully sounded him, but failed to find a stone. This examination did not appear to cause much pain. On the 24th of February he had an attack of gout, which yielded in a day or two to *Bryonia* and *Colchicum*. At the beginning of March, as no satisfactory progress had been made, he by my advice took another opinion; an examination by catheter was made, which gave excessive pain and was followed by rigors. No stone was discovered, but a roughened sensation at the neck of the bladder was felt; examination per rectum revealed no enlargement, and but slight tenderness of prostate. The case was pronounced one of cystitis. The treatment recommended was steadily pursued till the end of the month without any benefit accruing. At this period I noticed that the patient was losing flesh and had him weighed on the 2nd of April; he weighed 12 stone, he was weighed each week up to the

9th August, when his weight was 9 stone 10 lbs.; the decrease was steady and uniform and appeared quite uninfluenced by any of the circumstances of his illness. On the 5th of May he saw a physician in consultation with me; by this time his countenance had acquired a haggard worn look, and he complained of a dull aching pain immediately above the pubes. The urine now contained more pus, but still no casts, and there had not for some time been any blood passed. The opinion given was that it was a case of cystitis depending probably on some malignant disease of bladder. No chest mischief could at this time be detected. On the 25th of August the bowels which up to that time had been confined became much relaxed, and continued so in spite of medicines for ten days; this greatly prostrated him, he also now began to suffer from nausea, vomiting and pain at stomach after food, and for the first time complained of distress in the lumbar region.

At the end of November another attack of diarrhœa occurred and was accompanied by such excessive prostration that the patient and his friends were counting the hours of his life, and it seemed impossible that he could last from day to day. After taking two doses of *Apis* the diarrhœa stopped, the appetite, which had completely failed, returned, and the patient recovered sufficient strength to move about the house and even to go out for a short walk. When the diarrhœa ceased the bowels again became much confined, the motions now assuming quite a new character, being hard round lumps coated with blood and slime, causing great pain in passing. An examination by rectum which gave excessive pain revealed no enlargement, but intense tenderness in the region of the prostate. The improvement lasted for a fortnight, when the appetite again failed, and he lost his newly acquired strength. At the beginning of last month cough came on and I found some dulness over the upper part of the right lung, by the middle of the month this had increased, and the cough was now accompanied by a greenish expectoration streaked with blood. Up to the present time the emaciation has con-

tinued to progress, so that now he lies a perfect skeleton. Takes but little food, which is more often vomited than retained, bowels much confined, and when relieved the motions are hard balls with much blood and pus, water scanty, depositing about one third of muco-pus, sp. gr. 1012, acid, the deposit insoluble in acetic acid. The state of the lung is much the same, the cough not very troublesome, profuse night perspirations, and hectic fever night and morning.

I believe this to be a case of tubercular disease commencing in the upper part of the prostate, extending from there to the bladder and kidney, and now invading the lower half of the prostate and causing ulceration into the rectum. I had fully expected before the time for reading this paper arrived that I should have been able to verify my diagnosis by a post-mortem examination; failing that I will state briefly the reasons which have led me to this conclusion. That it is tubercular disease I think the family history, the excessive wasting, the comparative absence of pain, and the occurrence at the close of symptoms of pulmonary phthisis, prove or at least make it exceedingly probable. That its primary seat was the prostate and its course that I have described is evidenced to my mind by the following facts: that the pain at the commencement of the disease was always referred to the position of the prostate, and was accompanied by the passing of streaks of blood, which as the disease progressed ceased, the gradual increase of the purulent deposit with the supra-pubic pain showed its extension to the bladder, and the lumbar pain and gastric disturbance its further progress to the kidney, while the ulceration into rectum proves the last step of the process.

Sir Henry Thompson in his work on prostatic disease, speaks of tubercular affection of that gland as very rare, and instances but eighteen recorded cases. He also says that it probably never is limited to the prostate and that the kidney is generally its primary seat, next to that the testicle; in my case for the reasons I have given, I believe it commenced in the prostate, and there has been no sign of any affection of the testicle.

Dr. Roberts, speaking of tubercle of the kidney, says, that in males it not unfrequently affects also the genital organs; and most frequently the prostate, but that in the female, tubercular diseases of the urinary do not spread to the genital organs, and *vice versa*.

Hitherto I have not mentioned the treatment pursued, for no medicine seemed to have any influence in stopping the progress of the disease. The list is a long one, and includes most, I had nearly said all the remedies which are credited with an action on the bladder and prostate or on the tubercular diathesis. The temporary rally after the use of *Apis* almost made me hope that I had found the specific medicine, though, having at that time fully made up my mind as to the nature of the disease, I could not endorse the sanguine expectations of the patient's friends; its failure to continue forced me to conclude that it was a *post* and not a *propter hoc* fact, and in this idea I am confirmed, for I find Dr. Roberts recording an almost similar instance of sudden improvement in a woman apparently dying of tubercle in the kidney, for the occurrence of which improvement he confesses himself quite unable to account. The medicine which always appeared to me to cover most of the symptoms and to be most indicated by the location of the disease was *Thuja*. I tried it in various dilutions, but without result; had I, however, another case to treat, I should give that medicine a more extended trial at an earlier stage of the disease, should I be so fortunate as to recognise the malady with which I had to cope sooner than I did in this instance.

My next case is one of hæmorrhage from the urethra with expulsion of fibrinous cast. In the evening of the 7th of March last I was summoned to visit a man, who the messenger, his brother, stated had come home about an hour previously bleeding profusely from the urethra, and had passed just before he started to fetch me a mass looking at first sight like a globular lump of flesh about an inch or an inch and a half in diameter. Directing the man to be placed on his back and ice to be applied to the genitals, I promised to follow as quickly as possible. On washing the

lump from grit I found after the clotted blood had separated from it that it consisted of a fibrinous cast, resembling in shape more closely than anything else a segment of a ball enema with the tube attached ; the circular part was, as before stated, about an inch and a half in diameter, whilst the pipe was about an inch in length and of the diameter of a wheat straw ; its structure was evidently fibrinous. I much regret that I have not now the specimen by me, but at the time I did not think of bringing the case before this society, and I gave it to a professional friend to exhibit at the Pathological Society.

On my arrival at the house I found the patient, a man about thirty, lying on his back, perfectly blanched, pulse very slow and thready, countenance expressive of great terror and anxiety ; the bleeding had been in a measure checked by the application of the ice, but blood was still dripping from the urethra. I at once passed a No. 12 silver catheter into the bladder, and noticed that the water which came through the instrument was unstained with blood. The pressure of the instrument almost immediately stopped the hæmorrhage. I fastened the catheter in, cautioning the patient to lie perfectly still on his back and to have the ice applied if the bleeding recurred. I left him *Arnica* and *China* to take alternately. The next morning I found that there had been no more hæmorrhage, and on removing the instrument the urine passed per urethram was only slightly tinged with blood. He was kept quiet in bed for two or three days and made a good recovery. The history given by him was as follows : that a week before the evening I saw him " he was larking," to use his own words, with a woman previous to having connection with her, when a sudden gush of blood from the urethra took place ; this lasted some ten minutes and then ceased. Four days after, under similar circumstances, there was a recurrence of the hæmorrhage, but in a slighter degree. On that evening on which I saw him he was walking to his home at Brixton, and whilst crossing St. James's Park had an erection, and at once there was again a rush of blood from the penis ; this continued till he reached home and, increasing in quantity, they sent

for me. Of the amount of blood lost it is difficult to form an estimate, but it must have been very considerable, as it continued for more than two hours, and the bed and bedding were quite saturated. Neither on passing the catheter nor by subsequent examination along the whole course of the urethra could I find any tender spot, and I confess that I have not been able to decide to my own satisfaction the source nor the real cause of the hæmorrhage. The man at the time was suffering from a slight gleet for which he subsequently came under treatment and soon recovered. I ordered him to abstain at least for a time from all sexual excitement, and I think for a little while he obeyed the injunction, but being of a very erotic temperament he soon lapsed into his former habits, but had not when I last heard of him, a month or two since, had any return of the hæmorrhage.

The last case with which I shall trouble you to-night will be stated in a very few words. A young man who had been under treatment for gonorrhœa returned in about a month with a profuse crop of warts on the glans penis and prepuce, the largest being of the size of a pea; he was ordered a lotion of *Thuja* θ and *Thuja* 1st centesimal internally; at the end of the week he reported himself much the same. Medicine and lotion repeated; at the end of the second week there was still the same report. I now swept the surface of the warts with strong *Nitric acid* and gave him *Nitric acid* 1st centesimal, internally; on his next visit the largest of the warts were reduced in size, but the number was not diminished. The treatment was repeated for another week, but still very slight progress was made. I then gave him the *Thuja* lotion again and *Thuja* 12 internally. At the end of the first week of this treatment many of the small warts had disappeared and the larger ones were reduced in size. *Thuja* 12 was repeated but without the lotion; next time a very marked improvement was manifest; the whole of the warts save the largest were quite gone; he received another week's medicine and ceased to attend. He has since been under treatment for another attack of gonorrhœa, and tells me that all the warts had entirely disappeared

before he finished his last medicine. This case is so slight in itself that I should not have brought it before you but that it appeared to me to have some bearing on the much-vexed question of the curative dose.

Discussion on Mr. Henry Harris's paper.

Dr. BANSFORD had a case very like Mr. Harris's first case with this important difference, that there were no tubercles in the prostate. The subject was an aged clergyman. The bladder was very irritable; the urine drawn off by catheter night and morning. *Cannabis sativa* 1 materially relieved him and prolonged his life, although the vesical paralysis was not cured. He has found *Cannabis indica* ϕ in one-drop doses more efficacious in curing acute gonorrhœa than *Cannabis sativa* ϕ , but in gleet he has still more confidence in *Bals. copaibæ*, of which he orders two or three drops of a saturated alcoholic solution three or four times daily.

Dr. VAUGHAN-HUGHES said that cases of tubercular hypertrophy of the prostate must be very rare; he had never met with such pure and simple. He was of opinion that Mr. Harris's patient had tubercular deposits in the submucous tissue, and that these spots ulcerated through to the surface and discharged a matter, more or less purulent, bloody, and sanious, which gave rise to excessive irritation in the bladder, prostate, and urethra. Dr. Vaughan-Hughes considered that the hæmorrhage from the urethra during violent and long-continued erection arose from an ulcer in some part of the urethral mucous membrane becoming suddenly torn up by the rapid expansion of the erectile tissues.

Dr. DUDGEON was not quite satisfied from Mr. Harris's description of his first case that the disease was really tubercle of the prostate. In that case would there not have been enlargement of the gland? It seemed to him that the disease might, in the absence of confirmatory evidence on the dissecting table, be assumed to be chronic cystitis with ulceration. As the patient had not yet died he might yet derive some advantage from *Argentum nitricum*, which had not apparently been yet given by Mr. Harris.

Dr. BAYES thanked Mr. Harris for the very interesting cases so clearly and well related. Urinary hæmorrhage was often a very obscure affection. Latterly he (Dr. Bayes) had treated two such cases, both of great severity; one progressed favorably, but the other proved fatal. The first of these two cases came under his treatment about twelve months ago; he had been up till then under allopathic treatment. There were frequently recurring

hæmorrhages of very considerable extent, and in addition to clots passed on such occasions masses of villous growth, some of considerable size, were occasionally to be detected in the urine. The microscope showed their structure, and a very good specimen is to be seen among the preparations at St. George's Hospital. The urine was always loaded with albumen and a very considerable quantity of blood-corpuscles, pus-corpuscles, epithelial scales, &c., were always present. He (Dr. Bayes) immediately withdrew all alcoholic stimulants, and slow improvement set in under a course of homœopathic remedies. Fresh hæmorrhages occasionally recurred (but less frequently than before), and a very severe attack came on in May, the patient being at that time in Bournemouth under Dr. Nankivell's immediate care. The bladder became distended with clots, and Dr. Nankivell washed it out very skilfully. After this the patient returned to London. The urine still albuminous and loaded with pus, still containing at times villous growth. He (Dr. Bayes) now gave him small doses of *Sulpho-carbolate of Lime*, a grain three times a day, and under this and the careful meeting of symptoms by other remedies the pus speedily disappeared, the urine lost its albumen and became more natural in composition, the patient gradually assumed a healthful aspect, and appears well. No fresh hæmorrhage (worthy of the name) has appeared during eight months, and were it not for the occasional appearance of a small clot in the urine the patient might be pronounced well. The second case alluded to was that of an officer. When he (Dr. Bayes) first saw him he was completely exsanguined, suffering much also from dysuria and irritable bladder to so great a degree as to force urination every twenty minutes, day and night. There was no considerable hæmorrhage, but the urine was loaded with pus and albumen. The pain was so urgent that the patient took large and repeated doses of *Morphia*, but still no longer interval of sleep than twenty minutes to half an hour was yielded. A course of homœopathic medication relieved the urgent symptoms, and the patient was enabled to sleep two or three hours at a time; so marked was the improvement for a time that the patient and his friends became very sanguine of ultimate recovery. The pus and albumen nearly disappeared under *Sulpho-carbolate of Lime*, but suddenly paralysis of the bladder set in. A surgeon was called in who very skilfully used the catheter, but this brought on passive hæmorrhage. Constitutional symptoms set in, aphthous ulceration of mouth and throat followed, and diarrhœa and lenteria ended the patient's sufferings. There had been at one time great pain and discomfort in the prostate gland, but this was permanently relieved by a few doses of *Aconite* 1. In both these cases the effect of many of our medicines was well marked; and he (Dr. Bayes) may, at some future time, give the details, but the point he wished to bring forward at this time was the beneficial action of small doses of

Sulpho-carbolate of Lime in arresting disorganization, and, perhaps (in the first case), in destroying or controlling the development of growths of loose organisation within the urinary cavities.

Mr. HARRIS, in reply, said that he was by no means prejudiced in favour of his diagnosis of the first case, and should be pleased if its favorable issue showed that he was mistaken. He would gladly avail himself of Dr. Dudgeon's suggestion as to the use of *Argenti nitras*, though he feared the case was now too far advanced for any treatment to be of much benefit. Dr. Vaughan-Hughes had suggested that the tubercular deposit might be in the submucous tissue; that no doubt was possible, but Mr. Harris was of opinion that it was really in the gland structure itself. Tubercular disease may exist without any hypertrophy at the beginning; it is said there is sometimes a slight enlargement, but as the disease progresses the gland really diminishes in size. In this case there is certainly no hypertrophy, nor has there been at any time any difficulty in getting rid of the urine. That the hæmorrhage in the second case was not due to stricture nor to ulcer in urethra is shown by the fact that a No. 12 catheter was passed without difficulty and without pain. The last case was not brought forward as a striking cure of warts, but simply to show that a cure appeared to be effected by *Thuja 12*, a similar result not having followed the use of that drug in the first dilution.

SPECIFIC MEDICATION IN RELATION TO SURGERY.

By Dr. W. S. CRAIG, of Scarborough.

(Read before the British Homœopathic Society.)

HOMEOPATHY being a system of therapeutics is more intimately related to the practice of physic than to surgery, and consequently homœopathic practitioners have a tendency to cultivate medicine to the neglect of surgery. The teaching of Hahnemann exerted an influence in the same direction since he inculcated the desirability of curing the external manifestation of diseases from within by medicine rather than attacking them from without. While acknow-

ledging the value of this teaching, it is a question whether we do not often trammel ourselves unnecessarily by endeavouring to avoid surgical interference when it would very much expedite the cure and even increase the efficacy of the medicinal treatment. I think I have seen prolonged attempts to remove paronychia, nævi, wens, ganglia, and various external tumours with medicine, which, I am sure, would have been materially expedited without detriment by judicious surgical assistance. It is also desirable that homœopaths should maintain their status as competent surgeons, the more so that their command of the homœopathic therapeutics gives an immense advantage in carrying surgical and obstetrical cases to a successful issue. The rapidity and precision with which inflammatory reactions and other complications in operative surgery are controlled by the homœopathic medicines, are very striking when contrasted with the indirect, disturbing, and exhausting remedies in ordinary use. Of this I had a gratifying experience some time ago, in the case of a rather severe accident which came under my care. A farmer, while superintending a thrashing machine, had his clothes caught by the horizontal revolving shaft; he was whirled round the shaft, and struck violently on the ground with each revolution. He was bruised all over and sustained a comminuted compound fracture of the right forearm, and a fracture of the right tibia and fibula. I amputated the arm a few inches below the elbow, and adjusted the leg in sand-bag splints. The action of *Arnica* in removing the ecchymosis was very striking, and the immediate effect of *Aconite* and *Belladonna* in checking the reactionary fever, with a tendency to erysipelas of the face, was most satisfactory. Within eight days the patient was able to sit up in a chair and write a letter with his left hand. It is my object to direct your attention to the satisfactory results of a combination of homœopathy with surgery, confining myself to such operations as should be within the scope of every general practitioner.

For example, diseases of the rectum are the source of many alarming and obscure derangements of the health,

and we frequently meet with patients suffering from these diseases who have run the gauntlet of medical treatment of all sorts without relief. Direct surgical interference is absolutely necessary, and this, again, must be supplemented by specific medication, directed towards the removal of the hepatic congestion which underlies the morbid condition of the bowel.

The following cases will illustrate my meaning.

Many years ago I was called to see a widow lady, æt. 38, reported to be dying from disease of the heart. I found her propped up in bed, excessively pale and œdematous. The heart was visibly agitated, but auscultation disclosed no sign of organic disease. The urine was free from albumen, and there was no history of menorrhagia, or any other hæmorrhage, to account for the evident anemia. Inquiry as to the existence of piles or loss of blood at stool was met with a decided negative, nevertheless I determined to examine the bowel, when I found two vascular tumours bleeding on being touched, which I could not hesitate to regard as the immediate source of the whole serious train of symptoms. After an unsuccessful attempt to remove them by medicine, the piles were destroyed by ligatures passed through their base and tied each half separately. On the separation of ligatures a course of *China*, *Nux vom.*, *Carb. veg.*, and *Lycopodium* removed the œdema and completely restored the chylo-poietic functions. Her restoration to health was rapid and permanent. This is a very simple case and was appreciated much beyond its deserts, but the credit of the cure would have been lost to homœopathy if I had exhausted the patience of the sufferer in my attempt to cure her with medicine alone.

Last summer a gentleman, æt. 32, was brought into my consulting room in a state of syncope from hæmorrhage from the bowel. He had been under the care of a homœopathic medical man for several months, reputedly for disease of the heart. The heart exhibited no evidence of disease beyond functional irritation. Examination of the bowel revealed two large bleeding hæmorrhoids. These were removed by ligature, after which all other symptoms rapidly

yielded to homœopathic treatment, and in a few weeks he returned home restored to perfect health, a result which could not have been attained by medicine alone.

The Rev. J. H—, æt. 49, had perceived a steadily increasing failure of strength. He looked robust, but in spite of a florid complexion a certain pallor and waxiness about the lips became apparent. His breathing on rising even a gentle ascent was laboured and distressing, and he was alarmed by occasional sudden loss of memory and threatened fainting. Several medical friends who were interested in his health carefully examined him, and in succession undertook the treatment of the case. He was sent twice to a hydropathic establishment and took lengthened rest and withdrawal from duty, but without any lasting benefit. The diagnosis of his condition was never satisfactorily determined till in despair I examined the rectum, and found a very large internal hæmorrhoid which bled freely on being touched. The patient admitted that he had for years occasionally observed blood with the stools, but as he had been led by his allopathic physicians to regard it as salutary, he had never given much attention to the matter. After the removal of the tumour, and under the action of *Podophyllum* and *Sol. Sodæ Chlorat.*, a critical diarrhœa set in, with great relief to the portal congestion, followed by the disappearance of all the anxious symptoms.

A condition of congestion and erosion of the mucous lining of the rectum is frequently met with, not amounting to distinct hæmorrhoids, and yet causing many local and sympathetic discomforts. The medicines which I have found of most service are *Merc. corr.* and *Nitric acid*, but the cure is greatly expedited by the application of strong *Nitric acid* to the eroded surface. The distressing pain of spasm of the sphincter associated with fissure in ano is effectually cured by introducing the two index fingers within the tightened ring of muscular fibre, and steadily overcoming the contraction. *Ignatia* is useful in preventing the return of the spasm, but I have never been able to remove it with medicine alone.

The treatment of scirrhus of the breast by medicines

alone is not encouraging, and the mere surgical removal of the tumour is almost invariably followed by the reappearance of the disease in the cicatrix or in some other part. I have been much gratified by observing the power of a steady course of *Sanguinaria Canadensis* in preventing the return of the disease. I have notes of six cases, all of whom are at this time alive and well, in which I removed the breast, and followed up the operation with a course of *Sanguinaria*. Of course the cases were selected as suitable for operation, that is to say, the disease had not extended to the axillary glands nor involved the skin. In every case the entire breast was removed, and adhesion by first intention was almost uniformly secured by the sustained pressure of a large sponge wrung out of *Infusion of Marygolds* bound over the dressing of the wound.

Mrs. N. N—, æt. 54, had observed a tumour of the left breast slowly increasing for the last three years. There was much shooting pain in the swelling, which was hard and defined; the tumour was not adherent, the breast being moveable. No swelling in axilla and no nodules in the skin. The patient was very stout; nevertheless, under the influence of chloroform, the whole mamma was excised, and the wound was mopped out with a solution of *Chloride of Zinc*, 10 grains to the oz. A dressing of *Infusion of Calendula* and a large new sponge wrung out of the same lotion was applied. The wound healed by first intention throughout, the slight local inflammation being checked at once by *Belladonna*. The patient took *Tinct. Sanguinariæ Can.* 3x for some months, and after three years there is no appearance of any return of the disease. I need not multiply the report of cases so simple and uniformly successful both as to the operation and the prevention of the return of the disease.

I may, however, state that in each case upon which I have operated, examination of the tumour after excision left no doubt as to its being true scirrhus.

I have found *Sanguinaria Can.* of the greatest service in removing a painful enlargement of the whole breast which frequently occurs at the climacteric period, which often occasions much anxiety and apprehension; but if there is no

defined nucleus in the mass it speedily disappears under the use of the drug. But if a defined tumour exists, neither *Sanguinaria* nor any other medicine that I know of will benefit the patient, unless the nidus of the disease is removed surgically.

The improved methods of performing ovariectomy and the strikingly improved results of the operation are among the triumphs of modern surgery. Still the operation is most formidable, and patients will not willingly submit to it until they are driven to extremes. Tapping is so readily performed, and is so free from pain or alarm, that we are frequently urged to resort to it when as yet the patient is not convinced of the necessity of excision. But tapping has fallen into disrepute since it is found to be not absolutely free from danger, and at best it affords but a temporary relief from the dropsical encumbrance. I am satisfied from observation that *Apis mel.*, taken internally *after* the operation, has considerable power in checking the reaccumulation of the fluid.

In 1856, M. N—, æt. 24, unmarried, had observed a tumour in the abdomen gradually increasing in size for eighteen months. It was a firm swelling lying towards the left side of the umbilicus, and from its situation and appearance was evidently an ovarian tumour. Various homœopathic remedies were used without any evident result. I then tapped and withdrew about eight quarts of straw-coloured fluid, the abdomen was carefully bound, and *Apis mel.* prescribed to be taken internally three times a day. There was no return of the swelling for two years, when I again tapped and withdrew six quarts of a similar fluid, after which she resumed the *Apis mel.* After some years she married, and though she has had no children, she is well and free from any signs of the disease.

Miss E. J—, æt. 72, had an ovarian tumour on her left side. Her physician, a skilful homœopath, had failed to make any impression upon the disease with medicine, and requested me to tap. About five quarts of fluid were withdrawn and the abdomen carefully supported with a bandage, and she took *Apis mel.* for a length of time. She died six

years afterwards of bronchitis. A post-mortem examination was permitted, when we found the cyst shrivelled to the size of a walnut and attached by a pedicle to the ovary.

In cases therefore where the patient cannot reasonably be expected to bear ovariectomy, or declines to run the risk, I would recommend tapping in conjunction with the use of *Apis mellifica*.

In conclusion, whilst I readily admit the power of the antipsorics to influence peripheral morbid lesions, yet I submit that it is safe and often desirable to supplement the curative action with surgical assistance.

Discussion on Dr. W. S. Craig's paper.

Dr. WYLD did not see how tapping could be of use in any ovarian tumour unless it were hydrous and unilocular. He had at present under treatment an abnormal tumour diagnosed by the first authority in London to be *multilocular ovarian tumour*, and a good case for the operation for removal. Under the use of *Silicea* 6 twice a day and other remedies, together with daily medical rubbing with *Olive oil*, the health of the patient has much improved, and the tumour, which was gradually increasing, has decidedly decreased under six weeks' treatment. Twenty years ago, while treating a woman for large ovarian tumour, it most fortunately burst and discharged itself by the vagina. The case made a perfect recovery and is well up to the present day, there being no recurrence of the tumour.

Dr. HALE doubted whether Dr. Craig had sufficiently discriminated between the cases of hæmorrhoids requiring operation and those which were curable by medicine alone. In the great majority of cases Dr. Hale had succeeded in curing hæmorrhoids by medicine alone, and in the few cases in which he had advised an operation there was either prolapsus of the hæmorrhoidal tumour during the exercise of walking, riding on horseback, or standing (prolapsus during defecation only he did not consider demanded operation), or there was hæmorrhage which medicines failed to control, and which was reducing the strength of the patient. Under those two conditions Dr. H. had seen the most happy results following operation either by ligature, the *écraseur*, or the clamp and the actual cautery, according to the nature, shape, or situation of the hæmorrhoid. Dr. Hale mentioned the case of a gentleman who had become anæmic to an

alarming extent from very slight but daily recurring hæmorrhage during defæcation, going on for many months, caused by a small vascular polypiform tumour, which was removed by the clamp and cautery with arrest of the hæmorrhage and complete restoration of health. In cases of fissure of the anus he thought operation with the knife the quickest and most effectual mode of treatment, but he had at present a case under his care of superficial fissure external to the sphincter, which he was treating by dilatation by means of a large bougie well smeared with *Calendula ointment*, and with every prospect of cure. Dr. Hale had been often consulted about non-malignant irritable tumours of the breast; in such cases he had invariably found they yielded to *Conium*. He related a case of fibrous tumours of the uterus at present under treatment, the characteristic feature of which is that, although there are frequently recurring attacks of a secretion, which is partly coagulated blood and partly serum deeply tinged with blood, the general health and strength of the patient are very slightly affected, the most distressing symptom being a fearful dread of fatal flooding. There are two tumours attached to the fundus, the left very mobile, and neither of them fortunately pressing to any extent upon the rectum or bladder. Has given several medicines, amongst the rest the *Vinca major*, suggested by Dr. Meadows, but without any very satisfactory result. A suspicion of polypi in utero was dispelled, for upon two examinations no polypus was found.

Dr. COOPER stated that it was very desirable that we should, as homœopathic physicians, cultivate the art of surgery as much as possible, but unfortunately the means at our disposal were far too limited to accomplish this satisfactorily. Dr. Cooper did not think Dr. Craig's inference as to the prophylactic properties of *Sanguinaria* over cancer of the breast after removal could be justified upon such insufficient data. Cancerous tumours of the breast frequently do not return after operation, and, except the evidence of a large number of cases be taken, the non-recurrence of these tumours could not be accepted as exemplifying the beneficial effects of the medical treatment. As to piles, save in very exceptional cases, we OUGHT to be able to cure them with medicines alone. Those who are worse educated than we find no difficulty in treating an ordinary case of piles—he referred to the herbalists, a class from whom we might derive many a wrinkle. If operation must be resorted to there is none he had seen comparable to that of the actual cautery applied by catching up the piles with Henry Smith's protected clamp, and applying a good, large, red-hot iron, which, when applied to the mucous surface only, never causes any pain. Dr. Cooper was surprised at no reference having been made to *Rhatania*, a remedy of established repute in homœopathy for fissure of the rectum. In reply to Dr. Hale, asking for a remedy to arrest the hæmorrhage from a fibrous tumour of the uterus, Dr. Cooper advised, on Dr. McClintock's

recommendation, a trial of *Chloride of Calcium*. Dr. Vaughan-Hughes, who spoke afterwards, referred to some points of treatment in regard to epithelioma of the breast, and Dr. Cooper wished to know if this was a very common affection, to which Dr. Hughes gave an affirmative reply.

Dr. WHEELER, after congratulating Dr. Craig upon the brevity and practical character of the paper, spoke of the unadvisability of delay in resorting to surgical interference, in many cases, where instant action was requisite, and illustrated his remarks by mentioning a case of abscess of the ischio-rectal fossa, which, from delay in operating, had resulted in a most severe fistula in ano, and consequent disgrace to homœopathy and suffering to the patient. He quite agreed with Dr. Hale in the importance of distinguishing between cases of hæmorrhoids suitable for medical treatment alone and those where surgical interference must be resorted to, and illustrated his remarks by two cases in point,—one of a sailor in Australia, in which the attack was acute, inflammatory, and bleeding, and where hot fomentation and *Nux vom.* and *Aconite* alone sufficed for the cure. In another case of more chronic character, the hæmorrhoid was about the size of a large walnut and could not be returned. In this case the clamp and actual cautery was used and the sore dressed with *Carbolic oil* and wet bandages, and the cure was perfect. In reference to tumours of the breast Dr. W. remarked that there always appears an element of doubt in those cases of reputed scirrhus which are operated on and do not return. There are so many benign tumours of the breast which can be removed by medical means alone. Several cases of apparent cancer of the breast have entirely disappeared under the external and internal use of *Hydrastis*.

Mr. HARMAR SMITH observed that he had attended two surgical cases lately in which medicine given according to the homœopathic law had been the instrument of cure. The first case was that of a lady, about forty years of age, married, and having had a family, who had consulted him about a tumour of the breast, which very much disquieted her, as she feared that it was of a malignant nature. It had increased rapidly from the size of a horsebean to that of a small orange. It was hard and lobulated, but scarcely hard enough for scirrhus. The pain was lancinating, severe at times, but bearable. It was increased after the least handling of the tumour, and also was exasperated at the menstrual periods. The rapid growth, the circumstance last mentioned, the limited hardness, the tenderness, and the bearable character of the pain, he thought justified him in assuring the patient that it was not scirrhus, a conclusion which the subsequent history of the case confirmed. It was treated with *Hydrastis lotion*, and *Hydrastis* and *Phytolacca* were given internally. Under this treatment it dwindled and nearly disappeared. After a time, however, it returned and was as hard as before. It

was then treated with *Phytolacca* alone (drop doses of the mother tincture), and with a very weak lotion of the same tincture (half a drop to each dressing). This time the tumour disappeared so much more rapidly than before that he was convinced that the cure was entirely due to the *Phytolacca*. The last time he examined the breast there was no hardness to be felt, and no tenderness on pressure, and the patient had passed her monthly period without any return of the pain. He had also found the therapeutic virtue of *Phytolacca* in threatened abscess and other affections of the mammary gland. In a second patient, who was still under treatment, a nasal polypus had been in a few weeks greatly reduced in size by *Thuja* taken internally and applied to the part affected. The polypus had nearly plugged up the nostril, but was now reduced to the size of a pea, and looked like a small wart. He had also visited a patient on his way to the meeting, the credit of whose cure he could scarcely claim for homoeopathy unless the beneficial action of *Mercury* in inflammation of the joints could be so reckoned, which he supposed in strictness it might be. The patient was a youth who had fallen and hurt his knee, and got effusion under the patella with much tenderness on pressure and pain on movement. He (Mr. S.) had first ordered hot fomentations, then cold lotions with *Calendula*, but there was no improvement. He then applied the *Ceratum Hydrargyri Comp.* of the P. B. (Scott's ointment) spread on linen rag, an application which he had often used with advantage in the old practice, on the plan recommended by the late Mr. Scott, of the London Hospital. Over the rag he applied strips of plaster and a bandage, then kept the joint at rest by a pasteboard splint, and was pleased on calling to-day to find the pain and swelling gone, and the patient able to walk without difficulty.

Dr. VAUGHAN-HUGHES remarked that it was well known the fissured anus was kept from healing by the passage of fæces over the denuded and ulcerated surface, and he had resorted to the plan of washing out the rectum daily, and then injecting an ounce of *Carbolic oil* (1 to 10) and leaving it in the bowel, where it was retained with great comfort, so that at the next evacuation no fæculent matter came into contact with the fissure. As a supplement to this proceeding he would scrape the surface of the ulcer with his nail, and thus get a raw healthy basis, and this he would sometimes paint over with a solution of *Nitrate of Silver* (1 to 20). He had not resorted to the use of the knife for a long time. He once cured in three months a very bad case of fistula in ano (in which the lady said she would die rather than that a knife should touch her). The rectum was perseveringly washed out daily, and the fæces were thus cut off from entering the internal aperture of the abscess, and through the external skin opening a solution of *Chloride of Zinc* was injected by means of a stopcock syringe attached to a small elastic catheter. Thus

the cavity was cleansed daily, and it gradually healed up from the fundus. *Merc. cor.* and *Arsenic 3^x* are the remedies usually employed internally by him. Within the last twenty-five years Dr. V. H. had removed a goodly number of scirrhus growths, but he could not venture to say, even under the most favourable circumstances, that they did *not*, one and all, return sooner or later. Still it was of the utmost importance sometimes that life should be prolonged for a year or two, and he did not hesitate to use the knife. When a tumour did not return he felt sure that it was not really malignant, but of a fibroid or at the worst of an epitheliomic character.

Mr. POPE said, that while he believed it was true that he was the best surgeon who was the least indebted for his success to the use of the knife, he thought that it was equally true that in the early history of homœopathy evil had been done by too often relying on medicine when the knife had been really required. It was, no doubt, a fact that many cases, where surgical interference would otherwise have been demanded, were curable by medicine alone, when that medicine was homœopathically indicated. But still there were only too many where this was not the case. Of late years this fact had become more generally recognised, and their business now was to establish clearly the line of demarcation between those cases which could be treated medicinally and those which required the surgeon's knife. Cases of piles, of fissure in ano, and of cancer of the breast were among those which they required to consider carefully from such a point of view. With regard to piles there were many instances of this troublesome disorder of a purely functional character that yielded well to medicine. On the other hand, there were cases of chronic enlargement of the veins which gave an immense amount of discomfort to the patient that no medicine could do more than imperfectly palliate, while the pain and suffering could only be entirely removed by one or other of the methods Dr. Craig had alluded to. While, again, in those cases of bleeding piles where a great drain was going on and undermining the health of the patient, he could see no advantage to be derived from waiting for the specific action of a medicine when other means of remedying them at once were at hand. Tumours of the breast afforded another illustration. In one class where there was a hard and may be suspicious growth in the mamma, *Conium* was undoubtedly curative. These, however, were not cases of true cancer. Their nature had been described, and their remedy pointed out many years ago, by Sir Astley Cooper, who invariably gave the *Extract of Conium* in a pill with the, at that time, invariable *Blue pill* in combination. He (Mr. Pope) had frequently read in homœopathic journals of cases of cancer of the breast cured by *Conium*. In all such instances he believed the diagnosis had been at fault. Small as had been his confidence in the remedial power of medicine over scirrhus of the breast, he would never again advise the

removal of the disease by operation until a fair trial had been made of the *Hydrastis Canadensis*. In one such case, which bore all the marks of true scirrhus, he had seen recovery take place. He had felt so confident of the scirrhus nature of the tumour in this instance as to have recommended its removal by the knife. While the patient was endeavouring to reconcile herself to an operation he gave her the *Hydrastis*, and the result was that the pain left, the retracted nipple again appeared, and the hard swelling became imperceptible. He had been much impressed by the result of treatment in this instance, the more so, perhaps, as it was entirely unexpected. That the cases Dr. Craig had related were true specimens of scirrhus, had been verified by the microscope; and the non-reproduction of the disease, which usually occurred within eighteen months of operation, might, he thought, be fairly attributed to the *Sanguinaria* used by Dr. Craig. At all events, it was of great importance to know that they had medicinal measures worthy of some degree of confidence in these very anxious cases.

Dr. YELDHAM urged the absolute necessity of examining the anus and rectum in reputed cases of piles. He had seen many sad mistakes occur from the omission of this simple procedure: cancer of the rectum, attended with the protrusion of granular growth, treated as cases of piles. He had seen several cases of itching eczema and treated for piles, on the *ipse dixit* of the patient. He made it a rule never to treat a case of piles, if he could possibly avoid it, without ocular and, if necessary, manual examination. The advantage of this was immense. Some time since he saw a gentleman from the country who had been attended two years for bleeding piles. He had never been examined. On examination a bleeding point on an internal pile was instantly detected. Two applications of *Nitric acid* stopped the bleeding, and, with proper medicines, cured the pile. In recent piles, medicines, as a rule, were alone necessary, and in some chronic cases too. In all cases they did good. Those on which he relied were the mother tinctures of *Sulphur*, *Nux vomica*, and *Hydrastis*, chiefly. Some cases demanded the addition of other measures. Of these he found the application of *Nitric acid* the most frequently available. He applied it with a glass rod. When confined to the mucous membrane it was nearly, in some cases quite, painless. It not only stopped bleeding, but under its action the pile shrunk and ultimately disappeared. He agreed with Dr. Hughes that it was rarely necessary to incise fissure in the anus. The object to be had in view in the treatment was to protect the ulcer from the contact of *fæces*, which irritated the nerves and caused the agonising spasm for hours after. He effected this by the introduction of the finger, immediately before and after evacuating, well charged with lard. As regarded affections of the breast, he knew that cases of fibrous tumour were sometimes removed as cancerous

disease. A lady friend of his once had undergone such an operation. He knew her to have several hard fibrous lumps, feeling like so many small eggs, moveable under the skin of the breast, for many years. A surgeon removed them; they had, of course, not recurred, but she had been in weak health ever since the operation, now some years. The chief diagnostic signs of true cancer were its irregular nodulated condition, and intense hardness. Fibrous tumours were smoother, more uniform in shape, and somewhat elastic. The constitutional condition of the two diseases was also generally different. As to the treatment of wounds, whilst he fully admitted the great value of *Calendula* as a topical application, and employed it where wet dressings were necessary, as in open ulcers and the like, he, on the other hand, greatly preferred dry dressings in all cases where they were admissible, such as cases of fresh and incised wounds, and the like. Warmth and moisture, conditions unavoidable when lotions were applied to a limb and enveloped in bandages, inevitably favoured decomposition of discharges from wounds, and prevented healthy granulation and union. Dry dressings of cotton-wool and lint had no such effect, but, on the contrary, by excluding the access of air, and water moisture, and infecting germs, they tended to prevent decomposition and to promote healthy action; under these dressings, pus even was benign and unirritating. In incised wounds, whether from accident, or from amputations of limbs, the breast, &c., the plan was to bring the cut edges together with silver sutures (never with thread), wash the blood away *around* the wound, wipe it thoroughly dry, apply a layer of cotton-wool or lint, and a roller, and let these remain undisturbed as long as possible. He would give an example. A few days ago a gentleman, occupying offices over his consulting rooms, in attempting to draw the cork of a bottle of wine in the old-fashioned way, burst the bottle between his knees and cut his hand and thigh fearfully. The end of the forefinger of the left hand was nearly severed; a large piece of flesh was scooped out between the forefinger and thumb, and hung by a piece of skin only; and a deep wound of three inches long was inflicted diagonally in the thigh, immediately across the femoral artery. Had there not been a considerable layer of fat this vessel would inevitably have been wounded. Keeping the arm in an elevated position for a few minutes till bleeding ceased, and having ascertained that there were not pieces of glass in the wounds, he (Dr. Y.), without washing the blood away, for blood was the best of all lotions, replaced the piece of detached flesh, applied pledgets of dry lint to it and the cut finger, and kept them in position by light rollers of lint. Three silver sutures were inserted in the lips of the femoral wound, and it was covered and bandaged in like manner. This was on Monday afternoon. The dressings were allowed to remain undisturbed till Saturday afternoon. On removing them the union was perfect in every place. The sutures

were removed, a little lint and *Spermaceti ointment* applied, and the case was ended. He did not think such satisfactory results would have followed the application of moist dressings. He might add that the perfect comfort of the parts was his guide in leaving the dressings undisturbed; had there been pain he would have removed them earlier.

Dr. WATSON wished to call attention to the value of *Conium* in tumours of the breast. One case, that of a young girl who had sustained a severe contusion of the left breast, resulting in a swelling freely movable, but hard, the size of a small walnut, was completely cured in fourteen days by *Conium* in pilules, to his surprise and great gratification, as he feared it might lead to scirrhus. He had also seen scirrhus of the breast removed in an old lady of 71, arising from contusion, by enucleation with *Chloride of Zinc* and *Hydrastis*, with perfect success. This case was pronounced scirrhus by the most eminent allopathic surgeon of the day. Dr. Watson had effected a cure of fistula in ano with *Iodide of Calcium*, and had often proved the value of *Hamamelis* suppositories in hæmorrhoids.

Dr. DRURY was much pleased to see Dr. Craig at the meeting. It always added much to the value of a paper when the author could read it himself and so do full justice to his subject. Besides this it was always pleasant to see members from the country, a personal acquaintance being in every way an advantage, new friendships were formed, and instead of our knowledge being confined to knowing a man by his writings, a shake of the hand helped to strengthen the tie that bound our body together. He was glad to hear what Dr. Craig had said of *Sanguinaria*, that being a medicine that he, Dr. Drury, had much confidence in in properly selected cases, while *Conium*, *Hydrastis*, and other remedies might each in turn prove serviceable in alleviating the suffering or retarding the progress of cancer. Dr. Drury had heard with regret the manner in which caustics had been spoken of. It was a delusion to speak of them as cures for cancer; he did not believe in the cure of a single case of cancer by such means, but what he particularly wished to protest against was the fact that gentlemen occasionally got up and deliberately recommended an allopathic course of treatment much in the same way as they would do if speaking in an allopathic society, doing so without necessity and quite as a matter of course. Circumstances might justify a departure from strict homœopathic practice, and if the good of the patient demanded it the physician should be as free and fearless in this as anything else, but to persistently select and recommend allopathic practice in a homœopathic society, as a rule, was open to very grave censure. It so happened that some time ago a student from one of the allopathic hospitals was regularly watching his practice in the diseases of children; he invited him to be present at a meeting of the Society. It so happened that it was an evening when it was

desirable that the meeting should terminate early, so that there were not many speakers. One gentleman advocated a regular allopathic line of treatment, which he found most convenient in his own practice. Dr. Drury blamed himself very much for not rising at the time to protest against such teaching, as, unfortunately, the result was that his young friend had entirely ceased attending, feeling, no doubt, that if what he heard was common amongst the homœopaths, there was nothing to be gained by his forsaking University or King's College.

Dr. BAYES (Vice-President) said that it appeared to him that the expressed object of Dr. Craig's paper had been somewhat overlooked by the gentlemen who had spoken upon it and had been misinterpreted by most. Dr. Craig had brought four very interesting classes of disease under notice, viz. hæmorrhoids, fissured anus, cancer, and ovarian tumour, but he did not bring these diseases forward with the view of discussing their medical treatment, but to show how far specific, *i. e.* homœopathic, treatment, even after it had failed to cure the disease, could nevertheless complete the restoration of the patient after surgery had been brought in aid. It was to be assumed that the cases brought forward by Dr. Craig had resisted the curative power of medicine and that he had had recourse to the knife as a last resource, but then specific medicine came in usefully to prevent a recurrence of the ailment. This appeared to be the author's object, especially with regard to cancer, in which disease a return of the malignant tumour was the rule under simple surgery; whereas Dr. Craig had found that no such return of cancer was to be feared if the patient was placed under appropriate specific treatment after the operation. No homœopathic practitioner could doubt that by far the greater number of cases of hæmorrhoids can be cured by homœopathic medication; such cures are in our constant daily experience, but where no such tendency to cure follows appropriate medication nothing remains but to operate and the operation must not be delayed too long, but after the operation specific medicine may complete the cure by checking all tendency to their new formation. It was singular that none of the speakers had alluded to one of the most powerful means in the cure of hæmorrhoids, viz. the external and internal use of *Hamamelis*. But in piles the state of the health of the patient demands our first care, as this affection is very generally only an expression of functional disturbance, and is to be removed by restoring functional balance. He (Dr. Bayes) never found it needful to have a case of fissure of the anus operated on. Within the past fortnight it had been his good fortune to see two patients who had readily recovered from this painful affection and who remained well. He had for a long time adopted a method in some respects similar to those named by Dr. Vaughan-Hughes and Dr. Yeldham. He directed his patients to inject two or three ounces of *Olive oil* every morning

before the usual time of evacuating the bowels, and in addition he also ordered an ointment of *Hydrastis Canadensis*, ten grains to the ounce. This ointment is to be spread on a narrow strip of lint and introduced by means of a pen-stick within the anus every night, and to be allowed to remain there with the free end hanging out. As to the constitutional treatment of cancer, both *Sanguinaria* and *Hydrastis* are most useful. He (Dr. Bayes) had formerly expressed an opinion as to the action of the latter remedy (in a paper read before the Society), which his subsequent experience tended to confirm, viz. that *Hydrastis* does not exert any specific influence over cancer, but that it induces a healthy functional state in the glands and that this checks the development of cancer and so to say starves the morbid growth. As bearing somewhat on these subjects, Dr. Bayes would again take the opportunity of drawing attention to the power of *Sulpho-carbolate of Lime* in checking the formation of pus and in arresting the development of morbid growths when given in very small doses.

Dr. CRAIG, in replying, thanked the President for reminding the meeting that the object of the paper was not to supplant all attempts at cure by homœopathic means by immediate recourse to surgical interference, but rather to show the propriety of supplementing the former by the latter when there was need. He reiterated the advice of Dr. Yeldham to all, particularly young practitioners, to institute an examination of the parts in diseases of the rectum, and thus avoid grievous mistakes in diagnosis. He thanked the Society for their kindly acceptance of so simple a paper and for the very suggestive discussion arising thereon.

CASES FROM THE LONDON HOMŒOPATHIC HOSPITAL.

By DR. MACKECHNIE.

THE interest of the following group of cases is greatly increased by their pathological relationship.

The first case, one of "land-scurvy," was manifestly influenced by the medicine employed, for hygienic and dietetic measures alone would not have ensured recovery in so short a space of time. At the same time that medicine would not have obtained a cure without the hygienic means employed is evident enough.

Scorbutus.

E. J—, æt. 20, housemaid, was admitted on October 3rd, 1871, suffering from an eruption all over the body, but especially on the extremities, and accompanied by great languor and debility. The eruption is of a purplish colour in small spots or patches.

On admission we find that her illness has been coming on for some months. She has been living in a house where the kitchen is very dark and close. Has not cared much for her food and has been troubled with frequent heartburn after food. Has eaten little or no vegetable food, chiefly because she found that heartburn was sure to follow the use of potatoes, and there was seldom any other vegetable to be had.

On inquiry I find she has noticed her skin to be very liable to bruise from the slightest causes for some weeks past, and also that the gums bleed readily. Upon examination they look spongy and dark coloured. The patient is thin and delicate-looking, with dark marks under the eyes. She complains of dyspnœa in going up stairs. The cata-

menia have been occurring about every three weeks, and have been decidedly more profuse than usual, painless, lasting seven days, and followed by much prostration. The pulse is 96, but there is no suspicion of feverishness; hands and feet chilly. She has been troubled much with severe pains in various parts of the body, especially the face (apparently neuralgic in character). The blotches and patches on the skin are purple in colour, and tend to run together. They are accompanied by a good deal of itching after they have been out for a day or two. Sleep is good; rather heavy, but she does not wake refreshed. Sight has been very weak of late, and she is troubled with dizziness and vertigo after she has been exerting herself for a time. Palpitation of heart with any exertion, and frequently without. On examination I find some bruit at the cervical veins, not constant, however, most heard when standing. Bowels are very constipated, acting only every third or fourth day with much difficulty. She was ordered first diet with the juice of half a lemon a day. For medicine she had *Sulphur* ϕ , a drop three times a day.

October 7th.—Reports the skin much the same, some fresh patches having come out, especially on the lower extremities. The bowels are acting once a day, but with difficulty; otherwise much the same.

11th.—Decidedly improving, the patches dying away, the itching ceased. Feels herself much more comfortable, though still rather weak. Bowels acting every day with moderate ease; spirits greatly improved.

14th.—The eruption almost entirely disappeared. There has not been any fresh appearance for a week. The bowels acting moderately well. She feels so much better that she was at her own request dismissed with strict directions as to her regimen and hygiene, and ordered a continuance of the *Sulphur*.

It seems to me that this case was sufficiently marked, and the recovery was sufficiently rapid, to say that the latter was due to something more than the hygienic and dietetic treatment, which are notoriously slow in their operation; and I am inclined to think that we may attribute it in a great

measure to the medicine, although this was selected in accordance only with the concomitant symptoms of the malady, viz., with the constipation and the itching of the skin.

Purpura hæmorrhagica.

J. O—, engineer's assistant, æt. 30, admitted September 28th, 1869, suffering with hæmorrhagic troubles. Has generally enjoyed good health, but seven years ago was laid up with acute rheumatism, from which he recovered without any ill consequences remaining perceptible to himself. Is on admission rather thin, and is very weak with an anxious, worn expression of countenance. Appetite generally very moderate, has been not so good of late. Has eaten a good deal of fish, especially fresh fish; does not ever eat much fresh vegetables, and has of late taken less than usual. Seven months ago had a severe attack of epistaxis, and at the same time coughed up a considerable quantity of dark-coloured clotted blood, followed in fourteen days by some red spots on the hands and wrists of the size of flea-bites; these gradually extended to the arms, and thence to the trunk, while he became very much out of health and very weak. Cannot give any account of the treatment which was then employed. He recovered, however, but has ever since been troubled with occasional attacks of epistaxis. Seven weeks ago had a severe attack of diarrhœa which lasted two days, and during which he passed a large quantity of (florid?) blood with the stools. Has remained very weak ever since, and the present eruption began to make its appearance almost immediately after. There are a great number of purpuric spots over the legs and arms and a few on the trunk; they vary from the size of a mere point to that of a split pea, and a few which are even larger appear to have arisen from the coalescence of some of the latter. He has also here and there some ecchymoses which seem to have occurred from very trivial causes. He complains of aching in the limbs and of being very easily fatigued. Sleep not good, being much broken, and not refreshing.

The gums show no signs of hæmorrhage at present. Tongue clean; appetite moderately good; complains of constant thirst; bowels regular, urine rather pale coloured. There is slight tenderness noticed on pressure over the lumbar regions. The hepatic dulness normal, splenic ditto. Respiratory sounds good; heart sounds normal. Complains of dyspnœa on ascending stairs or with a very moderate amount of exertion. Spirits are very much depressed.

On admission he was put under the influence of *Arsenicum* 3, a drop to be taken three times a day. He was put upon the first diet with two ounces of lemon juice and a pint of beer per diem.

On October 5th he complained of a good deal of heat and soreness about the principal seats of the purpuric spots, which latter, however, had been lessening slightly, and one of the legs looked much less intense in colour as a whole, but upon examining closely I found there was somewhat of a blush (erythematous) over the part where the eruption was thickest, and the patient was complaining of some headache, and had not slept so well the last night or two. *Belladonna* 3^r, two drops three times a day.

7th.—The erythematous condition has subsided. The purpura is lessening. Complains of feeling very weak; takes and enjoys his food, but is troubled with flatulence shortly after, with much abdominal rumbling. Under these circumstances he was put upon *China* 3^r, two drops three times a day.

From this time the case continued steadily to improve; there was no return of the erythematous condition, while the purpura gradually subsided, and he was dismissed on the 22nd October cured.

Erythema nodosum.

The next case, that of M. A. G—, a housemaid, æt. 25, is characteristic, though considerably different from either of the others. She is a fair, thin-skinned, rather delicate-looking girl. Has been getting out of health for some months, feeling easily fatigued, languid, and mentally

depressed. Has lately, for some weeks, though she seems very uncertain as to its duration, noticed an eruption which affects her principally on the extremities, but has lately affected the trunk also. It occurs at first in the shape of patches of about the size of a split pea or bean. They are slightly elevated, red in colour, and raised a little above the surrounding surface, and itch and burn like the sting or bite of an insect; do not disappear but become purplish in colour and are very slow in subsiding, the irritation ceasing long before the spot disappears; fresh ones making their appearance here and there to keep up the supply. She is unable to give any account of the reasons of her present illness. Has lived well, and appears to have kept up the balance between animal and vegetable food well. Has very little out-door exercise. The countenance is pale, sallow, with dark marks under the eyes, and an anxious expression. The temperature is good. Pulse 74. Complains of general aching pains, which trouble her most when at rest, and especially at night. Has occasional headache affecting her in the morning, generally passing off after breakfast. The catamenia have not occurred for several months. Has palpitation of the heart, which she feels under any exertion. On auscultation the heart sounds are found to be natural, and the cardiac dulness within its natural limits. No cough, but is liable to colds, which generally eventuate in cough.

Was admitted on December 2nd, 1870, and had *Arsenicum* 3rd, drop three times a day. She was ordered first diet, to which was added in a day or two four ounces of port wine a day.

Under this treatment a certain amount of improvement occurred, though it was so slight that on December 14th I thought it well to try another dilution of *Arsenicum*, and ordered the 12th to be given three times a day. Under this the patient remained much the same, but on the 21st she was suffering much with headache, the head having a sense of fulness with heat, aggravated by movement. The catamenia occurring with pelvic pains and scanty discharge, &c., the house surgeon ordered *Belladonna* 1^x to be taken

as frequently as required. On the 23rd the head was greatly relieved and the catamenial discharge had ceased, this having been its first appearance for several months. The eruption was much the same. She is complaining much of severe rheumatic pains which wander from limb to limb, and are most troublesome at night when warm in bed. These pains have been somewhat relieved by the limbs being bandaged tightly. The appetite continues very bad. The bowels are constipated. The urine normal. Tongue clean.

Rhus toxicodendron 6, a drop three times a day, was then ordered, and from that time a decided and speedy improvement set in. The eruption then apparent gradually faded away, while there was little or no fresh appearance of spots occurring. At the same time the general health rapidly improved. The appetite began to improve and the pains to subside, while the headache generally disappeared.

On January 1st I find reported "vertiginous on going out to-day." Some headache afterwards. "Appetite good." The eruption improving.

3rd.—"Still improving." "Vertigo ceased." "No headache." "Strength improving."

7th.—She has been improving, but when going out yesterday seems to have taken cold. Nasal, fluent catarrh with some sneezing, and soreness of the margins of the nostrils. *Mercurius* 3 was given every four hours.

On the 8th, at her own request, she was dismissed "greatly relieved," to continue as an out-patient, the eruption having nearly disappeared, and being manifestly in rapid progress towards cure.

E. P.—, a servant, æt. 35, was admitted June 17th, 1871, giving the following history. Has generally had good health, but for the last two months, and more especially the last month, she has been feeling weak and poorly, while her appetite has been failing her. No special dyspeptic symptoms.

The first symptoms noticed were some unsteadiness in walking, staggering gait, vertigo, trembling of the legs, &c.

She gradually got worse until the 15th, when she found she could no longer stand on her feet on account of the pain and stiffness there and in all the joints of the legs. Upon examining the limbs she found the shins covered with an eruption of light red spots very sparsely scattered, aching and somewhat sore to touch. These were followed by others, and at present they are pretty thickly spread over the whole of the lower extremities where they appear to be still coming out. The spots vary somewhat in colour according to the length of time they have been out, fading under pressure, and the older ones being the darker. They are all slightly raised above the surrounding surface, and are sore to touch, especially those on the tibia. The bowels were sluggish, acting every or every other day; evacuations light coloured and scybalous. The urine natural, rather copious. She complains of frequent headache, frontal vertigo, and confusion of sight, especially in the open air, and on suddenly rising up to the standing position. Sleep has been disturbed and broken of late and full of unpleasant dreams, with difficulty in getting to sleep again. Pulse at wrist 96, rather full but soft.

Aconite 1 was prescribed, a drop every three hours. First diet and beer, one pint a day, was ordered.

19th.—Much the same, does not think many fresh spots have made their appearance since she came in. In other respects is very much the same.

She complains that beer does not agree with her. *Belladonna* 1^ʳ, a drop every three hours, was ordered. Diet the same except that she was to have claret \mathfrak{z} iv in place of the beer.

21st.—Better decidedly. The pain in the joints much less; the spots not so red nor so tender. Head better, and slept better last night.

24th.—Continuing to improve. Feels sure no more spots have appeared, and the limbs are altogether easier as well as the head. Appetite better than it has been for a long time.

28th.—She was still further improved, and on July 3rd she was discharged quite cured.

Chlorosis.

The following differ considerably from the foregoing cases on account of the absence of any eruption or petechial mark, the only point of resemblance being that there is manifestly in all of them an unhealthy condition of the blood and consequently of the containing vessels. The patient J. B—, whose case I have to narrate to you now, is a rather tall, delicate-looking girl with very pale complexion, white lips, &c., suggesting at once the idea of chlorosis. The skin is white and clear looking, while the hair is dark. Has lived for some time in Bermuda, where she had a bad attack of yellow fever in 1856. Has never had jaundice. Has been resident in England for three years. Has been failing in health the last fourteen months, but has been really ill for about two months, during which time she has been rapidly losing strength, and her digestive powers have failed very much. She now suffers very frequently from pain in the stomach, with vomiting on moving suddenly or violently. The food only is ejected on these occasions.

She complains of very frequent, nearly constant pain in the chest and shoulders. The catamenia have been regular though very scanty, until the last six weeks, since when they have not recurred. Has never had jaundice. On admission she was markedly anæmic, with a yellowish tinge in the complexion; is very thin, has a worn and anxious expression. Suffers frequently from headache affecting the frontal and temporal regions. Frequently is troubled with vertigo, affecting her most when walking or standing for any length of time. Sleep is moderately good. The chest appears healthy. No cough. Heart's action rather irregular and decidedly excitable. On auscultation found slight murmur with the second sound, heard most at the base and along the large vessels, especially in right carotid, while there was a venous bruit to be heard in the neck on both sides. The abdomen I found moderately healthy, and more generally resonant than normal. The liver was within its

normal limits, nor could I find any evidence of enlargement of the spleen. These circumstances made me conclude that I had a simple case of chlorosis to deal with, and not of leucocythemia, as I was at first disposed to consider it, the patient having suffered formerly from yellow fever. The bowels had been constipated of late, but were generally quite regular.

Sulphur 6 was ordered to be taken three times a day. The first diet was ordered with four ounces of claret. She continued under this medicine for a week with little change except that the bowels acted rather more easily, but the stools were of very pale colour, as if wanting in bile, and the patient was complaining of pyrosis occurring very shortly after the principal meals. *China 3^x* was ordered, a drop every four hours.

13th.—Is feeling decidedly better, with less pain, and less dyspnœa in moving rapidly. The stools are more regular, but still pale coloured. Tastes her food for a long time after eating it.

17th.—Sore throat, but no evidence of inflammation in throat on inspection. The pain in the throat is relieved for a time by swallowing. Complains again of shooting pains through the shoulders. Pulse 92. *Belladonna 3^x* was given every four hours.

20th.—Reported better. Tongue and throat pale coloured and relaxed. Has some cough, which is, however, easy and rather loose. The appetite is very bad. The bowels are regular, and the stools of much better colour.

24th.—Reported still better. Appetite better. The bowels regular. Cough much less. Complains much of tired, aching pains in the limbs, when they are hanging down. A great deal of thirst with dryness and soreness of the throat. *Arsenicum 3* was ordered, a drop every four hours.

27th.—The report is very much the same except that the colour of the lips is improving; the patient feels stronger, and the appetite is mending.

February 3rd.—Constant aching in the legs, which, however, do not swell. Dryness of the nares and throat continues.

17th.—Still complaining of the aching of the lower extremities. Feet perspiring much at night, and the perspiration is of an unpleasant odour. There are no varicosities. *Graphites* 80 was ordered, a drop three times a day.

23rd.—The report is "improving decidedly." The aching of the limbs much better. The feet are perspiring much less. The dryness of the throat gone. The anæmic condition is greatly improved. The colour of the lips is much better, though the cheeks, &c., do not show much as yet. The catamenia appeared, though very scantily, on the 14th instant, being a mere show and lasting little over thirty-six hours, but it was a great relief to the patient, and she requested to be dismissed to be under treatment as an out-patient, but whether she has so continued I am not aware. She was manifestly in the way to improve, the symptoms breaking down one by one before the treatment adopted.

J. W—, æt. 19, female servant, was admitted February 14th, 1871, giving the following history. Got wet and caught cold in the month of August last, since which time she has not menstruated. Catamenia had always occurred regularly before that time. Whether she has been subjected to treatment is not reported. The patient is moderately fat, but the complexion is very pale, the lips showing the pallor very much and the conjunctivæ being very blue. Complains of feeling the cold very much, and of a constant feeling of fatigue and general weakness. Continual headache and aching in the back. Palpitation of the heart and difficulty of breathing with the least exertion. The pulse was normal, except in being very compressible. The tongue was clean and the bowels regular. *Pulsatilla* 3^r, a drop three times a day.

22nd.—Complaining much of severe pain in right side of the chest in taking a deep breath. There was, however, no cough, and auscultation showed that there was no derangement in the internal organs. There was severe pain on the same side from some decayed teeth. Temporal headache,

with severe shooting pain. Tongue pale and flabby. *Ranunculus bulb.* 3^r, a drop to be taken every four hours.

25th.—Is much improved as to the pleuro-dynic pain, which is nearly gone. The head also better. Appetite good. The bowels constipated, not having acted for five days. *Nux vomica* 3^r, a drop to be taken every four hours.

March 1st.—Reported to have been improving in general condition until yesterday, when she was attacked with severe headache, with heat of the head, flushing, &c., aggravated by movement and light. Bowels still constipated. *Belladonna* 3^r, gtt. j every two hours.

5th.—Much better. Still suffers from headache in the morning, but it does not last, nor is it of the same character. The flushing and heat of the head are gone. There is still some vertigo. The bowels are acting spontaneously. Appetite good. No signs of the catamenia occurring. *Pulsatilla* 3^r, a drop every four hours.

8th.—The condition generally improving; takes her food better than she has done for months. Continue *Pulsatilla*. No other medicine was required, and on the 18th there was some appearance of the catamenia, very scanty, and lasting only a day or two, but the patient felt so much inspirited by the occurrence that she requested to be dismissed, and was allowed to depart, taking some *Pulsatilla* with her to continue under its influence.

M. L—, æt. 24, nursemaid. Admitted February 7th, stating that she has suffered from weakness, palpitation of the heart, and general failure of strength for the last year. Has suffered from pain in the right flank for the last six weeks. Is complaining now of tenderness in the right side. Pain at the back of the head. Shooting pain through the temples. Dyspnœa with the least exertion. Anæmic bruit audible over the cervical vessels. Catamenia very irregular, and very scanty when they do occur. Leucorrhœa remaining after their cessation. Countenance very pale, the lips, especially inside, are very anæmic looking. The tongue pale and flabby. Appetite

very bad, eructations after food, and tasting of it. *Pulsatilla* 3, a drop three times a day; first diet.

11th.—Feels rather better in all respects.

14th.—Not so well. Nausea after food. Severe headache, with shooting pains in occiput and temples.

17th.—Nausea gone. Appetite returning. Tongue clean. Pulse small and somewhat frequent. Complaining of pain and soreness in right flank, with tenderness to pressure.

22nd.—Improving. Pain in side less. Appetite continues to improve. Bowels acting. Complaining of shooting pain in the dorsal region of back.

25th.—Continuing to improve. Some pain in cardiac region. Continue *Pulsatilla*.

March 1st.—Feeling much better. Some sharp catching pain occasionally in left hypochondrium. Complexion greatly improved. She was dismissed at her own request, wishing to go back to her situation.

Bronchitis and chronic metritis.

L. R—, servant, æt. 39, admitted January 18th, stating that for several winters she has been subject to a cough, recurring as soon as the cold weather sets in. Always appears to arise in an attack of cold from exposure, but remains behind, after the other symptoms disappear, until moderately warm weather sets in. Sputa generally yellow, sometimes rather frothy and copious; they have been occasionally streaked with blood; cough very frequent, most at night and morning, and aggravated by any change of temperature. Sharp pains at the upper part of the chest, especially the left side. In this spot there is some tenderness to pressure. The percussion sounds are clear, but there are all sorts of moist râles to be heard over the whole upper part of the chest. The voice is at present very hoarse, and the larynx is tender to pressure. There is some pain in swallowing. Complaining of pains in head and in the

back. Appetite is moderately good. Tongue clean. Bowels regular. Catamenia regular. *Belladonna* 1, a drop every two hours. Cold water compress to the neck.

21st.—Hoarseness decidedly less, but the throat is still much inflamed and sore. The fauces, &c., are of a dark red colour. Feels as though there were a sore spot in one point in the throat, with occasionally a sharp pricking sensation. The cough continues much the same, but often wakes her at night; the sputa are greyish. *Lachesis* 12 to be taken three times a day. Continue the compress.

28th.—Improving greatly. The throat is much better, though the fauces are still dusky in colour and there is a feeling of dryness in one spot in the throat. Cough continues in the day, and especially night and morning. The expectoration is much less. *Bryonia* 3^x, a drop three times a day.

February 4th.—Still improving, but the cough is still dry, and violent in paroxysms. On examination found the uvula elongated and the velum relaxed. *Kali carb.* 12 three times a day.

On the 8th I find *Carbo veget.* was prescribed, but no notes of the patient's condition.

15th.—Patient has been progressing well till last night, when the pain in the chest returned. Pulse 98. Headache. *Aconite* 3, a drop every four hours.

17th.—Head and back both painful. Cough much the same. Expectoration copious, greyish, difficult to raise. Lumpy, acrid, mucous leucorrhœa. Repeat *Lachesis*.

21st.—The leucorrhœa continuing, and becoming still more acrid, causing a feeling of scalding. She was examined by Dr. Leadam, who reported a state of chronic metritis with ulceration of the os uteri. Other symptoms were improving. *Mercurius corros.* 3, three times a day.

March 4th.—The leucorrhœa much improved. Bowels constipated, acting every second or third day, with the stools of natural size. Thinks she has contraction of the rectum on account of severe pain and throbbing occurring at times. Has never had hæmorrhoids to her knowledge, but has had fissure of the anus twice (?). Has always very little control

over the actions of the bowels. *Aloes* 3^r three times a day.

15th.—Feels better in most respects. The constipation continues. There is desire for stool, but she dreads the pain following the action.

18th.—Better, except that the constipation continues. The leucorrhœa less and much more bland. The action of the bowels is extremely painful, the pain continuing for a long time after. *Aloes* 3^r was continued.

21st.—Better. The leucorrhœa gradually subsided, and with it the pain in the rectum lessened so that the bowels acted each day, although there was much pain after. Throat is at times irritable, causing paroxysms of barking choky cough.

28th.—The improvement was progressive, and the uterine and rectal trouble were so far improved that she was dismissed at her own request much relieved.

REVIEWS.

The Specific Action of Drugs on the Healthy System: an index to their therapeutic value, as deduced from experiments on men and animals. By ALEX. G. BURNES, M.B., C.M., Univ. Aberd.; and F. T. MAVOR, M.R.C.V.S., President Central Veterinary Society. London: Baillière.

THE appearance of the above volume was heralded with the following statement in advertisement:—

“The object of this work is threefold—

“1. To point out that each drug, when introduced into the system, acts upon some *special* parts or tracts, in virtue of its physical, chemical, or dynamical properties.

“2. That the therapeutic value of each drug is to be determined by ascertaining the symptoms produced, and the parts influenced by it, when introduced into the healthy animal system.

“3. That while a toxic dose will effect such changes in a part as to unfit it for any vital action, a lesser dose applied to a diseased part will, by removing that state of combination of the elements which excited diseased action, enable the normal process of nutrition to restore the healthy constitution.”

It was very easy to see that this was homœopathy with the name left out. The above propositions embody the three supports of our tripod—the relation of similitude (at least as far as *seat* goes), the proving of medicines on the healthy, and the reduction of the dose below the level of physiological action. We naturally looked forward with some interest to the appearance of such a work.

It has now been out for some two months, and has received a full review in our *Monthly* contemporary. As nearly all our readers will have seen the account of it given there, we do not propose to go over the same ground again, but briefly to state our impressions as to the significance and value of the book.

1. Its importance as a sign of the progress of our ideas has been somewhat discounted by Dr. Ringer's *Handbook*. Still, Dr. Burness makes an advance upon his predecessor. The one gives his homœopathic applications of drugs simply as empirical fragments; with the other they are advanced as instances of principles which are homœopathic in everything but name. We shall be curious to see what treatment Dr. Burness and his book receive from the medical journals. If they are tolerated, on what ground can our ostracism be suffered to continue?

2. As to the value of the work, we are divided in mind. It is of course a cause for rejoicing that homœopathy should find any utterance within the rigidly-guarded portals of the sect which at present usurps the title of scientific medicine; and we must not complain if its accents are somewhat lisping and broken. We are not inclined to enter at present on the question of casuistry whether the guilt is the greater on the part of those who persecute truth or those who deny or conceal it from motives of self-interest. It is, indeed, disgraceful that Dr. Burness should succumb to the temptation to conceal the name of homœopathy, but the disgrace belongs far more to the leaders and the mouthpieces of the profession, who alone can withdraw the ban under which the school of Hahnemann is placed. We cannot expect a new recruit and humble private to incur their odium by striking out a different course. But we could have wished that this first essay of the kind had had more to recommend it in point of style, arrangement, and presentation (to say nothing of orthography and punctuation). The pathogenetic effects of the several drugs, and the diseases they are reputed to benefit, are huddled together in such a manner that they make no distinct impression on the mind.

The former, moreover, are so mixed up with chemical explanations, often of the most hypothetical character, that they fail of their own effect as undoubted facts; and this is besides the loss they sustain by standing unsupported by any cited authority. The cases, also, given at the end to illustrate what the authors "mean by specific treatment," are far too briefly and vaguely stated to have any weight with those to whom the method is new and unwelcome. Altogether, we have serious fears that little good will come of Dr. Burness' undertaking. Its manner is not up to the old school mark, and its matter would hardly be adjudged valuable from a homœopathic standpoint. He would have done better, we think, to have published a brief essay on the homœopathic principle expressed in his own words, and to have deferred treatment of special pharmacodynamics till greater maturity had been reached.

We give a specimen medicine to show how the work is done; and from this our own readers may judge whether or no the book is likely to be useful to themselves. Its original material, in the shape of some experiments on horses by Mr. Mavor, has of course its value, and will receive its due incorporation into our pathogeneses.

IODINE, AND IODIDE OF POTASSIUM.

PHYSIOLOGICAL EFFECTS.

Iodine in a full dose, produces coryza, frontal headache, lachrymation, injection of the conjunctivæ, dryness of the throat, irritation of the air-passages, with cough and dyspnœa. The following effects have been induced by the use of *Iodine*, viz. Impaired digestion, emaciation, sweating, diarrhœa, and hectic fever, salivation, and wasting of the mammae and testes.

Catarrh of nasal membrane and frontal sinuses, dry cough, hoarseness, aphonia, and chronic inflammation of the throat, inflammation of the serous membrane, with effusion, eruption on the skin of an erythematous, papular, and pustular character, tremor, twitching and convulsive movements, terminating in paralysis, derangement of sensation, deranged vision, partial deafness, and depression of spirits.

Headache, sense of fulness, giddiness, drowsiness, with epistaxis,

tumultuous action of the heart, intermittent pulse, weakness, loss of appetite and vomiting, in some cases salivation and soreness of the mouth.

The physiological effects produced by *Iodide of Potassium* are analogous to those produced by *Iodine*; in a full dose it causes nausea, vomiting, pain and heat in the stomach, and purging, sometimes diuresis, but does not act so energetically as free *Iodine*. It sometimes causes salivation and increased secretion from the nasal and conjunctival membranes, headache and wakefulness. It is soon eliminated from the system even when given in large doses; hence the dose often requires to be repeated to produce the physiological effects.

IODINE.

SPECIFIC ACTION.

Both the effects produced by this agent in the healthy body, and in various diseases, indicate that its action is primarily on the blood, hence on the fluids of the body. It acts in virtue of its chemical properties, abstracting hydrogen and uniting with bases, appearing in the urine and other secretions, as hydriodic acid, iodine and iodate; also upon the glands, and the mucous and serous membranes in the process of elimination.

IODIDE OF POTASSIUM.

As this salt is very soluble, it is soon absorbed into the blood, and therefore acts less on the stomach, &c. It diffuses readily and is soon eliminated by the urine. On account of its physical properties, it will cause endosmose of the serum of the blood, or *vice versa*, according to the degree of concentration of the solution given. It is, however, probably soon decomposed after introduction into the stomach.

THERAPEUTIC USES.

The vapour of *Iodine* is useful in coryza, catarrh, chronic bronchitis, bronchorrhœa, diphtheria, laryngitis, spasmodic asthma, and in salivation.

IN RESTORATIVE DOSES.

Indicated in scaly diseases of the skin, as lepra, psoriasis. In
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chronic enlargement of the liver, in the diarrhoea, vomiting, and hectic of phthisis; in chronic cutaneous eruptions, especially in scrofulous children, chronic rheumatism; in inflammation of bones or periosteum, the consequence of syphilis; in chronic rheumatic arthritis.

IN PHYSIOLOGICAL DOSES.

In *tabes mesenterica*, in mammary, ovarian, and uterine tumours, and bronchocele.

IODIDE OF POTASSIUM.

IN RESTORATIVE DOSES.

Indicated in articular rheumatism, dropsies, hydrocele, periosteal nodes due to syphilis, in secondary or tertiary syphilis, in lead poisoning, and coryza.

IN PHYSIOLOGICAL DOSES.

Indicated in *scrofula*, chronic diseases connected with induration and enlargement of various organs, also to promote the absorption of effusions.

EXTERNAL USES.

In chronic rheumatism, gout, pleurisy, synovitis, bronchocele, lupus, myalgia, indurated glands, erysipelas, and as an injection in hydrocele, white swelling, ovarian tumours (after being tapped), large abscesses, &c.

Boericke and Tafel's Quarterly Bulletin of Medical Literature. No. 11, February, 1874. New York and Philadelphia.

THIS useful account of homœopathic literature is in the present quarter of no ordinary interest. It has several times given intimations of a forthcoming complete collection of existing provings, under the auspices of Dr. Allen, of New York. The number now before us contains the prospectus and plan of publication of this work, with a specimen medicine. It will be of interest to our readers

that we give them an account of the former, and of importance to the cause of homœopathy that we critically examine the latter.

1. Messrs. Boericke and Tafel propose to publish an *Encyclopædia of Homœopathic Materia Medica*. It is to be all that *Jahr's Symptomen-Codex* (long out of print) was in its time, brought down to the present day by the incorporation of all new provings, and on an improved plan. The terms, &c., of issue are stated by the publishers thus:—

“ We intend to issue the work in volumes of 640 pages each, size of page and type to be like sample, at the price of \$6.00, and will issue no less than two volumes per year, most likely three, as we would like to see the whole work completed in 1876.

“ Physicians *subscribing in advance* for the whole work will receive the volume at \$5.00, substantially bound in cloth.

“ It is impossible to state in advance, with certainty, how many such volumes will comprise the whole work, but to judge from the present state of the MSS., we should think that five or six volumes will complete the whole.

“ It will readily be perceived that this is a great enterprise, entailing much labour and a large outlay of money. In justice to ourselves, and in justice to subscribers, who will have a claim to an assurance that the work will be carried through to its completion, we desire to have it understood that we cannot commence publication until we have a subscription list containing the names of not less than FIVE HUNDRED SUBSCRIBERS. While this number of subscriptions will fall very far short of the actual cost and outlay, it will suffice to assure us that the profession appreciates our efforts; it will suffice, too, to place the publication upon a satisfactory financial basis.

“ To contribute your share then towards expediting the consummation of this most important work, send in your signature AT ONCE; don't put it off; there may be too many who, although favourable to the enterprise, neglect sending in their names, thinking that a work so much needed will certainly receive the required number of subscribers without them, and thus the whole may be retarded.

“ If there are more than one physician in one place, it will be

of advantage if they order their volumes sent in one package, as it will diminish cost of transportation, and books sent per express arrive in better condition than when ordered to be sent by mail.

"A full list of subscribers will be appended to the first volume of the work, after the publication of which the subscription list will be closed, and no more subscriptions of \$5.00 per volume will be received, but the regular retail price of \$6.00 will be charged.

"Subscriptions should be addressed to BOERICKE & TAFEL, 145, Grand Street, N. Y., 635, Arch Street, Philadelphia, or their agents, HENRY TURNER & Co., 77, Fleet Street, London."

Now it is quite certain that, whatever be the execution of this work, it is of indispensable value to every medical man practising homœopathically; and we hope that it may receive the support it deserves. It will be no credit to this country if a large proportion of the five hundred subscribers required do not come therefrom.

2. But though the work have this necessary value, even if it were no better done than was Jahr's; yet it is of the highest importance for the repute and spread of our system, and for the benefit of the patients for whose aid the pathogeneses are designed, that they shall be presented in the best conceivable form. For this cause we turn with the utmost interest to the specimen medicine furnished us, which is *Aconite*.

Dr. Allen's "Introduction" had best speak for itself.

"The following symptomatology of *Aconite* has been compiled from the résumés of Hahnemann and the Austrian Society, both of which have been carefully retranslated and compared with Dr. Dudgeon's compilation in the *Hahnemann Materia Medica*, Part I; to these have been added all other provings that we have been able to discover, and also many valuable symptoms from cases of poisoning. It has been the aim of the editor to make it complete and accurate; symptoms have been carefully preserved as given by the provers and have been divided as little as possible. All of the symptoms given by Hahnemann are retained, though a few have been corrected as indicated by Dr. Hughes in the *Month. Hom. Rev.* Some of Hahnemann's symptoms, derived from clinical cases or poisonings, have by some been

considered unreliable—as for example most of Gröding's symptoms (*Aconite* No. 12); but though symptoms so obtained are often treacherous, Hahnemann seemed to possess the keen perception of the master mind, for it is found that these symptoms are remarkably corroborated by those obtained from provings on the healthy: a few are, however, put in brackets, but none are omitted. It will be noticed that the small numbers after the symptoms refer to the authorities; such reference will, it is believed, enhance the value of the work without adding materially to its bulk. The symptoms are numbered by tens in order to facilitate reference. Four grades of symptoms are noted; the italics denote repeatedly observed, or in any way important, symptoms; the stars denote verifications; the heavy, full-faced type denotes repeated verifications (symptoms of the highest importance). A very few clinical symptoms are reluctantly admitted, and these only because they have been repeatedly verified. We must remember that no accurate system of therapeutics can ever rest on a clinical basis; the elements of uncertainty are too numerous, and the experience of centuries has clearly demonstrated the futility of the attempt. Pathological names and clinical hints are omitted and referred to repertories, clinical guides, works on practice, or commentaries on the *Materia Medica*.

“ *Arrangement*.—The usefulness of the work depends very materially upon a convenient and uniform arrangement of the symptoms under the several rubrics. In doing this, two principal aims have been kept in view; *first*, objective and subjective symptoms; and *second*, excitement and depression of function or sensation. The mental symptoms have all been grouped in a way to give first excitement, and lastly stupor, and not variations of any special mental function by itself, since the effect of the drug (in this case at least) is general and not special. The head symptoms comprise *general* head symptoms, as vertigo, dull sensations, sharp sensations; then localized sensations in forehead and temples, vertex and parietals, and occiput; then external head. In the eyes, *first*, *objective* (the general appearance, movements, &c.); then *sensations* from the external to the internal; and lastly *function*.

“ Under general symptoms we find, first, objective appearances, spasms, twitches, &c.; then paralysis; then cold and heat; then sensations, *dull* (aching, drawing, burning, bursting, constrictive,

throbbing, &c.); then *sharp* (shooting, cutting, &c.); then peculiar pains. This arrangement seems to me the most simple, and hence the most useful; it involves no theory and causes no confusion.

"In italicizing and starring symptoms, great care will be taken to refer to all clinical verifications, from the earliest period of homœopathic literature. *Dr. Carroll Dunham* has very generously consented to furnish verifications from his own experience, and a like offer has been made by many of my colleagues in the profession. *Dr. Hering* has very kindly supplied several valuable notes of errors (typographical and others) found in the original provings.

"The editor expects the valuable aid of *Dr. Richard Hughes*, of England, who has liberally offered to verify or correct (in the London libraries) the citations found in *Hahnemann's* provings.

"We regret to announce that *Dr. S. A. Jones* has found it necessary (on account of recent changes in business) to withdraw from this work. *Dr. Fanning's* work on *Hahnemann's* provings has also, for the present at least, been suspended. The retirement of these gentlemen throws the sole responsibility upon the editor, through whose hands the work will pass. The amount of labour requisite for a work of this character is obviously very great, but the urgent need of it is so very pressing, that the editor has presumed to undertake it with the assistance of several who are in various ways interested with him. We shall be glad to receive any unpublished provings or clinical verifications from any member of the profession, as we desire the work to be as complete and reliable as possible.—T. F. ALLEN, M.D."

The several points here touched upon will come before us as we examine the features of the article itself.

First, as to *material*; to which *Dr. Allen's* four opening sentences refer. That he should add to the two great provings of *Aconite* we possess—those of *Hahnemann* and of the *Austrian Society*—any later provings on record, and cases of poisoning, only entitle him to our thanks. But we hold the "on record" to be a *sine quâ non* here. We may take the symptoms furnished by *Hahnemann* on his

own authority; but we cannot so deal with "H. N. S., 40th dil.; T. C. D., 60th dil.," which are Dr. Allen's 39th and 40th specified sources. In the absence of any detailed account of such experiments which might enable us to weigh their value, it is simply *nil*; and they are rather a weakness to the collection.

A still more important matter is the treatment of the symptoms cited by Hahnemann from authors. Dr. Allen promises that these shall be "verified or corrected" from the original sources. But unless this is allowed to be done with a bolder hand than the editor's own the result will be very ineffective, and the opportunity will be lost for removing one of the most crying faults of our *Materia Medica*. Dr. Allen speaks of using the revised list of the cited symptoms of *Aconite* which appeared in the *Monthly Homœopathic Review* for November, 1873. He cannot bring himself to omit any; but he has bracketed a few (*i. e.* marked them as doubtful) and corrected a few more, as indicated in that article. We have nothing to say against the substitution of bracketing for expunging, though we ourselves should have preferred the more thorough course. But when we consider that Hahnemann himself bracketed every symptom of his provers that could not be considered decisively genuine,* surely such marks should not be omitted where any symptom is decisively doubtful (not to say non-genuine). Thus:—S. 251 of Hahnemann's proving is "profuse, tenacious, yellowish leucorrhœa." The article in the *Monthly Review* tells us that this discharge coincided with the disappearance of a considerable swelling in the left iliac region, for which a patient was being treated with *Aconite*. The inference seems plain that this could not be a pathogenetic effect of the drug; yet Dr. Allen leaves it unbracketed. Again, the symptom following (252) is also expunged in the revised list given in the article. It is—"Rage, at the time of the appearance of the menses." It occurred in a *maniac*, who was being treated for indurated cervical glands by *Aconite*; and surely her *furor* might well appear at the

* Preface to first vol. of *Mat. Med. Pura*, 3rd edit.

time of the catamenial *sisus*, without its occurrence being set down as the effect of the medicine she was taking. Yet this symptom too stands in Dr. Allen's list without any note of its dubiousness.

This (to our minds) mistaken tenderness is defended on the ground that though symptoms obtained upon patients "are often treacherous, Hahnemann seemed to possess the keen perception of the master mind, for it is found that those symptoms are remarkably corroborated by those obtained from provings on the healthy." Where there is no decisive evidence one way or the other, such perception and corroboration might fairly avail. But in the face of such facts as those stated above, "perception" has no place; and in these instances at least corroboration is wanting. No other woman but this maniac was furious while taking *Aconite* at the appearance of her catamenia; no other than this sufferer from ovarian tumours had profuse, tenacious, yellowish leucorrhœa.

One other weak element in Dr. Allen's collection consists of the "very few clinical symptoms" which he has "reluctantly admitted." The grounds of his reluctance, which he goes on to state, are substantial enough; but there is a further reason which should convert it into an absolute refusal. These "clinical symptoms" (*i. e.* symptoms which have disappeared in the sick while the medicine was being taken) have no place whatever in the *Homœopathic Materia Medica*, which is a collection of pure pathogenetic effects from which the rule *similia similibus curantur* may be worked. Hahnemann *never* admitted them; and we hope that Dr. Allen may set his face against the practice.

We come now to the *arrangement* of the material hitherto described, which gives Dr. Allen 1656 symptoms (Hahnemann has but 541). It is to be regretted that these could not, as in the *Materia Medica Pura* and *Chronic Diseases*, stand one under another separately; but exigencies of space compel their being printed continuously. Another expedient towards this end, and one involving less sacrifice, is the representing the authority for or subject of each

symptom by a number. This is a great improvement upon Hempel's total omission of such information, which Hahnemann so assiduously gives. The result is that the whole 1656 symptoms take up only twenty-nine octavo pages of fair-sized type, which is just the number occupied (with but slight differences of page and print) by Hahnemann's 541.

At the outset we have a list of provers and authorities. Of this we note the great paucity of information given. To be told, that the first nineteen names belong to Hahnemann's *Materia Medica Pura* is enough: but "Austrian provings" is a very insufficient heading for the next sixteen. We should have been informed that these are to be found in vol. i of the *Oesterreichische Zeitung*. And so with the "additional provings." Where are Jousset's and West's to be found? We know not; and there are many who would not recognise the sources indicated as Schneller and J. C. Peters. Again, surely the information which has been collected and presented in the articles on *Aconite* in the *Oesterreichische Zeitung*, in the *Hahnemann Materia Medica*, and in the *Monthly Review*, regarding the sources of the cited symptoms in Hahnemann's pathogenesis, should be given (however briefly) here. "Greding" and "Stoerck" convey no idea to the mind; but a catalogue of the patients to whom they gave *Aconite*, and who had the symptoms selected, is full of illumination. Then also we are told that "toxicological symptoms are marked with *t*." If this were in addition to a reference to their source, the information conveyed by it would be useful; and it is so in the poisonings used by Hahnemann. But to authenticate a symptom simply by a *t*, without any other reference, cannot be commended; and this occurs very frequently in Dr. Allen's collection (*e. g.*, eight times in the first fifty symptoms). Lastly, we miss Hahnemann's introduction to the medicine, as also his notes to several of his symptoms. If the former is inconsistent with the compressed plan of the work, the latter at any rate must be retained, as indispensable to the understanding of his statements.

Coming now to the body of the pathogenesis,—the

principles on which the symptoms are ordered are explained by Dr. Allen, and seem very good. They apply, however, to the intimate structure of the schema. Its large outline is that of Hahnemann, as he altered it for his *Chronic Diseases*, i. e. putting the mental and moral symptoms first instead of last. We cannot complain of this; though we do think that the time has arrived for a revision of some parts of the Hahnemannian order. We refer especially to making it more consistently anatomico-physiological throughout ("fever," for instance, is a pathological heading); and to breaking up the chapter "generalities" into certain defined sections. But this is only a suggestion. The indications given by asterisks and variations of type will doubtless be valuable to students; and another useful addition from the editor is a chapter of conditions of aggravation and amelioration. We wish he had also given, where the records enable him so to do, references from one symptom to another, to show connection and coincidence. This is carried out largely in Dr. Hering's monographs; and the same end is obtained by a system of grouping in the *Hahnemann Materia Medica*.

Our criticism of Dr. Allen's work has necessarily taken the form mainly of fault finding. But we gladly end with the more grateful task of expressing the great obligation under which homœopathy will be to him if he carry through the labour of which the pathogenesis of *Aconite* is an earnest and sample. It exhibits such industry and research, so much thought and knowledge; it is such a complete collection of all that is known of the physiological action of the drug, that to have a whole *Materia Medica* like it will be the greatest boon we have received since Hahnemann's pen fell from his hands. We hope that Dr. Allen will feel our animadversions only as additional evidence of our interest in and appreciation of his work; and that he will enhance its value by giving them his unprejudiced consideration. Let us briefly sum up what we recommend:—

1. That the materials of the collection shall consist only of such provings, &c., as are on record. If anything exist

worthy of note yet unpublished, let it be printed in one of our journals, and then cited therefrom.

2. That the bracketing and correcting (where necessary) of the symptoms taken by Hahnemann from authors be done with the utmost thoroughness.

3. That no mere "clinical symptoms" be admitted.

4. That full information be given at the outset as to the authorities for and subjects of the symptoms, as by Dr. Hering, and in the *Hahnemann Materia Medica*.

5. That each subject of overdosing or poisoning shall be numbered and referred to separately, as are the provers; and the circumstances of the case briefly stated.

6. That all natural groups of symptoms be preserved (where we have the original records) by references between the component elements of such groups in the several places where they occur.

One word in conclusion. It must be borne in mind that, although we need such a work as this—a new, fuller, and better *Jahr*,—it is not our only or even our chief *desideratum* as regards the *Materia Medica*. We want monographs on medicines, in which they receive exhaustive study and presentation in all their aspects and relations. No one man can do more than a few of these in his lifetime; and therefore we want numerous workers. We hope that the Hahnemann Publishing Society may no longer have to call for such in vain.

MISCELLANEOUS.

*Toxicology of the Poison of various Fungi.**1. AGARICUS MUSCARIUS (*Linnaei*).

Setting aside the oldest relevant observations on account of their defectiveness, let us observe that Paulus, from various poisonings with the fly mushroom, cites the following symptoms:—Nausea, vomiting, fainting, anguish, prostration, and stupor, a sensation of constriction of the trachea. Some of the patients had cutting pain in the abdomen. After emetics the fungus was ejected upwards and downwards along with bloody masses.

Vadrot observed in some French soldiers who were poisoned: anguish, choking, burning thirst, violent pains in the abdomen; small, irregular pulse, cold sweat, cyanosis of the face, general shivering, tympanites of the abdomen, very effusive stools. The coldness and cyanosis of the extremities, delirium, and extremely violent pain continued uninterruptedly till death, which occurred the next night. Emetics saved some from death.

Fricker relates that a child of sixteen months had eaten some fly mushroom raw; very rapidly there set in a deathlike sleep, in which the pupils were dilated and insensible to light; the face puffed up, pale, and bluish about the eyes, nose and mouth; pulse small and irregular; slight twitching all over the body, and slight distortion of the upper extremities set in.

Krombholz communicates the history of a day-labourer, aged 50, who drank a decoction of twenty-four of these *Agarici* for an oedematous swelling of the feet. Soon after he vomited often and violently, and had many diarrhoeic stools; complained of violent pain in the abdomen, fell into an unconscious state, and soon died. In cases of slight poisoning only staggering as from drink, with vertigo and inclination to vomit.

Of late years, some observations were published in France, which deviate somewhat from the above. In October, 1859, six

* *Neue Zeitschrift für Hom. Klinik.*, Bd. 18, No. 19.

officers ate a dish of *Agaricus muscarius*. In six hours vomiting set in, soon followed by colic, and then by convulsions, and a sensation of heat in the epigastrium, consciousness intact till death.

The experiments by various hands on animals are valuable. The most careful ones are those of Krombholz. Cats, dogs, birds, frogs, &c. He sometimes used decoctions of the fungus in milk, sometimes the expressed juice, which he introduced into the stomach. In two cases injections under the skin of the back. Results as follows :

In general, during the experiments, or at most within fifteen minutes, the first symptoms set in. With small doses, the animals were sad and their faces betrayed uneasiness. In most cases vomiting followed, or frequent stools, or both at once ; whereupon the animals recovered in from half to one hour. With larger doses violent attacks ensued, quickest and most violent after injecting the cellular tissue. As constant symptoms were observed, restlessness, fear, trembling, vertigo, staggering as from drink, dilatation of the pupils, sight impaired or destroyed, dulness of all the senses, breathing rapidly and heavily, but towards the end slowly and painfully ; twitching of the cervical muscles ; palsy soon setting in, especially of the hinder part and hinder extremities. Less constant symptoms were, increased and involuntarily evacuations (vomiting, stool, and urine) and salivation. The least constant were exalted sensitiveness previous to stupefaction, dread of water (*hydrophobia*), and violent thirst. In two cases death ensued with general convulsions ; in most of the others quietly. Reports post-mortem are very sparing.

In three patients of Vadrot's was found a considerable accumulation of fetid gas in the stomach and bowels, whose mucous membranes showed signs of more or less inflammation and gangrenous spots (extravasation ?) In some places that of the small intestines quite destroyed. In a fourth subject the liver was also considerably swollen, and the gall filled with thick, dark bile.

In Krombholz's case, the post-mortem exhibited severe congestion of blood in the spinal cord, brain, and its membranes, lungs, the right side of the heart, the liver, and kidneys ; striking congestion also in the whole of the venous system, with black thick blood. The mucous membrane of the alimentary canal reddened here and there, but with no trace of softening or destruction.

Wolf found in a girl of 6, who was found dead twelve hours after eating this fungus, numerous death spots, teeth tight clenched, pupils much dilated; abdomen distended, sphincter ani open. No important changes in the cranial cavity; the fauces, trachea, and œsophagus not inflamed. Heart flabby and relaxed, with some blood in the right side, none in the left. Stomach much distended, pale, with a bluish spot about one centimètre diameter on the lesser curvature; the *tunica intima* in the pyloric portion rosy red, yet no peculiar inflammation; the inner parietes of the stomach pale, very thick, coated with tough mucus.

Krombholz, in his experiments on animals, found after death (besides abnormal distribution of the blood) great redness of the mucous membranes, prominence of the eyes, contraction and emptiness of the intestines, excess of bile in the gall, viscosity and blackness of the blood. Less constant symptoms were redness of the buccal cavity and the salivary glands. In warm-blooded animals the blood half coagulated; in cold-blooded, quite fluid; serous exudation in the cavities, and prominence of the abdomen.

2. AGARICUS PHALLOIDES (*Fries*).

The cases of poisoning with this fungus (the Knollen-Blatterpilz) appear to have occurred more frequently than with the *Agaricus muscarius*, partly because its action is more intense, partly because it is so easily mistaken for the commonly esteemed *Champignon*.*

In these cases, symptoms precisely corresponding with cholera are constantly observed. Girard makes a prominent remark that even the quantity of the stools adds to this resemblance; equally constant are the cardialgia, and colic of the most violent kind, with pain of the head, tormenting thirst which can not be quenched because drink at once brings on vomiting; cool skin, cold sweat, coldness and cyanosis of face and extremities, tympanites of the abdomen, shivering of the whole body, anguish, and fainting fits.

Urination in most cases strikingly diminished, at times wholly

* This being a perfectly vague term, the botanical name should have been added. It may mean *Agaricus crocatus*, which is the English "Champignon."

suppressed. The pulse is described as extraordinarily small, hardly perceptible; and the pulsation of the heart as very feeble. Sometimes jaundiced tint of the skin and pains in the liver. In some cases consciousness is undisturbed, in others stupefaction and sopor; often convulsions, sometimes partial, sometimes general, and even trismus and tetanus. Maschka found by post-mortem the following phenomena, in seven cases. No trace of stiffening after death; pupils considerably dilated, reddish froth of small bubbles in the bronchial tubes, blood in all the vessels and the right heart, fluid, and of a dark cherry-brown colour; fatty degeneration of the liver in three cases, gall-bladder moderately filled, mucous coat of stomach and intestines covered with thick, tough, reddish-brown mucus. Ecchymosis and suggillation at the fundus of the stomach only in two cases. Bladder in all cases so full that it reached nearly to the navel, parenchymatous organs more or less hyperæmic, and full of numberless ecchymoses, most of which are in the integument, so also the pericardium, and the serous covering of the heart itself.

3. BOLETUS SATANAS (*Lenz*).

One of the most dangerous fungi is the one named by Lenz Boletus satanas, a variety of *B. luridus*. The most renowned German mycologists have been brought to the brink of the grave by eating this fungus. But it is just their experience we have to thank for authentic descriptions of the poisoning as presented below in the notes of those naturalists. These also permit us to prognosticate this remedy as a valuable *simile* in cholera. The first symptoms of poisoning occur very soon, from two to six hours after, and consist of a general feeling of indisposition, burning and scraping in the gullet, vertigo, and nausea. Vomiting soon ensues, and is often repeated even long after the stomach is emptied, so that nothing comes up but an excessively bitter fluid, the ejected matter not unfrequently mixed with blood; the vomituration is accompanied with violent pains in the bowels, whilst the body is covered with cold sweat; diarrhœa supervenes, with very violent colic and tenesmus, fœces often mixed with blood; later on the cold in the extremities is accompanied with extremely painful cramp in the muscles of the limbs, *e. g.* the calves of the legs; the strength fails entirely; the pulse

becomes small, and hardly perceptible; thirst unquenchable, great prostration and fainting fits, without exception. Unfortunately, there are no post-mortem reports.

4. Genus *RUSSULA*.

In regard to this genus, where there is great confusion of names, there is but one detailed account furnished by Alphons Barrelet, of a case of poisoning with *R. foetida*. The symptoms which occurred in the course of six days after eating the broiled fungus were, nausea, pains in the bowels, vomituration, actual vomiting, diarrhoea, coldness of the extremities, cyanosis of the face. Pupils sometimes normal, sometimes dilated, sometimes contracted, continued shivering of the limbs (sometimes interrupted by spasmodic contraction) proceeded to general clonic spasms, with entire loss of consciousness, involuntary urination, the pulse at first small and contracted and 84 per min., rose after emetics and sinapism to 100, and then sank to 80. On the third day, consciousness returned, the patient hears well, but is quite blind; the muscular spasms abate gradually, the anguish of death and dyspnoea disappear; hallucinations set in for three days; then a pseudo-erysipelas on the elbow, and numerous furunculi all over the body, but especially on the scapula and the small of the back. Got well in two or three weeks.

TREATMENT OF FUNGUS-POISONING.

Experience teaches us that the fungi yield with great difficulty and very slowly to the digestive powers, their remains have been observed in the faeces two days after eating them, and, according to very many observations, fragments but little altered have been vomited up on the second and third and once on the sixth day! The treatment of the poisoned has therefore to strive after a discharge of the ingesta by vomiting and purging, in order to satisfy the causal-indication; and this so much the more, as a favourable result may be hoped for even in late stages. The choice of the emetic can not be a matter of indifference, and requires so much the more consideration, because in many cases (chiefly as it appears with the *A. muscarius*) spontaneous vomiting entirely fails, and then the artificial inducement of it is very difficult, owing to spasms of the cardia and oesophagus. In some cases thirty-six

grains of *Tartar emetic* were administered without effect. It deserves to be mentioned on this point that not unfrequently mechanical means, such as touching the fauces with a feather moistened in oil, and pressure on the abdomen, have been attended with success. The stomach-pump has been used by Paddie in several cases with effect. Amongst antidotes, the only sure one is *Atropine*, whose striking effects have been noticed in detail in the former article. Also vinegar and citron-juice are sometimes useful, as well as common salt. *Gallic acid* (Garbsäure), and *Iod. kali*, which were recommended by one party proved utterly useless.

On Sulphide of Potassium, Sulphide of Sodium, and Sulphide of Calcium.

By SYDNEY RINGER, M.D., Professor of Therapeutics in University College, and Physician to University College Hospital.

I wish to call attention to the value of sulphides, present in many natural waters, in abscesses, boils, and scrofulous sores. The influence of the group on the suppurative process is easily made manifest. Thus when *Sulphide of Potassium* or *Calcium* is administered, a thin, watery, unhealthy discharge becomes at first more abundant, afterwards diminishing, and throughout continues thicker and healthier, possessing indeed the characters of "laudable" pus. The condition of the sore improves correspondingly, and its healing is promoted.

The sulphides appear often to arrest suppuration. Thus in inflammation threatening to end in suppuration they reduce the inflammation, and avert the formation of pus. This effect is manifested when sulphur compounds are employed locally in acne indurata; but further on I shall speak more in detail concerning their employment in this eruption. The influence of this group is still more conspicuous after the formation of pus. They then considerably hasten maturation, whilst at the same time they diminish and circumscribe the inflammation. They promote the passage of the pus to the surface and the evacuation of the abscess. Their efficacy may be frequently demonstrated in cases of the following kind. An unhealthy child, from six to twelve

months old, suffers from a slight sore throat, perhaps occurring in scarlet fever or measles. The sore throat produces considerable enlargement of the glands behind the angle of the jaw. The swelling, of stony-hardness, may be sufficiently large to interfere with swallowing and to push the head on one side. Suppuration takes place, but is very deep-seated, and for a long time there is neither redness of the skin nor fluctuation, and the pus very slowly makes its way to the surface, so that a fortnight, three weeks, or even a month may elapse before the abscess bursts, or is fit to be opened, when a deep hole is left, with considerable induration around it. The pain and constitutional disturbance are so great that the child sometimes dies; and even if this termination is averted, the deep discharging hole heals very slowly owing to the indurated and unhealthy state of the adjacent tissues. If a tenth of a grain of *Sulphide of Calcium*, mixed with a grain of *Sugar of Milk*, is given in such a case every hour or two hours, the results are most striking. The swelling becomes smaller, the pus reaches the surface in four or five days, and when it is evacuated leaves a benign wound which quickly heals. The effects of these remedies are equally conspicuous in mammary abscesses, although in rare instances they appear temporarily to increase the pain—a remark which seems sometimes to hold good with respect to boils. But as a rule the pain is speedily mitigated. Singular to say, I have found these remedies of much less use in forwarding the maturation and expulsion of pus in indolent buboes, but my experience of their use in buboes has been but small.

It may be urged that it is difficult to imagine how these remedies can produce effects so different and apparently opposite as the dispersion of inflammation in one case and the expulsion of pus in another; but poultices and hot fomentations certainly possess the property both of subduing inflammation and of preventing suppuration, and in other cases of hastening considerably the evacuation of pus.

In boils and carbuncles these remedies yield excellent results. A tenth of a grain of *Sulphide of Calcium*, given every two or three hours, generally prevents the formation of fresh boils, while it lessens the inflammation and reduces the area of the existing boils, and quickly liquefies the core, so that its separation is much more speedy, thus considerably curtailing the course of the

boil. Where the skin is not yet broken, and the slow-separating core therefore not yet exposed, the sulphides often convert the boil into an abscess, so that on bursting pus is freely discharged and the wound at once heals. These remedies meanwhile improve the general health, removing that debility and malaise ordinarily so markedly associated with these eruptions. In some cases, however, as in the deep-seated boils and abscesses, of diabetes, they are powerless. In carbuncles the sulphides will generally be found equally serviceable, melting, as it were, the core into healthy pus, and so quickly expelling the dead and otherwise slow-separating tissue. In abscesses and carbuncles it is useful to apply *Belladonna* over the inflamed part to reduce inflammation and allay pain. The skin should be thickly smeared with equal parts of *Belladonna* and *Glycerine*, and over this a poultice applied, renewing the *Belladonna* each time the poultice is changed. Poultices, however, being liable to bring out a fresh crop of boils, one of the following plans should be adopted: Smear *Belladonna ointment* some distance round but not over the boil, and then apply a poultice, the greasy application thus protecting the neighbouring tissues. Or, still better, apply a *Belladonna* or *Opium plaster* on leather, with a hole the size of the boil, around the swelling, and through the opening smear *Glycerine* and *Belladonna*, covering all with a small poultice. The leather plaster efficiently protects the surrounding skin and averts the production of fresh boils.

I have thought it worth while to mention these useful plans of protecting the boil; but it is scarcely necessary to observe that whilst investigating the effects of sulphides I have employed them alone, or at most sometimes using only a poultice. The good effects of sulphides are conspicuous in certain scrofulous sores not uncommonly seen in children. Scrofulous children during the first few months are sometimes subject to indolent abscesses in the cellular tissue which run a very slow indolent course. At first only a small hard substance is observable, no larger than a pea, under the skin, which is of natural colour, and movable over it. The small substances next suppurate and gradually enlarge, the skin becomes adherent to them, and changes in colour to red or even violet, while sometimes in their neighbourhood the smaller vessels become enlarged and even varicose. They may grow to the size of a florin, and, when

matured feel soft and boggy. After a time a small circular opening appears, not larger perhaps than a pin's head, through which escapes a thin unhealthy pus. If deep seated, as on the buttocks, or in fat children, there may be very little or no discoloration of the skin. The chief noticeable character then is the small sharply-cut opening, as if a piece had been punched out. These formations follow one another, and may continue to distress the child for months or years. In mild cases a few only may form, whilst in severe cases there may be at one time ten or a dozen in different stages of development. When they heal they leave a white, sharply defined, but not deeply depressed scar. On the administration every hour or two of a tenth or twentieth of a grain of *Sulphide of Calcium* the following effects occur:—New formations seldom appear, although for months or years the child may have been infested with them. Many of the abscesses, especially in a very early stage of development, dry up and disperse, others generally speedily come forward and discharge their contents, the pus being laudable, instead of thin and unhealthy. The abscesses already in an open state improve, their pus becoming healthier, and the wound healing speedily.

In some cases, in addition to these subcutaneous formations, the bones also become affected. The phalangeal bones of the hand are most frequently attacked, but not uncommonly the metacarpal, and more rarely the metatarsal. Where the phalangeal bones are affected, one or several of the fingers become nodose. For a long time the skin remains pale and freely movable, but after a time suppuration ensues, when the swelling increases, the skin becomes red and painful, and after a time slowly softens at one point, remaining boggy for a considerable time before the abscess opens naturally. Then generally a little bone separates, or in bad cases the whole of the shaft comes away, leaving the epiphyses behind. When an opportunity occurs to examine these bones before suppuration sets in, the shaft is considerably enlarged, very pale, and the cancellous structure infiltrated with a straw-coloured firm substance, whilst the epiphyses and their cartilages are healthy. Even an affection so severe as this may be considerably benefited by sulphides. Thus before suppuration has set in, or whilst it has made little way, they often remove the swelling, though large doses may be required. After much suppuration, their good effects depend in a great measure on the amount of

the disease of the bone. If the whole shaft becomes necrosed, of course the sore will not heal till this has been got rid of; but suppuration often occurs and yet but little, or perhaps none, of the bone dies. In such a case the sulphides hasten the expulsion of the pus, and if the skin is already broken before they are employed, they improve the character of the wound and the discharge, and the sore heals, leaving a sunken scar adherent to the bone, whilst the finger slowly assumes its natural proportions. Large indolent abscesses may form on the back of the hands or feet. These are similarly affected by the sulphides. Whilst these remedies are thus influencing locally these strumous formations and abscesses, the child's health greatly improves, although failing previously, in spite, perhaps, of the administration of *Cod-liver oil* and *Steel wine*. That the improvement is due to the sulphide is shown by the fact that the amendment occurs where only this drug is administered. On prematurely discontinuing the sulphide, fresh formations are apt to appear, especially on the occurrence even of a slight illness; indeed, a severe illness will often excite a few fresh abscesses, in spite of the sulphides.

The sulphides appear to me to exercise a very beneficial influence in suppurating scrofulous glands in the neck. Here again they hasten the elimination of the pus, and subsequently the cheesy scrofulous matter. After the abscesses have burst, and continued slowly discharging a scanty, unhealthy pus, and when the edges of the sores have become much thickened and indurated, these remedies render the discharge more abundant, thick, creamy, and healthy, considerably hasten the evacuation of the scrofulous matter, which prevents the healing of the wound, and at the same time soften the round indurated edges, so that the sore heals much more speedily. If small doses appear to affect these sores but little, larger doses, as half a grain or a grain, should be given several times a day, or even every two hours. I need hardly say that to compass the results described the treatment must be continued several weeks, for it is vain to expect them to occur in a few days, when the sores have been discharging perhaps for months or even years.

The topical effect of *Sulphur ointment*, or of an *Ointment of the Hypochlorite of Sulphur*, or, still better, of the *Iodide of Sulphur* of the Pharmacopœia, is most marked on *acne indurata* and *acne rosacea*. Here, again, the effects are twofold, and even

opposite, according to the stage of the eruption. If applied at the very commencement of the eruption, as soon as the little hard knot is felt under the skin, further development is arrested and the hardness speedily disappears. For instance, if smeared over the hardness just before going to bed, in the morning scarcely any induration will be felt, though after a time, perhaps from exercise, or the irritation from washing, much of the hardness may return, to be again removed by a renewed application of the ointment, so that in two or at most three days a papule that threatened to become of considerable size may be completely dispersed. When, however, the nodule has advanced further, and suppuration has set in, then the effects of the ointment are much like those of sulphides, administered internally, on boils. The ointment hastens maturation, limits the swelling and hardness, and thus considerably curtails the duration of the eruption. Nay, further, if rubbed over the skin it appears to check the formation of the acne spots. If rubbed over the nose and neighbouring parts of the face in acne rosacea its effects are often striking. Not only does it act as in acne indurata, but the hardened, swollen tissues become softened and reduced to a more natural state. I have found the *Iodide of Sulphur* likewise useful in bromic acne, reducing the eruption, or at least considerably lessening the size of each spot. In acne the ointment should be thickly smeared over the eruption night and morning.

Any one who gives the sulphides a fair trial in the foregoing cases will, I feel confident, have reason to be gratified with the result.—*Lancet*, February 21st, 1874.

To read the above in the pages of our old enemy the *Lancet* almost took away our breath. It is nothing but a homœopathic clinical lecture on our very own medicine, *Hepar sulphuris*, with the omission of the word "homœopathic,"—and the thin veil of *Sulphide of Calcium* used to conceal the more ordinary homœopathic appellation *Hepar*. How comes it that the *Lancet*, which still wages fierce war against homœopathy, admits a pure piece of homœopathic practice into its columns, provided the author has made no actual confession of a belief in homœopathy, and no verbal mention is made of the hated system? Had our late illustrious colleague, Professor Henderson, written an article on *Hepar* in connexion with the suppurative process, or with boils

and carbuncles, he could scarcely have said anything different from what the Professor of Therapeutics in University College has said; but had he sent such a paper to the *Lancet*, can any one doubt that it could have been insultingly rejected?

It must be very mortifying to Professor Sydney Ringer to find that the sole credit of the discovery of the curative action of *Hepar sulphuris* in suppurative processes is not left to his peaceable enjoyment. In the very next number of the *Lancet* Dr. Thorowgood, whose frequent rediscoveries of well-known homœopathic remedies would be surprising did we not know the source whence he derives his information, claims to have used *Hepar sulph.* in diseases attended with suppuration for ten years; and Dr. Burness, who has just published a book of homœopathic principles and practice, without the name, expresses his concurrence with what Dr. Ringer says about *Hepar*, and testifies that he has frequently used it in similar cases. We subjoin the letters of those two "allopathic" practitioners, which will be found highly amusing to all conversant with homœopathic practice.

MEDICINAL USE OF CERTAIN SULPHIDES.

To the Editor of 'The Lancet.'

SIR,—Dr. Ringer has done good service in bringing into prominent notice the use of certain sulphides in diseases attended with suppuration.

About ten years ago I had under my care a child afflicted with unhealthy strumous ulcerations in the neck and other parts of the body. The sores had thickened edges; and, in some, a small greenish slough formed. There was no evidence of syphilitic taint. *Cod-liver oil* and *Iodide of Iron* had no curative action, but on half-grain doses of *Sulphide of Calcium* in water a very striking amendment took place.

I have found the *Sulphuretted potash* of the B.P. an admirable remedy in many cases of glandular suppuration. In follicular tonsillitis, also, I have employed this salt with highly satisfactory results. One grain can be made into a pill, with a drop of *Oil of Anise* added as an effectual means of overcoming the abominable odour of the salt. When made, the pill may be coated with *Ethereal solution of Tolu*; this will not only conceal the smell, but will prevent the contained sulphide absorbing oxygen and becoming an inert sulphate.

M. Tiry, of Paris, prepares capsules containing the *Sulphuretted potash*. In these the salt is perfectly protected from the air, and in this form the drug is readily given to the most fastidious of patients. The capsules that I have seen and used were obtained from Messrs. Corbyn, and imported by that house from Paris.

I am, Sir, obediently yours,

JOHN C. THOROWGOOD, M.D. Lond.,

Lecturer on Materia Medica at Middlesex Hospital.

To the Editor of 'The Lancet.'

SIR,—Your issue of February 21st contains an article by Dr. Sydney Ringer on the *Sulphides of Potassium, Sodium, and Calcium*, in which he refers to the power of these agents to control suppuration, and states that he has found them to be valuable agents in the treatment of boils, carbuncles, scrofulous glands, and many skin diseases. With his statement I fully concur, having frequently used the sulphides in the treatment of similar cases with great success. But however interesting and curious these facts may be of themselves, I think more valuable instruction may be derived from them if we seek to ascertain how and why they are such valuable therapeutic agents in the treatment of the special affections alluded to, and, having gained this knowledge, we will then have a scientific basis on which to found our treatment. Therefore, having this object in view, I trust you will allow me to quote the following remarks from my work on the *Specific Action of Drugs*, where I premise that the full therapeutic value of any drug is only to be obtained by first ascertaining its physiological action. Now, as regards the sulphides, when swallowed in a full dose they are, to a certain extent, decomposed by the free acid in the stomach, sulphuretted hydrogen is evolved, and some of the effects produced are due to this gas—viz., an acid taste in the mouth, burning pain in the throat and stomach, dry cough (sometimes vomiting and purging), feeble pulse, faintness, convulsions, or a state of sopor. But in smaller doses, frequently repeated, they produce an anæmic condition, with general nervous depression. Applied externally they cause a papular or vesicular eruption, and it is well known that the sulphides, like *Sulphur*, are eliminated by the skin in the form of sulphuretted hydrogen.

Now these facts indicate that the specific action of these

agents is upon the skin and mucous membrane in the process of elimination, and also to a certain extent upon the blood-corpuscles (the secondary effects being due to the changes produced in the nature and quality of the vital action of these parts). We naturally infer that the therapeutic actions of these agents will be on the same tracts, and hence we are led to use them in such affections as chronic catarrh, follicular sore throat, chronic bronchitis, abscesses, scrofulous glands, and many skin diseases; also to improve the condition of scrofulous children suffering from indolent abscesses, but in these cases we give a less dose than a physiological one—viz. a *restorative* dose.

We can thus remove the sulphides from the list of empiric remedies, having facts at our disposal to account for their remedial action, for I have indicated that given in a physiological dose they influence certain specific parts; and daily experience (*e.g.*, the cases communicated by Dr. Sydney Ringer) confirms the truth of the inference that in a restorative dose they will beneficially influence the same parts when deranged, and this they do either by in some manner altering the nature and quality of the vital action of the parts or by removing the state of combination of the elements which excite diseased action, and thus enabling the normal powers of nutrition to restore the healthy constitution; and this I consider applies not only to the sulphides but also to every other drug. Now in reference to the dose mentioned by Dr. Sydney Ringer—viz., one tenth of a grain every two or three hours—I consider the quantity quite sufficient, and this for two reasons. 1st. Because the sulphides are comparatively insoluble and slowly diffusible salts, hence require to be given in small and repeated doses to ensure their being absorbed into the system, for if a large dose be given at once it may pass through the intestinal canal before it can be changed into a condition necessary for absorption; moreover, by giving small and repeated doses we can keep the system longer under the influence of the drug. 2nd. A small dose is indicated because we wish the restorative action of a drug on a part whose functions are deranged, and not its physiological action, at least in the cases mentioned above.

I remain, Sir, your obedient servant,

ALEX. G. BURNES, M.B., &c.

Green Street, Grosvenor Square; 23rd Feb., 1874.

How then does the case stand? A paper on the homœopathic treatment of a disease—and we have seen many such in all the allopathic periodicals of late—is published in a journal that affects to despise and condemn homœopathy, and because the word “homœopathy” does not occur in it the editor puts it forth as sound allopathic practice. This procedure reminds us of the dodge of the priest of old, who ate his fat capon on an abstinence day with an easy conscience after pronouncing over it the miracle-effecting words *fat piscis*. But simple onlookers did not see that the fowl was changed into a fish in consequence of the Latin adjuration, nor do we see that homœopathy becomes allopathy because it appears in the pages of the *Lancet*. The fact is that the medical trades-union and its periodical organs have conspired to ignore homœopathy as it really is, and to continue to misrepresent it as the ridiculous caricature that was drawn of it twenty or thirty years ago, by persons of no reputation, such as the author of *Homœopathy Unmasked*. This conspiracy effectually deters the great body of the medical profession from reading our works or periodicals, and so they have no idea that the articles cooked up for them by the *Lancet* and its allopathic contemporaries are often merely very good homœopathy with this word omitted. We are defenceless against this trades-union plot, but its existence is clear and should incite all among us who are capable to lend a helping hand to the completion of the therapeutic portion of the *Repertory*, which will show what homœopathy really is, and will, we hope, deter these allopathic daws from decking themselves with our feathers.

But what are we to say of Professor Sydney Ringer and his frequent appearances in the character of a *rechauffeur* of trite bits of homœopathic practice on an allopathic dish? “Flat burglary as ever was committed,” no doubt it is; but we cannot help being amused at the unconsciousness of the professor that he is doing anything wrong in thus appropriating the labours of others without a word of acknowledgment, and at the simplicity of his medical brethren who look upon him as a wonderfully original therapeutic genius.

Liquor Sodæ Chloratæ in Metrorrhagia.

The following letter has been received by Dr. Cooper, and we have pleasure in publishing it, as it is an allopathic testimony to the efficacy of the treatment recommended by him in this Journal, vol. xxx, p. 688.

“ESTEEMED COLLEAGUE,

“I am happy to be able to send you the details of two cases in which I have successfully employed the *Liquor Sodæ Chloratæ* which you had the kindness to send me. A third case in which I prescribed it I unfortunately lost sight of. I admit that two cases prove little, though they were successes, but I have no doubt that the employment of this remedy in future cases which may offer, and respecting which I shall keep you informed, will confirm the hopes you entertain of this medicine, and encourage you in the unwearied and laborious researches which you are making in order to be able to construct a complete history of this medicine.

“Obs. I. Mlle. N. V—, æt. 39, weak constitution, lymphatic temperament. For several years past she has suffered from chloro-anæmia and leucorrhœa. Catamenia abundant, lasting from eight to nine days; clots appear in the discharge. Every catamenial period is preceded and followed for several days by the sensation of a weight low down in the pelvis, as if all would be forced out at the vulva, with pains extending to the kidneys, back, and mammæ, especially the left. The general treatment (consisting chiefly of chalybeates, nourishing diet, good hygienic conditions, &c., together with astringent vaginal injections), though it produced a good effect on the general state, had but little influence on the catamenia, which remained as profuse as before. I now had recourse to the *Liquor Sodæ Chloratæ*. The first time I prescribed seven drops in fifty grammes of water three times a day, on the fifth day of the menstrual flux, and the following day the discharge had completely stopped. On the two following catamenial periods the same remedy was given on the fifth day, but in the dose of five drops only, and the same successful result was obtained. At the following period I did not give your remedy at all; the menses followed almost normally, without clots, and lasted only seven days, quite insignificant the last two

days. I may add that the weight she complained of in the pelvis did not occur after the second administration of this remedy. It is true that in the interval between the catamenial periods Miss V— continued to take the steel medicine, but I think it is without doubt that it was the *Liquor Sodæ Chloratæ* alone that arrested these discharges, which may be termed hæmorrhagic.

“Obs. II.—Mme. R—, æt. 40, six years married, mother of five children, the youngest of whom is two years old. Robust constitution, nervous temperament. This lady came to ask my advice for her menses, which she said lasted eight days and are always very copious. This has been the case for two months. A month ago they were just the same. Since then she constantly complains of discomfort in the lower part of the abdomen, feeling of a weight, with shooting pain in back. The only treatment I recommended was six drops of the *Liq. Sod. Chlor.*, to be taken in three times as above, and the following morning all the discharge had ceased. This uncomfortable feeling went off gradually, and a week later she was quite well. Since then her catamenia have been normal.

“I allow you sir, to make what use you like of these observations, if you think them worth anything, and beg to remain

“Yours truly,

“ALPH. ROELANDTS, M.D.

“Meulebeke, West Flanders, Belgium; 15th Oct., 1873.”

*Chips from the Workshops of the “Secret-case” Practitioners.**

By Dr. HIRSCH, Prague.

A mighty fruitful field for the worshipful company of disease-makers is furnished without restriction by the so-called “secret cases.” From year to year, and day by day, we find the announcement of these gentry in the journals—“Complete cure, speedy and certain.” This is promised with a bold front, yet practically complete *illness*, speedy and certain, is the result of this treatment. As Leichtenberg says he never saw a genial fellow who smoked tobacco; any one might, if this were true, receive as a settled point that the great Ricord was never a smoker, for to that grand idea which he has especially cultivated, of charming away a

* *Neue Zeit. für Hom. Klinik.*, Bd. 18, No. 19, Oct., 1873.

gonorrhœa in due form with a few injections, the character of geniality cannot be refused! For my part I cannot help thinking that this invention is far more genial than even that of a breech-loader! For whilst the work of destruction carried on by the latter is only temporary, and finds full employment principally in time of war, we see the injecting apparatus taken in hand with never ceasing activity.

2. Whilst in the latter invention it is at once publicly known what percentage of victims fall a prey to it, and what mischief it produces, " the secret-case " doctor has this great advantage that he settles the business quietly and confidentially. The party concerned comes to the doctor with one secret complaint and very frequently steals away from him with another still more secret.

3. The destructive mangling work of the breech-loader is limited solely to the individual sufferers, whereas the skill of the other even succeeds in transmitting to others the seeds of disease and pain.

It certainly requires on the part of these doctors a very elastic conscience or a very limited intellect either to ignore the highly mischievous effects of their work, or else really not to perceive it.

When we observe for years, with attentive eyes, the conduct of these doctors and the consequences of it in general, the idea forces itself involuntarily upon us that a higher providence has furnished two sorts of advocates for men when visited with sickness,—the one are destroying angels, the other guardian angels. The answer to the question which are playing these respective parts I leave to the judgment of my respected readers.

And now let me adduce some cases in illustration of the above.

Mr. E—, æt. 24, the only son of a landed proprietor, of slender build and rather delicate constitution, lively, excitable temperament and highly developed intellect, was studying jurisprudence at Prague, and was on the point of preparing for his first public examination, when he unfortunately contracted gonorrhœa; whilst a still greater misfortune was that, trusting to the seductive promises of the advertising specialists, he had recourse to one of them. Fast enough were daily injections

tried for a whole week, but not so fast did the promised "speedy cure" proceed. In spite of frequent changes in the solution injected, each gradually stronger, and in spite of the internal exhibition of medicated capsules, electuaries, and that the whole anti-gonorrhœic apparatus that was brought into play, one could not get to any end of the relapses that kept setting in ever and anon without any fault on the part of the patient.

At last the inguinal region began to grow rather sensitive.

Incredible as it may appear, yet I pledge my word of honour in asserting that, in the course of the seven following weeks, with constantly increasing development of buboes, two boxes of *Sublimata pills* were administered, and a complete course of ointment had to be gone through; and all this on account of an originally simple gonorrhœa!

Happily the parents, who lived habitually in the country, now came to Prague. Indescribable was their horror on finding their son lying in bed, the picture of woe. Pale and hollow-cheeked, with deep-sunken eyes, there he lay, reduced to a skeleton; with tears in his eyes he made confession of the above. The parents, accustomed for years to the cautious homœopathic practice of Dr. Seegen, since removed to Vienna, at once resolved to call in a homœopathic physician, and the choice then fell upon me.

It was not the hard, red, and highly sensitive buboes (at least as large as half an egg cut lengthwise) that alarmed me at my first visit, but the total prostration of the patient, the general emaciation, the empty pulse, the complete loss of appetite, the greatly disturbed sleep, and lastly the copious night-sweats,—these symptoms it was that warned me to go to work, in settling the prognosis, with considerable caution. As to my treatment, I must remark *imprimis* that, for a long course of years, *that* has continued essentially the same in such cases; and this my persistency in the same mode of treatment ought to give clear evidence that the results obtained by it were always satisfactory.

Above all, I found it expedient for the patient at once to set aside the application of ice incessantly to the inflamed swelling, as prescribed by the previous medical attendant; and to exchange it for well-covered, stimulant, cold compresses, to be changed as soon as they got duly warmed.

The internal remedy was *Nitric acid*, in the 3rd decimal

dilution, three times a day, one drop in a tablespoonful of water. Under this treatment, within three days the sensitiveness of the buboes had diminished considerably, but the swelling not at all. I now had the poultice covered with a compress bandage, acting at first very lightly; this consisted of a double-sided fracture-bandage without hip-spring, which the patient bore very well, as all such patients do; if it be applied at the right time, and sufficiently slack to begin with, within two or three days at furthest, during which the bandage has to be gradually tightened a little, such patients find a very material alleviation, and gain an advantage not to be undervalued, viz., that they can now move without pain, and are soon able to walk without any inconvenience. And such was the case with our patient, whose appetite began to revive, and sleep was much improved after this treatment, and the further use for two days of the *Nitric acid*. Of course the cold compress, covered with dry lint, was regularly continued, and its application was very easily managed by a little lifting of the bandage on one side; and afterwards with a little practice the heated compress that had served its turn was drawn out over the bandage, and the fresh cold one slipped in, without requiring the bandage to be slackened, but only the abdomen to be slightly drawn in. After five days' treatment I allowed him to leave his bed, whereupon in consequence of weakness he at first always experienced vertigo and was soon obliged to sit down; yet this disappeared entirely in three or four days, after which he gradually took stronger nourishment and also some beer, by which the perspiration was considerably diminished. And what of the buboes? They were flattened, quite painless, and only a little reddened where the bandage had pressed them; yet even those places could be touched and even strongly pressed without his complaining of the slightest pain. Patient could also attend to his studies again all day long. And now he put the question to me quite timidly,—whether I believed that in nine days he would not be physically capable of going up for his public examination, for which he thought he was quite prepared, and it would be very disagreeable to him to have to apply for a postponement of it. In consideration of the striking improvement already attained in the general health of the patient, and of the very favourable change observable in the local ailment, since the inflammation

was all gone, so that there was no longer any fear of the suppuration which was once imminent (and besides, there seemed to be fairly in process an absorption of the infiltration), I thought I could reply to his question in the affirmative; yet I put in the remark that, up to this point, the cure was not yet by any means complete, and that he would have to go on for at least fourteen days with the cold compress (only not to be changed so often), to keep the bandage on, and continue taking the medicine, as there would probably be at least so long to wait before the local curative process would be thoroughly completed. Five days before going up for his public examination I allowed him at first to *drive* out for an hour or two, and then to take a *walk* without the least distress, either from walking, sitting, or rising up. He looked better from day to day; and after getting well through the examination, there was nothing more to desire. The glandular swellings were entirely levelled, and considerably less; yet there was, on the right side, a very scanty discharge of fluid resembling pus (without pain), through an orifice no larger than a pin's head; which however soon dried up, and was scarcely perceptible.

In the fifth week of homœopathic treatment the cure of these buboes was completed. I cannot say whether they were more sympathetic or more mercurial; they were, at any rate, called into existence by the skill of the great healer.

But one would be doing shameful injustice to these specialist gentlemen if one should fancy that they are only capable of producing buboes; their skill is by no means so narrowly limited, it extends still further, as we may perceive from the following case:

A gentleman, married six years, had taken a business journey, and was obliged to stay some time in Vienna. Here, one evening after the business of the day was concluded, he forgot his marriage vows, and a few days after made the very unwelcome discovery that he had contracted gonorrhœa. Great, very great was his perplexity, for in ten to twelve days at latest he had to return home. So he soon resolved to betake himself to the leading practitioner for "secret cases," and besought him earnestly to give speedy relief. This he obtained, in part, for in six days the gonorrhœa was removed by several injections; but a surprise again awaited him at home, for the first lawful coïtus

brought the gonorrhœa once more to view. Now he had recourse to one of the most renowned specialists in Prague, whose earnest exertions had again the success of considerably diminishing the gonorrhœa, but at the same time brought on an exquisite, acute, and excessively painful catarrh of the bladder, accompanied with feverish excitement. This disorder also was, chiefly by local anodyne meal poultices, and tepid sitz bath, so far alleviated that the violent pains gradually abated, and the only remaining subjective symptoms were a frequent urgency to pass water, and a burning sensation in the urethra; but to this a new objective one was added, viz., that mucous masses, becoming day by day more considerable, accumulated at the bottom of the utensil, and accordingly the acute catarrh had passed into a chronic one; which, after it had obstinately resisted allopathic treatment for three months, I was asked to cure.

From all the history of the case reported to me as above it was perfectly clear that in consequence of highly inappropriate medical treatment the original inflammatory excitement of the mucous lining of the urethra had been transferred to that of the bladder, and that incorrect management of the acute catarrh of that organ had only rendered it chronic. The urine exhibited to me in a tolerably tall glass of about nine centimetres diameter was for two thirds of its depth pretty clear and light yellow; still, at the bottom of the glass was seen a thick, yellowish-white collection of mucus, which, after slowly emptying the contents, rolled out in lumps, whilst the remainder drew out into ropes. The fact that he complained of violent burning when he passed water (always in a thin stream) rendered it advisable to examine the passage with a bougie, by which the absence of stricture was ascertained. Yet during this examination a remarkable tenderness, probably indicating erosion of the mucous membrane at the vesical opening of the urethra, could not escape notice. I began treatment with *Pulsatilla* 6, and as he was compelled to remain at home the greater part of the day owing to frequent urgency to urinate, he took it in water, two teaspoonfuls every three hours. When I repeated my visit in two days, I learnt that the said urgency was less frequent, and no longer so cruelly violent; yet the burning pain of urination remained as before, and the same was true of the quantity of mucus deposited in the urine glass. Just the same story was told after taking *Pulsatilla* for several

days, and the burning (nay, sometimes cutting) pain in the urethra was particularly marked. Now came *Cantharides*, *Nuxvomica*, and *Sulphur* in succession, yet the pains remained constantly the same, till at last I lighted on *Kali bichrom.*, after which, within two days, the pain was strikingly diminished, and had nearly disappeared in a week after; but the deposit of mucus all the time underwent no diminution, and now an accurate testing of the condition of the urine showed that it was when first passed turbid, as if intimately mixed with the mucus, and not until the second or third hour did the thick masses settle to the bottom. Red test-paper was coloured blue, and also the smell of the urine was sharply ammoniacal, a phenomenon to be explained by the fact that the copious mucus of the bladder was decomposing the elements of the urine. In succession now *Dulcamara*, *Calcarea carbon.*, and *Natrum carbon.* were given, from the two last of which, and especially *Calc. carb.*, a favourable effect, viz. manifest diminution of the mucous secretion, could be observed. The observation of this determined me to give the patient a wineglass of the Wildung Spa water, which is so extremely rich in *Carbonate of Lime*, every night and morning. The essential service rendered by this calcareous spa was soon manifested; and that not only in the visible diminution of mucus (and thus too in the abatement of ammoniacal odour), but also in the complete disappearance of the burning pain. After taking the Wildung water for barely four weeks, the patient was at last perfectly cured.

CLINICAL RECORD.

Thlaspi bursa pastoris in Metrorrhagia.

By Dr. RAFINESQUE.*

LAST year I received a letter from England, sent by one of my patients, a young widow, whose state of health caused her great alarm. She informed me that three months previously she had had an attack of icterus of no great severity, and that for two

* *Bull. de la Soc. Méd. Hom. de France.*

months she had suffered from a continual discharge which came on after the menses.

She had been treated without success for this discharge by several medical men, who had given her among other remedies *Cocculus*, *Sulphur*, and *Conium*. They had also strongly recommended the use of generous wines, but not being accustomed to them she felt all the worse for them. She suffered much from pain in the region of the right ovary extending to the knee; her stomach and bowels were frequently deranged, she lost her strength, and fell off visibly. She desired to return to France, but feared she might not be able to stand the journey but be laid up somewhere on the road.

Judging that the climate, the treatment, and the regimen she was subjected to were unsuitable for her, I encouraged her to undertake the journey. She accomplished it happily, but the catamenia appeared as soon as she arrived, and did not leave off until the sixth day. I then gave *Ferr. met. 24*, three globules in half a tumbler of water, to be taken until the following day.

The effect was favourable, no loss, only some pinchings in the abdomen and small of the back. I continued the *Ferr. met.*

The third day there occurred pains in the stomach and two bilious motions; the liver was tender, pulse 84. I gave internally *Ars. 12*, but as the pains in the stomach went off whilst the diarrhoea increased, I had recourse to *Verat.*, and the symptoms subsided, the pulse falling to 72.

Then, that is to say, six days after the cessation of the catamenia, not two days as formerly, what the patient called a loss of blood, such as had occurred in England, recommenced. It was in reality a very profuse leucorrhoea, to which the name was very inappropriate, as it was of a chocolate-brown colour and very fetid.

Examination with the speculum showed the neck of the uterus swollen, but not ulcerated; I could only detect slight granulations and the presence of some viscid clots of a dark colour.

This case required a methodical and long-continued treatment; I reckoned that three months at least would be required, as well as great patience and perseverance on the part of patient and doctor.

I shall not go into details of the daily treatment, which lasted in fact three months and ended in complete cure. I will briefly

pass it in review in order to come to and to recommend to you the remedy to which I attribute the greatest share in the successful results.

I had to treat a delicate impressionable woman, very much weakened but very docile and punctual in taking her medicine.

During the first month, according as there were pains in the abdomen, with difficulty of passing water, or tumefaction of the liver, and a tendency to early recurrence of the catamenia, I had recourse to *Bell.* 12 and 200, *Nux vom.* 12, *Sabia.* 3 and ϕ , lastly to *Kreosot.* 12, which removed a painful sensation of general swelling worse in the evening than in the morning.

I thus arrived at the return of the catamenia and the commencement of the second month, with a noteworthy amendment of the general health, but with little decrease of the discharge or alteration of its character. It usually reappeared one or two days after the cessation of the menstruation, at first slight and light coloured, but gradually very abundant and very dark, sometimes continuously, sometimes in gushes; I waited for it in order to employ a remedy which has never as far as I know been employed by us except in cases of true metrorrhagia, but with which I had made some successful trials, in consequence of remembering that it is employed by country people against various kinds of fluxes. This is the *Thlaspi bursa pastoris*, of which there are several varieties. This cruciferous plant is astringent and its use is unattended with danger even in considerable doses.

As soon as a discharge at first light coloured, hardly darker than pale café au lait, commenced to grow darker and more copious, I gave *Thlaspi. burs. past.*, 6 drops of the 6th dilution in 100 grammes of water, a spoonful every three hours.

The following day, which was the 19th of the month, the discharge grew pale and lessened, the following day it stopped, but the patient complained of colic and pinching in the stomach; the 21st, in spite of the medicine being continued, the pains in the stomach had ceased, the discharge had not returned; it was the same on the 23rd, but the liver became tender, with accompanying pains in the groins and right leg, and the following night, 23rd—24th, was marked by increase of the pains, then bilious stools and general uneasiness; the 24th, finding the tongue furred, the liver enlarged, the stomach tender and sunk, I had recourse to *Merc. sol.* 12.

The following day the discharge returned and the general state was less satisfactory ; there was a sensation of fatigue with trembling and rigor.

I resolved not to have again recourse to *Thlaspi* before the following month, and to employ the interval until the next menstrual period in fortifying and giving tone generally and locally to the patient.

I made her take cold drinks every morning and inject cold water, also to take *Secale corn.* ʒ and ʒ, one centigramme in 100 grammes of water.

These remedies appeared to me necessary, the cervix was swollen and soft, there was some slight difficulty in passing water, the introduction of the injecting tube was painful, the strength was failing, and the pain, which from the right groin had passed into the left, did not allow of carriage exercise.

In the end I obtained a marked amendment, and several times the leucorrhœal discharge diminished sensibly, and even stopped for some time, but it again became more copious, deeper coloured, and more fetid than ever as the catamenia approached.

During the fortnight previous to this appearance I gave, without paying attention to the discharge, first *Ferr. met.* in the first trituration, then *China ʒ*, 80 drops in 300 grammes of water, a spoonful every hour.

The catamenial discharge was copious and dark coloured. Two days after its cessation, on the appearance of a discharge resembling the washings of meat, and in spite of the sensitiveness of the liver and some pains in the right leg down to the foot, I prescribed *Thlaspi ʒ*, 10 drops in 200 grammes of water.

The discharge immediately diminished and stopped after three days.

I continued the *Thlaspi* in the 6th dilution this time and persisted in its use ; at the end of ten days, reckoning from the cessation of the catamenia, the patient, who had not quitted her house in the evening for more than two months, felt so well that she ventured to dine out.

With the exception of an interruption of forty-eight hours to give *Argent.* for fatigue of the voice, I insisted on the continuance of *Thlaspi* until the reappearance of the catamenia, only diminishing the frequency of the dose.

The catamenia came on at the accustomed time, but the

discharge did not return and has not recurred for eight months. On the contrary, the lady has gained greatly in strength, and the good health she enjoys sets off her natural beauty.

[NOTE BY DR. DUNGTON.—With all deference to Dr. Rafinesque, whose treatment in this case was crowned with success, I would venture to differ from him in respect to his pathology of the disease here described. I do so with the more confidence, as I believe the patient was for some time under my own treatment. She had not a slight but a severe attack of icterus, with great pain and tenderness of the liver, and during all the three months I attended her she betrayed unmistakable symptoms of congestion of and imperfect circulation through the liver. The metrorrhagia—for it was a real metrorrhagia and not at all like any leucorrhœa I have ever seen—was evidently owing to a congested condition of the uterus, which again appeared to me to be a secondary effect of the congested condition of the liver. Whether the cure was due to the *Thlaspi* or to the change of climate and regimen, and the tonic treatment previous to the last catamenial period, I will leave to the reader's own judgment.]

Chronic Bronchitis.

CASE 1.—A married lady, aged thirty years, experienced a tickling sensation in the bronchial tubes, which she believed to be the result of inhaling some irritating vapour from the atmosphere. The tickling caused a cough which, at first, was unattended with expectoration, but the tickling and inclination to cough did not subside as she anticipated, and the irritation of the mucous membrane increased until it settled into a chronic inflammation. She then began to expectorate a white, frothy mucus, attended with no pain except from severe paroxysms of coughing. At this stage the case came under our treatment. Our first prescription was *Hepar sulph.* 6th attenuation, in water, a table-spoonful twice a day. After two days there was a change in the expectoration, but the cough remained about the same, and she expectorated a yellowish, tough phlegm. *Phosphorus* 6th, a few drops in half a

glass of water, a dessert-spoonful three times a day, was prescribed. She took this remedy for three days, and derived apparently considerable benefit. The cough was less severe, and the expectoration free, but unchanged in colour. She coughed mostly in the morning. Continued *Phosphorus* 30th, after the same manner, for several days, and there was considerable mitigation. The cough and expectoration were less, and for several days she continued to improve. But, it being late in the fall, and much changeable weather, she contracted a slight cold, and had a relapse, and now the cough changed from the morning to the evening and night, and came on in paroxysms. The expectoration also changed colour, and she complained of an indistinct, deep-seated pain in the bronchial tubes. *Lycopodium*, 6th attenuation, was given in water in the same way, and during the next twenty-four hours there was a slight improvement. The indistinct pain was removed, and the paroxysms of coughing were less exhausting and frequent, and the expectoration, though the same in character, was less. *Lycopodium* 30 continued. During the next four days she continued to improve. The cough had mostly disappeared, and the signs of complete recovery were quite satisfactory. The appetite was fair, and the strength but little impaired. She continued better for some weeks, and then had a relapse; coughed much during the night, and with little expectoration. *Hyoscyamus* 6th was given in water, as the remedies before mentioned, and the cough at night ceased altogether, and she rested well.

She had frequent relapses during the winter, and each seemed to be of a different character, and called for a corresponding remedy. At the menstrual periods, she coughed much at nights, and the expectoration was of a greenish colour. *Pulsatilla* 6th invariably relieved the cough at these times.

When the winter was far advanced, and the March winds set in, she was attacked acutely with the cough again, and was much prostrated under its influence. The expectoration was of a muco-purulent character, and very copious, and her appetite was somewhat impaired. Gave *Stannum* 6th dilution at first, and afterwards the 30th, two doses daily. Under this treatment, she improved rapidly until the warm weather set in, after which recovery was complete, with the exception of the predisponent

left in the system, and she remained quite well until the cold and changeable weather late in the fall, when there was a palpable indication of the return of the disease. Looking forward to a winter of severe suffering, she, with her husband, spent the winter in Florida, and by this means she escaped the severe relapses which were sure to be her lot in the frigid climate of the north. In the spring after the weather became warm, she returned home and remained well ever after for several years. This case presents an argument in favour of the influence of protracted warm weather in effecting the cure of chronic bronchitis.

CASE 2.—A preacher of the Society of Friends took a severe cold, which greatly affected the mucous lining of the bronchial tubes, and it terminated in a stubborn case of chronic bronchitis, which persisted in spite of treatment from early fall till the warm weather of the succeeding spring. For two successive winters he had been treated allopathically with cough syrups and expectorants, which only palliated the severity of the disease. Not deeming it practicable to repair to a warmer climate, he concluded to hazard another winter at his home in Eastern Pennsylvania. He was much better during the summer, and until the fall, when a recurrence of his disease was inevitable. Being called upon to take charge of his case, we found him, September 10th, suffering greatly from suffocative cough and copious expectoration of tough white viscid mucus; quite weak and emaciated, with swollen feet. *Sambucus* 3rd was our first prescription, to be given in drop doses, in water, every three hours. He felt better after taking the remedy twenty-four hours, and continued in the same way until September 25th, not improving under the *Sambucus* beyond a certain point; and having at times considerable suffocation from the accumulation of mucus and cough, *Phosphorus* 6th was given in drop doses, repeated every three hours, for several days. The improvement was very marked under this remedy up to a certain point, and here he remained stationary. The cough somewhat troublesome and the difficulty of sneezing was extreme. His appetite was indifferent. *Tart. emetic* 6th was given in drop doses, in water, for twenty-four hours, after which expectoration was effected without difficulty and there was a return of appetite and the cough became different. It was a short, hacking cough, without

suffocation, but exceedingly annoying both day and night. *Sulphur* in the third trituration was given daily for a week, at the close of which he was in all respects better, with improved strength and a good appetite; and with exercise in the open air, and great care to keep himself well clothed, he passed the cold season with but little cough, in comparative ease and comfort, and the following season he was able to attend to business. By the employment of homœopathic remedies to ward off approaching attacks, he passed the succeeding winter in the same comfortable way. This man was an esteemed member of the Society of Friends, and in all respects a model of temperance. For four years he braved the storms of winter, and ultimately regained his health so perfectly that he went out in all weathers without experiencing the slightest injury; and he maintained that the *Sulphur* was the curative remedy in his case.

* * * * *

CASE 4.—A clergyman of the Unitarian denomination was the victim of a congenital bronchial cough, with little or no expectoration until he had reached adult age. Coughing apparently was so fixed in his constitution that it made a part of it. Whether this cough depended on a chronic congenital inflammation or not we are unable to say; but one thing was evident, that the cough was a necessity, and with this gentleman was a standard of health, so often did this cough excite the sympathy of friends, that from week to week anodyne cough preparations were pressed upon him to repress it. But whenever a measure of the kind was brought to bear to suspend the cough he invariably became sick, and suffered much until his cough returned. After he attained the age of twenty-one years, and while yet a pupil at the university, he for the first time coughed up some mucus streaked with blood, but this was after violent exercise in the gymnasium. We prescribed *Arsenica* for his relief, and were not disappointed. After taking the remedy one or two days he was cured of the expectoration, but the cough was what it had been up to that event. The cough could be temporarily suppressed by an effort of the will. At the age of twenty-three he left the university and was trained for the pulpit; at the age of twenty-five he was installed as pastor of the first Unitarian Society of S—, and preached regularly every Sunday for seven years. By an effort of the will he could, in the main, control his cough when speaking,

but he was compelled to indulge in a complete paroxysm a short time after each effort.

At the conclusion of the seven years it was found that his health remained much the same, and he neither grew better nor worse from the exercise of his voice in elocution; and every time an attempt was made to smother his cough, or suspend it by the action of a sedative, he was made sick, and remained so until his cough returned, and then he invariably found himself in a normal state of health for him. From the age of thirty-two he began to expectorate freely. At first mucus from the membranous lining of the bronchial tubes, and this pre-expectoration attended every effort of coughing. *Phosphorus* 3rd was given in drop doses several times a day. This remedy, like those taken by him before, did not palliate his cough, but it seemed to diminish the expectoration for a time, and then it returned in another form. The sputum was tinged and streaked with blood, and appeared to be a mixture of mucus and blood. He at the same time looked pale and was exceedingly debilitated. *China* was now given in the 3rd dilution in water, ten drops to a gill, and a dessert-spoonful every two hours, which gave temporary relief to all the symptoms except the cough. After taking the *China* his cough seemed to assume an asthmatic character, for which *Ipecac.* was prescribed, and relief of the asthma was followed by the same old cough, purulent expectoration, which was very copious and exhausting to vitality. He rallied again under the use of *Calcareae*, and afterwards *Ferrum met.*, and was able to labour quite regularly until thirty-seven years of age, coughing and expectorating moderately all the time, when a sudden development of worse features of the disease, in the form of quick consumption, terminated his life. The interesting features of this case are the imperative necessity for the cough, and the action of remedies in changing the character of the expectoration.

CASE 5.—A cure of chronic bronchitis after an attack of measles. The subject was seventeen years of age when she was attacked with measles of a severe type, with excessively severe cough, which manifested itself several days before the eruption appeared. The cough, in a great measure, subsided when the eruption was the most marked. It is worthy of mention, however, that the eruption was unusually tardy in making its appear-

ance. After recovery from the measles, a bronchial cough remained as a sequel. She coughed most when lying down, and expectorated considerably; complained of chilliness and rigors down the back, and also of pain in the head, with more or less fever every day. *Belladonna* 6th was prescribed, with satisfactory results; the pain in the head ceased, the chilliness and rigors disappeared, and the cough was less painful; expectoration of mucus continued. Observing that the cough was aggravated on lying, and better when sitting up, gave *Hyoscyamus* 6th, at intervals of two hours, and continued the remedy for several days, but with little benefit. Changed to *Ipecac.*, and afterwards to *Pulsatilla*, but little change for the better. Gave *Phosphorus* 6th and 30th for several days, and the cough changed from its humid character to a racking cough, and considerable soreness of the chest. After this change, gave *Dioscorea* 6th in drop doses in water, repeated at intervals of two hours, and she began immediately to improve from day to day until the cough disappeared entirely, and she was able to lie down with ease. She soon recovered her normal health and strength.

CASE 6.—A gentleman, aged thirty-one, had a severe attack of pneumonia, and was treated by an allopathic physician. A cough remained after the pneumonia passed off, which settled into a chronic form, and for six months he was treated with cough-mixtures and expectorants, from which but little benefit was derived. A temporary palliation at best was all that could be claimed for this resort. Not deriving any permanent benefit from this treatment, he was induced to try homeopathy. The case presented the following symptoms:—A dry bronchial cough, which for most of the time was quiet during the night, but came on in the morning in paroxysms, and continued at frequent intervals during the day. Every time a paroxysm occurred the head would ache as if it would split. The coughing each time was attended with soreness and heat of the chest, but seldom with perceptible fever. *Bryonia* 3rd, ten drops in half a glass of water was given in teaspoonful doses, and repeated immediately after each paroxysm. The result of this prescription was decidedly favorable. The cough became less painful, and was unattended with the pain in the head, and more or less expectoration followed, which at first was frothy and white. *Bryonia* 30th was then given for three or four days, at intervals of two hours.

The patient continued to cough and expectorate mucus, somewhat frothy and white, without further mitigation. *Lycopodium* was substituted for the *Bryonia*, a dose three times a day. After four days the expectoration changed to a thick yellow sputum, while the cough, not painful, continued, and evinced no signs of disappearing. *Stannum* 80th was substituted for the *Lycopodium*, and a drop to a dessert-spoonful of water was given half an hour before each meal. The cough became better under the use of this remedy, but there was a tendency to chilliness, and fever, and night sweats, for which *Carbo vegetabilis* was prescribed, and to be administered in the same form as directed for *Stannum*. The patient found great relief from this remedy, and seemed to be rapidly improving, until a fresh cold aggravated the cough to a degree that brought on hæmorrhage, from the rupture of a small vessel, and for this *Hamamelis Virginia* was prescribed with salutary effects; the hæmorrhage ceased, the abrasion healed, and the consequent soreness was no longer felt. There was a gradual improvement from this time, and recovery was the result.—Dr. A. E. SMALL, *United States Medical and Surgical Journal*, January, 1874.

Cancer of the Rectum.

Mrs. G—, of Franklin, N. H., aged thirty-one, married, of nervo-bilious temperament, having formerly enjoyed good health, and belonging to a family free from scrofulous and hereditary diseases, became ill in March, 1878. The symptoms at first were pain in the stomach and lower portion of the abdomen, with obstinate nausea and considerable thirst. There was also present a constipated condition, and in one instance the patient fainted while at stool from the severity of the pain during evacuation. An allopathic physician was called, and under his treatment the pain and nausea subsided at the end of a week, and the patient was comparatively comfortable for a fortnight, when they returned worse than ever, salivation being added to the list, and for two months the most "heroic" treatment failed to give relief. The pain again ceased for a short time, the salivary discharge continuing, and decided symptoms of debility presenting themselves. Again the pain and nausea appeared,

which resisted treatment; emaciation rapidly progressed, the strength failed greatly, the patient becoming so weak as to require to be moved in bed by assistants, in the most careful manner. Meanwhile the bowels had become more regular, but thirst continued uninterruptedly.

Up to this time she had been treated by several allopathic physicians, the treatment largely consisting of cathartic and narcotic medicines, and the diagnosis being *intrauterine abscess*, the regular attendant regaling the family each day with a minute description of the size the abscess had attained, and the probable quantity it would discharge when it burst. Among those who were called to the case was a professor of surgery in two different "regular" schools, and he agreed with both the diagnosis and treatment of the other physicians.

Failing to find relief from the means employed, the patient at this time (August 14th) came under the care of Dr. E. L. Styles, a homœopathic physician of Hartford, Vt. The symptoms present were those above enumerated,—prostration, emaciation, thirst, distress and pain in lower portion of abdomen, nausea, profuse salivation, &c. The latter symptom, which was very troublesome, yielded promptly to *Lobelia*. During his first visit, Dr. S. examined the patient with a speculum, and failed to find any evidence of uterine disease, and hence the presumption was that the seat of trouble must be in the bowels. *Arsenicum* and *Nuxvomica* were prescribed, and in four days' time the patient was again visited by Dr. Styles, and, while in the house, a profuse discharge of blood occurred, patient sinking at the time to the point of syncope, and grave doubts being felt as to her ability to rally. The hæmorrhage was very profuse,—about three quarts, with shreds and pieces of flesh-like material interspersed.

Being summoned by telegraph, I visited the patient in consultation, and after examining the vessel my decided impression was that a miscarriage had occurred at some former time, and the placenta had now been expelled. A vaginal examination showed this opinion to be erroneous, when a digital exploration of the rectum revealed a ragged mass, some three or four inches above the anus, at least half as large as a hen's egg, quite sensitive to the touch, and from which the hæmorrhage had evidently proceeded, the profuse discharge having been checked by the administration of *China*, and the use of an injection of

Hamamelis, directed by Dr. S. before my arrival. Realising the importance of a correct diagnosis, some of the fibres were collected and safely enclosed in a bottle for future examination, and the patient was left with *Arsenicum* 3 and *China* 3 in alternation every half hour until improvement manifested itself, the interval between the doses to be then increased, and the injections of *Hamamelis* to be continued. A microscopic examination of the shreds showed very plainly the true cancer cells, and also the hair-like appearances noticeable in some cases, and the conclusion was that we had a fibro-cellular cancer of the rectum to deal with. To avoid any possible mistake, fibres were sent to two other physicians (one of them a brother of the professor who had seen the patient), and after careful microscopic examinations they both pronounced the case to be cancer. The case was now left in the hands of Dr. Styles, my opinion being unhesitatingly given that the patient could not possibly recover; and, from Dr. S.'s note-book, I will give the subsequent treatment, and the result.

The *Arsenicum* and *China* were continued for one week, an occasional intercurrent dose of *Carbo veg.* 3 being administered, and under this treatment the patient gradually improved, having but one subsequent hæmorrhage, and that but slight. *Graphites* 6 was next prescribed, three powders daily (the *Hamamelis* injections being continued), and one powder per day of *Lachesis* 12 was also administered.

Improvement continued under this treatment for about two weeks, when the patient seemed to come to a stand-still, but was well enough to be removed to her father's home in Quechee, Vt., a distance of over forty miles, her former allopathic attendants, however, freely expressing the opinion that she would not return alive. A powder of *Sulphur* 200 was next given, and *Iodine of Arsenic* 3 prescribed, three powders daily. This treatment was continued for three weeks, with an occasional dose of *Sulphur* 200, after which *Phosphoric acid* 3 was administered twice per day for a fortnight, when the patient was sufficiently well to return to her home on the 12th day of October, two months after she adopted homœopathic treatment. At this time she was well enough to do light house-work, and has continued to steadily improve, without medicine, being now apparently in her usual health. On the 1st of October an exami-

nation showed that the cancerous mass had been completely absorbed, a slight induration only remaining, and from present indications the disease is entirely cured.—Dr. GALLINGER, *New England Med. Gaz.*, Feb. 18th, 1874.

OBITUARY.

DR. BERNHARD HIRSCHEL, of Dresden.

At the age of fifty-nine Dr. Hirschel, the learned editor of the *Neue Zeitschrift für Homœop. Klinik*, died most unexpectedly of strangulated hernia on the 15th of January. He was the author of numerous works on homœopathy and other subjects, and will make a blank in the ranks of German homœopaths that will not easily be filled up. The journal he edited so long and so ably will be continued under the editorship of his nephew, Dr. Edmund Lewi.

DR. EDWARD ACWORTH.

We regret to have to announce the death of our colleague Dr. Acworth, which took place at his residence at Hayward's Heath on the 17th March, after a short illness, at the age of sixty-four. Though we differed from the deceased on some subjects, which will be fresh in the remembrance of our readers, we have always been ready to acknowledge the charm of his literary style, and to regret that these differences should have lost to our pages a continuation of those brilliant articles on homœopathic subjects, many of which are to be found in our earlier volumes.

British Homœopathic Congress.

THE Congress for this year is fixed to take place in the large board-room of the London Homœopathic Hospital, Great Ormond Street, on Thursday, the 4th June. The Congress will open at half-past 10 o'clock, and in order to accommodate provincial members arriving by early train, the President will not commence his address till 11 o'clock. Various papers of interest have been offered, and those selected by the Committee will probably be announced in the *Monthly Homœopathic Review* of May. It is hoped that the Congress will be well attended, and that many of our foreign

colleagues will honour it with their presence. The members of Congress will dine together the same day at "The Pall Mall," in Waterloo Place.

BOOKS RECEIVED.

Bünninghausen's Homœopathic Therapeia of Intermittent and other Fevers. Translated with the addition of new remedies by A. KORNDORFER, M.D. Boericke and Tafel, New York and Philadelphia, 1878. 8vo, pp. 223.

C. Hering's Materia Medica, with a Pathological Index, vol. i. Boericke and Tafel, New York, 1873.

Petition to His Excellency John A. Dix, Governor of the State of New York, and the Honorable the Members of the Senate.

A Memorial of David James, M.D.

Is it the Tendency of Homœopathic Treatment to lengthen Human Life? Experience of the Atlantic Mutual Life Assurance Company.

Birmingham Hospital Report for 1873.

Apoplexy not a Disease, by ED. A. MURPHY, M.D., Cleveland.

Notes on Electro-Surgery, by ED. A. MURPHY, M.D., Chicago, 1874.

The Hot Springs of Wisbaden. By Dr. W. MAGDEBURG.

The Dublin Journal of Medical Science.

The New Zealand Homœopathic Gazette.

The Monthly Homœopathic Review.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The Western Homœopathic Observer.

The Chicago Medical Investigator.

The North American Journal of Homœopathy.

United States Medical and Surgical Journal.

The Western Homœopathic Observer.

The New England Medical Gazette.

The American Journal of Homœopathic Materia Medica.

El Criterio Medico.

Bibliothèque Homœopathique.

The Calcutta Journal of Medicine.

The Food Journal.

The Chemist and Druggist.

The New York Journal of Homœopathy.

The Sanitarian.

The Medical Union.

Compendio di Materia Medica Pura. Per Dr. B. DADEA.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

OZONE AND ANTOZONE.

By W. B. A. SCOTT, M.D.

AN opinion has prevailed widely amongst most nations, alike in modern and ancient times, that a storm of lightning, especially if accompanied by a fall of the so-called thunderbolt, is followed by a more or less distinctly perceptible sulphurous odour. So ancient and widely spread is this belief that the expression of it has found its way into the earliest poetry which has come down to us; thus we find frequent allusion made to this phenomenon by Homer:

Ὄς δ' ἔθ' ὑπὸ πλεγήης πατρὸς Διὸς ἐξερίπη δρυῶς
πρόρριζος, δεινὴ δὲ θείου γίγνεται ὀδμή
ἐξ αὐτῆς· τον δ' οὐπερ ἔχει θράσος δς κεν ἴδηται
ἐγγυὸς ἔων· χαλεπὸς δὲ Διὸς μέγαλοιο κεραυνός·

Orthodox philosophers, however, with their wonted reluctance to acknowledge the occurrence of any phenomenon which does not admit of explanation on principles known to themselves at the time, and feeling certain that there was no actual generation or combustion of sulphur upon such

occasions, got rid of the difficulty by their customary expedient of denying the alleged fact which had given rise to it, just as their predecessors had denied the existence of the antipodes on account of the impossibility of reconciling such with their views of natural philosophy. Accordingly, they maintained that the multitude, misled by the resemblance in colour between the flash of the thunderbolt and the flame of sulphur, had *imagined* the existence of the smell which the optical resemblance of the former suggested to them. But time has shown that the multitude was right, and the orthodox philosophers, as usual, totally wrong, as to the matter of fact; while, as might have been expected, the multitude was mistaken in the *inference* as to the presence of sulphur, and the philosophers, as it happened, were for once right in the *premisses* which led them, by a false process of reasoning, to deny the existence of the smell. The actual discovery of ozone, therefore, is of unknown antiquity, and can be attributed to no one person in particular; its source, nature, and properties, however, have only been investigated within the last ninety years.

In the present article I shall to a great extent follow the method adopted by Dr. C. B. Fox in his admirable and exhaustive treatise on *Ozone*, a work to which I wish here to make my acknowledgment of general and particular indebtedness, once for all, as I should be involved in constant and wearisome repetition were I to make separate references to that learned and ingenious writer regarding every detail in respect to which I am indebted to him for valuable instruction. The whole profession is under a deep obligation to Dr. Fox for the untiring industry with which he has sought and brought together all the various memoirs and monographs upon this important subject, which lie scattered and all but inaccessible through different English, German, French, Italian and American Reviews, Journals, and Proceedings of Scientific Societies; the skill with which he has extracted what is most valuable in each; the patience, care, and ingenuity displayed in his original researches, and the felicity with which he has condensed

and arranged the whole within the limits of the moderate-sized yet comprehensive and interesting volume with which he favoured the scientific world some months ago.

Ozone, or, as it has been variously called, electrified oxygen, allotropic oxygen, nascent oxygen, and active oxygen, each of which names has a special propriety of its own, was first brought before the notice of philosophers by Van Marum in 1785, who observed that oxygen through which electric sparks had been passed acquired thereby a peculiar odour, and also the power of acting upon metallic mercury.

At the beginning of the present century Cavallo observed that oxygen thus treated acquired the power of purifying decomposing organic matter, and he used it to correct the fœtor of foul ulcers. In 1826 Dr. John Davy recognised the existence of this principle in the air, and in 1839 Schönbein found that an odour resembling that described by Van Marum was emitted at the positive pole during the decomposition of water by voltaic electricity. The same distinguished chemist showed that this odour was due to a peculiar body which he called "ozone" from its most striking characteristic, and not merely to the action of electricity on the sense of smell, as was previously supposed by some, or to the influence of minute particles of gold or platinum detached by the electric current, as had been maintained by De la Rive, which latter hypothesis Schönbein proved untenable by showing that ozone can be prepared by simply exposing phosphorus to the action of oxygen in the presence of moisture. At first, however, Schönbein inclined to the erroneous supposition that ozone was a body which, together with hydrogen, entered into the composition of nitrogen, and so little was its real nature understood at this time, that Osann regarded it as a *compound* containing nitrogen. In 1845, however, Marignac and De la Rive refuted both these theories, by showing that ozone could be prepared from water under circumstances which excluded the possibility of nitrogen being present, and they expressed their conviction (which coincided with that of Berzelius) that ozone is simply an allo-

tropic form of oxygen. This view was strenuously opposed by Schönbein, who next maintained it to be a compound of oxygen and hydrogen containing one more atom of the former than exists in Thenard's peroxide, and therefore to be represented $O.N.HO_3$, or $N.N.H_2O_3$. He afterwards changed his mind, and declared ozone to be identical with peroxide of hydrogen, in which opinion he was supported by Professor Williamson. The researches of Becquerel and Frémy in 1852 proved that oxygen can be wholly converted into ozone, even when no hydrogen is present, by means of causing the ozone to be absorbed, *pari passu* with its formation, by mercury or iodide of potassium, thereby confirming the doctrine of Marignac, De la Rive, and Berzelius, that ozone is merely an allotropic form of oxygen. But now a new question was started; were there not two kinds of ozone? or, rather, was not the term "ozone" applied to two wholly distinct substances? Baumert replied in the affirmative, maintaining that the ozone resulting from the electrolysis of water is some oxide of hydrogen, while that obtained from oxygen by means of phosphorus or the passage of the electric spark is simply an allotropic modification of that element. This theory, however, was overthrown in 1856 by Andrews and Tait, whose conclusions were confirmed by Soret and von Babo, who clearly demonstrated the identity of ozone, however prepared.

During these investigations the truth of the common opinion that a smell resembling that of sulphur, or, at least, a peculiar odour *sui generis* nearly allied to it, is really perceptible during electrical disturbances of the atmosphere (and also that this odour is caused by the formation of ozone), was triumphantly demonstrated by the two following facts: (1) Buchwalder, whose servant had been killed at his side by lightning in a small tent in which they were seated, and who had noticed a peculiar and very powerful odour at the time of the accident, happening to enter Schönbein's laboratory one day when the great chemist was experimenting with ozone, remarked that the odour which filled the apartment was identical with that

which he had perceived at the time of the unfortunate occurrence just described; and (2) Schönbein recognised the identity of the odour with that of which he had himself been sensible during a thunderstorm on the Jura.

The ultimate identity of ozone and oxygen having been established, the question next arose, what particular molecular or atomic arrangement, or what other allotropic modification of the element is it which causes it to manifest itself under these different conditions? In 1858 Clausius suggested that in ordinary oxygen the atoms might be combined in pairs as molecules, while in ozone they might exist in a free state. This somewhat improbable hypothesis he subsequently abandoned. But in the same year Schönbein led him to adopt a theory which, although hardly in accordance with subsequent discoveries, well deserves to be mentioned at some length, on account of its extreme beauty and ingenuity, and also as having been the means of calling the attention of the scientific world to the subject of antozone.

This chemist found that peroxide of lead was formed by the action of peroxide of hydrogen on plumbic acetate. He also observed that when the plumbic peroxide, thus formed, was subjected to the continued action of peroxide of hydrogen, both peroxides were reduced, with the formation of water and protoxide of lead and the simultaneous evolution of free oxygen. He sought to explain this curious phenomenon by the ingenious and probably correct hypothesis that the oxygen exists in an opposite condition of electric polarity in the two peroxides, being negative in the lead salt and positive in the peroxide of hydrogen. He found that a similar process of reduction, together with the evolution of free oxygen, ensued when permanganate of potash was treated with peroxide of hydrogen,—a phenomenon which, of course, admitted of the same explanation as the preceding. This suggested to him the notion that there might exist both a negative and a positive form of oxygen, which he named respectively ozone and antozone, and which by their union constitute ordinary oxygen. In ozone he conceived a positive atom of oxygen to lie between

two negative, and in antozone a negative to lie between two positive atoms. It will be at once seen that this hypothesis involves the simultaneous production of a corresponding amount of antozone whenever ozone is formed. Schönbein, moreover, considered that one or other of the bodies is formed whenever oxygen enters into combination with any substance whatever, and he accordingly classed all compounds containing oxygen under two heads; viz. ozonides, or those which contain the negative variety of oxygen, of which the typical representatives are permanganic and chromic acids and the peroxides of manganese, silver, lead, cobalt, nickel, bismuth and iron, all of which he believed to liberate chlorine from its compounds and to turn guaiacum paper blue; and antozonides, or those which contain oxygen in the positive state, typified by peroxide of hydrogen and the peroxides of the alkalies and alkaline earths, which do not exhibit either of the last-named reactions.

Applying the results of his investigations to physiology, Schönbein maintained that the blood-corpuscles resolved the oxygen of the air into its oppositely polarized constituents ozone and antozone; adding that the former was consumed in various oxidizing processes within the body, and that the latter was in part transformed by the blood-corpuscles into ozone, and the remainder into peroxide of hydrogen by combining with the water of the blood. This transformation of antozone into ozone by the action of the blood he supported by showing that tincture of guaiacum is only coloured blue by peroxide of hydrogen (*i. e.* by antozone water according to Schönbein's hypothesis), when blood- or pus-corpuscles are present. However, it must be remembered that many other substances besides ozone impart a blue colour to guaiacum. Schönbein further maintained, in support of the existence of antozone as a distinct body from ozone, that the former could be produced by rubbing a piece of Bavarian fluor spar, which, according to him, produced a different odour from that of ozone; but in this he seems to have been mistaken, since Schrötter, on the contrary, not only pronounced the odours identical, but

further showed that the product thus obtained liberates iodine from iodide of potassium.

In support of the views of Schönbein, Meissner, in 1863, showed that if a stream of electrified oxygen be passed through water, a cloud or mist will appear in the receiver into which it is conducted, the production of which he attributed to the influence of a substance which he named "atmizone," and which was afterwards shown to be identical with Schönbein's antozone. He succeeded in isolating this by passing a stream of electrified oxygen through a solution of iodide of potassium which absorbs all the ozone, while the emerging gas produced a dense white mist after being led through a vessel containing water. By these discoveries Meissner sought to explain the formation of clouds in the atmosphere, regarding these bodies as an aggregate of antozone or "atmizone" aqueous vapour. To the influence of atmizone he also attributed the formation of coal-smoke and tobacco-smoke, as well as the fumes of phosphorus and gunpowder.

Those who maintained the existence of antozone as a distinct body from ozone were of opinion that the former is destitute of the power of oxidizing such bodies as phosphorus and pyrogallie acid, or of liberating iodine from iodide of potassium, while it is readily soluble in water, which it converts into peroxide of hydrogen. Ozone has diametrically opposite properties. Babo and Weltzien, however, and subsequently Nasse and Engler, observing that "atmizone" or antozone is only produced when ozone suffers decomposition from the action of water, and that ozone and antozone are *not* formed simultaneously when dry oxygen is subjected to the action of electricity, as must necessarily be the case on Schönbein's hypothesis of their constitution, came to the conclusion that the doctrine of the existence of any distinct substance as antozone is erroneous, and that the phenomena of which it is the supposed cause are due to the diffusion of peroxide of hydrogen through air or oxygen, thus completely overturning Schönbein's ingenious hypothesis. Brodie coincides in this view. In support of it Nasse and Engler showed

(1) that when a current of electrified oxygen is passed through a tube containing dry zinc-sodium (which absorbs ozone, but has no action at all upon the so-called antozone) and then passed through water, no mist or vapour is produced, thus demonstrating that ozone and antozone are not simultaneously formed; (2) that when a stream of electrified oxygen is conducted through a tube containing chloride of calcium (which absorbs antozone but does not affect ozone), and then passed through water, clouds still appear in the receiver, which could not be the case if their existence depended on the presence of antozone; (3) that all the tests of the so-called antozone are identical with those of peroxide of hydrogen. Even Meissner has recently qualified the assent he formerly gave to Schönbein's hypothesis, which, although it has still a few supporters, is daily losing ground; and it may now be considered as at least provisionally established that the *antozone* of Schönbein, the *atmizone* of Meissner, and the *peroxide of hydrogen* of Thenard are identical. Babo, indeed, is of opinion that the cloud-forming power depends on the presence of nitrogen, but this appears to have been sufficiently refuted by Meissner himself.

Dismissing Schönbein's antozone from our consideration, it is now necessary that we should inquire into the volumetric relations of ozone and oxygen, the modes of preparing the former body, the circumstances which modify its production, and its distinctive properties; and also endeavour to substitute some valid theory of its constitution, since Schönbein's ingenious hypothesis seems no longer tenable.

Ozone may be prepared in at least seven different ways:

(1.) By passing electric sparks through air or oxygen, or by the inductive influence of a series of sparks passed along the outer surface of the tube containing the gas. This latter is the preferable modification of the method we are now considering, because the passage of the actual spark destroys a large portion of the ozone as soon as it is formed. Sparks an inch long generate twice as much ozone as those of one sixth of an inch. It is a curious

fact that the form and covering of the containing tube exert an immense influence on the amount of ozone produced by this method. Thus, the production of ozone in a row of parallel uncovered tubes is *nil*; when these are coated and fastened together with a thin covering of wax the quantity produced is appreciable; it is increased when lateral glass wings are affixed to the tube, still further augmented when sealing-wax supports are added to the glass wings, and reaches its maximum when the tubes are provided with thick glass wings with sharp angular edges. When the angles of these wings are rounded off the production of ozone falls to *nil*, but it is again formed in abundance on the angles being restored. These facts, however strange, seem to be perfectly well established by Meissner's experiments.

(2.) Ozone may be prepared by the electrolysis of acidulated water, when it appears at the negative pole.

(3.) By placing a piece of phosphorus half covered with tepid water in a vessel of air. The phosphorus ought to be removed after two hours at latest, as it then begins to absorb a portion of the ozone it had previously formed.

(4.) By the action of strong sulphuric acid upon permanganate of potash, a method judiciously recommended by Dr. Fox when the formation of this body is desired for the purification of the atmosphere in hospitals and theatres.

(5.) By dispersing water in a pulverized form through the air, as the electricity generated by the vaporisation of the water dust converts a portion of the atmospheric oxygen into ozone.

(6.) By the introduction of a heated glass rod into a mixture of air and ether-vapour.

(7.) By exposing almost any ether or essential oil to the action of light and air. Dr. Day, of Geelong, recommends that ethers thus ozonized should be employed to disinfect the clothes, bedding, bandages, &c., of the sick in hospitals. A convenient method of producing ozone in hospital wards, &c., is to heat a platinum wire to incandescence by means of a Bunsen's coil.

The theory of the constitution of ozone, as also that of

the volumetric relations subsisting between that body and oxygen, seem now to be established on a tolerably secure basis by the labours of Andrews and Tait, supplemented by those of Sorel. The first-named physicists observed that while only a small proportion of the oxygen experimented with could be converted into ozone at one time, a certain reduction of the volume of the gas attends the formation of each successive portion of this substance. By the application of heat the ozone was reconverted into oxygen, and the total volume of the gas resumed its first dimensions. They found that 100 volumes of oxygen, when acted on by the electric spark, contracted to 92 volumes, with the formation of ozone; and, strange to say, when the ozone thus formed was absorbed by mercury, 92 volumes of oxygen still remained. This process was continued, the residual 92 volumes were ozonized and thereby reduced to 84.82 volumes, the ozone thus formed again taken up by mercury, and still 84.82 volumes of oxygen remained behind. This latter phenomenon seemed inexplicable, but Dr. Odling accounted for the formation of the gas by the supposition that the molecule of ozone contains three atoms of oxygen, and, since the molecules of all gases are equal in volume, was, therefore, half as dense again as the molecule of oxygen, which contains only two atoms. Hence, when the 100 volumes of oxygen contracted to 92 volumes with formation of ozone, what took place was *this*.—1 molecule, 16 volumes, or 2 atoms of *oxygen* united with half a molecule, 8 volumes, or 1 atom of *oxygen* to form 1 molecule, two atoms, or 16 volumes of *ozone*, thereby diminishing the total bulk of the gas by 8 volumes, *i. e.* reducing the 100 volumes to 92 volumes. A similar process occurred with each successive formation of ozone. Odling further suggested that when the gas is acted upon by mercury it is only the *third* atom of the oxygen contained in the molecule of ozone which is absorbed by the metal, the remaining two atoms being liberated as free oxygen, and the total volume of the gas, accordingly, remaining unchanged. This theory was confirmed by Soret, who, by using oil of turpentine as the absorbent

(which takes up the *whole molecule of ozone*), found that only 76 volumes were left of the 92 volumes of ozonized oxygen—a result which exactly fulfils the necessary conditions of Odling's hypothesis. Odling's doctrine may, therefore, be considered as tolerably well established, even although in 1872 MM. E. and P. Thenard were disposed to impugn it, on account of the results of some experiments they had instituted upon ozone with sulphate of indigo and arsenious acid. Did space permit, I think it would not be very difficult to show that these results may be explained in a way perfectly reconcilable with Odling's hypothesis, while the explanation offered by Thenard himself seems both indefinite and hardly sufficient to account for the phenomena he observed.

The presence of ozone in the atmosphere, which is still doubted by Frankland, was called in question by Dumas, Thenard, and others, more especially by M. Cloez, who showed that the reaction with starch and iodide of potassium can be produced by chlorine, bromine, nitrogen, and acetic and formic acids, alone or in combination. This led Bérigny, in 1865, to propose the question of the existence of atmospheric ozone to the French Academy, who appointed a committee to investigate this interesting subject. In the name of this committee M. Frémy denied the presence of ozone in the atmosphere, as he considered the oxidation of metallic silver to be its sole conclusive test, and this reaction he was unable to obtain. He subsequently endeavoured to show that whilst ozone must constantly be formed in the atmosphere by thunderstorms, its existence could be but momentary; since the same electrical disturbances must produce nitric acid, which would destroy the ozone as soon as produced.

Houzeau had satisfactorily demonstrated the uncertainty of the iodide of potassium and starch test several years before, and had substituted in its stead the alkalization of a weak solution of iodide of potassium, which he conclusively proved could be effected only by ozone or peroxide of hydrogen. The further investigations on this subject which he was led to make by the publications of Cloez in

1861, and by the subsequent denial of the existence of atmospheric ozone by Frémy on the part of the French Academy in 1865, only served to confirm his previous conclusions, while he demonstrated the unsuitableness of the metallic silver test by showing that this substance can only be oxidized by ozone when that body is present in comparatively large quantities. He further showed that ozone might really exist constantly in the air notwithstanding its acknowledged instability, since the generation of it is incessant, and its stability much augmented (as is the case with many other bodies) by its state of dilution.

Absolute certainty as to the existence of atmospheric ozone was not, however, obtained even thus, since peroxide of hydrogen (as well as ozone) possesses the power of alkalinizing a solution of iodide of potassium. This source of ambiguity was to some extent removed by the protoxide of thallium test proposed by Schönbein, although, as the presence of carbonic acid interferes with this reaction, it is more applicable to laboratory than to meteorological purposes. This, together with the researches of Andrews, Huizinga, and Gorup-Besanez, has now established beyond reasonable doubt the presence of ozone in the atmosphere.

As Schönbein proved that antozone, "atmizone," or peroxide of hydrogen (which we have seen to be identical) is formed to a greater or less extent simultaneously with ozone in most of the reactions by which the latter is prepared; as it is also produced by the slow combustion of various organic and inorganic substances; and as in Russia it has been demonstrated to exist in snow-water, its presence also in the atmosphere may now be deemed established. It may be distinguished from ozone by the fact that it only has the power of alkalinizing a solution of iodide of potassium in the presence of carbonic acid, but its most distinctive test is its power of further oxidizing the protoxide of lead.

The more or less frequent occurrence of ozone in the atmosphere having been thus established, we must next inquire at what times it is present, and what circumstances determine its scarcity or abundance.

Mr. Lowe seems to have proved that ozone is *always* present in larger or smaller amounts, and Mr. Smyth maintained that the variation in quantity is trifling. In this latter conclusion, however, Mr. Smyth appears to have been mistaken, since it has been found to be present in very small relative amounts when northerly winds prevail. Mr. Smyth's mistake probably arose from the great velocity of the current of air which he passed over his iodized starch test-papers—a circumstance which, as we shall see in the sequel, materially affects the result. Its amount is likewise small when the air is much contaminated with the products of decomposing organic matter, but in such circumstances errors may have crept into the calculations owing to the ozone having been absorbed as soon as it was formed. From the results of observations in seventy different localities we find that, in a majority of cases, the maximum occurs in February and May, and the minimum in July and October. Prestel maintains that there are two seasons of maximum intensity, a greater and a less, and two corresponding minima. The greater maximum and lower minimum occur respectively about the vernal equinox and summer solstice; the lower maximum and higher minimum about the autumnal equinox and winter solstice. Reshulber thinks the conditions producing a maximum are low temperature and barometric pressure, damp atmosphere, dull overcast sky, and much snow, while a minimum is produced by a warm temperature with mean barometric pressure, clear sky, dry atmosphere, and thunderstorms. The Rouen observations give the mean of the first three months of the year as 22, that of the next three as 56, the next three as 37, and the last three as 19. But this summer maximum seems to be explained by the presence of large forests in the immediate neighbourhood, the ozone-producing effects of which are necessarily greater in summer owing to the increased activity of the vegetative processes during that period—an explanation which probably also applies to Versailles and such other places as exhibit a summer instead of a spring or winter maximum. For the majority of observers have found ozone more abundant in winter than

in summer ; perhaps they failed to make sufficient allowance for the fact that a larger quantity is *consumed* during the hot season, owing to the increased amount of organic impurities in the air. Scoutetten, moreover, asserts that the heat in summer raises the ozone to the upper regions of the air, but it is difficult to see why it should be elevated in larger proportion than the other gases. There seems little doubt that ozone is more abundant by night than by day, the greater and lesser maxima occurring at sunrise and sunset respectively (owing, perhaps, to the precipitation of dew at these periods), and the minimum about noon. Regarding the interval between 9 a.m. and 9 p.m. as day, and the remaining twelve hours as night, the amount of ozone in the former is to that in the latter in the proportion of 183 to 286.

It might *à priori* be expected that in foggy weather much electricity and ozone would be produced from the mutual friction of the particles of water suspended in the atmosphere, but in the present state of our knowledge we cannot positively assert this to be the case. The conditions determining the production of electricity and ozone appear to be identical ; since both reach their maximum with a low temperature, moderate degree of humidity, in elevated localities, and at sunrise and sunset. Another striking point of coincidence is that cloth will not dye when no ozone is present, and the effect of thunderstorms in favouring the action of dyers' mordants is well known. Thunderstorms, halos, auroræ, hail, and snow cause an increase of ozone when the barometer is falling, but according to Moffat the amount is diminished when the glass is rising. This latter statement, however, requires confirmation.

Much difference of opinion prevails as to the effect of the direction and force of winds in the production of ozone. Dr. Moffat endeavours to establish the simultaneity of the periods of maximum and minimum ozone production with those of the greatest and least intensity of phosphoric luminosity ; *i. e.*, with the times when the southern and northern winds respectively prevail. A majority of observa-

tions assigns the maximum to west and south-west winds, yet at Rouen we have it with north-east, perhaps owing to the presence of forests in that direction. The truth seems to be that the observations at any particular place are so materially influenced by the nature of the surrounding country, the direction in which the sea lies, the proximity of forests, or, on the other hand, of marshes or putrescent organic matter, in any special quarter, that it is only by comparing with the minutest care a series of observations made in a very large number of different localities, paying strict regard the while to the circumstances just mentioned and many others, that we can hope to come to any satisfactory conclusion. Bérigny goes so far as to assert that the force and direction of the wind are, in themselves, quite unimportant; whereas Prestel, probably with greater justice, thinks both these circumstances of consequence, but especially the latter.

We learn from the observations of Bérigny and Decharmes that the quantity of ozone present in the atmosphere varies *directly* as the cloudiness of the sky; a maximum is reached with cirro-strati and a minimum with cirro-cumuli; and the higher the clouds the greater the amount of ozone. The quantity of ozone, moreover, varies *inversely* as the barometric pressure, as might have been anticipated from the fact that a low barometric pressure coincides with the occurrence of rain or storms, both of which are favorable to the production of ozone. A similar explanation may perhaps account for the alleged abundance of ozone at the periods of new and full moon. It seems also to be present in large amount during eclipses and at the time of the passage of asteroids. The influence of earthquakes is disputed.

The general conclusion at which Dr. Fox arrives is that ozone exists in large amount during spring and winter, because these are the seasons of rain, snow, hail, storms, and cold. Summer and autumn presenting diametrically opposite meteorological conditions, and being, furthermore, seasons during which the atmosphere is contaminated with the maximum of decomposing organic matter, owing to

their high temperature stimulating every form of chemical activity, are characterised by the presence of a minimum of ozone.

Speaking generally, ozone is more plentiful on mountain tops than in valleys, at the coast than inland, in the country than in town, and in well-drained cities than in those in which sanitary precautions are neglected. In manufacturing towns a slight elevation of situation is not attended with an increased amount of ozone, because the noxious vapours have a tendency to ascend. The annual mean is higher at Silloth on the Solway than at any other place where observations have been recorded, while Lyons, on the other hand, has earned the unenviable soubriquet of "the town without ozone."

The sources of atmospheric ozone appear to be (1) electrical disturbances, as thunderstorms, &c. ; (2) the condensation in their northerly course of the heated equatorial aerial currents; (3) the phosphorous oxidation of the noctilucene or excretory product of certain medusæ, infusoria, and other marine animal organisms, which has been shown by Panari and Phipson to be the cause of the phosphorescence of the sea; (4) the electrification of oxygen escaping from aqueous solution, and of that secreted or given off by plants, and disengaged in chemical action; and (5) more especially that given off from salt water, which is electrified not merely by its escape from solution, but also by the disengaging of the various salts left behind by the water evaporating from the surface.

It is of great importance, and, at the same time, exceedingly difficult, to determine the amount of ozone, as distinguished from that of other oxidizing and purifying principles, present in the air at any given time and place. The following are among the chief tests which have been adopted with the view of solving this interesting problem: (1) Iodide of potassium, which is only useful as a means of ascertaining the *sum of purifying principles* contained in the air, but fails to determine the amount of ozone as distinct from the rest; a reddish-brown is produced by liberation of iodine; (2) red litmus paper in a solution of

iodide of potassium; this is the only trustworthy ozone test, and has hitherto been solely used by French chemists; here, in proportion as iodine is liberated, potash is formed, which, of course, restores the original blue colour of the litmus; (3) pure silver, which is oxidized by ozone when the latter is present in considerable amount, and (4) sulphate of protoxide of manganese, which is further oxidized under similar circumstances; but neither of these tests is sufficiently delicate for the estimation of atmospheric ozone, the quantity of which is, even when at its maximum, very small; (5) oxide of thallium, useless for meteorological purposes, since its indications are destroyed by the carbonic acid present in the atmosphere; (6) the formation of acetate of copper from copper and acetic acid,—too laborious a method to be practically useful; (7) black sulphide of lead, which is oxidized by ozone (but also, unfortunately, by some of the oxides of nitrogen) into the colourless sulphate; (8) guaiac resin, which ozone renders blue, but this reaction also occurs under the sole influence of light; (9) indigo, which is bleached; and (10) certain fungi, as *boletus luridus*, which are coloured blue by ozone; and (11) the celebrated starch and iodide of potassium test, which has been chiefly used hitherto. This last is, however, open to all the following objections:—1. The chemicals are often impure, the iodide of potassium containing some carbonate, or an excess of free iodine. 2. The paper often gives rise to error, being impregnated with lime, silica, oxide of iron, &c.; and yet, common writing paper, with all these and other contaminations, is used by Mr. Moffat, and recommended by the British Meteorological Society! 3. A certain amount of the liberated iodine is converted into iodic acid. 4. The force of the wind is another fruitful cause of error, as manifestly a much larger amount of air must come into momentary contact with the test-paper during a gale than during a calm, and the papers will therefore register the action of a greater quantity of ozone, when the actual percentage present in any given bulk of air may even have been actually smaller. This may be in a great measure obviated

by using Mr. Morton Festing's excellent form of "ozone-cage." 5. Excessive humidity and a high temperature interfere with this test by causing evaporation of the iodine; while (6) long exposure to air and light causes bleaching; this effect is also produced by (7) sulphurous acid, the product of coal combustion, and a constant impurity in the atmosphere of large towns. 8. The prevalence of what has been called a "true antozone period," generally coincident with a north wind, also affects the test,—but this subject requires elucidation. Ozone, moreover, seems to exert some imperfectly understood action on the starch itself, besides liberating the iodine from the iodide of potassium. Add to all this the defective character of ozonometers, their varying scales of division, the difference between various observers in their power of distinguishing shades of colour, errors which have resulted from differences in the quarter of the compass to which the tests were exposed, differences of elevation, &c., and when we remember that this starch and iodide of potassium test is that which has been by far the most generally used, we shall not be surprised to meet with the following desponding results:

1. According to Dr. Richardson, the tests for atmospheric ozone are very unsatisfactory.
2. According to Professor Heaton, the greater number of the observations thereon are worthless.
3. According to Boehm, tests prepared alike give different results.
4. According to Scoresby Jackson, all the ozonometric methods which have been proposed are more or less objectionable.
5. According to Cloez, ozonometric observations are utterly destitute of any value.
6. According to Parkes, the uncertainty of the whole subject forbids us to draw any conclusions thereon.
7. According to Admiral Fitzroy, no clear and satisfactory results have been obtained.
8. According to Dr. Stark, ozonosopes merely register the amount of moisture present in the air.

9. According to the Scottish Meteorological Society (January 14th, 1869), no means whatever have yet been devised for the estimation of ozone. Under such circumstances it need not astonish us that the beneficial or deleterious effects of ozone upon the animal economy in curing or causing disease of any kind, the share it takes in spreading or destroying the infection of contagious disorders, and the part it plays in renovating the atmosphere, are all still as vigorously debated as the influence of climate in phthisis, the action of bromide of potassium, and the pathology and treatment of diabetes.

The chief "air-purifiers" are ozone, nitrous acid, and peroxide of hydrogen. The sum of these three may be measured by the amount of iodine liberated from a solution of pure neutral iodide of potassium. In order to ascertain this, slips of moderately thick Swedish filtering-paper must be dipped in a solution of the above salt, strength about 15 per cent, then carefully dried and kept in a dark place, not exposed to air. When used, one or more of these slips must be placed in an ozone-box through which a current of air of known velocity is drawn by an aspirator for the length of time determined on, and, as moisture favours volatilisation of the liberated iodine, they must be as much as possible protected by means of several layers of wire gauze, further corrections of this source of error being drawn from the hygrometric readings. The slip (or slips) of paper is then removed and carefully compared with the chromatic scale. Next, as a portion of the liberated iodine is often oxidized into iodic acid which gives no indication of its presence by colorisation, this must be decomposed by means of tartaric acid spray, and the slip again compared with the chromatic scale.

If, however, we require to ascertain the amount of pure ozone present in the atmosphere, we must resort to the celebrated iodized litmus test, which was some time ago suggested by Bernays and Hornidge, but first actually employed by Houzeau. It is thus conducted :

Blue litmus having been boiled in distilled water, the solution is allowed to stand for twenty-four hours ; then

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decanted, and divided into two equal parts. One of these is reddened by means of the smallest possible amount of pure sulphuric acid, and then mixed with the other. The whole is again divided, one part reddened by a similar addition of sulphuric acid, and mixed with the other; this process is again and again repeated until a persistent vinous red hue is obtained, the stability of which is ascertained by a mark caused by it not becoming blue on drying. This solution is allowed to stand and then filtered. It ought to contain one seventy-fifth part by weight of the dry extract. Care must be taken to secure the precise vinous red tint, as any undue excess of acid (which produces a hue resembling that of the skin of an onion) renders the test much less delicate. The very slight excess of acid always present is useful, as it prevents the formation of iodate of potash. In this are to be dipped the slips of Swedish filtering-paper described above; but the solution of iodide of potassium ought to contain only about 1 per cent. of the salt. If a slip of the paper impregnated with litmus be dipped into this latter and exposed to the air, the ozone, if present, will liberate a portion of the iodine from the iodide of potassium, replacing it in combination with the potassium, thereby forming potash. The alkalinity thus produced will be appreciable by the depth of the blue tint assumed by the litmus paper, which is thus a quantitative test indicating the amount of ozone present in the atmosphere. The chief source of error in this test arises from the fact that the reddened litmus has a tendency to assume a more or less bluish tinge in damp air, even apart from the influence of ozone, owing to fermentative changes set up in the drug itself by moisture. Moreover, the test is not quite so delicate as could be wished; but still it not merely furnishes incomparably the *best* means hitherto known of estimating atmospheric ozone, but, in the present state of our knowledge, it is the *sole* trustworthy method at our disposal. Smyth's ozone box, as modified and improved by Dr. Fox, seems at once the simplest and the best receptacle for the test-papers during the experiment. It is described and delineated pp. 262 and 264 of that gentleman's treatise on ozone, and at p.

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255 of the same work he gives a diagram and description of the whole apparatus that he employs in his experiments. It would be useless to attempt any description of these here without the aid of diagrams, and I have already lingered too long on this part of the subject. We may now reasonably hope that, with the aid of these improved methods and apparatus, Dr. Fox and other sagacious and accurate observers will ultimately succeed in rescuing this much vexed subject of ozone from its present unfortunate position as one of the *opprobria chemiæ*.

At present, regarding the subject from a medical point of view, it must be confessed that even after the labours of such men as Berzelius, Schönbein, De la Rive, Frémy, Williamson, Baumert, Andrews, Tait, Soret, Faraday, Houzeau, Scoutetten, and numerous others, extending over a period of nearly thirty years, we can say but very little which is either definite or positive.

The relation between ozone and cholera epidemics is as yet undetermined. In London, during the epidemic of 1854, Glaisher found the normal amount of ozone in districts where deaths from cholera were numerous, and no ozone whatever in districts where not a single death occurred from this disease. The observations of Seitz, at Munich, during the same year are in harmony with those of Glaisher. Similarly, Dr. Day, of Geelong, found an abundant ozonic reaction around the houses of cholera patients. In the United States, during 1851, Peter was unable to trace any connection between the absence or presence of ozone and the prevalence of cholera, and in this negative opinion he is supported by E. Boeckel, of Strasburg, Strambio of Milan, and one set of observations by Simonin of Nancy. Moreover, Fournet maintained that in Lyons, the "city without ozone," cholera is not more frequent or severe than elsewhere, and the negative view is further supported by Petenkofer and Schifferdecker. Dr. Moxon thinks that the prevalence of *simple diarrhœa* is increased by the preponderance of ozone. On the other hand, the observations of Smallwood in Canada; those of Cook in Bombay, extending from 1863 to 1865; those of Moffat at Newcastle in 1863, and

throughout England and Wales in 1866, and those of Simonin at Nancy in 1855, all favour the supposition that the times of the appearance and prevalence of cholera coincide with those of the absence or deficiency of ozone. Billard, of Corbigny, thinks that the diminution of ozone is the first cause of a cholera epidemic. The views of these observers are further supported by experiments at Berne, Marseilles, and Berlin. I have endeavoured to sum up the evidence on both sides as fairly as I can, but who shall decide when such doctors disagree?

Next, as regards catarrhal affections. Schönbein has demonstrated that catarrh can be set up in animals by forcing them to breathe air largely impregnated with ozone, and Mr. Blackley has observed a condition closely resembling hay-fever to be thus produced. At the same time, the amount of ozone present in the atmosphere is, even when at its maximum, wholly insufficient to give rise to any such morbid states in a previously healthy subject, while it is, of course, amply abundant to cure any existing disease to which it is homœopathic. Accordingly, we learn from the results of observations by Seitz at Munich that the number of cases of catarrh *decreases* in proportion as the amount of atmospheric ozone *increases*. The observations of Seitz are corroborated by those of Dr. W. W. Ireland, at Umballa, and Mr. Harris at Worthing. It is true that Heidenreich, E. Boeckel, and Spengler hold a diametrically opposite opinion, and affirm that the period of a catarrhal epidemic is coincident with that of an excess of atmospheric ozone; while Faber, Wunderlich, Schifferdecker, T. Boeckel and others deny that any connection whatever exists between these periods. But it must be remembered that many influences contribute to the production of ozone, and that these influences act in different proportions in different places. Among the most powerful and widely distributed of these agencies are cold and damp, and since the maximum of atmospheric ozone is on all sides admitted to be wholly insufficient to *produce* catarrh, it is only reasonable to assign the contemporaneity of periods of high ozonic reaction and catarrhal epidemics to the influence of cold and damp in pro-

ducing both, while, from the premisses, it is absolutely impossible that the latter should be caused by the former; we ought rather to say both have a common origin. We may, therefore, fairly suppose that at Munich, Umballa, and Worthing, other ozone-producing agents have a more influential share than cold and damp in the generation of ozone, when compared with the part they take in some other localities, and hence may justly claim the observations of Seitz, Ireland, and Harris, as illustrations of the homœopathic law; at least the discrepant results of Heidenreich and others are manifestly no refutation of it, while a negative conclusion, such as that of Faber and others, is proverbially difficult of proof, and from its antagonism to that of both the other sets of observers is *primâ facie* at any rate likely to be unsound. The observations of Seitz, Ireland, and Harris, regarding this seem to be illustrative not only of the truth of the homœopathic law, but also of the fact that quantities of a therapeutic agent the effects of which are inappreciable in health may still prove curative in disease when administered according to the law of similars. In the catarrhal stage of phthisis a residence at the seaside (where ozone abounds) is often beneficial—probably another illustration of homœopathy, and certainly tending to confirm the former.

The fact that air impregnated with less than $\frac{1}{3,000,000}$ of its bulk of ozone purifies its own volume of air loaded with the effluvia of four ounces of highly putrid meat demonstrates the strongly disinfectant power of ozone in all cases where infection depends on decomposing organic matter; while the circumstance that air containing only $\frac{1}{1,000,000}$ of its own bulk of ozone possesses a distinct ozonic smell may stagger those who deride so-called infinitesimal doses.

Contrariety between the actions of large and small doses is well exemplified by the fact, that while a country air with a fair proportion of ozone is favorable to vegetation, air strongly impregnated with ozone retards the growth of plants.

There is no conclusive evidence to show that ozone

destroys marsh miasm, or has any relation whatever to malarial diseases. This question is still *sub judice*.

Ozone is said to have been in excess during some diphtheria and smallpox epidemics, and while certain skin-diseases prevailed, while a deficiency has been noted during epidemics of continued and relapsing fever, scarlatina, typhus and measles. It is also said to have been deficient in places where the cattle plague raged with peculiar severity, and likewise just before the occurrence of the potato disease at Culloden. These two latter statements require confirmation.

Peroxide of hydrogen, or the "antozone" of Schönbein, as we are all aware, was some years since proposed as a remedy for diabetes when administered in ethereal solution; but the early hopes it raised have not been realised, and Dr. Tanner finds it impossible to administer the remedy during any great length of time on account of the violent sickness it occasions. It is difficult to see how it could act otherwise than as a mere palliative in this disease, or rather could do anything more than disguise or conceal its most characteristic symptom by artificially burning away the sugar before the same finds its way into the urine. No relation has yet been shown to exist between the symptoms of diabetes and those produced by peroxide of hydrogen (Schönbein's "antozone)."

I subjoin in conclusion a list of the questions to which Dr. Fox hopes that our improved methods of ozonometry may one day enable ourselves or our descendants to furnish satisfactory answers :

1. What are all the sources of atmospheric ozone ?
2. How, and under what circumstances, is it formed ?
3. What is its precise action on animals and plants ?
4. Has an excess or deficiency of ozone any effect upon the public health ?
5. If so, what is the nature of that influence ?
6. What connection has the amount of ozone with the presence of epidemics ?

7. Does ozone oxidize *only one* or *all* the organic atmospheric impurities ?

At present I fear we can only reply to all these interrogations with the dying words of Goethe and the prayer of Ajax.

ON THE ACTION OF IRON.

By ROBERT T. COOPER, M.D., T.C.D.*

It has always appeared to me that we confine our provings to an unnecessary extent to the healthy, and that in doing so we have practically impeded the progress of medicine, for although it is quite true that we cannot turn our patients into provers we can yet watch with great advantage the way in which drugs affect them, and, by observing care, can in this way learn a great deal of pure drug action. Aggravations will occur, however minute our doses may be, and a little patient inquiry is all that in many cases is required to determine whether these aggravations are pure or not. According to my experience the range of action of each drug can be divided into departments which have certain index lines or characteristic symptoms leading to them ; and knowing the one the other can be the more readily committed to memory. Thus, taking chloro-anæmia as a department in the action of iron, the true specific indications for the *Iron* will be the symptoms of this affection ; or, again, supposing, as we intend to show this evening, that *Iron* produces irritability of fibre marked by painlessness, we have only to discover the symptoms of this irritability to arrive at characteristic indications for *Iron*, and, by the one, to fix the other in

* This paper, originally intended to be read at an evening meeting of the British Homœopathic Society, is published in its present form, as it was found impossible to compress the matter of it within a compass sufficiently narrow to admit of after discussion.

memory. The irritability will be the department or condition of system; its symptoms the index lines. The investigation of the remedy must in this way proceed *pari passu* with that of the disease, and the effect will be a mutual clearing away of obscurities.

The morbid influences at work in the production of disease must be acknowledged, and the resulting symptoms must be classified in a different manner from what they are now before we can attain to any general simplification of our methods of treatment. Hahnemann dimly foreshadowed this when he divided chronic disease into psora, syphilis, and sycosis; but Rademacher came nearer to the truth in supposing the existence of an epidemic constitution varying in its nature and its required modes of treatment.

We can safely say that there are present in drugs, diseases, atmospheres, and individuals, peculiarities that modify and cause to vary the course disease will assume, and all these must be allowed for in enunciating laws that aim at the systemisation and simplification of treatment.

The pertinence of these remarks will be apparent as we proceed. You will remember that I read a paper before you on the action of Iron some seven years ago, in which stress was laid upon its vesical action, and testimony borne to its effects upon irritability of the neck of the bladder, the characteristic symptom of which I was the first to show could arise independently of a calculus; a constant and pressing desire to urinate during the daytime only. If you afterwards followed me through the pages of the *British Journal of Homœopathy* you must have seen in my articles upon diseases of the bladder how beautifully this symptom was developed in Rademacher's provings. As we proceed we intend to prove that it forms but one symptom of a condition of system characterised throughout by irritability of fibre without much accompanying pain.

Fanny G—, a single woman, of thirty-four, of delicate arterial complexion, had ulcerated womb four years before coming under treatment, succeeded by bearing down, aggra-

vated by standing erect; dry cough worse at night and in the morning, each paroxysm of which increases the forcing down. Pain in the stomach through to the back, and pain in the lower back going up to the shoulders, both which are worse before the monthly period. Period too profuse; no leucorrhœa; other functions natural.

There are several circumstances connected with this case that point to *Iron* as the appropriate remedy. First of all, to what do the symptoms point? there is a cough worse at night and in the morning; there is then a bearing down of the womb aggravated each time she coughs; there are ante-catamenial pains and increased menstrual flow, but beyond these symptoms no disturbance of the general health; in a word, an irritability existed in the neck of the womb the remnant of a former congestion, and this irritability caused a greater flow of blood to the ovario-uterine region at each catamenial period than would normally occur, as we see by the back and left side pains, and a similar kind of irritability existed in the mucous membrane of the larynx, giving rise to cough; there is, in fine, an absence of all symptoms but those that might be explained by the existence of a tendency to irritability throughout the system, selecting as its site the larynx and the neck of the womb, parts that are markedly acted upon by *Iron*.

This affection, this painless irritability, I must look upon as a distinct and independent disorder as classifiable and as uniform as neuralgia, myalgia, or any other variety of chronic disease, and we ought to have an accurate knowledge of its symptoms, as it constitutes a very important department among the specific spheres of *Iron*.

Our patient after taking *Phosphate of Iron* in the first decimal trituration presents herself next week, and we report—the pain in the left side under the ribs through to the back remains, and she has to undo her clothes from a swelling of the stomach, worse after standing; the monthly period has passed by with much less pain, the cough has quite gone, and the bearing down nearly gone.

You see, therefore, that the irritation at the neck of the womb is relieved, and that the cough has gone, and, from

the ante-catamenial sacral pain having been lessened, we may assume a diminution of the exalted hyperæmia of ovulation, while the pain in the left side and sense of distension shows that some catamenial ovarian distress remains ; this pain by the following week had almost entirely left, and except for some cardiac palpitation during the week she was quite well.

We have from this case *forcing down of the womb aggravated by a hacking laryngeal cough, with tendency to visceral hyperæmia ; in the present instance an increase of the normal catamenial hyperæmia.*

Pray do not be too critical as to the diagnosis, or I shall have to give you an explanatory paper much more tedious than this.

The case is etiologically interesting in this way : the irritability of the uterine cervix arose not from any previous miscarriage or bad confinement, but independently of blood loss, in this respect forming a marked contrast to the *Soda chlorata* cases recently published by me in the *British Journal of Homæopathy*.

Now attend to the next case.

Charlotte G—, aged twenty-eight, of a brownish-yellow complexion, suffered for a year from the following symptoms :—She had been married two years, without children, when she began to suffer with pains under the heart, worse when lying down, feels as if the heart were ready to burst, lower chest and stomach swell very much, a great deal of headache during the day, but not coming on at fixed hours. Is very low-spirited, and feels very weak, and suffers from such an acute pain across the lower part of the back as to oblige her to fall back when rising in the morning. Very much sacral and left submammary pain before the monthly illnesses, and the period is scanty but regular. Appetite is very bad ; bowels confined ; tongue clean.

For these symptoms I gave *Sepia* in the 12th dilution, and with marked effect. She felt herself much better, but, after taking it, bearing-down pains, described as being in the womb, came on with a slight leucorrhœal discharge.

The back pain and constipation remained unchanged, and there is present what she hitherto neglected to mention, and which has troubled her for some months—a constant desire to pass water during the day especially, but distressing her also at night, along with a pain over the left ovary, worse on pressure, increased each time she makes water.

I now gave *Ferrum phosphor.* in the 1st decimal trituration, the action of which was succeeded by removal of the constant desire to urinate and disappearance of the leucorrhœal discharge; for the next week she remained without medicine, and the back pain came on again, but altogether disappeared on returning to the *Ferrum*.

This we regard as a case of ovarian irritation on the left side producing the ovarian, submammary, and sacral pain, and of irritation in the lining membrane of the neck of the womb.

I would be unable to describe on paper all my reasons for making this diagnosis; but remember, there was constant desire to make water chiefly during the day, but at night as well; this in itself might have arisen from irritation of the neck of the bladder, but I took it not to be so from the absence of any uncomfortable feeling about the lower part of the bladder. Well, granting this, the *Sepia* ought to act upon the seat of the disease—the lining membrane of the neck of the womb—and ought to subdue it at once, or, causing aggravation, to drive it to the outside of the os uteri, and increase the bearing down and bring on leucorrhœa; and this aggravating effect is precisely what we find to take place after its administration; so that this case would teach us that *Sepia* acts upon the lining membrane of the cervix, probably between the internal and external os uteri, an irritation of which may occasion constant urination and also reflex pain in an already irritated ovary.

You may argue that the ovary was the seat of the occasioning irritation, the *origo mali* in fact, a view of the case that I am not inclined to dispute, and you may also

pronounce that had the *Sepia* been continued it alone would have sufficed to effect a cure; but the feature of interest for the present investigation is this, that after giving *Sepia* we get precisely the bearing-down pain of *Iron*, an acute and very uncomfortable, but not exactly a painful, bearing down—a bearing down that lacks that violent burning pain we find to call for *Arsenic* and other remedies. It is this bearing down that indicates *Iron* when miscarriage threatens and which *Iron* infallibly subdues.

If any symptom of the *Materia Medica* is worthy of being remembered this is, for you can, without a possibility of failure, arrest a miscarriage by giving *Iron* when such a symptom is present. Only let me give you this caution: administer it in miscarriage cases in the mildest potency possible, which in my experience is the sixth or the third. In the case reported the leucorrhœa is passed by unnoticed, as I attribute it simply to the local action of *Sepia*, and that it would have left even if *Iron* had not been given.

It is very characteristic of the tracheal cough of *Iron* that it manifests a tendency to strain distant parts, and to keep up irritation in them should such be present; thus, in our first case we find that the womb was affected—the bearing down increased—each time the patient coughed; at other times we find that it is the bladder, at others the rectum, and at others, and, perhaps, most frequently, the stomach. The cough is often worse on going from a cold air into a warm one, and *vice versâ*, but this is not always so, and an absence of such peculiarity, were we not on our guard, might mislead us and divert our attention to other and less appropriate selections.

We now come to another case, that of William D—, æt. 53, a moderately stout man, who was admitted under treatment the 17th February, 1873. He had suffered all the winter from a cold succeeded by a cough, and the symptoms, instead of leaving him, seemed, when he placed himself under treatment, to be getting worse; the cough troubled him most at night, in the morning after getting up, and during the daytime after meals; it caused him to

spit up and to vomit a great deal of white phlegm, and to prevent him from keeping anything heavier than bread and milk on his stomach; he describes the stomach as being weak, and the whole system appears in a debilitated state; he becomes covered with a cold shivering perspiration when at work. He suffers from flatulence, and, since yesterday, has had diarrhœa and pains in the abdomen as if empty, with total want of appetite. Sleep natural; taste good; urine clear.

Now observe the effect of *Phosphate of Iron* in the 1st decimal upon this case. During the first week all these symptoms subsided; the cough did not disturb him except on waking in the morning, when a good deal of phlegm would come up; the food remained on his stomach, and he had no flatulence or diarrhœa and no shivering perspirations.

The *Iron* was continued during the next (third) week with the effect of increasing the cough, and bringing on the sickness and discharge of phlegm. During the fourth week he remained without medicine; the *Iron* previously given was allowed to act, and he got perfectly well though still subject to accumulation of phlegm in the mouth.

In previous articles, especially in those on Diseases of the Bladder, I have pointed out, and, for aught I know or care, have been the first to do so, what a very irritating drug *Iron* is, and how frequently it occasions aggravation of its indicated symptoms; if this peculiarity be lost sight of it would be much better not to prescribe *Iron* on homœopathic principles in any case; its effects ought to be expected, and met when they appear by a discontinuance, change of potency, or cessation of the drug; for, as before remarked, its truly homœopathic aggravation does credit to Hahnemann's *Organon*.

Carroll Dunham, during his recent visit to England, told me that he had cured many cases of irritation of the neck of the bladder and prostate with the *Phosphate of Iron* in 1st decimal form according to my suggestions; and he instanced one case, that of a gentleman suffering from a very severe attack of this affection, where this preparation of

the *Iron* was followed by most distressing aggravation, and where even a discontinuance of the remedy did not prove sufficient and resort had to be made to a higher potency; this I can quite understand.

The case we are now studying shows an exacerbation of the cough and sickness from a prolonged employment of the *Ferrum*, and a cessation of the medicinal aggravation from discontinuing it.

Just call to mind the original symptoms and deny if you can that an attendant would have been justified in pronouncing it to be influenza, gastric catarrh, diarrhoea, or indigestion, just, in fact, as the humour took him. Our present nomenclature is framed on too narrow a basis to adapt itself satisfactorily to chronic complaints; it is often the means of getting us into hot water with those inquisitive and fidgety old ladies who possess the detestable habit of obtaining a second opinion on the sly. Paracelsus hit the mark, in our humble estimation, when he proposed to have conditions of system named from their specifics, as *Morbus helleborinus*, &c. The case reported is an aggravated example of the painless irritability of fibre, a term less open to misconception, and more comprehensive and distinctive for purposes of description and treatment than any of the above; as *Morbus ferruginus* it would quite comport with Paracelsian nomenclature.

The patient first takes cold, then this cold brings on a laryngeal cough, and this, in its turn, induces irritability and weakness of the stomach indicated by sickness, the food does not digest and he becomes weak, discharge of phlegm from the stomach, abdominal pains and diarrhoea ensue.

The progress of the irritability from the larynx to the stomach, in the stomach producing irritability and weakness with discharge of phlegm, the irritability travelling down and inducing intestinal irritation evidenced by pain and diarrhoea, all show that what at first is a very trivial ailment may in time become a very serious disease; and it is these apparently trivial prodromata which, though sent to herald a coming storm, are so likely to obtain insufficient consideration at our hands; they constitute a subject of study that must

have attention directed to it before accuracy in treatment, in prognosis, and in diagnosis can be obtained. Irritation cannot long exist on a mucous surface without an exfoliation of epithelium and discharge of secretion, and so catarrh comes to be, in such cases, indicative of *Iron*.

We get from this case as sympathetic of irritability of fibre, *laryngeal cough causing weakness and irritability of the stomach, indicated at first by gulping up* of food, and then by actual vomiting, induced more particularly by a meat diet, with catarrhal discharge*; diarrhœa and abdominal pains, the last two being symptoms of a late stage of the disorder.

The next case you may term remittent dyspepsia, or with Dyce Duckworth (*Brit. Med. Journal*, December 27th, 1873) nightly dyspepsia, if you wish; but the painless irritability with its well-marked and unmistakable phenomena embraces both these.

Anne H—, æt. 35, a dark-haired plethoric subject, menstruated at fifteen, married six years, and without children, has been ill four months with attacks of indigestion, which have been getting increasingly worse; they come on very irregularly; within the last month she has been in a very bad state of health, besides having had three of those indigestion fits. They come on in the middle of the night with sickness and diarrhœa and pains in the limbs, and for the last three months her face has been covered with a red lichenous eruption. Her tongue presents the white fur of dyspepsia, and she suffers from acidity; there are occasional pains in both hips and constant facial flushings. The monthly period is true to time but is scanty, and always preceded by a good deal of white discharge.

Being evidently of a temperament indicating iron I inquired as to cough, and found that she had a dry cough every winter, a very troublesome one, and that this cough

* The preliminary gulping up is assumed from evidence afforded by many other cases; it is impossible to extract every important particular from the same patient.

caused urination, especially so at the catamenial epoch; also, that there was a frontal headache with the cough and tightness on the chest.

The cough, therefore, must be put down as a *shaking* cough; it affected parts remote from the larynx, caused sudden contraction of the diaphragm, with the chest and abdominal muscles, and thus impelled the blood to the head; caused contraction of the muscular coat of the stomach, and thus induced gulping up of food; caused contraction of the fundus vesicæ, and thus relaxation of the sphincter and forcible expulsion of urine; it was an *irritating* cough and transmitted its irritation to the stomach, causing vomiting, and to the bowels causing diarrhœa, and it coexisted along with hip pains and pre-catamenial leucorrhœa, flushings, and lichenous facial eruption—showing probably hepatic and uterine congestion.

For these symptoms she was ordered *Ferrum muriaticum*, in the 12th, and the next week the report was very favorable; she felt better and lighter, sickness, diarrhœa, cough, and tightness on the chest had left, flushings were better and the hip pains had gone, but she complains of sleeping heavily and of waking with a severe crushing pain across the forehead which goes away after breakfast less; the eruption and leucorrhœa are both better, but the tongue is still coated.

For the succeeding three weeks she remained without medicine, and though she had one or two roughish days with coated tongue and other threatening symptoms, with this exception she continuously improved and left the dispensary perfectly well.

Observe, in this case there was, as we have said, slight congestion of the womb indicated by hip pains, leucorrhœa before the period, and the flushings. Mark, too, that the period has never been much, the blood would seem to be thrown in upon the system—a marked indication for the smallest doses possible of *Iron*; the greatest care ought to be taken when administering the drug in the presence of such a feature. The blood finds its way into the venous

plexuses of the abdomen, turgescing the liver, as we see from the florid complexion, the lichenous eruption, and abdominal distress, and into the chest, causing tightness, and up to the head, causing frontal headache, and this internal overflow is facilitated by the sudden contraction of the muscular structures throughout the body, and all this existing along with the hacking cough leave no doubt as to the appropriateness of *Iron*.

In such cases as these, where a regulation of the blood-current is required, I can quite understand an ordinary allopathic dose of *Iron* inducing sudden cerebral congestion with an immediately fatal result.*

So that if we find symptoms of visceral congestion throughout the body—internal overflow as we have termed it—and along with this a hard, dry, hacking, laryngeal cough, we may be sure that we have to deal with a typical case of painless irritability of the fibre, and that it calls for the smallest possible doses of *Iron*.

William H—, æt. 45, a brewery worker, suffers from a bad cough, with difficulty of breathing and hoarseness; the cough succeeded an attack of measles that he had seven years ago and which has left him in indifferent health ever since. Dry spasmodic cough, chiefly at night, preventing sleep and eased by bringing up phlegm, rambles in his sleep, and suffers from a frontal headache when he coughs and when getting up in the morning. Appetite is very bad; tongue coated with a soft fur; bowels regular.

On 10th February, 1873, he was ordered *Tinct. Ferr.*

* The testimony of allopathic writers substantiates this assertion. Barnes, in his work upon the *Diseases of Women*, p. 96, art. *Hæmorrhages (Uterine)*, says:—"Hæmorrhage, especially the active form, is followed by a stage of reaction of erythim, which has been not inaptly termed hæmorrhagic fever. The pulse is quickened, the skin is warm and dry, there is intense beating headache, restlessness, hyperæsthesia manifested in general irritability, and morbid sensitiveness to light and sound. *In this condition it is a serious clinical error to administer Iron.*" And so it is if given in an ordinary allopathic dose; but if given in dilution, the *Iron* becomes pre-eminently the specific remedy. This is one of the many cases where the homœopathic physician is obliged to part company with the old-school follower.

Muriatici, gtt. x, *Aquæ*, ʒij, miscæ. *Capiat*, gtt. v, in *Aquâ* ter in die.

By the 17th February he was much improved, the rambling in sleep had ceased, the headache had left, but the hoarseness was worse. Small, deep-coloured, purpuric spots with intense irritation day and night have come upon the shins; and he is suffering from a very bad attack of diarrhœa, quite an unusual thing for him to have, with heat and burning at the anus night and day, rectal straining and extreme urgency to evacuate the bowel, especially after coughing—the motion will come with the cough if he does not run off to stool; aggravation from drinking warm things, especially cocoa.

Every one of these symptoms is characteristic of *Iron*; the only doubt would be about the peculiar purpuric spots, and these we leave for further inquiry.

We now put the patient on the 30th dilution of *Ferrum muriaticum*, and this brings improvement with it; the diarrhœa gradually ceased during the week; hoarseness the same. To go back to ten drops of *Ferrum muriaticum* as above. This again aggravated; the diarrhœa, this time, with tightness across the abdomen just below the navel, came on, and great irritation set in in the skin of the legs without any spots appearing, the cough lessened, and the hoarseness and dyspnœa remained the same.

During the next week we put him upon the 1st decimal of *Phosphate of Iron* and with manifest effect; the dyspnœa and voice at once improved, the tightness across the navel went away, and he felt altogether much better. Yet symptoms of aggravation can be noticed; the cough, especially in the morning, has come back again and retching comes on after taking warm cocoa; these cease on discontinuing the *Iron*, came on again when we resumed it, and again cease when left without medicine. When he discontinued attending, after being two months under treatment, he was quite well.

We have then from this case some very strikingly characteristic symptoms of *Iron*; first, there is the *full plethoric*

habit—this indicates *Iron* in homœopathic doses. Give, in such a case, tangible doses, and, as our patient exemplified, *Iron* will be sure to aggravate; we have then *frontal headache* very bad at night, *increased when he coughs* (from sudden rush of blood to the head), and on getting up in the morning; we have *disturbance of the brain in sleep*, “a rambling in sleep,” and we have a *spasmodic irritable cough*. As aggravation from the muriate tincture, we get *irritable rectum* amounting almost to dysentery, and in unison with a similar condition I have shown *Iron* to produce upon the neck of the bladder; we have new symptoms in the *dyspnœa*, and *the tightness below the navel*—this being symptomatic of an extension of irritation from the rectum to the mesentery; and then we get aggravation *from warm food, especially from warm drinks, as cocoa, &c.*

The lesion *Iron* produces upon the bladder and rectum—the lesion present in parts affected with this painless irritability—is of a compound nature; there is *weakness* associated with irritability and spasm; *irritability*, plus *paresis*, plus *spasm*. And we may further formulate: excess of irritability, of spasm, or of both of these, over weakness, calls for small doses; excess of paresis over one or both calls for large doses. The patient's description of his symptoms to all intents and purposes serves as a sufficient criterion of the character of the predominant lesion.

We must now prepare ourselves for fresh inquiry into a department of the action of *Iron* that with what has gone before will demonstrate beyond question that *Iron* more than deserves the proud position it has always enjoyed as a remedial agent; and it is a matter of great pleasure to me to have been the humble instrument to wrest it from the unenlightened beliefs that surrounded its employment and that caused some of even homœopathic physicians to desert the very principles they held sacred and to join in with those antiquated views they professed to repudiate and disavow. It is not a little remarkable that even Teste should have made use of such words as these: “It seems to me that all the various symptoms that *Iron* is capable of curing depend upon the same general disease, chlorosis.”

A moment's reflection would have convinced Teste that such an assertion was altogether short of the truth ; his remarks upon the symptom-producing effects of *Ferrum magneticum* afford abundant proof of this.

Marian G—, æt. 47, ill three weeks with what she considers a dreadful irritation and suffocative feeling in the throat, and occasional cough, bringing with it hard lumps of phlegm ; very much palpitation of the heart and constant sickness, cannot keep a particle of meat on her stomach (*vide* case of William D—, p. 414). Hips and back ache, and she suffers from piles. Bowels and monthly period regular ; tongue clean.

The 1st decimal of the *Phosphate* at once checked the gulping up of food, and enabled her to digest meat ; but the throat became worse, more choky, and the lymphatics on both sides of the neck became swollen. For this symptom I changed the preparation of *Iron* to the *Muriate Tincture* of the *British Pharmacopœia*, of which a drop diluted was given every day. This swollen state of the lymphatics I had always heretofore looked upon as an indication for this preparation of the metal, but looking back upon the case, and taking into consideration the experience I have had with *Iron* and its preparations, I unhesitatingly pronounce, and this from overwhelming evidence, that the swelling of the lymphatics as well as the increase of the swollen state of the throat, was produced by transitory aggravation of the phosphate, nor am I prepared to admit that the cessation of this effect under the influence of the *Muriate* establishes sufficient proof to the contrary, for it is not unlikely that as with *Mercury* so with *Iron*, alteration in the preparation of the metal will subdue previous drug effects. Other causes may have contributed to the production of these symptoms, as, for example, cold, but that the *Iron* determined the glandular implication I maintain to be most probable, and it is this symptom, whether produced by *Iron* in the above case or not, that opens up the new field of inquiry.

We get from the case not a simple laryngeal irritation,

remember, but an irritation with a suffocative feeling, and we have a cough bringing with it hard lumps of phlegm ; and then we get, though there is no record of how the *Iron* affected them, hip pains and piles, indicating visceral (pelvic) congestion. All these are indicative of the same affection, painless irritability of fibre.

We frequently meet with influenzas where the prevailing symptoms are, a sense of soreness of the throat, a harsh dry cough, with expulsion of small lumps of viscid phlegm, an irritative feeling throughout the entire system, and where on either side of the neck, but especially on the left, the lymphatic chains are tender and tumefied ; such we have known to be very frequent up till middle age, and to be invariably accompanied by great physical depression. These influenzas can be arrested with the greatest possible certainty by administering homœopathic doses of the *Muriate* and *Pernitrate of Iron*, and I have always regarded the condition of the lymphatics as the distinguishing feature demanding *Iron* ; it is, indeed, a most valued keynote for the administration of this drug. I have used these preparations with success, and therefore wish to record the fact, but am fully aware that, theoretically, the *Iodide of Iron* ought to be preferred. The indication, though only observed in clinical practice, is partly corroborated in our provings where we get *long-lasting swelling of the cervical glands*, and it only requires us to be assured that these cervical glands were the lymphatic glands and the matter will be beyond dispute. Supposing therefore this observation of ours to be a correct one, and that preparations of *Iron*, to wit, the *Muriate*, *Pernitrate*, and *Phosphate* (the *Phosphate* pathogenetically) act upon the lymphatic glands, is there any well-recognised pathological affection characterised by tumefaction of them ? We have found certain forms of influenza to be so, but is there no more substantive disease than it where swollen lymphatics obtain, and where *Iron* may prove specific ? Let us work this matter out. Given the lymphatics of the neck enlarged, in what condition may we expect to find the bronchial, pharyngeal, tracheal, and laryngeal lymphatics ? It may not necessarily follow that

they, too, will be turgid, but is it not extremely likely that these will sympathise with the neighbouring lymphatic tracts? And, if so, have we not an explanation of the suffocative feeling in the throat with irritation, and if lower down a similar condition prevails and exercises pressure upon the bronchial tubes, will it not induce congestion by hindering free circulation of blood through the lung tissue, and thus cause to be thrown upon the heart such a strain as will induce palpitation, and such irritation in the bronchial mucous membrane as will induce secretion of mucus, tightness of the chest and difficulty of breathing, such as we found exemplified in William H—'s case p. 419? But let us clearly understand our position; what I claim for *Iron* from clinical observation is not that, as the proving informs us, it produced long-lasting swelling of the cervical glands, but simply and solely that its preparations are demanded where we find on either side of the neck, as the result of cold, a swelling, tenderness, and sometimes even a slight redness (lymphadenitis) along the lymphatic chain of glands; and inferentially we are supposing that this morbid condition may extend itself along these lymphatic tracts, and follow them in their course down the bronchial tubes.

Enlargement of the bronchial glands as a separate affection is a well-recognised pathological condition. It has been referred to by Dr. Harrison, of Dublin, in his work on the *Anatomy of the Arteries*, but for an account of its less obvious and incipient condition I am indebted to a paper that was read before the medical section of the British Medical Association in London, in August, 1873, by Noel Gueneau de Mussy, Physician to the Hôtel Dieu, Paris. From this paper we copy the following very instructive remarks.

“Almost all the diseases of the respiratory organs may be complicated with enlargement of the bronchial glands; and very often this enlargement unites its phenomenal expression with that of other affections, and can claim a part in the modifications of the respiratory murmur, and of the resonance of the chest observed in these diseases.

“Of course, the signs of the bronchial adenopathy are

generally to be found in the region corresponding to the bronchial glands, behind the upper part of the manubrium of the sternum, the sterno-clavicular, and the first sterno-costal joints, and the inner part of the two first intercostal spaces. Behind, the laminæ of the first four dorsal vertebræ correspond to the same organs.

“ When these glands are enlarged, you can find in those points a sound duller, higher than natural, generally duller on one side than on the other, with impaired elasticity. With these modifications of the resonance, often very perceptible, you may find weakness, roughness of the respiratory murmur in the whole of a lung, if the main bronchial tube be compressed, or in a part of it, if one only of the secondary bronchial divisions. This weakness of respiration, often very evident in parts where the sound is normal and no alteration of tissue is to be suspected, which is not at all uncommon, cannot be explained satisfactorily without the interference of bronchial pressure. This weakness is usually connected with acuteness of the respiratory sound and protracted expiration. Near the origin of the bronchial tubes a rough, sibilant, or rubbing sound is pretty often to be heard. In the same point there often may be heard an expiratory souffle resounding over a more or less large extent, which is nothing else than the tracheal sound transmitted by the enlarged glands. It may be heard behind, near the spinal column; in front, near the sternum; with this peculiarity, that sometimes the movement of the body may modify this sound, by changing the relation of the trachea with the surrounding parts. I observed this alteration of the tracheal souffle in a remarkable degree, lately, in a female patient in my wards at the Hôtel Dieu. The souffle was very strong when she lifted her head up, and the trachea was closely applied against the convex surface of the cervical spine; it disappeared when she bent her head forward, and the connection between the trachea and the enlarged glands, which conducted the sound, was relaxed. For many weeks I could, according to the position of the neck, produce the souffle, or, on the contrary, make it disappear. The cough, usually the consequence of

the bronchial adenopathy, is dry, obstinate, sometimes attended with a long whistling inspiration, as in hooping-cough. This hooping-cough-like character has been pointed out as belonging to the most advanced degree of this disease by all the physicians who have written on this affection. It may be observed in its mildest forms, and depends very probably on the connection of the enlarged glands with the pneumogastric nerve. I dare not assert that this peculiar character in hooping-cough is always the result of the enlargement of these glands; but I found all the signs proper to this condition in some cases of hooping-cough, namely, in those which may be called chronic; and this complication seems to me to explain satisfactorily the unusual circumstance of an indefinite duration in a contagious disease like hooping-cough, assimilable in many respects to the eruptive fevers. Everybody knows that the cough may retain its character sometimes for several years; and in a case of this description, lasting for two years, I observed the physical signs of the bronchial adenopathy. I have noticed that the cough may disappear in some chronic cases, although all the signs of the bronchial adenopathy have persisted.

“The next symptom to be observed is a slight degree of dyspnœa, sometimes recurrent, and assuming an asthmatic form, or only perceptible when the patient is making an exertion, or when some accidental congestion increases the swelling of the glands. I have seen, under such circumstances, a depression of the skin above the superior extremity of the sternum, at each inspiration, as in cases where some obstacle prevents the free access of air to the lungs. The dilatation of the corresponding side of the chest is also diminished, as can be ascertained by a little instrument which I have called a pneumometer, which serves to measure the relative degree dilatation of both sides of the chest. This instrument is composed of a spring supporting a dial with a graduated index. On each side of the dial is a string, which serves both to fix the instrument in the required position, and also to measure the breadth of the chest.

“This morbid condition of the glands explains certain cases of aphonia. I have, on two occasions in my practice, met with cases of aphonia accompanied by all the physical signs of bronchial adenopathy on one side; and from these circumstances I diagnosed a paralysis of the vocal chord of the corresponding side, due to a compression of the inferior laryngeal nerve; which diagnosis was afterwards verified by a laryngoscopic examination.

“In one case, the bronchial adenopathy seemed to me accountable, in a young boy, for an unrestrainable vomiting, attended with dyspnoea, which lasted for two years. Many treatments had been unsuccessfully employed to master this affection. I prescribed Labourboule waters, half a glass four times a day, a plaster with *Belladonna* to be applied on the pit of the stomach, and *Tincture of Iodine* on the chest; and under this treatment, directed principally against the enlargement of the bronchial glands, the patient was quite cured.

“I do not wish to describe the symptoms of the most advanced degrees of this affection, which are well known, when large tumours press on the veins, the trachea, the œsophagus, and produce cyanosis, œdema of the superior parts, congestion of the brain, dysphagia, and sometimes asphyxia.

“These periods of this affection which I have studied here are more amenable to treatment than those of more advanced stages. The mineral waters, containing chloride of sodium and arseniate of soda, such as those of Labourboule, or chloride of sodium and iodine, as Kreuznach, Salies, and Salins, and, in certain cases, sulphurous springs, may be efficaciously prescribed. The use of *Iodine* internally and externally is also indicated.

“This condition of the lymphatic glands, to which I have alluded, may be observed at every age; it may complicate a great number of affections, such as measles, whooping-cough, typhoid fever, bronchitis, pleurisy, pneumonia, tubercular induration of the lungs, and accounts for many auscultatory phenomena which I had been previously at a loss to explain.”

It is to us very obvious that the vomiting spoken of above was due to want of retentive power in a stomach sympathising with the irritated condition of other parts, probably, as Gueneau de Mussy says, with the bronchial glands, and that were the symptoms given in full, the cough and suffocative feeling which we have in Marian G—'s case, p. 421, would have established the identity of the existing lesions in both; and though we do not wish to deny that the *Iodine* may have effected the cure, it is yet quite as possible that the curative agent was the *Belladonna*—a *Belladonna* plaster will prevent vomiting in obscure cases which nothing else seems to touch.

It is also obvious to us that the hoarseness and weakness of voice in William H—'s case, not to mention other cases also, may have pointed to a like lymphatic engorgement; in his case the whistling inspiration was remarkably evident, though we have not reported it. We cannot procure the almost positive proof that dull percussion affords of there being enlarged glands present in the examples adduced in this paper, for the matter did not occur to us when reporting them; but fortunately, we are dealing with an affection whose symptoms are uniform and can, therefore, be easily recognised. All the symptoms Noel Gueneau de Mussy apportions to tumefaction of the bronchial glands in the stage he refers to are to be met with to a less degree, and presumably at an earlier stage of engorgement in our cases, and the additional symptoms we have observed are fairly attributable to our giving a fuller narrative of the patient's sufferings. If we are right in our surmise it will be necessary, as elucidating the etiology of painless irritability, to inquire into the cause of the coexistent lymphatic complication; it is this that gives us a clue to the whole nature of the affection; and having done this we will have the important fact to discuss, namely, that *Iron* acts upon the lymphatic system. The existence of angio-leucitis must be taken as evidence of the presence of impure material in the system, in what form we have no means of judging; only we know that it occurs after interference has taken place with the process of absorption

going on throughout the system, and that it is more frequent at some seasons than at others.

It is not difficult to suppose that all the symptoms we have indicated as characterising this affection may be due to the introduction of impure material into the venous currents by means of the thoracic duct. Burdon Sanderson, Fox, and others have proved the formation of a kind of tubercle in the lungs and other organs of guinea-pigs by exciting suppuration beneath the skin, showing how manifestly the entire system is affected through the instrumentality of vitiated substances introduced into the absorbent system; and that this is the cause of the symptoms indicating *Iron*, at least of those we have referred to, is to our mind perfectly plain. *Iron* is not without some homœopathic relationship to erysipelas and also to rheumatic fever, whether accompanied by debility or not, as, indeed, to other diseases of the zymotic class for which of late years it has been recommended; but its relationship to these is at best but roughly homœopathic and so they require to have large doses of the drug.

That the introduction of infectious material is the cause of painless irritability is shown by its frequent occurrence after specific fevers, but particularly after measles. We met with a case some time ago in a girl of twenty, who had had measles at the age of five years followed by a hard dry cough, very annoying at night and whenever she went into a warm room; also very bad in the morning on getting up, and at any hour after sitting long there was a stitching pain between the shoulders, great inclination to take cold and obstinate confinement of the bowels—all of which symptoms are particularly important. Enlarged bronchial glands, according to Gueneau de Mussy, are affected by the position of the head; when it is held well up a souffle can be heard, for the trachea comes to be applied to the convex surface of the cervical spine which disappears when the head is bent forward. In our patient we find the cough aggravated by warmth (at night in bed and in a warm room), when getting up in the morning, and after sitting down—presumably with the head bent forward, as

the girl was a dressmaker; and as all these influences would have the same effect and relax the mucous membrane we take it that the mucous surface is then more susceptible to the irritation of the adjoining glands; this will not hold good in every case, for there are coughs, as before remarked, calling for *Iron* that are increased by going into a cold air after being in a warm one.

With this patient the 1st decimal completely failed to subdue the cough, and we were obliged to resort to a five-grain dose of the pure powder of *Phosphate of Iron*, which we ordered to be taken dry every night and morning, and this very soon removed the cough, brought about natural action of the bowels, and arrested the inter-scapular pain.

It will be seen that the dose differs from that required in all our other cases; it would seem that the phosphate in substance was required to arrest what we may suppose to have been a long-lasting change in the gland substance. We might argue that the deeper seated the lesion the greater the dose; the more superficial the irritation the less the dose; but unhappily we cannot lay down rules so easily, and the lesson we ought to learn is not to express ourselves too positively as to the relative superiority of either high or low dilutions.

It is known, alas too well! to every physician that the physical signs of pneumonic phthisis may be absent, and yet that if in a young girl there be a long-lasting liability to take cold with a constant hacking cough, which has been present from childhood, and that with these the catamenia be scanty, the much dreaded consumption must be expected. Now it is reasonable to suppose that a chronic cough like this did not take origin and owe its obstinacy to some profounder lesion than a simple irritability of the laryngeal mucous membrane inducing spasm; even assume the presence of irritability of the pneumogastric or its branches, such must have been kept agoing by some deep-seated lesion, and what more likely to occasion it than a tumefied state of the tracheal and bronchial lymphatics?

When looking over notes taken from Professor Banks' *Lectures on the Practice of Medicine* in the University of Dublin I was very much struck by his laying special stress upon a spasmodic cough causing vomiting of food as being highly indicative of the commencement of the first stage of phthisis pulmonum, and we all know that even independently of our individual investigations this symptom has been universally looked upon among us as a characteristic one of *Iron*. It is something to know that a physician like Dr. Banks has watched and traced up this identical symptom, unaffected as it would be by non-specific medication, and has found tuberculation of the lungs to follow directly in its wane. It is no trivial gain, therefore, to be able to arrest this cough, and to abort the morbid condition from which it arises, which condition we believe to be an irritability of the mucous membrane, kept agoing by infected material deposited in the neighbouring absorbent glands. The importance of our position is not that we have shown it possible for a spasmodic cough to be followed by phthisis, but that the actual cough of *Iron*, the cough with vomiting of food, not alone *may be* succeeded by phthisis, but that it is in reality symptomatic of the initiatory stage of this curse of mankind.

Referring again to William H—'s case it is to be observed what defined and palpable laryngeal symptoms were present; there was hoarseness and sense of tumefaction, a suffocative feeling, or, as he described it, difficulty of breathing. Dr. George Johnson, in the *British Medical Journal*, January, 1874, expresses the opinion that "there is good reason to believe that disease beginning in the larynx is a frequent determining and exciting cause of disease in the lungs." During the last ten years, since I have learnt to use the laryngoscope, I have seen, both in hospital and in private practice, a large number of cases in which chronic disease beginning in the larynx has been followed by tubercular disease of the lungs. These cases come under the designation 'laryngeal phthisis.' This painful and fatal malady often begins with a neglected cold. The sore throat and hoarseness excited by exposure to cold

and wet remain for weeks and months; there is cough with mucous expectoration; perhaps some pain and difficulty in swallowing; and there may be more or less stridor on deep inspiration.

“Looking at the larynx with the mirror the most characteristic appearance consists of a pale, doughy, œdematous thickening, with or without ulceration. In some cases the swelling of the mucous membrane remains for months without the occurrence of ulceration. In the earlier stages of this laryngeal affection there is no evidence of pulmonary disease.

“Having closely observed a large number of these cases, I have gradually arrived at the conclusion that the pulmonary disease is a more or less direct result of the pre-existing laryngeal affection.

“It is possible that the morbid-infecting materials from an ulcer in the larynx may be carried directly by the inspiratory current of air into the interior of the lungs, and there set up disease.”

This he mentions as one mode of production of pulmonary from laryngeal disease, the other being through the medium of the lymphatics and blood-vessels; and he cites a case of ulceration of the tympanic cavity which was followed by enlarged lymphatics below the damaged ear, after which basic consolidation of the corresponding lung showed itself.

We have not proved, but it is not extremely likely, that in such cases as William H—'s, where the irritation and fulness of the throat had existed so long, there may ensue laryngeal ulcerative process, leading to pulmonary complication by direct infection by means of the inspiratory current or by transmission of infection through the absorbents; for it is certain that such irritation as existed in the larynx would be in time quite capable of inducing a local ulceration.

And again, let us reflect that the symptoms in William H—'s case, and the cough in the case of the dressmaker, arose from measles. Now a cough cannot continue, or, which is much the same thing, a superficial irritation cannot exist,

upon a mucous surface in a girl from five years old till twenty without there being present some substantive lesion to account for it; so-called functional derangements are becoming more and more things of the past as morbid pathology comes more to be studied. We have suggested that the derangement in cases like this may be a bronchial adenopathy either induced by the imperfect elimination, and therefore retention, of the morbillous poison in the absorbent glands, or produced during the continuance of the febrile state by the unnatural strain brought to bear upon them. It will be interesting to see how far the supposition of there being enlarged glands present in such cases comports with all we know of measles, and, first, what is the character of the cough of measles? It is frequent, occurs in paroxysms, is often accompanied with hoarseness, is short and barking, is often accompanied by constriction across the chest, by diarrhœa, and sometimes by ischuria (Aitken, *Prac. of Medicine*, vol. i, p. 457). The cough is sequential to an irritation, which, at first attacking the conjunctival and nasal mucous membrane and giving rise to lachrymation, coryza, and sneezing, extends itself to the larynx and trachea; and that its influence is deeper seated than the mere superficies of the mucous membrane is evident from cases in which after the eruption has subsided we find structures, such as the lymphatic glands, upon which the irritation had presumably settled during a continuance of the febrile condition, to become swollen and take on suppuration or even to become the seat of caseous deposit.

“In strumous patients measles may end in the development of miliary tubercles in the lungs, increasing cough, emaciation, and a harsh dry skin being the symptoms of such an untoward result. The catarrhal affection during the desquamative stage forms generally the connecting link with the sequelæ of measles; and the cough often remains for weeks or months (might we not say for years?—R. T. C.) after desquamation is over, and grows worse from the most trifling causes. It may depend on simple bronchial catarrh, or on severe disease of the lungs. The nature of

that disease, however, is not always tubercle, but more often a caseous transformation and disintegration of the products of lobular pneumonia, *with caseous degeneration of the bronchial glands*, one of the most common complications of measles" (Aitken, op. cit., p. 461). So that the evidence of pathology fully justifies the supposition of there being present degenerated bronchial (and tracheal) glands in cases of chronic cough coming on after measles, which degeneration the *Phosphate of Iron* would seem to have dissipated in the case of the dressmaker and in that of William H—.

But we go even farther when we assert that measles is the acute form of the condition we understand by the term painless irritability of fibre, and that *Iron* is indicated for what we may assume to be the full and first effects of the poison, namely, the measles itself, and for the lesser symptoms it may leave behind, and also for symptoms the poison of measles may occasion in those fortified from its typical effects by their having had the disease at a former period. The poison of measles, I hold, as also that of scarlatina, modifies the epidemic constitution of disease. Thus, a greater number of sore throats prevail during epidemics of scarlatina than at other times, and sometimes we can trace the origin of these to the infection of the atmosphere of the fever chamber; so with erysipelas, pyæmia, and puerperal and typhoid fevers, they prevail side by side at one and the same time. And I have observed that during the prevalence of measles the painless irritability of fibre is unusually frequent; it would even seem that the irritability of the larynx and of the neck of the bladder were an indication of the poison of measles pervading the atmosphere, as is hyperæmic and ulcerated sore throat of the prevalence of scarlet fever. I do not deny—indeed, facts seem to show—that the poison either of measles or of scarlatina may produce, or, we will say, lead to one and the same grave zymotic diseases; but these resulting diseases will be characterised by differences so subtle that while their symptoms alone may not teach us the remedy, an acquaintance with the prevailing miasm will lead to the

discovery of the specific. Acting upon this supposition, I prescribed a short time since for a young lady whose eyes were affected with conjunctival irritation, lachrymation, and increasing myopia. *Aconitum*, *Belladonna*, *Arsenicum*, and (I believe) *Euphrasia* had been given in vain. Assuming my theory to be justly founded, that a specific relationship existed between the dynamic action of *Iron* and that of the poison of measles, I prescribed infinitesimal doses of the *Muriate Tincture of Iron*, and with complete success; the irritation lessened and finally ceased altogether, and after some weeks natural vision became restored. Analogy would lead to the supposition of *Iron* being prophylactic against measles, a particular determinable only by extensive and accurate statistical evidence. My own observations would go to show, but they are too few and not sufficiently accurate to prove, that small doses of *Iron* hasten the development of the rash of measles, lessen the congestion of the head, subdue the cough, and diminish the tendency to lung complication. After what has passed it is almost unnecessary to say that the doses in which *Iron* should be given in measles ought to be very minute, so as to guard against aggravation; and that there are many symptoms which might arise in an attack of measles, and which would call for other remedies, such, for instance, as *Aconite*, *Arsenicum*, *Hyoscyamus*, *Pulsatilla*, &c., in preference to *Iron*, we, as students of Hahnemann, must be aware.

I have observed in several instances that patients suffering from painless irritability of fibre are members of the same family; thus, I have known mother and child, brother and sister, and father and son, to be liable to its peculiar effects, so that it would seem that, as in tuberculosis, an hereditary disposition to the affection can exist; in whatever direction, therefore, we look its phthisical characteristics are manifest, and warrant the assertion that it is often the incipient stage of this formidable scourge.

Gueneau de Mussy points out that engorgement of the bronchial glands may aggravate or even be the primary cause of asthma; and if we look at an article on asthma in the same number of the *British Medical Journal* by Dr. Berk-

hart, Assistant-Physician to the Victoria Park Hospital for Diseases of the Chest, we find him concluding by saying that asthma is a symptom dependent upon deficient elasticity, preventing the expiratory forces overcoming any obstacle to free expiration; and that pressure from any cause (as tumefied glands would produce) may constitute such obstacle, and lead to a reduction of the expiratory forces of the bronchial muscular tissue, and by acting upon these glands it is evident that *Iron* may come to be indicated in asthmatical cases, and such we may suppose to have been the cause of the dyspnœa in Mrs. G—'s case.

That *Iron* is homœopathically related to some of the sequelæ of measles we have proved beyond a doubt; that it is likewise in relationship to many of the symptoms of the original affection is equally certain; that the chief pulmonary complications accompanying and following measles arise primarily from implication of the bronchial glands, a condition for which *Iron* is appropriate when incipient as well as when chronic; that influenzas accompanied by lymphadenitis showing upon the neck most positively call for *Iron*, and that it is probable the lymphatic complication may not appear on the neck and yet exist along the course of the larynx and trachea, giving rise to hard, hacking cough, and equally indicative of *Iron*, and that unarrested this condition proves a most fruitful source of tubercular deposit in the lung, and probably also, from the tendency of the irritability to attack internal parts, in other viscera as well; that the peculiar irritability to which it is related is as much a septicæmic disease as are the better known affections of this class, viz. erysipelas, pyæmia, hospital gangrene, &c.; that as the symptoms of it are easily determinable from the first, our being familiarised with these symptoms will enable us to guard in time against the serious consequences that, if it remained unarrested, might ensue; that its prevalence at any one season of the year will enable us to determine the nature of the epidemic constitution of disease then present; that appearing at the commencement of any season of the year it will warn us of the nature of the epidemic we may expect to follow, and at the end of a season of epi-

demic may afford proof of the nature of the diseases that have prevailed.

In looking back upon what we have written upon the action of *Iron*, our only fear is that the indications we have given for its administration may be abused, and that *Iron* may be given for coughs where it is not called for; and though we ourselves have no difficulty in applying our indications in practice, it is yet extremely difficult so to convey the information we want to on paper as to prevent any misapprehension arising. We therefore again lay stress upon the assertion that the coughs and vesical irritabilities for which *Iron* is appropriate will be found more frequently present when epidemics of measles are about, and therefore in the autumn and winter months than at any other time of year; its glandular inflammations are all characterised by a sharpness and sensitiveness of the tissues involved that places *Iron* midway between *Belladonna* and *Arsenicum*. The points of variation between the conditions produced by *Iron* and those produced by some other drugs are so fine and subtle as to render the paper description of them impossible; but, fortunately, they are easily recognisable in practice.

We have omitted mentioning another part of the system which is subject to irritability calling for *Iron*—this is the walls of the aorta. I have had a very striking case related to me from the practice of Dr. McDowel, of the Richmond Hospital, in Dublin, where *Iron* proved immediately remedial in this distressing affection. The pathology of aortic irritability when it attacks the outer walls of the vessel would seem to be the form that specially calls for *Iron*, for the external coats are seldom inflamed, “except when inflammation or ulceration of the adjoining lymphatic glands, the trachea or other neighbouring organs, extends into the aorta.” (Aitken, on the authority of Niemeyer.)

The throat symptoms of *Iron* must be distinguished from those that characterise *Belladonna*, *Mercurius*, *Baryta carbonica*; these seem to affect the upper part of the throat more than the lower; still, *Iron* is nearly associated with them, but more so with *Alumina*, *Arnica*, and *Ipecacuanha*.

It is extraordinary, Snelling remarks (*vide* Hull's *Jahr.* art. *Alumina*), that *Alumina* is not more frequently used in chronic affections if we take into consideration the careful proving it has been submitted to. We would ask particular attention to Teste's observations upon this drug. He assures us that he has seen a few doses excite and maintain for two months in succession a tearing cough, every paroxysm of which was accompanied by involuntary emission of urine, which reduced the patient to despair. Upon this Peters, with barefaced effrontery, remarks that "every physician in full practice must have met with such cases in which no *Alumina* had been given." All the more reason, one would think, for a believer in the law of similars to look upon the symptom as an important one. Peters, without being aware of it, proceeds to furnish us with evidence proving the correctness of Teste's observation, for he goes on to say that *Alumina* is homœopathic to the dry, irritating cough which occurs in the first stage of phthisis from scrofulous irritation of the pharyngeal and laryngeal mucous membrane—just what we might suppose, allowing that it produces the cough Teste says it does.

Seeing that *Alumina* is, in all probability, among the remedies for this painless irritability, we may expect, should this relationship be confirmed, that it will exert an antidotal effect over *Iron*—this, however, we have not verified.

As the opportunity may not occur again, we feel sure our readers will excuse us in stepping out of our way to quote a case in which *Alumina* exerted most decided beneficial effects in chronic lead poisoning. Through what channel the lead was introduced into the system in the case in question did not appear evident. The patient, a woman whose age was fifty-three, and the subject of regular catamenial flow, was affected with manifest wrist-drop on both sides with swollen finger-joints, swollen knee on the right side, and with liability of the feet, even the soles, to swell; the digestive system was good, except for attacks of biliousness and occasional but severe sickness. The limbs were weak, and always became swollen after walking. The only history we could obtain was that sixteen years ago she had

had an attack of colic and cramp in the legs, from which she imperfectly recovered; and one year ago, and from no cause she could account for, a still worse attack presented itself with pains in the back and all over the body, severe colic and tingling in the fingers, followed by loss of use of her hands. The gums receded from the teeth, which were dropping out when I saw her; the dental discoloration was but faintly observable. In this case the 2nd decimal trituration of *Alumina* removed the numbness of the hands, strengthened the legs, and diminished the swelling in the feet; the hands, however, were still weak when I was leaving Southampton, after being under *Alumina* for two months.

It struck me as very remarkable the rapid improvement that took place in a case so chronic as this, and where the lead had so completely ingrained itself upon the system; the patient had been for a long time treated at the Royal South Hants Infirmary without relief.

The importance of showing that *Iron* exerts a positive effect upon the lymphatic system will be apparent now that we come to discuss its hæmatomic action. All observers admit that between the lymphatic system and chloro-anæmic conditions there exists a very intimate connection. Virchow suspected, from finding the spleen so frequently enlarged, that the affection he termed leucæmia owed its origin to some alteration in the functional activity of the lymphatic glands; and other observers have proved the possibility of such an occurrence by demonstrating that one of the functions of these glands is the regulation of the cellular constituents of the blood. Virchow brought forward cases where an increase in the colourless elements of the blood was met with as a coincidence of simple hypertrophy of the lymphatic glands. Since that time this important function of the lymphatics has been confirmed and illustrated by various authors, by Bennett and others; but it remained for Kölliker to furnish us with anatomical proof of this, supported by which Brücke, Donders, and other well-known physiologists have expressed themselves unambiguously in favour of the hypothesis that the elements of the

lymphatic glands go over into the chyle and lymph. (From Kölliker's *Microscopic Anatomy*, p. 512.)

Professor Draper, of New York (*Human Physiology*, p. 118), describes the mesenteric glands as the original place of formation of the blood-cells, and states that the cells become perfected in the circulation of the blood.

Now, it is evident that if we prove nothing more than that *Iron* is indicated where the lymphatic glands are swollen and tender, we have done little more than substantiate what this inquiry has over and over again brought to light, the exceedingly obvious similarity existing between the action of *Iron* and that of *Arsenic*, for we know that the curative sphere of the latter comprehends within it many diseases in which the lymphatic glands are known to be involved; for example, tabes mesenterica, in which complaint the *Iodide of Arsenic* acts with surprising efficiency. But if we compare the systemic actions of these two remedies in contradistinction to their local actions we must be struck by the very great and obvious curative differences we find between them; so much so that we are compelled to look to something beyond the mere structural alteration effected in the lymphatic glands themselves, and to assume the production of alteration in the constituents of the blood itself for a hypothetical explanation of the phenomena. I am of opinion—an opinion that remains for the chemist to confirm or disallow—that the affinity existing between *Iron* and *Sulphur* has much to do with its remedial virtues in chlorosis; that its action is, by reason of homœopathic relationship, in the first place, dynamic, setting to right the perverted function of the lymphatic glands themselves, and facilitating transudation through the capillary walls; and, in the second place, chemical, adding iron particles to the blood and uniting with *Sulphur*; however, I put this forward as mere hypothesis, and as being unsupported by any reliable testimony. Still it is a fact that we find that most of the metals seem to unite with *Sulphur* in the tissues; witness the black dental discoloration of *Lead*, and the greenish discoloration of *Copper*; look how *Iron* blackens the stools, and how *Sulphur* does so too, showing that they

continue to exert within the body that affinity we know them to possess outside of it ; and even the black discoloration of the skin produced by *Nitrate of Silver* is probably owing to the formation of a sulphide of the metal ; but all other metals would appear to differ from *Iron* in that in abstracting the *Sulphur* the resulting combination exerts a deleterious rather than, like it, a beneficial effect upon the process of cell-formation within the lymphatic system ; they render the blood poorer in oxidized materials while *Iron* enriches it, and even in health (up to a certain point) arterialises it.

In studying *Iron*, on the principles of specific medicine, we must, save in the chloro-anæmic department of its action, shut out from view all former acquaintance with the drug as we knew of it in our allopathic days ; we must take it in hand as though we had met with it for the first time ; as though, in fact, it were a stranger with whom we had had but limited dealings, otherwise we can never learn its true specific action. It is from supposing that strong solutions of *Iron* can be given by the wineglassful without producing any medicinal effects that we have come to look upon it as a *mere tonic*, and as almost useless for the purposes of specific medication, whereas the very reverse is the truth, and *Iron* ought to be placed among the most useful homœopathic remedies we possess, a possession as cheap as it is valuable, all but as common as clay, and yet more precious than gold.

We must not conclude this article without referring to the hepatic and nephritic action of *Iron* ; in hyperæsthesia of the liver and kidney *Iron* will be called for ; it will be found an indispensable remedy where the kidneys seem to act very quickly, and where drink, especially *warm* drink, of any sort passes off as light-coloured and watery urine so soon as it is imbibed ; so, also, where the liver is tender and dull right side pain, with sharp aggravating cough, is complained of, and where the larger bowel shows its sympathising effect by discharging a small quantity of blood at each stool, or where it takes on a similar morbid condition to that existing in the liver, and discharges its

contents either as water or as undigested food immediately after meals, especially again after warm food, as warm cocoa or tea; in these incipient inflammations *Iron* acts with surprising rapidity; it, in fact, renders the organ it exerts an influence upon impatient of its contents; the words *impatience* and irritability being expressive both of the mental and bodily condition of those patients whose affections require its specific action. The brain is thrown into precisely the same condition of hyper-excitability as the liver and kidneys, the bowel, womb, and bladder; there may be a dull heavy pain across the forehead, which is always worse on getting up in the morning, but except for this and a feeling of uncomfortable heat, no pain exists with the affection we are considering; the brain rejects impressions, or tries to do so, as they are thrown upon it, and everything causing excitement in it is unpleasant and irritating beyond what is usual; in all this we see a resemblance to *Belladonna*, but the skilful student of the *Materia Medica* will have no difficulty in choosing between them.

RABIES MEPHITICA.*

By the Rev. HORACE HOVEY, M.A.

MY subject concerns alike medical science and natural history. For while proving the existence of a new disease, some singular facts will be brought to light about a familiar member of the American fauna. It is cruel to add aught to the odium already attached to the common skunk (*Mephitis mephitica*, Shaw; *M. chingu*, Tiedmann), but, clearly, he is as dangerous as he is disagreeable. In a wild state he is by no means the weak, timid, harmless creature commonly described by naturalists, although it

* From the *American Journal of Science and Arts*, May, 1874.

is said that if disarmed of his weapons of defence while young he may be safely domesticated.

A peculiar poison is sometimes contained in the saliva of animals belonging to the canine and feline families, the production of which, it has been generally supposed, is limited to them. Other animals of the same or of different species may be inoculated with this virus, the result being a mysterious malady which men have observed from the days of Homer and Aristotle, but which has never been either cured or understood. This frightful disease has been called, from its origin, *Rabies canina*, and from one of its symptoms, *hydrophobia*. Probably it is not communicable by any species but those with which it originates. A few instances have been recorded to the contrary; but they were so imperfectly observed as merely to stimulate us to further investigation. It is stated by the best medical writers (*e. g.* Watson, Gross, and Aitken) as an undeniable fact that no instance is known of hydrophobia having been communicated from one human being to another, although many patients, in their spasms, have bitten their attendants. An interesting case, but inconclusive, being the only one of its kind, is reported by M. Guillory, in which an aged man experienced spontaneous hydrophobia (*Bullétin of Belgian Academy*, Nov. 8th, 1871).

In such exceptional instances there may have been previous inoculation, unnoticed or forgotten; for the least particle of this deadly poison will be efficient, and yet it is always tardy in its period of incubation.

The facts now collated will show, it is thought, one of two things—either that the hydrophobic virus is both generated and communicated by some of the *Mustelidæ*, as well as the *Felidæ* and *Canidæ*, or else that a new disease has been discovered, which generally resembles *Rabies canina*, while differing from it specifically. My judgment favours the latter opinion decidedly, for reasons to be adduced; and accordingly I may name this new malady, from the animal in whose saliva it is generated,

RABIES MEPHITICA.

The varieties of mephitis are notorious for the singular battery with which they are provided by nature. It consists of two anal glands, from which, by the contraction of sub-caudal muscles, an offensive fluid can be discharged in thread-like streams with such accuracy of aim as to strike any object within fifteen feet. This secretion is either colourless or of a pale yellow hue. It is phosphorescent; viewed from a safe distance, its discharge looks like a puff of steam or white smoke. Its odour is far more persistent than that of musk. If too freely inhaled it causes intense nausea, followed by distressing gastric cramp. In minute doses it is said to be a valuable anti-spasmodic. If so, why not experiment with it as a cure for hydrophobic convulsions? It is not known what the effect would be of injecting this fluid beneath the skin. Interesting results might be attained by any one who was willing in behalf of science to investigate further in this inviting path. There certainly seems to be some connection between it and the disease under consideration; for in every instance the rabid skunk has either exhausted his mephitic battery, or else has lost the projectile force by which it is discharged. Perhaps the secretion is only checked by the feverish state of the system. Possibly there may be a causative connection between this inactivity of the anal glands and the generation of malignant virus in the glands of the mouth.

An adventure, while on a summer tour amid the Rocky Mountains, first called my attention to the novel class of facts about to be presented. Our camp was invaded by a nocturnal prowler, which proved to be a large coal-black skunk. Anxious to secure his fine silky fur uninjured, I attempted to kill him with small shot and failed. He made characteristic retaliation, and then, rushing at me with ferocity, he seized the muzzle of my gun between his teeth. Of course the penalty was instant death. An experienced hunter then startled us by saying that the bite of this

animal is invariably fatal, and that when in apparent perfect health it is always rabid. He resented our incredulity and confirmed his statement by several instances of dogs and men dying in convulsions shortly after having been thus bitten.

On mentioning this adventure to H. R. Payne, M.D., who had been camping with miners near Canon City, Colorado, he said that at night skunks would come into their tent, making a peculiar crying noise, and threatening to attack them. His companions, from Texas and elsewhere, had accounts to give of fatal results following the bite of this animal.

Since returning to Kansas City, I have had extensive correspondence with hunters, taxidermists, surgeons, and others, by which means the particulars have been obtained of forty-one cases of *Rabies mephitica* occurring in Virginia, Michigan, Illinois, Kansas, Missouri, Colorado, and Texas. All were fatal except one, that was the case of a farmer named Fletcher, living near Gainsville, Texas, who was twice bitten by *M. macroura*, yet recovered and is living still. On further inquiry it was found that he was aware of his danger, and used prompt preventive treatment. Another case was alleged to be an exception—that of a dog which was severely bitten in a long fight with a skunk, but whose wounds healed readily and without subsequent disease. It seems, however, that this dog afterwards died with mysterious symptoms like those of hydrophobia in some of its less aggravated forms.

Instead of burdening this article with a mass of circumstantial details, a few cases only will be given, best fitted to show the peculiarities of the malady, and those are preferred that are located on the almost uninhabited plains of Western Kansas, because there the mephitic weasels would be least liable to be inoculated with canine virus.

A veteran hunter, Nathaniel Douglas, was hunting buffalo, in June, 1873, fourteen miles north of Park's Fort. While asleep he was bitten on the thumb by a skunk. Fourteen days afterwards singular sensations caused him to seek medical advice; but it was too late, and after convulsions lasting for ten hours he died. This case is reported

by an eye-witness, Mr. E. S. Love, of Wyandotte, Kansas, who also gives several similar accounts.

One of the men employed by H. P. Wilson, Esq., of Hayes City, Kansas, was bitten by a skunk at night while herding cattle in the plains. About ten days afterwards he was seized with delirium and fearful convulsions, which followed each other until death brought relief. Mr. Wilson also reports other cases, one of which is very recent. In the summer of 1873 a Swedish girl was bitten by a skunk while going to a neighbour's house. As the wound was slight and readily cured the affair was hardly thought worthy of remembrance. But on January 24th, 1874, the virus, which had been latent for five months, asserted its power. She was seized with terrible paroxysms; large doses of *Morphine* were administered, which ended both her agony and her life.

In October, 1871, a hunter on Walnut Creek, Kansas, was awakened by having his left ear bitten by some animal; seizing it with his hand, he found it to be a skunk, which after a struggle he killed, but not until his hand was painfully punctured and lacerated. He presented himself for treatment to Dr. J. H. Janeway, army surgeon at Fort Hayes, from whom I have the facts. The wounds in the hands were cauterized, much to the man's disgust, who thought simple dressing sufficient. He refused to have the wound in the ear touched, and went to Fort Harker, to consult Dr. R. C. Brewer. Twelve days after the latter reported that his patient had died with hydrophobic symptoms. Another hunter in the fall of 1872 applied to Dr. Janeway to be treated for a bite through one of the alæ of the nose. He had been attacked by a skunk while in camp on the Smoky River, two nights previous. He had been imbibing stimulants freely and was highly excited and nervous. A stick of nitrate of silver was passed through the wound several times. He was kept under treatment for two days, when he left to have a "madstone" applied. He afterwards went home to his ranch and died in convulsions twenty-one days from the time he was inoculated.

I give but one more of the cases reported to me by

Dr. Janeway. In October, 1871, he was called to see a young man living in a "dug-out" a few miles from the fort. He had been bitten by a skunk, seventeen days previous, in the little finger of the left hand. His face was flushed and he complained that his throat seemed to be turning into bone. On hearing the sound of water poured from a pail into a tin cup, he went into convulsions that followed each other with rapidity and violence for sixteen hours, terminating in death. This man's dog had also been bitten, and it was suggested that he had better be shut up. He chanced at the time to be in the hog pen, and he was confined in that enclosure. Ere long he began to gnaw furiously at the nails and posts of the pen, and to bite the hogs, until the by-standers, convinced that he was mad, ended the scene by shooting all the animals in the pen.

It is evidently the opinion of Dr. Janeway that the malady produced by mephitic virus is simply hydrophobia. Should he be correct, then all that is established by these facts would be this, viz., that henceforth the varieties of *Mephitis* must be classed with those animals that spontaneously generate poison in the glands of the mouth and communicate it by salivary inoculation. From this, as a starting-point, we might go further and see a solution of the whole mystery of hydrophobia in the theory that this dread malady primarily originates with the allied genera of *Mephitis putorius* and *Mustela*, widely scattered over the earth, being from them transferred to *Felidæ* and *Canidæ*, and other families of animals.

And then if it could be proved, experimentally, that the characteristic mephitic secretions contained an antidote for the virus of the saliva we should have the whole subject arranged very beautifully. I am favoured by Dr. M. M. Shearer, Surgeon in the 6th U. S. Cavalry, with notes from his case-book, of four cases in which persons have died from the bite of the skunk; and he also mentions additional instances reported to him by other observers. He thinks there is a marked difference between the symptoms of this malady and those of hydrophobia. I shall

refer to this testimony again, but pause for a moment to notice his final conclusions, from which, original and interesting as they are, I must dissent. He says—"I regard this virus as being as peculiar to the skunk as the venom of the rattlesnake is to that creature, and not an occasional outbreak of disease as the *æstus veneris* of the wolf or the *rabies canina*." Singular as this theory may seem, it is not wholly without support. It is remarkable that of all the cases thus far reported to me, there is but *one instance of recovery*. It is stated in *Watson's Physic* (vol. i, p. 615) that of one hundred and fourteen bitten by rabid wolves only sixty-seven died; and of those bitten by rabid dogs the proportion is still less. But mephitic inoculation is a sure death. Then, again, it is to be observed that the only peculiarity noticeable in these biting skunks is the arrest of their effluvium. They approach stealthily, while their victims are asleep, and inflict the deadly wound upon some minor member—the thumb, the little finger, the lobe of the ear, one of the *alæ* of the nose. How different from the fierce assault of a mad dog! how subtle and snakelike! It may be remarked also that dogs are generally as cautious and adroit in attacking these odious animals as they are in seizing venomous snakes. But we must remember, on the other hand, that thousands of skunks are killed annually, partly as pests and partly for the fur trade; and it is incredible that an animal, whose ordinary bite is as venomous as that of a rattlesnake, should so seldom resort to that mode of defence if it be his. The resulting disease resembles hydrophobia more than it does the effect of ophidian venom. But here, as observed at the outset, the likeness is only generic, while specifically there are marked differences. These have purposely been kept in the background until now, and in giving a differential diagnosis I shall avoid repetitious details, and combine facts gathered from many sources with the close and accurate observation which Dr. Shearer has put at my disposal.

1. The period of incubation is alike in *Rabies canina* and *Rabies mephitica*: that is, it is indefinite, ranging from

ten days to twelve months, with no opportunity meanwhile for subsequent inoculation. But during the incubative period of *R. mephitica* no perceptible changes take place in the constitution as in hydrophobia. In only one instance was there unusual nervousness, and that might have been due to alcohol. In every case where there was time for it the wounds healed over smoothly and permanently, and in several instances not even a scar was visible. In no case was there the recrudescence of the wound always seen in hydrophobia; indeed, there were even so few premonitions of any kind that in most instances the attendant physicians themselves supposed the ailment to be simple and trivial, until the sudden and fearful convulsions came on to baffle all their skill.

2. Characteristic pustules form, in hydrophobia, beneath the tongue and near the orifices of the submaxillary glands (see Aitken, *Science and Practice of Medicine*, vol. i, p. 653). These were not reported in a single case of *R. mephitica*. Dr. Shearer looked for them carefully in all his cases, but did not find them.

3. The specific action of hydrophobic virus affects the eighth pair of *cranial nerves* and their branches, especially the cesophageal branch, the result being great difficulty in swallowing; and the motor nerve of the larynx, causing sighing, catching of the breath, and difficulty in expelling the frothy mucus accumulated in the throat. These invariable accompaniments of *R. canina* are usually wanting in *R. mephitica*, the exceptions being in the case of the Swedish girl, who complained of pain in her chest; and the young man, Dr. Janeway's patient, whose constriction of the throat was decided, as well as his sensitiveness to water. Dr. Shearer's patients had no such trouble. A taxidermist, who had seen four dogs die from *R. mephitica*, in Michigan, says they did not seem to have any fear of water, or other signs which he had supposed were characteristic of *R. canina*. Ordinary hydrophobia, again, is marked by constant hyperæsthesia of the skin, so that the slightest breath of air will precipitate convulsions. But in *R. mephitica* fanning the face affords relief,

and even cloths dipped into water and laid on the forehead were soothing.

4. In hydrophobia the perceptions are intensified, so that the deaf are said to have their hearing restored; the pupils are strongly dilated, imparting to the eyes a wild glaring expression; the spasms are tonic, *i. e.* steady and continuous; the pulse is feeble, and delirium is occasionally relieved by lucid intervals. But the symptoms are wholly different in *R. mephitica*; there is oscillation of the pupil, the spasms are clonic, *i. e.* marked by rapid alternate contraction and relaxation of the muscles; small but wiry radial pulse and rapid carotids; positive loss of perception and volition throughout, until delirium ends in persistent unconsciousness, simultaneously with cold perspiration and relaxation of the sphincters.

5. The mode of death is by asthenia in both forms of rabies; but in *R. canina* the frightful struggles of nature to eliminate the poison are more prolonged than in *R. mephitica*, and in the latter they may, on occasion, be still further abridged by the use of *Morphine*, which has no narcotic effect upon the former even in the largest doses and injected into the veins.

I have thus endeavoured to describe, and also to explain, these strange and painful phenomena. I must leave the reader to form his own decision, only hoping that some one may be induced to follow this pioneer work in a new path by further and more able investigations of his own.

HAHNEMANN'S EARLIEST DISCIPLES.

Discourse by Dr. LOEBACHER, of Leipzig, on the 119th anniversary of Hahnemann's birth.

[THE interest that attaches to a great man, the founder of a new philosophy, a new religion or a new system of medicine, extends in a minor degree to his immediate followers and associates, and we have pleasure in laying before our readers a translation of this notice of the early disciples and companions in labour of the founder of homœopathy, as it forms a fitting sequel to the previous account by the same author of Hahnemann himself, which we gave in a former number.—Eds.]

At the two last festivals of this Society on this anniversary I attempted to lay before you a brief sketch of our master as the propagator of the new truth discovered by him, and as the reformer of medicine. But a master requires followers and disciples in order to obtain the extension and recognition of his doctrine; he must find men who accept it without preconceived prejudice and subject it to an impartial proof, who, when convinced of its truth, have the courage to defend it with all their power, and willingly to submit to the martyrdom that awaits them. Let us this day, on which we celebrate the 119th birthday of Hahnemann, devote a little time to the consideration of how it fared with him in this respect.

At the period when he first promulgated his new doctrine medicine languished in the fetters of the oppressive Galenic dogmatism. The attempts of some illustrious men, such as Paracelsus, Hoffmann, Stahl and others to break these bonds had been productive of no permanent results. The university chairs were occupied by the partisans of the Galenic dogmas that had held sway in medicine for centuries. They zealously endeavoured to allow no doubt to disturb them, to crush at once in the bud every heretical doctrine that might arise. Owing to the innate indolence of

most men, which prevents all independent thought and keeps them from inquiring into the rational grounds of things, which makes it appear more comfortable for them to swim with the stream and to worship public opinion, which Schoppenhauer has so accurately characterised, it was inevitable that the disciples of *Æsculapius* educated at our colleges were all given to swear *in verba magistri*, and to persecute with orthodox fanaticism all who thought differently. This is a phenomenon which, he it remarked *en passant*, may be observed even at the present day.

Thus Hahnemann with his novel doctrine found himself opposed to a close phalanx. But undismayed, actuated by a profound conviction of the truth of his newly discovered doctrine, influenced by compassion for the sufferings of his fellow creatures, to whom he was anxious to bring its blessings, he boldly entered the lists and proclaimed his discovery to the world. At first the words of this man, whose reputation for learning was generally acknowledged, excited some attention, and Hufeland opened to him the pages of his *Journal*, the most important medical periodical of the day, and offered him an opportunity for laying the foundations of his doctrine. Hufeland himself seemed not indisposed to subject it to a trial, and he was unable to deny that there was some truth in it. But when a nearer inspection revealed its reformatory, I may almost say its revolutionary character, when it was perceived that its acceptance would lead to the complete overthrow of the old and already shaky edifice of Galenic medicine, and that a complete rebuilding would be necessary, a general anathema was hurled at it, and the novel heresy was combated with every possible weapon. That under these circumstances none of the disciples of the true faith dared to investigate the subject more closely, and to subject it to experimental proof, is hardly to be wondered at.

Thus it was that for a long time Hahnemann stood alone in his defence of the new doctrine. It was not until 1812, when, after a wandering life full of vicissitudes, he settled down in Leipsic, and endeavoured by lecturing in the university to make medical students acquainted with his

Organon, that he succeeded in gaining a few disciples, who assisted him with his drug-provings, which till then he had only been able to institute on himself and the members of his own family. Who were these men?

Fortunately one of them, Dr. Franz Hartmann, who in many ways has rendered great services to homœopathy, has given us in the 38th and 39th vols. of the *Allg. hom. Zeitung* not only their names but also a detailed biography of almost all of them, and furnished us with such a life-like picture of the life and work in Hahnemann's first circle of disciples, that it is easy for us to place ourselves in spirit in their midst and to get an accurate idea of its various component members. Without reckoning Hahnemann's own son Friedrich, a gifted but somewhat fantastic character, who stood faithfully by his father's side and gave evidence of great polemical power in his refutation of Hecker's attack on homœopathy, but seems not to have formed any close alliance with his father's other disciples, and like a meteor, after a short and brilliant career, disappeared, and left no trace behind; there were ten of his followers who remained closely attached to him and constituted his first society of provers; their names are Stapf, Gross, Hornburg, Franz, Wislicenus, Teuthorn, Herrmann, Rückert, Langhammer, and Hartmann. We may leave out of consideration Teuthorn and Herrmann, who seem to have been inconsiderable personages, and of whose appearance as homœopathic physicians nothing is known. If we examine the others more closely we find that they were young men, some of them still medical students, who, without having formed any independent judgment on the subject for themselves, were animated by the personal influence of Hahnemann and by the enthusiasm they observed in him for the new doctrine. They lent him their services for his drug-provings, and in consequence of these, as also of the brilliant cures effected by the master, together with their own practical experiments, they acquired that firm conviction of the truth of the doctrine that enabled them to encounter courageously the persecutions they were subjected to. When we consider what is

implied in the persecution by one's colleagues by ridicule and contempt, in being shunned like the plague, we can see how, to use Hartmann's expression, they had to deny themselves many of the pleasures and enjoyments of youth in order to carry out their resolutions in regard to the proving of medicines, and we cannot fail to award to these men their due meed of admiration.

Of these, as far as we can learn, Hornburg and Stapf were the two who first became closely connected with Hahnemann. Hornburg is represented to us as a man of great gifts, of extraordinary practical talent, which gave him much certainty in the diagnosis of disease, as well as in the discovery of the right remedy, so that he soon obtained the repute of a successful practitioner. But he was deficient in refinement; his boyish manners, as well as his disrespectful behaviour, especially towards all opponents of homœopathy—he spared neither professor nor medical authorities—created for him many enemies and drew upon him much persecution, whereby the latter part of his life was much embittered, and may have been in some respects unfavorable to the spread of homœopathy. And yet I am not prepared to say that occasionally a rude attack at the proper time may not be more effectual in advancing a cause than a delicate diplomacy. At all events, Hornburg by his contributions to the provings of medicines, as well as by his mode of directing the attention of students to homœopathy, has rendered permanent service to our cause.

The most important of Hahnemann's earliest disciples was undoubtedly Stapf. Endowed with brilliant talents, a wealth of knowledge, and personal amiability, he was the active and vivifying element in the small circle, for which his peculiar and somewhat mercurial vivacity and his sparkling wit eminently qualified him. That both the above-named qualifications remained to him in a high degree in advanced life I had an opportunity of becoming personally convinced of during a visit I paid to him at Naumburg. The hours I passed in his company are among the pleasantest recollections of my life. A firm friendship which nothing could disturb bound him to his

master to the end. By his participation in the provings of medicines and the great number of accurate and reliable symptoms he contributed, as well as by his *Archiv* and the number of scientific articles he furnished towards the foundation and establishment of the new doctrine, he has raised a lasting monument to his memory.

Next to him stands Gross, an apparently unsympathetic and cold character, of unattractive appearance, of a hypochondriacal and dreamy nature. A nearer acquaintance showed him to be possessed of energy and industry, a warm-hearted man for the cause and to his friends. As a drug-prover he occupies one of the foremost places. By his participation in the editing of the *Archiv* and *Allg. hom. Zeitung*, as also by his other literary works whether of a defensive or didactic character, he has earned a permanent title to our remembrance. In his practice he held firmly to the precepts of the master, with whom he remained in friendly intercourse to the end of his life, notwithstanding the serious differences that arose between Hahnemann and most of his disciples; though he never hesitated to oppose him in matters on which he believed Hahnemann to be in the wrong. A peculiar trait in his character was that he always espoused new ideas with zeal, and came forward with his views upon them before he had subjected them to a thorough and repeated proof. I will only here allude to isopathy and the high potencies. The consequence of this was that he drew down on himself many attacks and corrections, which occasioned him many bitter hours and gave him the appearance of vacillation.

The next to Gross that occurs to us is Franz Hartmann. A simple, ingenuous, practical man. With no desire to shine or put himself prominently forward, he endeavoured to promote the new doctrine of whose truth he was convinced by continuous earnest work. The proofs of this are his provings, whereby our *Materia Medica* has been enriched by a considerable number of reliable symptoms, as also his literary activity which was directed to the publications of large works, among which we may mention his *Therapie*, to the writing of articles in the *Archiv* and *Allg.*

hom. Zeitung, to the editing of the last-named periodical, which he undertook at first in connection with Gross and Rummel, and subsequently carried on with the latter to the end of his life. Of Hahnemann's earliest disciples he was the only one who after the first enthusiasm had evaporated permitted himself to assume, to a certain degree, a critical attitude, and did not shrink from opposing some of Hahnemann's views, whereby he latterly incurred the anger of the founder of homœopathy. His amiability, his open honest character, gained him many true friends, who were a great consolation to him under the many misconceptions and hateful enmities by which he was assailed. I gratefully recal the friendliness with which he received me, when I came to Leipzig in 1845, to study homœopathy, and with which he assisted me in my studies.

Of the other disciples Franz was a person of some importance. According to Hartmann's account he was a man of rare gifts; and this is borne out by his drug-provings, which are distinguished by their delicate and acute observation as well as by their preciseness. They are an ornament to our *Materia Medica*. Being a good botanist, it was he who collected the indigenous plants from which tinctures were prepared. He acted for many years as Hahnemann's amanuensis, and he performed with diligence and perseverance the very tedious and mechanical work of arranging the symptoms contributed by the various provers into the schema invented by Hahnemann. He was a great favourite with Hahnemann as also with his fellow workers, whose hearts he gained by his thoughtful mild nature. Unfortunately he died after years of suffering while still in the prime of life.

Of Wislicenus the elder all that we know is that he was a quiet modest man of reserved disposition, which in later years increased to a sort of anthropophobia. Still, as a diligent and conscientious prover he has earned a title to our gratitude.

Ernst Friedrich Rückert, whom Hartmann in his narrative confounds with a younger brother, co-operated diligently in proving medicines under Hahnemann's direction.

He published some original works on homœopathy, and along with Lux may be considered the founder of homœopathic veterinary medicine. All that we know of his person and character is that he was affected with everlasting restlessness, which caused him to change his place of residence as a doctor four times, and even led him to abandon his practice altogether for three years in order to act as tutor in Livonia.

The least important among the members of this early circle of Hahnemann's disciples was undoubtedly Langhammer, a man deformed in body and mind, without energy, who spent his time in unprofitable brooding, and who never could acquire any enthusiasm for the cause. Unfavorable outward circumstances, for the successful combating of which an energetic nature was necessary, may have contributed materially to his depressed disposition. On these accounts the value of his contributions to the *Materia Medica* is, to say the least, doubtful.

Such were the first disciples of Hahnemann. Young, unknown, though generally highly gifted men, who were commencing their medical career, mostly sprung from the lower or middle classes of society, who had to fight with unfavorable external circumstances, they were, one would think, but ill calculated to be the apostles of a new doctrine. And yet it was just the qualities and circumstances here named which rendered them particularly fit for the reception of the new truth. Still capable of fresh, pure enthusiasm, such as is incident to youth alone, not yet affected with exhaustion of the thinking faculty, not yet enchained by the fetters of medical orthodoxy, excluded from the levelling sociability of the upper classes, prevented by their narrow means from participating in students' pleasures which so often put a stop to study, they were of all men the fittest for doing the first hard work required for the foundation of a new doctrine. If we add to this the personal influence of the master, which in some way or another succeeded in inspiring others with the enthusiasm for the cause that animated himself, and in convincing them of its truth, we can then understand how

these earliest disciples, undeterred by the ridicule of their fellow-students, by privations and mortifications which they had to endure, went forward on their course with zeal and steadfastness. Thrown upon their own resources they formed a close alliance with the master and with one another. His house was their place of assembly, where they always got renewed incitement, courage, and instruction. And so from their conjoint labours came the work that constitutes the foundation stone of homœopathy, the *Materia Medica*, which it is not difficult for succeeding generations to build up. They themselves grew up to be excellent practitioners of medicine, in which they perceived ever more and more the truth and great importance of the new doctrine which they had at first adopted on Hahnemann's sole authority, and armed with which they could defy their opponents. It is the results they obtained which induced older and more accredited doctors to make themselves conversant with homœopathy. Among such converts I will only mention the two men, whose especial merit it is to have drawn homœopathy from its then obscure position, to have procured for it a kind of recognition on the part of the state, and greater consideration from the educated public. I allude to Moritz Müller and Rummel. Both were equally distinguished for acute penetrating intellect and many-sided knowledge, which made them exactly fitted for champions of homœopathy. I must refrain from dwelling at greater length on the importance to homœopathy of the accession of these two men in order not to occupy too much of your time. My only idea was to refresh your memory to-day with respect to Hahnemann's earliest disciples, and to recall their services to your mind. I do not think I have done anything superfluous by so doing, at a period when among the younger race of physicians there prevails a certain amount of scientific conceitedness that leads them to undervalue the labours and merits of their predecessors, on whose shoulders they stand.

Let us dismiss all disagreeable recollections, and let us refresh our minds with the contemplation of this first small band of Hahnemann's disciples, who stood in intimate cordial

relation to their master, who gave themselves up to his directions with all faith, and who counted the hours they passed in his house among the happiest of their lives. May their example teach us not to falter at a time when our good cause seems to be declining, when the constantly diminishing numbers of homœopathic practitioners in Germany make us fear for its future. Let us undauntedly labour and fight. History teaches us that no truth that has once appeared in human knowledge, though it may be temporarily repressed and obscured, has ever been lost.

CENANTHE CROCATA.*

WE have found, in the *Montpellier Medical*, an excellent, well-developed, very complete study of *Ceanothe crocata*, by Dr. Bloc. The author insists in a special manner upon the botanical characters of the plant and the poisoning symptoms caused by it; he has studied microscopically the intimate tissues of its whole texture, its chemical composition, &c.

In this study we are chiefly interested in forty-nine observations of human poisonings, which, whatever was the age or sex of the victims, presented symptoms nearly identical, and all showed the phenomena characteristic of epilepsy. Moreover, we find in it cases of poisoning almost all fatal, where cattle had eaten the roots of this plant; here also the symptoms produced were similar. Some experiments were also tried or reported by Dr. B. with a resinous extract of the root upon rabbits and dogs; these also produced analogous symptoms. The resemblance of these symptoms to those produced by epilepsy and some of its sequelæ is so great that it has struck all the authors who have spoken of it as well as the one whose excellent memoir we are analysing. In order to demonstrate it, we are about

* *Montpellier Medical*, Nos. for Oct., Nov., Dec., 1872, April, May, 1873; *Art Medical*, March, 1874.

to reproduce, wholly or in part, some of the observations which he has collected, either personally or from various authors. But let us first commence with making the plant known by giving its principal botanical characters. "The ænanthes are smooth aquatic plants, with compound umbels, variable involucre (often wanting), polyphyllian involucelles, white flowers on long pedicels inserted on the ray of the umbellule, hermaphrodite and sterile by abortion. They grow abundantly in the northern countries of the Old World, and some have been observed in America. The genus contains very numerous species; and, as it has been limited by botanists up to the present day, we reckon a score which have been divided into two grand sections.

A. Genus *Ænanthe* (Linn.), perennial species, with fasciculated tubes, such as *Æ. crocata*, which is the one now before us.

SYNONYMS.—*Ænante safranée. Ænanthe à suc jaune.* Breton, *Kéguis, Pembis, Pempes* (the root having five fingers) *pum bys*, Welsh. At Nantes, *Pensagre. Navet du diable.* The flowers are white, sometimes light rose, with a fascicle of tubers; in one variety the root is white, in another reddish-purple. Without enlarging on the chemical analysis let us merely state that the plant contains amongst other matters a fixed oil, a volatile oil, a resin, a yellow colouring matter; that one may ascribe to the first three the venomous action of the plant; they exist in such abundance that in order to see them you have only to cut the root across, when the oils exude to the surface and soon lose by evaporation their aqueous parts and the highly scented volatile oil, whilst the yellow resinous juice encrusts the surface of the section.

Obs. 1.—An inhabitant of Amsterdam, April 20th, 1677, went into his garden with a friend about 7 a.m. He pulled up some roots to eat on his return, taking them for Macedonian parsley, *Bubon macedonicum*. In order to ascertain at once the nature of the plant he and his friend tasted it. Soon after they felt a burning heat in the throat and stomach; and, with that, disturbance of intellect, vertigo, cardialgia, and nausea, followed by alvine evacuations. The

first had bleeding at the nose, the second violent convulsions, and the one who had eaten most died in about two hours, the other in three. The plant proved to be *Ceananthe crocata*.

Obs. 3.—A woman of a certain age, after having eaten one of the roots along with parsneps, became almost mad and furious, as if drunk. She came to herself after having taken breath and drank a little vinegar.

Obs. 7.—Amatus Lusitanus tells us that a child of eleven who had set out from the town of Pisa after having eaten, when fasting, some tops of this plant, was seized with convulsions followed by profound sleep; on awaking she neither saw nor heard anything, and on being carried home died immediately.

Obs. 9.—In 1748 eight Irish boys, having taken this plant for water parsnep, ate several of the roots; four or five hours after the eldest fell suddenly on his back and died in convulsions; four others died that day without having been able to utter one word from the instant the poison seemed to attack the nervous system. Of the three others one went mad, but came to himself next morning; another lost his nails and hair; the third was the only one who escaped, because he had run two miles and drunk hot milk, which produced copious perspiration.

In the preceding cases we see that the roots, eaten raw, produced vertigo, nausea, madness, convulsions, and most frequently speedy death. In the following instance the root was eaten boiled as an ingredient in soup. Of all those who partook of this, some were merely very ill after it; one died.

Obs. 12.—March 30th, 1758, seventeen soldiers of the citadel of Ajaccio poisoned themselves. One of them having a mind to treat his comrades with good soup had gathered a plant of which he had cut the leaves and roots. They ate it with avidity, but in one hour some fell into syncope and convulsions. One died before the doctor arrived, two hours after supper; a second was expiring; a third showed no sign of life, but trembling and convulsions.

The activity of the poison was so sudden that I saw two fall into a swoon, whilst, at perfect ease about themselves, they were busily lavishing attention upon their sick comrades.

Guillaume Trelacheau, a man of strong and robust constitution, who was the author of this deadly feast, seemed the most hopeless. The upturning of his eyes, *the contraction of his lower jaw*, the feebleness of pulse, the inability to move, feel, or know anything, with an universal chill spread over his whole body, seemed to be so many signs of death. After vain attempts to give an emetic I had him rolled and well shaken in a blanket by eight men for two hours. He recovered warmth, and then insensibly movement and life. The first signs were efforts to vomit, which, aided by the emetic, were effectual. The vomitings went on for days, take what he would. He fell asleep for fifteen hours.

On April 1st his tongue was extremely sore and swollen from *biting* during the convulsions; I left off giving any medicine. The 2nd, 3rd, 4th, and 5th of April his nose bled twice, and I bled him three times from the arm. The following days his sufferings abated. On the 11th, as no appetite appeared, I gave him some doses of *Juniper*, which soon enabled him to eat all his rations. He went away perfectly cured, April 21st, the twenty-third day after the accident, *remembering nothing that had befallen him* from the first to the third day of his illness, nor of the circumstances that had accompanied, nor those which had caused it. We do not report the other cases, which were similar but less violent. Let us only remark the *sudden convulsions, trismus with biting of the tongue, followed by slumber and oblivion of the circumstances.*

Obs. 15.—This is a case of a whole family having eaten soup made of the roots mistaken for turnips. They suffered from puffs of pungent heat on the head, rose-coloured spots on the face, breast, and arms. There were no convulsions, and these symptoms disappeared after the administration of mucilage, oil, and milk. An infant of three or four months at the breast of one woman showed the same symptoms several hours later.

Obs. 17.—A man about forty, when fasting, tasted this root ; he very soon complained of great heat in the throat ; half an hour after he was speechless, fell down unconscious, and then was seized with terrible convulsions for three quarters of an hour, and died without the possibility of giving medicine, *his teeth being closed by trismus*, which lasted the whole time.

Obs. 19. External use.—A family of five, father, mother, farm servant, two children, the one eight years, the other four months, being attacked with the itch, were rubbed with a decoction of *Ceanothe*. They soon experienced all the symptoms of violent poisoning. The boy and the children sank under the most cruel pain ; the others were saved.

Obs. 20.—February 4th, 1843, twenty-one condemned criminals in the Royal Arsenal, Woolwich, ate *cœnanthe* by mistake for celery ; nine were seized with violent convulsions and loss of consciousness three quarters of an hour after. One named Williamson, with his face swollen and livid, and bloody froth issuing from his mouth and nostrils, stertorous and convulsive respiration, insensibility, and prostration, died in half an hour. Another, Knight, a prey to the most violent convulsions, was in a kind of apoplectic state ; insensible, speechless, with pupils dilated, face puffed and livid, respiration laborious, limbs contracted, and trismus. On his recovering consciousness the convulsions were renewed, he fell into a coma, and died in an hour in a fresh fit of convulsions. In two individuals (Salt and Williams) the convulsions gave place to maniacal delirium with tossing. One named Jones died in convulsions an hour after the commencement ; malgré tracheotomy performed at the last. Others felt numbness and feebleness of the limbs. Salt and Burgess having left the hospital on the fifth day, believing they were cured, returned, having been seized anew with syncope. Purgatives made them pass the *débris* of the poisonous root after the sixth and seventh days. The former succumbed on the ninth, the second on the eleventh day, after the poisoning.

Thus, out of six deaths four took place within one hour ;

two at the end of several days and always by the effect of the primary symptoms—the disposition to syncope and the prostration. It is probable that these symptoms depended on the continuation of the influence of the peccant matter during its progress through the alimentary canal.

We will now give *in toto* the result of all the post-mortems which took place.

Exterior aspect.—Very marked rigidity of the corpse; the hand strongly bent with *the thumb applied forcibly to the palm of the hand*; the nails bluish; livid patches of small extent on the front of the trunk, all the back part presented a tinge of deep purple except at the edge of the troughs, where the discoloration was redder, and the edges of parts submitted to pressure where there was no discoloration. The scrotum and penis equally livid; the face too was injected and puffy, eyelids slightly apart, conjunctiva rather congested, pupils widely dilated; lips, gums, and ears tinged purple; tongue showing through the teeth and *bitten at the tip*; froth issued from the nostrils.

Nervous system.—An incision of the integuments of the cranium let out a great quantity of black and liquid blood. The veins of the pia mater greatly distended form numerous arborescent patterns on the surface of the convolutions and in their intervals. The cerebral substance is strongly injected, especially the white matter. It is the same with the cerebral protuberance and the medulla oblongata. Serous effusion pretty abundant in the cellular tissue under the arachnoid and the ventricles and principally the base of the cranium. The sinuses of the dura mater distended with a great quantity of fluid blood. As to the spinal cord, its membranous sheath is strongly injected, the vertebral tissues are full of black fluid blood and the medullary substance is redder and more congested than usual. In one case (Jones, who died in an hour) we found beneath the pia mater an escape of blood which covered both hemispheres.

Respiratory system.—The epiglottis is the seat of a very deep discoloration with considerable injection of the network of veins covering it. The glottis, the ventricles of the

larynx, the larynx itself, the trachea and bronchi, even to their ultimate ramifications, present a deep red and are coated with a thick layer of reddish frothy mucus. The lungs are dull and blackish. A great many small extravasations (pulmonary apoplexy) were noticed.

Circulating system.—Heart: bulk normal, but contained much black fluid blood.

Digestive apparatus.—The papillæ at the base of the tongue turgid and vascular. The velum palati, tonsils, and pharynx coated with glairy mucus and deeply livid. Œsophagus the same. Stomach and intestines scarlet inside. Interior surface coated with viscous mucus, under which the mucous membrane is strongly injected and looks mammillated, owing to the numerous follicles which are prominent and swollen. There are also points of extravasation and black lines along the venous trunks of these organs.

The report of these six post-mortems contains the substance of many others, which, being made much less carefully, we omit as useless.

We will give a few more observations, noticing only the principal symptoms and circumstances.

Obs. 22.—Of three boys, the eldest, about 13, died after eating a root as big as one's little finger, which they pulled up in a field. They first felt the effects on coming home, one (Evans) stumbled and fell; as the two were trying to help him they fell also; the first had a severe bruise on the forehead. Emetics and other remedies failed because of obstinate *trismus*. They lived but a few hours.

Obs. 24.—Two children, of the same age, ate the same roots. The first took vertigo and fell, the other tried to carry him on his back and fell also. Suitable hospital treatment cured them shortly.

Obs. 30.—Two children who ate the root *boiled* were seized with convulsions, &c. Cured by forcing a large dose of dissolved butter down their throats.

Obs. 45.—Seventeen prisoners escaped from the Port of Lorient, and suffering from hunger ate these roots by mistake
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for radishes. They soon experienced numbness, nausea, horrid convulsions, and at last tetanic stiffness, coma, and death. Almost all died. Hospital treatment saved the rest.

Let us pass on to observations on animals. Cattle can eat the stalks with impunity, and find them wholesome and succulent, but the roots are to them, also, deadly poison.

Obs. 49 and 50 are instances. In the first, three cows died; in the next, five. The farmers about Brest too often lose cattle thus. It is after clearing the ditches and streams that this occurs; for they throw the roots thus dug up on the bank, and the cows eat them. They drop as if thunderstruck, and emit an extremely offensive reddish fluid from the nostrils, like the juice of the roots themselves. Their flesh putrefies rapidly.

1. *The analogy of its effects with epilepsy.**

We are informed that this toxicological study by Dr. Bloc was carried on by the advice and under the direction of our collaborateur, Dr. Imbert-Gourbeyre. The author commenced his studies at the Clermont School of Medicine and finished them recently at the Faculté of Montpellier. His memoir got the prize from the Society of Medicine and Practical Surgery in that town. If the young laureate thought fit to conceal the name of his master, it is because he thought it probable that the revelation of a *homœopathic* origin would not conciliate to his work the arch-leeches of Montpellier! "*Audaces fortuna juvat.*"

EXPERIMENTS ON ANIMALS.

1. Five decigrammes of the resin of *Œnanthe crocata* were given, suspended in a mucilage of gum arabic, to an adult, well-conditioned rabbit. At first it suffered depression and sadness, refusing its food; soon after, some con-

* *Art Médical*, April, 1874.

vulsions in the fore legs and the muscles of head and face, the posterior extremities refused their support. This state continued twenty hours, after which it gradually recovered.

2. Six decigrammes of the resin were diffused through a yolk of egg and slightly diluted with a little hot water; a full-grown small dog was made to swallow it. He at first exhibited the same depression and sadness as the rabbit, whilst the weakness of the extremities was still greater. Respiration short, the tongue hanging out and extremely dry; anxiety insupportable. The œsophagus was not tied lest it should occasion death. There was no possibility of stopping vomitings, which were glairy, reddish, and slightly bloody, which no doubt carried the poison out. These were accompanied by fetid liquid stools and an abundant discharge of urine. After these evacuations, and even during them, the animal suffered convulsions and extremely violent spasms in the anterior extremities, tail and face. Gradually these sufferings abated. He took no food for forty-five hours and then slowly recovered.

3. An adult strong rabbit, who swallowed three ounces of distilled water in which a quantity of the root was steeped, with the addition of a good deal of the essential oil of *Ceanothe*, did not experience the least inconvenience. All the experiments seem to prove that the resin alone is poisonous and the other parts of the plant very little so.

4. Sixty centigrammes of resin were mixed up with some minced meat, of which three boluses were made. One was administered to an adult dog of middle size by force, as the smell of the resin made him shrink back. In twenty minutes he began to be restless, and he kept turning round upon himself, seeking for a comfortable position; two or three minutes after he had nausea without vomiting. Then they gave him a second and then a third; the phenomena then became characteristic. At first, growling, with increasing anxiety; by degrees the posterior extremities do not move in accord with the anterior. At last he could not support himself. In five or six minutes he had bloody stools, at first containing other

matters, then blood only. Nausea returned more severe, as well as a violent hiccough. Four times he vomited white matters tinged with yellow and coated with bloody slime. The muscles of the face are contracted, with incessant anxiety. Trismus prevents the exhibition of an emetic; the vomiting and stools become more frequent. He tries to walk, knocks himself about everywhere and seems not to know where he is going. He falls back, is seized with violent contractions, and dies in thirty-five minutes after the poison. No post-mortem.

5. Forty centigrammes of the alcoholic extract diluted with a little water were given to a pretty strong rabbit. He suffered from depression and refused food; convulsions ensued, the hind legs became visibly weaker; the muscles of the head and face contracted; this state continued from nine to twelve hours and then he recovered.

6. July 12th, 6 a.m. I introduced into the mouth of an adult dog, in good health and fasting since the previous evening, a teaspoonful of *fresh juice of Enanthe crocata*. At once he made efforts to vomit and uttered hoarse cries. He is much agitated, runs, and attempts to vomit, but in vain; foams at the mouth and threatens to bite; often goes to drink and seems relieved *pro tem*. About 9 a.m., after incredible efforts, he vomited all the liquid he had swallowed, refused broth and slept calmly. On awaking, ate a little and drank eagerly and often. The gums, mouth, tongue, and pharynx are red and injected, with red patches at the edge of the *velum pendulum* and the columns.

Urine scanty, no stool, abdomen slightly distended; was left to rest all day and fell asleep; plaintive barking at short intervals; trismus but little marked. At 8 p.m. he awoke, whined, and tried to vomit; changed his place continually, and rejected, with violent hiccoughs, food mixed with bile, smelling remarkably acid. Next day one diarrhœic stool. At night he seemed better. I mixed a tablespoonful of fresh juice with 200 grammes of broth, which he took without repugnance. But he was almost immediately seized with retching and rejected the ingesta; went to drink as yesterday and lay down. At noon

yawning, and three diarrhœic very fetid stools. Next day at 8.30 a.m. I was much surprised to find the animal, who seemed doing well over night, with a death-rattle after very fetid green stools; his eyes were stiff and glassy; jaws set fast; heart beating tumultuously and irregularly; skin dry, with an eruption or rather venous red spots on the back and left flank. He is nearly motionless, so I dispatched him by cutting the jugular, and proceeded immediately to the *post-mortem*.

Abdominal cavity.—Acute peritonitis, arborescent injection on the intestines, which are tympanitic and empty, especially the large intestine; the ascending and transverse portions much injected with large reddish-brown spots on their surface, indicating incipient gangrene. The mucous membrane of the cæcum partly detached; the *ileum* much injected, jejunum less so; duodenum only inflamed at the pylorus; the surface of the stomach little injected. *Stomach.*—At the opening bright red, with injection over the whole of the large cul-de-sac; the mucous membrane bloated; the lesser cul-de-sac less injected. The pyloric orifice is choked by an œdematous puff of a bright red. The cardiac is equally inflamed, and the congestion extends to the extremity of the œsophagus; the interior of the buccal cavity red, with spots such as above named. *Spleen* a little congested. *Kidneys* congested; no urine in the renal pelves. *Liver* nothing peculiar; vena portæ contains some clots. *Gall bladder* very little bile. *Respiratory organs.*—Lungs injected, crepitating; float well. *Trachea* normal, some ganglions congested. *Larynx.*—Mucous membrane slightly œdematous. *Circulating system.*—Heart very bulky, right ventricle contained a very large blood clot, fibrinous at the upper part, and entangled in the tricuspid valve; the auricle contains a small blackish clot; numerous clots in the pulmonary artery. Left side normal, except a marked violet tint on the columnæ carneæ; slight endopericarditis. *Brain.*—Considerable effusion of bloody serosity between the brain and dura mater; injection up to the edge of the interior lobes. Vieussieux's centrum ovale pointed. *Ventricles.*—

Serous effusion abundant; cerebellum normal, except the peduncles, which are injected. *Spinal cord*.—Marked injection all the way to the *cauda equina*; at the edge of the *oliva* there was some serosity indicating inflammation.

7th.—A dog above ten months old was poisoned with thirty drops of the alcoholic tincture in 100 grammes of distilled water. The first day anxiety, agitation, nausea, burning thirst. The second day forty grammes of tincture mixed with broth; same symptoms with tottering gait besides; can no longer run, but drags along; after this he reels and falls if forced to walk; trismus. The third day the animal is better and we let him rest. The fourth day at 7 a.m. twenty drops of the fresh juice mixed with his broth. Almost immediately violent shaking of the head and limbs; the same nausea and vomiting; extreme prostration; fetid and frequent stools. At 11.30 he died. A post-mortem took place, and nearly the same alterations were found as in the preceding case. In these experiments the poison was given in small doses in order to study the effects better. All the symptoms stated by authors were confirmed: trismus, convulsions, retching, vomiting, evacuations of all sorts; eruptions more or less circumscribed.

Morbid anatomy.

We report verbatim this chapter as a *résumé* of the alterations observed in several post-mortems, of which we have given but one, which was more extensive than the rest, and because it comprehends the post-mortems made on animals.

External appearance.—Strongly pronounced rigidity of the body; hands strongly clenched, *the thumb forcibly applied to the palm*. Face livid, sometimes injected, but rarely, pupils widely dilated; reddish tinge of the body, especially marked on the parts lying undermost. Scrotum and penis livid. Abdomen tympanitic.

Digestive system.—Trismus very difficult to get over (a constant symptom). Labial mucous membrane red, with

ecchymotic spots varying from bright rose to gangrenous black; bloody foam at the nose and mouth; velum pendulum palati, the two columns and back of the fauces, red, injected, and also exhibiting brown spots; glairy ropy mucus almost always present. *Tongue bitten at the tip* (constant symptom). Papillæ on the base of the tongue turgid and vascular. Gums purplish-red. Œsophagus nothing exterior, vinous-red tinge on the interior; ropy mucus, red and brown spots. *Stomach.*—When death supervened rapidly nothing at all was found in the stomach. This is the exception. Most frequently it presents a more or less deep tint of red; its mucous membrane is mammillated, and its follicles prominent and tumid. The pyloric and cardiac orifices very bright red; their mucous coat raised, œdematous, and can be raised with the handle of the scalpel. If the subject has been long ill there is softening of the parietes of the stomach, and wide ecchymotic spots capable of proceeding to perforation. The stomach is generally empty; sometimes contains *débris* of the root, or a *milky-yellow juice* or else dirty grey; in which, with a lens, one can find little drops of the gum-resinous juice or the fecular grains of the poison. It is sometimes tympanitic, and the contained gas has the scent of fried celery, which characterises the Œnanthe. In the large intestines the vessels are injected with broad ecchymotic spots, distended and mostly empty. The small intestines almost always contain the *débris* of the poison under the appearance of a yellowish matter in the jejunum, browner in the ileum. *Liver* normal, the gall bladder flabby and mostly empty. *Spleen and pancreas.*—Nothing special. *Kidneys.*—Marked injection of the cortical coat; very little urine in the *renal pelvis*.

Nervous system.—Effusion of bloody serum and sometimes of blood at the occipital foramen. On cutting the meninges, the veins of the pia mater distended and highly arborescent at the edges of the convolutions; apoplectic foci in the cerebral mass, which is strongly injected and speckled (*piqueté*). The annular protuberance, medulla oblongata, and peduncles of the cerebrum and

cerebellum inflamed, and present (especially the latter) a certain degree of softening. Serous effusion in the cellular tissue beneath the arachnoid, the ventricles, and at the base of the brain. The sinuses of the dura mater are distended with blood. *Spinal cord.*—The integuments strongly injected; the vertebral sinuses filled with blood, soft and fluid. Medullary substance red and congested.

Circulating system.—*Heart.*—Bulk normal, sometimes serous effusion, due to pericarditis. Heart always gorged with black blood, containing fibrinous clots; left side generally bloodless, there exist also brown spots on the parietes of both sides of the heart; the large vessels contain black blood, quite fluid. *Respiratory system.*—*Larynx, epiglottis.*—More or less deep colouring of the mucous lining, with more or less injection of the venous network which covers it. It contains a frothy, whitish fluid. *Trachea.*—Injection; bronchial glands gorged. *Lungs.*—Bulk normal, generally crepitant, presenting some *petechiæ* and nuclei of pulmonary apoplexy; bronchi sometimes gorged with thick mucosities. The vessels are filled with black blood, liquid and ropy; some obstruction was also ascertained at the back; but this, we think, was the result of incipient decomposition.

In short, the symptoms produced by poisoning with *Enanthe crocata* are as follows, according to authors in general and Dr. Bloc in particular. The attack presents two forms: first, sudden; second, consecutive.

1. Some minutes after swallowing it the subject utters a cry and falls a prey to convulsions. 2. These symptoms do not appear again for about an hour. *Local symptoms.*—Some time after ingestion, spots appear on the hands, face, and limbs, at first rose-coloured, then becoming deep red like the stings of *Urtica urens*. This eruption may extend over the whole body; it is preceded and accompanied by a sharp itching. In about two days the redness abates, the eruption decreases, leaving a scurfy desquamation. But the progress of this eruption is not always so gentle. The dermis is inflamed, the glands are gorged, and there appear shortly signs of a phlegmon which runs its usual

course, ending either by resolution or suppuration. Observe that this eruption sometimes shows itself in subjects who are poisoned, but especially from the application of the juice on the hands.

General symptoms.—1. Regarding the nervous system: shivering at the outset and horripilation; loss of consciousness and of memory; agitation brisk, shaking, and intermittent—or rather with remission; acute cries; delirium more or less prolonged; stupor, vertigo; convulsive movements of the muscles of the face, jaws, and limbs; sometimes opisthotonos. Well-marked trismus proceeding from mere cramp to impossibility of opening the jaws, or having them opened by force. Dilated pupils, contraction of the muscles of the eyelids, spasms of the muscles of inspiration, fainting fits, sometimes horrible convulsions followed by general insensibility and death. We rarely observe hallucinations.

2. As to the alimentary canal, an acrid sensation, biting and burning on the tongue, mouth, and fauces; sensation of constriction of the pharynx. Appearance of red and brown spots on the parts directly in contact with the poison. Bloody froth at the nose and mouth. Tongue projecting and almost always bitten. Acute burning pain of the œsophagus, stomach, and intestines; pressive pain in the epigastric and abdominal region. Nausea, efforts to vomit with or without effect. Virulent smell of fried celery. Loss of appetite. Obstinate constipation, or frequent stools.

3. As to the circulatory and respiratory symptoms: irregular beating of the heart; small pulse, and thread like; respiration short, with long intervals, and sometimes appearing to cease entirely. Brisk expirations are made from time to time to expel masses of bloody mucus.

4. As to *secretions*; at first, cold clammy sweats; then dryness of skin. *Excretion of urine*: In general, there is retention, and very little is passed each time.

Of all maladies, epilepsy has most resemblance to this poisoning; but epileptic attacks last on the average ten to twenty minutes, whereas the sufferings produced by the poison are of long duration, extending beyond eight hours and even

for days and weeks. In epilepsy the trismus never lasts longer than the fit, and is not always present. In poisoning cases it not only appears during the general attack but lasts very long, even so as to prevent emetic treatment from impossibility of introducing liquid into the mouth, and they have to inject it by the nostrils with the œsophagean catheter. Out of 124 poisoning cases whose phenomena have been recorded in this work there were fifty-five deaths.

As a result of all that we have related (almost verbatim) it is the opinion of other authors, and of Dr. Bloc himself, that *Enanthe crocata*, and especially the root, gives rise in man to all the symptoms of epilepsy. According to experiments on animals with the fresh juice, or aqueous or alcoholic extract, or even with the tincture in small doses, it provokes in them also symptoms analogous to those of epilepsy. The lesions of the dead body ascertained by post-mortem examination present in each case precisely the same alterations. From this similitude of symptoms ascertained during life, and of the organic lesions found after death, may we not hope that this plant can be administered beneficially to epileptic subjects? This is what we wished to try in the case of one of our dispensary patients. This young man, about 22, presented frequent epileptic vertigo, and sometimes biting of the tongue and involuntary urine during the fit, with total oblivion of all that had happened during the crisis. We prescribed, for four months, *Enanthe* from the 6th dilution to the "mother tincture" in drops. Sometimes we observed retardation of the attacks, which, from fortnightly, became monthly, and retardation and diminution of the vertigo. But at other times the vertigo and fits reappeared as often and as intense as ever, though we could not positively prove that the strong doses produced aggravation. This patient left off coming. I ought to add that, having taken his medicine from a druggist's shop, where I was not quite sure that they had the Mother Tincture of *Enanthe crocata*, and not from Messrs. Catalan, where I had verified its presence, I cannot feel certain as to this experiment.

NOTE TO "EXAMINATION OF HAHNEMANN'S
PATHOGENESIS OF BELLADONNA.'

By Dr. RICHARD HUGHES.

IN the account I have given (vol. xxxi, p. 669) of the symptoms cited from *Greding*, I have said that SS. 262, 507, 648, 703, 704, 968, 1255, 1283 of Hahnemann's pathogenesis are referred to a paper of this author's on *Stramonium*, and have nothing to do with *Belladonna*. I made this statement upon the following *data*. The first symptom cited from *Greding* (S. 12) is authenticated thus: "Greding, in Ludwig's *Adversaria medica Practica*, vol. i, page 670." Subsequent symptoms are cited as from "Greding, a. a. O." (*i. e.* loc. cit.) with the page of each. When we come to S. 262, we find "Greding, a. a. O., p. 324." This should mean p. 324 of the same book; and my supposition was strengthened when I found that *Greding* was there also the contributor. S. 507 was similarly characterised, only as at p. 321; and I came to the conclusion that Hahnemann had through negligence incorporated into the pathogenesis of *Belladonna* symptoms he had excerpted for that of *Stramonium*. Under this (I think justifiable) impression, I classed the remaining symptoms of *Greding*'s whose pagination seemed to refer them to his article on *Stramonium* with these two, and expunged them all.

But, some time after, I noticed in S. 648 an addition which had escaped my eye. It is credited to "Greding, a. a. O., vol. ii, part 2, p. 323." On referring, accordingly, to the second volume of Ludwig's *Adversaria*, I found a paper of *Greding*'s on the treatment of jaundice by *Belladonna*, in which all the eight symptoms occur. I have, therefore, to shift to my own shoulders part of the burden of negligence, but must submit that I was led into the error by the incorrect reference given in SS. 262 and 507. (I may add that SS. 703, 704, 968 have also no distinguishing mark; but SS. 1255 and 1283 have II. 2 inserted.)

These symptoms have accordingly to be examined on their own merits.

They occurred in three patients suffering from jaundice—not very favourable subjects, one would suppose, for a pure proving. The first, a woman of 32, presented SS. 704 and 1255. Of these, S. 704 (“green stool, with diuresis, and thereafter sweat”) is quite inadmissible; for the green stools (which continued several days, with continuous decrease of the icteric tint of the surface) were simply the evidence of the reappearance of bile in the evacuations. S. 1255, however, seems a genuine effect of the drug; but it should have read “pulsations of the arteries, especially in the temporal region.”

The second patient, a girl of 17, was the subject of SS. 507, 703, 968, and 1283. Of these, S. 703 must be rejected on the same grounds as S. 704. S. 968, moreover, is merely an aggravation of a symptom she had before beginning the *Belladonna*, and cannot be reckoned a certain drug-effect. The other two symptoms have nothing to forbid their retention, and S. 507 is of some importance.

To the third patient, a youth of 17, belong SS. 262 and 648. The first is, of course, a *Belladonna* symptom; but the second is very doubtful. On October 29th he complained of pain in the hypochondrium, back and loins; and then began the remedy, gr. j of the powdered leaves being taken twice a day. On the 31st “he felt a sense of considerable weight pressing in the lower belly, in place of the pains which had occupied the hypochondrium, back and loins.” On November 1st this sensation was much less troublesome.

My conclusion is that SS. 648, 703, 704, and 968 are to be rejected; but the rest retained. As I was unable to make this investigation in time to incorporate its results in my arrangement of *Belladonna* for the *Hahnemann Materia Medica*, I will ask those of my readers who possess it to write in the following:—

750 a. Inflammation of the tonsils, which after four days suppurate; during the time she cannot swallow a drop (*Greding*, in *Hahn*.).

1190 a. Remarkable heat of the body, more violent and frequent pulsations of the arteries, especially in the temporal region, with dulness of the head, and subsequently profuse sweat (*Ibid.*).

1197 a. Great heat (immediately), followed by profuse sweat (*Ibid.*).

S. 262 is not required, as it is merely another instance of the action of *Belladonna* on the eyes, of which I have cited so many in my collection.

While I am referring to my *Belladonna* in the *Hahn. Mat. Medica*, I will ask those who possess it to make another emendation. From the list of the authors cited by Hahnemann the name of *Wagner* has accidentally dropped out. It should be inserted on p. 5, first column, between *Vicat* and *Weinmann*, thus:—"WAGNER.—(*Misc. Nat. Cur.*, Dec. II, Ann. 10, Obs. 108.) A poisoning of two old women and four children by the berries (p. 206)."

Again, I have been directed by a recent remark of Dr. Hering's to a collection of materials for the pathogenesis of *Belladonna* by Dr. Karl Hencke, in the 16th vol. of the *Vierteljahrschrift*. Had I known of this a year ago it would have spared me many a weary search, as it contains (in brief) most of Hahnemann's originals. It has given me three of those I had to leave as inaccessible, and has guided me to one more. The following are the facts elicited:—

59.* *Dumoulin's* original communication has turned up in Vandermonde's *Journal de Médecine*, vol. xi, part 2, p. 119 (1759). It is an account of the poisoning of two little girls by the berries. The symptoms are correctly extracted, with these qualifications. 1st. The "staring look" of S. 297 should rather be "bold" (*audacieux*). 2nd. The term "paralysis" applied in SS. 729, 763, and 971 to the state of the lower limbs and the sphincters hardly conveys the true idea. The sphincters were "relachées," and the legs "engourdis par une atonie paralytique;" but all passed off within half an hour of

* The numbers are those prefixed to each author in my examination of Hahnemann's pathogenesis.

vomiting the berries. 3rd. S. 1404 is simply "elles be-gayoient des paroles hardies."

60. *De S. Martin's* case is that of a boy of four poisoned by the berries. The symptoms are correct.

67. *Müller's* two symptoms seem to be taken from a case in which a man of 50 took *Belladonna* for angina faucium. They are correct.

69. *Wasserberg's* one symptom (S. 221) is derived from a proving on himself. After "eyes" might have been added, "with burning in these and in the lids."

The following letter from Dr. Berridge relates to this subject; and seems to me of sufficient interest to warrant its publication here, with my answer to its arguments.

4, Highbury New Park, N.;

May 23rd, 1874.

MY DEAR SIR,

You asked me some time ago to embody the ideas I expressed to you about our *Materia Medica*, in a letter which you said might be published in the *British Journal of Homoeopathy*, when your paper on *Belladonna* was finished, with some reply thereto. I have hitherto been prevented doing so, but having now a little more leisure, begin my say as follows.

The plan which finds favour with yourself, and the majority of the members of the Hahnemann Publishing Society, apparently is to exclude from the schema of the *Materia Medica* all symptoms which are (1) obtained from the sick, and (2) all symptoms which are only clinical and not pathogenetic; and in your article on *Belladonna* you entirely reject a large number of the symptoms which Hahnemann extracted from other writers, and correct many others. Now, I fully admit that by printer's or clerical errors mistakes have crept into our *Materia Medica*, and any one who points them out deserves the thanks of the profession; we also find that only *some* symptoms have been extracted from certain cases of poisoning—a fault of *omission*, as the other is a fault of *commission*. All these must be corrected, and it only shows the importance of always referring to the *original* sources. While saying this, however, I do not wish for a moment to accuse Hahnemann himself of this carelessness.

My own opinion is that he either employed an amanuensis who was careless (and of this I have some strong proof), or that he had not when he compiled his *Materia Medica* access to the *original* sources of some symptoms, but only to copies thereof, or perhaps to brief and imperfect notes, which he may have taken years before when an allopath. As a proof of the former, we find that, in the later editions of his *Materia Medica*, certain symptoms (given correctly and fully in the earlier editions) are not merely condensed, but absolutely *mutilated* and *perverted* in a manner which neither Hahnemann himself nor any other man who loved scientific accuracy could ever have been guilty of. Several instances of this were pointed out by Dr. David Wilson, in the *Monthly Homœopathic Review*, vol. vii, pp. 664—688. In Hering's *Materia Medica*, under *Spongia*, we read, "By comparing Hahnemann's second edition with the first, *six* corrections were made, and *three omitted* symptoms could be added." (See also Symptom 521 in Hering's *Materia Medica*.)

With regard to my theory that Hahnemann had not always access to the *originals*, I may quote the following case:—

In *Medical and Philosophical Commentaries*, 1776, vol. iv, p. 78, we find a case of poisoning by the application of *Sulphate of Copper* to a wound on the back of the hand, reported by Dr. Simmons. Swelling of hand followed, a lymphatic vessel was felt painful, and inflamed a great way up the arm, and there was pain in axilla. In our *Materia Medica* we read, however (not to mention another slighter inaccuracy), "*Heaviness* of axillary glands," this symptom being unwarrantably separated from the remainder of the group. The mistake is plain. *Schmerz* was altered into *Schwere*, and this error has been copied not only into Hempel's *Jahr*, but also into two of the German repertories. *But it is not Hahnemann's mistake.* *Cuprum* is not mentioned in the *first* edition of the *Chronic Diseases*, but is given in *Stapp's Archiv*, where I am told by a colleague who referred to the work the symptom is erroneously given as stated. Clearly, therefore, Hahnemann, not having access to the original, copied from the only source available.

I have written this to clear the memory of the master from the charge of carelessness or inaccuracy; and as for printer's or clerical errors, none know so well as authors how easily they occur in spite of all pains.

Thus much for erroneously quoted symptoms. I will now say a few words about those which you omit, on the ground that the provers were not healthy. In the first place, to treat this subject *generally*, no one is *absolutely* healthy, and where are we to draw the line? and when we find even in that "purest of the pure" repertory, the *Cypher* one, "toothache occurring in *decayed* teeth," that is to say, symptoms occurring not only in the sick, but in a diseased organ, I cannot but think that the "purifiers" of our *Materia Medica* have no certain line of conduct by which to guide their actions.

But to keep to Hahnemann. In the first two editions he kept *separate*, not only the observations from allopathic authors, *but even those of his own co-workers, including his own son*. This shows how cautious he was. Now, since in the third edition he united these with his own, we may accept these *with Hahnemann's endorsement*, doubtless as having been confirmed by his clinical experience. I am aware that clinical experience is often said to be fallacious; we are told that we know too little of pathology to judge of the precise effect of a medicine in curing disease; that many diseases disappear spontaneously; that change of regimen plays an important part in the cure, &c. But are these objections advanced seriously? If so, then we are all a set of *ignoramuses*, and the fewer clinical cases we publish the better for ourselves and for homœopathy. But after eliminating all doubtful cures, a vast body of material remains behind for use. Besides, the objection proves too much. If we ignore clinical confirmations, how do we know that *similia similibus curantur*? No number of provings *without* clinical experience can prove this.

Now with regard to the admission of clinical symptoms into our *Materia Medica*. In the *Hahnemann Materia Medica* they are rigorously excluded from the schema, not even being admitted with a mark of distinction (or *extinction*) attached, though in the *Cypher Repertory*, published by the same society, several are admitted * *without* any mark of distinction. I can only regret that such is the case, and I can assure the compilers of that *Materia Medica* that it will never be favorably received by *all* the homœopathic profession until they rescind this rule. Consider the value of an arrangement like Hering's where they are admitted. We see *at a glance* how often a symptom has

* If so, it is by mistake.—[Eds.]

been produced, on what prover, and how often confirmed clinically; so that if a symptom rests on the evidence of one prover only the fact is evident, and we need not rely on it unless we choose. But the matter lies in a nutshell. The simple question is, "*Are clinical symptoms useful or necessary, or are they not?*" If they are not, away with them; if they are, admit them, of course marking them as such. I can only say from my own experience that they are both useful and necessary to supply the gaps in our *Materia Medica*; and I have cured cases by remedies selected according to reliable clinical symptoms which I should not otherwise have been able to treat on account of the deficiency of our *Materia Medica*. Others have found the same, but I will only mention one case recorded in the May number of the *Hahnemannian Monthly* for this year. Many years ago Hale published a clinical but characteristic symptom of *Coffea*, viz., *toothache relieved by cold water*. This symptom was afterwards repeatedly confirmed clinically, but no proving contained it. Now Hale publishes a case of poisoning by *Coffea*, consisting of *this very symptom*, and proving the accuracy of the previous clinical experience. Now, inasmuch as no remedy will *completely* fill the place of another, how many patients would have remained more or less unrelieved from that terrible complaint had this clinical experience been withheld or neglected? When our provings are more perfect, there will be less need of clinical symptoms, as they will be replaced by pathogenetic ones; there is only at present one true and satisfactory course to pursue; give every *bonâ fide* symptom, clinical as well as pathogenetic, giving the clinical symptoms always in groups *as they occurred*, and not separated from each other; tattoo them as you will, only let us have them to judge for ourselves; give us the food we ask for, but do not fall into the nurse's habit of chewing it first; multiply provings with all doses, and publish all good clinical cases; then in fifty years' time we may be able to say what symptoms have stood the test and what have not, but not before; at present the attempt to "purify" the *Materia Medica* is like trying to run before learning to walk, and meets with the usual consequences.

Yours truly,

W. BERRIDGE, M.B. Lond.

Dr. Berridge has a right to be heard on this subject, to
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H H

which he has devoted much thought and attention. But I regret that I am utterly unable to assent to the two leading theses he propounds.

I. Dr. Berridge's first point is, that we do wrong to reject any symptom furnished *bond fide* as an observed effect of a drug; and that our emendations of Hahnemann's pathogeneses should be limited to the correction of clerical and printer's errors.

So far as the reports of provers are concerned, I for one have no objection to the position Dr. Berridge takes up. I admit the uncertainty of tracing effects to cause, and would not reject any of the former which occurred while the latter was operating, if the observer warranted them. Should any special element of uncertainty exist, I would (with Hahnemann) bracket, but not expunge. But since Dr. Berridge's remarks are elicited by my examination of *Belladonna*-symptoms which Hahnemann has cited from *authors*, I must understand him as referring to contributions from this source. Here I cannot admit that *bona fides* is any sufficient guarantee of correctness. The qualities we should require, were we unable to verify the quotations, would be (1st) industry, care, and discrimination on the part of the citer; and (2nd) that he should have access to the originals he uses, and should excerpt for himself and not through another. But where we ourselves could examine the originals, we should not be left to infer from such considerations the value of the symptoms cited: we should have to determine their future estimation from the facts we elicited.

Now what Dr. Berridge advocates amounts to this, that we should ignore the latter mode of proceeding altogether; and act as though the sources of Hahnemann's citations were as hidden from us as the day-books of his provers. Such a shutting of the eyes to facts seems self-condemned, and needs weightier arguments than Dr. Berridge has adduced if it is even to receive consideration. But, indeed, one of the strongest arguments against it is furnished by Dr. Berridge himself in this very letter. He tells us that he has "strong proof" that Hahnemann "employed an

amanuensis who was careless ;” and thinks it most probable “that he had not when he compiled his *Materia Medica* access to the *original* sources of some symptoms, but only to copies thereof, or perhaps to brief and imperfect notes which he may have taken years before when an allopath.” Dr. Berridge advances this to exonerate Hahnemann from carelessness ; but surely the burden must be shifted to our own shoulders if, believing thus, we make no attempt at verifying citations so made when the opportunity is afforded.

Dr. Berridge, however, himself counsels reference to the originals, but only for the purpose of correcting printer’s or clerical errors. Let us see what would be the result of such limitation, in the instance which he himself brings forward. The symptom of *Cuprum*, “heaviness of axillary glands,” is a clerical error. “Schwere” has been written in mistake for “Schmerz;” the real axillary trouble was “pain.” But Dr. Berridge goes on to tell us that this symptom is taken from “a case of poisoning by the application of *Sulphate of Copper* to a wound on the back of the hand. Swelling of the hand followed ; a lymphatic vessel was felt painful and inflamed a great way up the arm, and there was pain in the axilla.” He admits that this last symptom is “unwarrantably separated from the remainder of the group;” but, it having been furnished *bond fide*, would correct the clerical error, and retain it. What is the result? The impression made on every mind by seeing “pain in the axillary glands” in the pathogenesis of *Cuprum* must be, that this symptom resulted from the internal administration of the drug ; and it would be used therapeutically in accordance therewith. Now, a statement calculated to produce an erroneous impression is a falsehood ; and if that impression is to lead to action, it is an injurious falsehood. Had Hahnemann wilfully made such a statement, the deception and wrong would have been his. I maintain that they become ours, if, knowing the statement to be misleading, we allow and retain it.

But Dr. Berridge tells us that symptoms, however doubtful their origin, may be “confirmed by clinical

experience." I cannot admit that such symptoms as the above, which are radically false, can be confirmed by any evidence whatever. But I take exception to the kind of confirmation suggested, even in the case of symptoms which in themselves are merely doubtful. The argument implied is, that since *similia similibus curantur*, the fact of a morbid condition having disappeared under the use of a drug makes it certain that the drug might cause such condition on the healthy subject. But this argument only appeals to those who believe in *similia similibus*; it has no force with others. And, since we all begin by being of these "others," it is most unwise to put forth pathogeneses having no better support than such a (to them unwarrantable) assumption. With ourselves, moreover, it does no more than establish a presumption. Even if we may so assume the universality of *similia similibus*, we get no proof that in the case in question the symptom was actually produced by the drug,—which is the statement we make. Pathogenesis—pharmacology—is a science by itself, and should stand upon its own ground. Its relation to therapeutics is a separate question, and one which requires pure facts for its decision.

I think that Dr. Berridge is mistaken in supposing that Hahnemann relied upon this kind of "confirmation." He regards the incorporation of the "Observations of Others" with his own in the third edition of the *Mat. Med. Pura* as his endorsement of them, "doubtless as having been confirmed by his clinical experience." But Dr. Hering has lately told us that Hahnemann effected this incorporation at the instance of his disciples, and against his own better judgment.

II. And now as to the question of the admission of "clinical symptoms" as such; *i.e.* of symptoms which have disappeared in sick persons under the administration of a drug. The answer will be somewhat different according to the nature of the list into which the admission is claimed. If it is a *Materia Medica* like Hahnemann's, a pure collection of pathogeneses, then I think we must follow his example in excluding them utterly. This, of course, applies to such a work as that forthcoming under the management

of Dr. Allen. But in monographs upon medicines, like those of Dr. Hering and of the *Hahnemann Materia Medica*, clinical experience must be inserted; and it is only a question of expediency how it should be done. Dr. Hering prefers to include symptoms cured by the drugs with those caused by them in one list; those who have contributed to the *Hahnemann Materia Medica* have judged it better to keep the pathogenetic effects pure for use according to the homœopathic method, and to insert their therapeutic applications hitherto in notes or commentary or appendix. What Dr. Berridge says about the usefulness of "clinical symptoms" is merely what we all recognise as the value of the *usus in morbis*, and does not touch the question of the arrangement of our material.

Dr. Berridge has some remarks upon a third point,—my omission of some of Hahnemann's symptoms on the ground that the provers were not healthy. I have no difference with him in what he says on this point. I have excluded, in my treatment of Hahnemann's pathogenesis of *Belladonna*, no symptoms on this ground merely; *e. g.*, I have admitted symptoms observed upon Greding's epileptics, Lambergen's and Ollenroth's cases of mammary cancer, and Wiedemann's children with whooping-cough. I have only rejected such as were too closely connected with the existing disease, as the rage of maniacs and the convulsions of epileptics, or those occurring (as in *Sauter's* cases of hydrophobia) in the very paroxysm of the disorder, in which it is impossible to separate idiopathic phenomena from the effects of a drug administered. I must maintain that in this, and in the rest of my dealings with Hahnemann's citations, I could not have done otherwise than I have. Dr. Berridge applauds reference to the originals. What could I do, when I had them before me, but correct, expunge, or mark as doubtful, whenever the facts so directed? And for those symptoms to whose sources I had no access—what remained but that, seeing the frequent *laches* which had been detected in their fellows (to say nothing of the "careless amanuensis," the "brief and imperfect notes," &c.), I should mark them as not to be much depended upon until verified. Such is the extent

of "purification of the *Materia Medica*" which I advocate and practise; and I am at a loss to understand the hostility with which it is greeted by those who should prize a reliable pathogenetic collection above all medical treasures.

ON SOME CASES OF HÆMOPTYSIS.

By Dr. HERBERT NANKIVELL.

(Read before the British Homœopathic Society.)

MR. PRESIDENT AND GENTLEMEN,—I do not intend to-night, as you will already have gathered from the title of my paper, to deal with the medical and therapeutical aspects of hæmoptysis, including under that term all possible varieties of the disease, but rather from a practical point of view to give a classified *résumé* of certain cases thereof which have come under my notice during the last few years, and of the treatment which has been adopted in these cases.

I. In the first class I would place all those cases in which the hæmoptysis occurs *without cough*, excluding, of course, all cases of œsophageal, gastric, or nasal hæmorrhage from this category. The hæmorrhage in these cases occurs from the mucous membrane of the gums or mouth, or the pharynx, or of the pharyngeal district of the larynx, superior or exterior to the vocal cords. This hæmorrhage is usually chronic; it is periodical, occurring either during the night or in the early morning before rising. So far as my experience goes, it has been confined to the female sex, and is influenced considerably for the worse on the arrival or departure of the menses. Pure blood is seldom expectorated; generally speaking, the sanguineous discharge is a dirty blackish fluid like sloe or black currant juice mixed with saliva, or mucus from the pharynx. There is, as I have said, *no cough*, and the extrusion of the blood

from the fauces is caused by a reversed action of the pharyngeal constrictors, the mylo-hyloid and platysma also being thrown into movement.

The general health in these cases varies according to the length and severity of the malady; the pulse is weaker and quicker than usual, but there is not generally any hectic. There is emaciation to a variable amount; the respiratory power is often markedly less, both in the ability for exertion and in the actual breath-sounds, than in health.

CASE 1.—A married lady, æt. 30, the mother of three or four children, came to Bournemouth in January last. Has had morning hæmoptysis for several months—dirty bloody saliva, in fact. Decided gastric derangements; has given up fresh vegetables and milk for a long time. Pulse 72, weak; respiration natural in rapidity, but slightly deficient in the apices. Gums spongy; tongue furred; pharynx streaked with dilated vessels. Laryngoscope disclosed no ulceration.

The diet was altered; fresh vegetables and a lemon daily; two pints of milk, and meat twice daily. *Nitric acid 2ʳ*, *Hydrochloric acid 2ʳ*, and *Arsen. 3ʳ* were prescribed in succession with very good effect. The gums resumed their normal appearance, the pharynx improved, and the hæmoptysis was first reduced to a minimum, and at present very seldom reappears.

CASE 2.—An unmarried lady, æt. 25, consulted me first in 1873, had then suffered from hæmoptysis for three years, either a thick mucous or sanious discharge occurring from the fauces every night about 2 to 4 a.m. Had been treated allopathically. The diagnoses had differed, one alleging a cavity in the right lung, the other merely a throat irritation. Weight had been steadily lost from the commencement of the illness. The chest was fairly healthy, except weakened respiration at the right apex; pulse 80 and weak; digestion slow and accompanied with flatulence. The laryngoscope disclosed some reddening and thickening of the arytenoid cartilages; the

vocal cords were perfectly healthy, but in the fossæ on each side of the pharyngeal surfaces of the cricoid were superficial ulcerations.

The treatment at first was directed to the digestion, which had long been at fault. *Bry.*, *Puls.*, and *Ign.* were the medicines chiefly indicated; the power of assimilation was increased, and after a time the gradual loss of weight ceased. A spray of carbolic acid, occasional painting with *Glycerine* and *Iod.* (gr. xx to ʒj), and the internal use of *Brom. Ars.* ʒⁱ, have been the chief remedies directed to the hæmoptysis and its cause. During this winter the hæmoptysis, though not cured, has been of rare occurrence; the ulcers, which are still visible, discharging a thick mucus every night, the quantity of which is slowly decreasing.

II. In the second division I should place those cases in which the hæmorrhage is tracheal in its origin. It is usually here, as in the first division, of a passive character, and is confined, except when severe exacerbation is present, to the morning hours, generally speaking, within the limits of 5 to 10 a.m. The subjects are usually of the erethistic strumous type; stout, florid, and incapable of sustained bodily exertion, but of considerable mental vivacity. In women, to whom my observations of this disease have been confined, the menstrual flow is often rather excessive than otherwise, and the hæmorrhage either lessens or is aggravated when the menses are at hand. Cough is a marked symptom of this class; it is usually laryngeal in character, and the mucous membrane of the larynx is generally highly injected, and there may be also superficial ulcerations or abrasions of the epithelium. The cough bears no proportion to the amount of hæmorrhage, and is often more severe in the later part of the day, when the bleeding has quite ceased. The lungs are, in the earlier stages at least, pretty free from implication, though occasional crepitations are detected if examinations are frequently made, the exciting cause of these being probably inspired blood. The treatment of this disease, whether local or general, is

full of disappointment—at least, this has been my general experience.

CASE 3.—A lady, æt. 40, married, but without family, came under my care in November, 1872. She was stout, easily flushed; pulse small and 80; slight crepitation in right apex; pretty frequent cough; expectoration of bright bloody sputa every morning to the amount of about an egg-cupful; occasionally this was dark and semi-putrid. After about a month's treatment the right apex recovered its respiratory power; the cough and expectoration got much less, but did not disappear; the cough became in the spring mostly laryngeal in character, and the larynx on examination showed a congested mucous membrane with enlarged but not ulcerated follicles; the veins at the root of the tongue and in the trachea were dilated. The sputa were sometimes only three or four small pink lumps, at other times ten or a dozen; and again, the colour might be quite dark and the smell putrid. The lungs kept generally free from complication, but occasional crepitations, probably caused by inspired blood, would be heard either in one or other apex. The termination of this case was as follows: the lady took cold in her journey home from Bournemouth, and effusion took place into the left pleura; on two occasions paracentesis thoracis was performed, but two weeks after the second operation death occurred.

In this case I tried every remedy in the pharmacopœia for the hæmorrhage. I gave the usual allopathic styptics as well, and used local styptic sprays; but nothing seemed to have any sustained influence on the bleeding, which, however, was much less when she left Bournemouth than it had been on her arrival there.

CASE 4.—A lady, æt. 23, stout, florid, but strumous looking, had suffered intensely from chilblains in the winter of 1872-73, and came under my care in the summer of 1872 for the effects of them, and also for hysterical aphonia. The aphonia soon disappeared under *Ign.*, and the swollen and stiffened legs and feet greatly improved

under sea-bathing. In August, 1873, she again visited Bournemouth, and consulted me for her voice, which had again disappeared. *Ign.*, *Strychnine*, *Iod.*, all failed, as did the local application of electricity and the continued use of Pulvermacher's chains. *Causticum* followed by *Ign.* was then given, and in October the whisper had given place to a faint squeak. Just as this rudimentary voice was developing, she was exposed early in November to the intense cold of two or three nights; sleeping at the time in an attic without fires. A severe and incessant laryngeal cough came on accompanied with hæmoptysis to the extent of one or two ounces every morning, about daylight, of dark liquid blood. It was curious that the cough, intensely violent as it was throughout the day and evening, was never at those times accompanied with hæmoptysis. The larynx was much irritated and congested, especially the epiglottis and arytenoids, which were superficially ulcerated. The hæmorrhage was evidently partly vicarious, as it succeeded to a checked menstrual discharge, and continued with slowly diminishing severity to the next, when it rather more rapidly disappeared. *Hamam.*, *Ferr. acet.*, *Galic acid*, and *Secale* were given in this case, the latter alone with anything like decided effect; the laryngeal condition was treated with *Calc. iod.* and a pint of *Glyc.* and *Iod.*; the cough was intensely stubborn, and yielded only to the gradual amelioration of the other symptoms. She afterwards went to the Throat Hospital, and was for eight weeks under the care of Dr. Mackenzie; the voice was restored by the application of electricity to the vocal cords, and the bleeding and cough ceased, though the throat remained very sensitive and the general powers low.

III. In the third class of cases of hæmoptysis I would place those which occur either from the mucous membrane of the bronchial tubes, from the pyogenic lining of old cavities, or from the vessels ramifying through the air-cells themselves—no active destructive change going on at the time in the lung tissue.

As a rule we may lay it down that when hæmorrhages

are not extremely profuse, with the exception of that passive bronchial hæmorrhage that sometimes accompanies disease of the mitral valve, they generally occur in the night and early morning, and seldom follow *immediately* on exertion; their occurrence or recurrence can scarcely ever be foretold, though they hardly ever happen once only in the course of disease.

The inter-diagnosis is not as a rule satisfactory, and cannot be made directly. The stethoscopic signs admit of a pretty wide interpretation; inasmuch as either there may be no crepitation at all, or if there is crepitation, it may depend quite as much on inspired blood as on effused blood; the entire absence of crepitation might compel us to believe the origin to be bronchial or cavernous, but it is impossible of course to satisfy oneself as to the entire absence of crepitation in the central portions of the lung.

We may consider it as a rule in the prognosis of these cases that hæmorrhage from a bronchus, or from the lining membrane of a cavity, is of far less serious import than that from the air-cells themselves; and that in cases of hæmorrhage from the air-cells the danger varies directly with the frequency and persistency of recurrence, and very often if not always inversely with the magnitude of single hæmorrhages. I can call to mind several instances of this; two patients in middle life, fair strength and nutrition, and scanty expectoration, the lungs showing but extremely slight implication, and the amount of fever being either nil or only occasional and slight; both of them had for years at intervals of about six weeks or two months either very slight hæmorrhage or else merely blood-stained sputa. Both of these cases, however, the one in London and the other in Bournemouth, succumbed to a rapid development of tubercle in the lung after comparatively short illnesses.

As to the treatment of this class of cases, there is of course the general treatment of rest, ice, cool atmosphere, and light fluid nutritious diet. The therapeutic treatment points chiefly to *Ferr. acet.*, to *Ipec.*, and to *Hamamelis*; the former I have seen decidedly useful when the hæmorrhage proceeded from the pyogenic membrane lining an old

cavity. *Ipecacuanha* is useful when the hæmorrhage is of moderate quantity, and when its locale is recognised by comparative dulness and moist râles. *Hamamelis* I believe to be specially suited to hæmorrhages from the mucous membrane of the bronchi, and I believe that it is from its value in these cases that this remedy takes its high stand amongst us.

There are two points, however, which it is very necessary to remember in the treatment of hæmoptysis; first, that relapses after the first apparent check of the bleeding are very common, and very alarming to the patient and attendants; second, that the effusion of even a small quantity of blood into the bronchial tubes and air-cells may set up pulmonary irritation which may end in destructive tissue change. I believe, therefore, that it is good practice, and our duty to our patient and ourselves, after that we have selected and exhibited the remedy best indicated, to leave a reserve in the way of a thoroughgoing styptic to be used should occasion demand it. And this is all the more necessary and desirable, seeing that precise means of ready differential diagnosis are generally wanting.

IV. In the fourth section I would place those cases of hæmorrhage which arise from what is called "breaking a blood-vessel." They may be caused by the slow process of ulceration through the walls of an artery during the formation or increase of a cavity; or the blood may be poured out from several small vessels which have been ruptured by the movements of some calcareous fragment, or a weakened and exposed artery may be ruptured by some sudden exertion or emotion. In all such cases we get a profuse hæmorrhage, rapidly occurring often to the extent of half a pint or a pint in a few minutes, followed by a cessation thereof as soon as a clot forms round the vessel; often, however, to be renewed so soon as a fit of coughing removes the clot from its position. Generally speaking there will have been a previous knowledge of such a patient's condition, and therefore the diagnosis can be readily effected.

I do not consider the treatment of these cases to fall within the homœopathic law; we have to all intents a wounded vessel pouring out blood into the lung. We cannot cut down upon it or tie it, we can only influence it indirectly. This can be done either by a medicine like *Secale*, which contracts in full doses the calibre of the vessel through the vaso-motor system; or by *Gallic acid*, which in full doses has a similar effect by acting directly on it through the blood itself. It is very difficult to estimate the precise value of these two remedies; in the slighter cases they do appear to act successfully and well, while in the severer cases they either or both may fail decidedly, and the hæmorrhage at last cease without any special cause whatever. In one most anxious case that I attended four years ago the attacks were most alarming, occurring once or twice in the twenty-four hours, scarcely ever to a less amount than half a pint, and they continued for ten days, and then when all hope was apparently gone they ceased entirely and the patient rallied.

I believe the *Secale*, to be fairly tested, should be given in 20 or 40 drops of the mother tincture, and the *Gallic acid* in 10 or 20 grain doses, stirred up in water.

There are several remedies mentioned in our repertories and manuals as valuable in hæmoptysis which I have not yet touched upon. *Arnica* would be useful in the third class, when the exciting cause was muscular exertion. *Bryonia* is reputed to be valuable in vicarious hæmoptysis, but I should rather suggest its sphere of action to be that of a valuable controller of the circulation, at the same time that it prevents lung irritation from the inspired blood. *Millefolium* I cannot say that I have derived any marked value from, though I notice it is spoken very highly of by our colleague Dr. Richard Hughes. *Aconite* and *Ant. tart.* are medicines that I prefer not giving in hæmoptysis, even when the case is slight and other symptoms may seem to call for them; I have seen them apparently in several instances occasion a recurrence of the bleeding.

Styptic sprays I have at times used, but I have for some time given up their use; they doubtless do restrain

hæmorrhage, but they do it by coagulating a considerable amount of effused blood in the lung, and the consequences of this proceeding are decidedly mischievous. A kind of catarrhal pneumonia is set up; the alveoli and bronchioles are blocked with a cheesy effusion, and destruction of lung tissue may ensue with considerable rapidity.

Discussion on Dr. Herbert Nankivell's paper.

Dr. RANSFORD feels obliged to differ from Dr. Herbert Nankivell that large hæmorrhages do not come under the homœopathic law, because the so-called rupture of a blood-vessel is generally caused by pulmonary disease, which must therefore be treated by the appropriate remedies. He is sure that greater success can be obtained by these means than by styptics only. He speaks not from personal experience alone, but also remembers the treatment pursued by some of the most eminent practitioners with whom he was associated in early life, such as the late Drs. Abercrombie, Begbie, and Davidson, of Edinburgh. He and they were then allopaths, and he contrasted their results with his own and other homœopaths. About three years ago he attended a young unmarried lady, who with her sister had a highly respectable ladies' school, in which his patient taught singing. She had thrown up just before his first visit about a breakfast-cupful of bright red blood. Having for some weeks before suffered from cough attended with loss of flesh he prescribed *Arnica* 1, *Ipecacuanha* and *Phosphorus* 3. She had no return until eighteen months afterwards, when a second attack occurred. He then gave *Hamamelis virginica*, *Phosphorus* 3, and also applied cold compresses to the chest. He forbade any vocal exertion, enjoined absolute rest and nourishing diet. He gave also *Cod-liver oil*. The patient has continued free from attacks since. A small cavity existed under the left clavicle. He has found *Tinct. Ferri acetatis* useful, and this is the only so-called styptic that he has used. He feels great confidence in the homœopathic treatment of these cases. A friend used *Terebinthina* with advantage in one severe case of hæmoptysis, but he also applied a blister to the chest. The ultimate result of this case he has never been able to ascertain. He would do anything to save a patient, but has never yet felt obliged to have recourse to *Gallic acid*. He thinks that by attending closely to the juvenia and avoiding the lædientia these hæmorrhages will often spontaneously cease.

Dr. COOPER.—There are two most important particulars in reference to hæmoptysis I would like to see worked out. One is, the connection between it and enlargement of the heart due to overexertion, and the other is the relationship that exists between it and cessation of the menstrual flow. My own observations

lead to the conclusion that enlargement of the heart is a lesion of very common occurrence, especially in housemaids and "general servants;" it has often surprised me how frequently one meets with symptoms due to cardiac hypertrophy in this class of patients. Their muscular systems are generally feeble and ill-adapted to the amount of strain their duties require, and hence the heart becomes hypertrophied from the undue tension brought to bear upon it. Such cases I have frequently prescribed for upon the supposition that the hæmoptysis was due to obstruction caused by the enlarged heart, and have given *Iodium* in the 3rd or 6th decimal dilution with singular benefit. In one case particularly, where a young girl doing housemaid's work was seized with most copious hæmoptysis after overexerting herself, the patient made a good recovery after *Iodium* was given. *Arnica* is certainly most useful in some of these cases, but it has not answered my expectations like *Iodium*. As to the connection between it and menstrual cessation my impression has always been that in suppressing the menses nature was adopting her own means of husbanding the resources of the economy in order to cope with the diseased process going on in the lungs. However, in reading Scanzoni's *Diseases of Women* the other day my attention was struck with a case given by Professor Gardner, the translator, that goes far to upset any such supposition; the case was one in which hæmoptysis and general phthisical condition ceased after re-establishment of the menstrual flow. ("In one case of scanty menstruation and pulmonary hæmorrhage supposed from tuberculosis, the attempt to dilate a stricture of the cervix, and its final complete division with the knife, resulted in re-establishing the accustomed quantity of the menses, the entire arrest of the pulmonary hæmorrhage, the subclavicular tenderness and dulness on percussion, and the general health of the patient, with no trace of phthisis remaining.—Scanzoni, *Diseases of Women*, p. 337, translator's note). As regards the general question of the treatment of hæmoptysis, I am quite sure that the simpler our treatment of this and other diseases the better. I do not see why we should not begin the treatment of an ordinary case of sudden and profuse hæmoptysis by administering a solution of common salt in water; it has long been a household remedy, and has especially been referred to by Graves. Surely it has never proved inferior to *Gallic acid*, *Muriated tincture of Iron*, *Secale cornutum*, and the many other styptics now so frequently in vogue. Again, I would be inclined to try, before resorting to the administration of more violent remedies, the inhalation of powdered *Gum Arabic*. The styptic properties of pulverized *Gum Arabic* are most marked. I remember one case of violent epistaxis in a syphilitic patient where, after failure of the local application of the *Muriated tincture of Iron* and a plugging of the anterior and posterior nares, the simple introduction into the nostril of powdered *Gum Arabic* upon cotton wool completely arrested the

flow, and, I have every reason to believe, was the means of saving the patient's life.

Dr. DUDGEON said the subject of hæmoptysis was too extensive to be discussed completely at one meeting. He would limit himself to speaking of dangerous hæmorrhage from the lungs, and how it could be stopped. Dr. Nankivell had enumerated many remedies, but had omitted to mention an important means of stopping hæmorrhage from the lungs, viz. a ligature tied round the arms so as to stop the venous incubation. Temperature too was important. The application of a heated spinal bag between the shoulders, according to Chapman's plan, had been frequently found of use. *Secale* was a remedy which he had employed with success in some cases of hæmoptysis, one or two drops of the tincture for a dose. A very severe case came under his notice lately, which was treated by Gull and others by the hypodermic injection of *Ergotin*.

Dr. BAYES wished to say a few words on the first, second, and fourth classes of Dr. Nankivell's interesting cases. With regard to the first class, where there is expectoration of dark changed blood occurring in women early in the morning, with deficient menstrual flow at the periods, he had generally found this accompanied with functional irregularities of the kidneys, either with a large flow of pale watery urine or with a deficient excretion altogether, and in either case there is a want of free excretion of urates from the system. In such cases *Cantharis*, 3rd, 6th, or 3x, will very rapidly cure. He (Dr. Bayes) had met with many such cases, and he would say they are readily and invariably (or nearly so) cured by this medicine. "Bloody expectoration after short cough" is one of the larynx symptoms of *Cantharis*. In the treatment of the second class, in which there is an excess of menstrual flow, his (Dr. Bayes') experience did not coincide with Dr. Nankivell's, for in his hands *Aconite* had proved very serviceable in such cases, but it must be given in from the 3rd to the 12th or even higher dilutions. In the treatment of that active hæmoptysis called "rupture of a blood-vessel," he (Dr. Bayes) had had no experience of large doses of *Secale*, but in his former allopathic practice he had much experience in the use of *Gallic acid* in such cases, although he never used quite such large doses as those named by Dr. Nankivell. His own method had been to make a saturated solution of the *Gallic acid* in boiling water; when this cools down the solution contains about 100 grains to the ounce. Of this solution he used to give a dessert-spoonful every quarter or half hour till the hæmoptysis ceased or until the blood became dark or blackish; when this occurs the hæmorrhage usually ceases. He never saw any evil results from this treatment, but an overdose of *Gallic acid* gives a sense of great tightness in the head and ringing in the ears.

Dr. DREYER said, that, while giving the author due credit for the care bestowed on his paper and for the interesting matter contained in it, he thought that for the purposes of treatment some

such division as into copious, congestive, and passive hæmorrhages would be sufficient. Under the first head bleeding from a ruptured vessel, as well as vicarious hæmorrhage, would be included. Under the second all these cases of turgid or streaked sputa or even of small quantities of pure blood would be included provided the source was pulmonary and that it arose from a congested state of lung. If this was of a phthisical character the case would assume a much graver action than if it simply arose from an inflammatory state of lung that might pass away and leave no evil behind. In passive hæmorrhage there would be but small trace of active congestion, but the prognosis would depend on whether tubercular disease were present or not. In copious hæmorrhage *Ledum* and *Ipecacuanha* would be found most valuable remedies. *Ledum*, especially in rapidly repeated doses, he believed to be one of our best remedies. *China* would be given as the hæmorrhage abated. Other remedies would be called for, especially if it was vicarious. In congestive hæmorrhage such remedies as *Aconite*, *Bryonia*, *Phosphorus*, *Sepia*, *Arnica*, *Pulsatilla*, *Hamamelis*, and *China*, but there was a medicine not generally used that he derived much benefit from, that was *Nux moschata*. Where a feeling of weight or oppression was complained of, with or without hæmorrhage, he generally selected this medicine. It would be found suitable also for passive hæmorrhage, but in these cases he considered *Arnica*, *Pulsatilla*, and *Hamamelis*, especially the last, as the chief remedies. There was, however, much more than hæmorrhage to be considered; its character, the character of the sputa generally, and the time and character of the cough and other symptoms, should be considered in each case separately. The importance of studying the character of the sputa was shown if we noticed the plum-coloured sputa of congestion from aneurism and compare it with other forms. A correct diagnosis thus became of the greatest use in each case.

ON SOME POINTS IN THE THERAPEUTICS OF APOMORPHIA AND CHLORAL.

By D. DYCE BROWN, M.A., M.D.

(Read before the British Homœopathic Society.)

THE truth of any scientific law or system is generally demonstrated by an *experimentum crucis*, and when this is possible, it cannot fail greatly to strengthen the convictions of those who believe in the law or system, and to impress those who are inclined to be sceptical. In such a science

as therapeutics, where absolute proof is so difficult to be brought home to the minds of the sceptics of the old school, it adds immensely to our strength in argument when we can bring forward an *experimentum crucis*. Such has always seemed to me to be our power in accordance with the homœopathic law of predicating exactly the therapeutic sphere of a medicine before it is even tried in a single case. We have but to discover by experiment or by accidental cases of poisoning what are the physiological effects produced by any given substance, and we can at once say, and say with confidence in the result, in what cases of disease we shall find it useful. The subjects of my paper afford, I think, an excellent illustration of this point. They have nothing in common therapeutically, but I have grouped *Apomorphia* and *Chloral* together, as they are both recently discovered drugs, and I think that I am the first who has made use of these drugs homœopathically.

To begin with *Apomorphia*. When I first read the account of *Apomorphia* a long time ago it was simply stated that it was found to produce sickness and vomiting in exceedingly small doses, and that it was proposed to use it as an emetic in cases where such was required. It then struck me that, if such was the case, it ought to be a valuable medicine in sickness and vomiting. This was all the information I had. But we have now, thanks to the careful experiments of Dr. Galley Blackley, a much more full account of its physiological action. Dr. Blackley's interesting paper is published in the *British Journal of Homœopathy* for July, 1873. I shall take the liberty of giving a sketch of its action as given by Dr. Blackley, and perhaps the best way is to quote Dr. Blackley's experiment on himself. He says, "On May 25th, 1869, at 9 p.m., my general health being good and the pulse and temperature normal, in the presence of my friend Dr. Wright I injected ten minims of a 10 per cent. solution of *Apomorphine* under the skin of the left arm, the pulse and temperature at the moment of injection being 72° and 98° respectively. During the first two minutes no effects were produced. After about ten minutes the pulse began to rise slightly

and the respirations became slightly accelerated. At the end of four minutes I felt a sudden qualmishness, which was almost immediately followed by nausea and profuse vomiting. This continued for several minutes, and was followed, as soon as the contents of the stomach had been evacuated, by severe retching. On taking a draught of water with a little brandy in it this was immediately rejected, and on drinking cold water this too returned at once. No bile, however, came up in the vomited matters. At the end of seven or eight minutes from the commencement of the experiment I began to feel very faint and was compelled to lie down, and almost immediately on doing so I fainted entirely, and remained in a state of syncope for about five minutes. On awaking from this I felt giddy and chilly, and was obliged to take a little brandy and water. This was retained, and as I began to feel slightly drowsy I remained lying down for the space of about an hour, during which time I perspired profusely. On rising I still felt slight giddiness, but no inclination to vomit. I went to bed and slept soundly all night, awaking about 8 a.m. in my usual health, slightly pale, but very hungry."

Its action upon animals seems to be somewhat different from that in man, as in them a larger dose was required to produce the physiological effects. In summing up the effects produced by a physiological dose, Dr. Blackley gives those of digestion as follows:—"Qualmishness, nausea, vomiting, retching, convulsive movements of the stomach, præcordial pain, salivation, and diarrhœa (in cats)." I refrain from quoting the other symptoms produced, as, in man, the stomach symptoms are *the* prominent ones, and they are the only ones to which I wish to draw attention to-night. From the experiment above quoted, in which Dr. Blackley next morning, after a good night's sleep, awoke in his usual health and feeling hungry, and also from an experiment he made on a young carman, where after a dose sufficient to cause vomiting given at 8 p.m., the man walked home about 9, and ate a hearty supper on reaching his house, I infer that *Apomorphia*, though causing severe vomiting, does not cause, as other emetics do, any profound

or marked interference with *digestion*, or even pain in the stomach. This coincides with what I find to be the sphere of its action on the stomach. The cases where I have used it with success are chiefly those where sickness or vomiting constitute the disease under which the patient is labouring. We frequently come across such cases. The tongue is clean, the bowels are regular, there are no headaches, the patient has a desire more or less for food, and has no pain after eating, but a feeling of nausea comes on at intervals, especially after taking food, which may or may not be vomited. In other cases, where there is marked dyspepsia, and where *Nux* or *Pulsatilla* is indicated, I find *Apomorphia* very valuable given *at the time* of the onset of the sick feeling, and repeated every ten minutes or quarter of an hour till it is relieved. This is over and above the administration of the other medicine suited to the dyspepsia which is given at regular intervals through the day. In other cases still, when the vomiting is sympathetic, as in the case of a neuralgic headache, or a gall-stone, or a cerebral affection, or a uterine complaint, *Apomorphia* is equally useful. I observe that, in the discussion on Dr. Blackley's paper, Dr. Cooper is reported to have stated that he had seen immediate cessation of vomiting in a distressing case where a tumour pressed on the brain. The action of *Apomorphia* in sickness and vomiting seems to me very much to resemble that of *Ipecacuanha*, and it is indicated in similar cases. A very important point to be observed is that *Apomorphia* is a specific emetic and does not cause vomiting by any local irritant action. This is clearly shown by its producing emesis when injected hypodermically. As to the dose required to produce vomiting, when I first read the accounts of its effects as quoted from a German periodical, it was stated that a very much more minute quantity was sufficient than that stated by Drs. Blackley and Gee. Dr. Blackley in the experiment quoted injected subcutaneously ten minims of a ten per cent. solution, or in other words a whole grain, and in the case of the carman one twentieth of a grain was injected, while Dr. Blackley states that Dr. Gee found it necessary to give one and a half

grains by the mouth to cause vomiting in a man. I have unfortunately lost the reference to the periodical in which I read the account of the experiments, but there it was stated that one five hundredth of a grain was sufficient to produce emesis. In corroboration of this point I observe in the *British Medical Journal* of February 21st, 1874, a report of a paper by Dr. Walter G. Smith, read before the Medical Society of the College of Physicians of Ireland, on "Recent Therapeutical Remedies," in which he states that the dose hypodermically as an emetic is from '046 to '196 of a grain.

My first information regulated my choice of the therapeutic dose, which was the 3rd centesimal dilution. I have never used any other dilution, and the results I have obtained have been so gratifying that I do not see the necessity of using a lower potency. I got some of the pure drug from Macfarlan of Edinburgh, and had the 3rd cent. dilution prepared in Aberdeen in the form of tincture.

Dr. Blackley advises the trituration to be used, as he says the tincture does not keep. This is certainly a mistake, at least when diluted to the 3rd cent. ; as it has always in my hands answered admirably, which could not have been the case if the diluted tincture decomposed.

I now proceed to give some cases where *Apomorphia* has been used with success in the various forms of disease I have named. The cases are chiefly from my dispensary note-book as kept by the students.

CASE 1.—Mrs. E—, æt. 50, May 17th, 1872. Complains of sickness which she has had for last two days. Has a constant feeling of nausea, and disinclination to eat. No headache. Bowels regular. Tongue slightly whitish. R *Apomorphia*. This patient afterwards returned with another complaint, having been quite cured of the sickness.

CASE 2.—J. M. J—, æt. fifteen months, June 14th, 1872. Has been vomiting for last three days. Tongue whitish; bowels slightly loose; stools whitish; R *Apomorphia* 3½, drop dose.

17th.—Vomiting much better, only vomited once

yesterday, and not at all to-day. Bowels open three times a day, and natural in appearance.

CASE 3.—Helen M—, æt. 60, November 17th, 1873. Has been ill for past twelve months, but worse last three months. Vomits her food about an hour after taking it, and has a constant feeling of nausea. No headache; bowels open every second day, costive; tongue clean; little or no pain in stomach. R̄ *Apomorpha* ʒ.

December 1st.—Feels much better; vomiting entirely gone; bowels less costive, and open once each day. Has no appetite. Ordered *Quinine*.

CASE 4.—Mrs. G—, June 4th, 1872. Came complaining of frequent vomiting and almost constant nausea; tongue clean; catamenia regular; has leucorrhœa. R̄ *Apomorpha* ʒ and cold sitz bath.

6th.—Sickness quite gone.

CASE 5.—Margaret P—, æt. 50, May 18th, 1872. Has emphysema. When seen complained of pain and tenderness over the region of the liver, which was enlarged. Pulse rather quick; tongue whitish; bowels regular. Cannot retain anything on the stomach, and has constant feeling of nausea; severe headache. To have *Bryonia* 2ʒ every three hours, and *Apomorpha* to be repeated at intervals of an hour, till sickness subsides.

17th.—Pain over liver much better. Sickness quite removed after two doses of *Apomorpha*. To-day felt twice a slight feeling of nausea, but it passed off in a few minutes.

In this case the vomiting was evidently sympathetic with the liver affection. The following two cases were kindly given me by my friend and former pupil Dr. James Walker. They are excellent examples of the power of *Apomorpha* to check sympathetic vomiting, in the one case arising from uterine and in the other from ovarian disease.

CASE 6.—B. L—, a young lady about twenty-three, who about some eighteen months previous to coming under

homœopathic treatment, had sustained displacement of the uterus from a severe fall, and had ever since been afflicted with distressing sickness. Since the occurrence of the accident she had been growing gradually worse in spite of the allopathic treatment which had been resorted to, viz, the local application of pessaries, astringents, and caustics, and the internal administration of the drugs usually exhibited in such cases, and, being rather disheartened by such a result, had resolved to give homœopathy a trial.

The most prominent symptom at this time was an almost constant feeling of sickness, with frequent attacks of violent retching, which were followed by intense prostration. Every remedy that could be thought of as having any relation to the sickness was tried, but in vain; the only one which in the least mitigated it was *Kreosote* 3, but even that soon lost what little effect it ever had. Finally, *Apomorphia* 3 was exhibited, and at the same time a cold sitz bath (the only local treatment she would hear of) was employed every morning. From this time the sickness began to abate, and the retching fits soon wholly disappeared, and if at any time she felt a threatening of their return, a few drops of the *Apomorphia* tincture completely checked the attack.

CASE 7.—A lady set. 42, in whom there was persistent vomiting depending on the presence of a large ovarian tumour. *Apomorphia* was successful after all other remedies had failed. She was subject to attacks of sickness whenever her general health was from any cause below par, but was usually speedily relieved by *Nux vom.* and *Petroleum.* In the present instance, however, those remedies were quite unavailing, as well as many others that were tried, and the sickness continued unabated for several days. *Apomorphia* 3 was then made trial of, and on calling next morning she stated that after the second dose of the new medicine the sickness had quite left her, and that she had not required to have further recourse to it.

CASE 8.—M—, sailor, æt. 28, June 7th, 1872. For three days has had sickness and incessant vomiting; can keep no food on his stomach; inclines to be costive; tongue whitish; pain on pressure over liver, no enlargement. Had ague five years ago. *Apomorpha* every hour.

10th.—After three doses the sickness stopped and has not returned.

CASE 9.—Wm. D—, æt. 5, December 11th, 1873. For last eight days has been vomiting his food just after taking it. No pain in stomach; no appetite; bowels regular; tongue clean; is slightly feverish at night. Ordered *Ipec.*

7th.—Vomiting not much better, but he keeps his food sometimes for two hours. Complains of pains all over his body, and headache. Has been taking entirely milk food. To have animal diet. *Apomorpha.*

22nd.—Vomiting much better, but not entirely gone. Continue *Apomorpha.* Did not return. From being so much improved, the probability is that, having got quite well, his mother did not think it necessary to bring him back.

CASE 10.—W. D—, æt. 2, has vomited everything for the last five days. The vomiting sometimes comes on immediately after food, at other times a little after. Food comes up undigested. *Apomorpha.* This child was not brought back.

I class this case as well as the two following as successful, although the patients were not brought back. Dispensary patients invariably return at least once if not improved. I always request patients to return in a few days if not better, and I frequently verify by after inquiry the fact that such patients were cured by the first prescription.

CASE 11.—Mrs. A—, æt. 32, complains of sickness in the morning, accompanied by headache and flushing of the face. This feeling comes on immediately after rising in

the morning, and generally wears off after breakfast. Tongue clean; bowels regular; sickness not made worse by eating; no pain in the stomach, but sometimes a feeling of fulness after food; is nursing a child nine months old. *Apomorphia* 3 ter die. Did not return.

CASE 12.—John M—, aged fourteen months, has been vomiting very frequently for fourteen days. Not only vomits after eating and drinking, but retches even with an empty stomach. Is not weaned, but will not take the breast often, and will take no food. Had formerly diarrhœa which is now stopped. Tongue clean at tip, whitish at the back; has five teeth. *Apomorphia* 3 every three hours.

Has not been brought back.

CASE 13.—Jessie W—, æt. 23, April 29th, 1872. Complains of pain in the back, headache and sickness, which is worse in the morning. Vomits after taking food. There has been no appearance of the catamenia for two months. Pregnancy doubtful. *Nux vom.*

May 8th.—Sickness no better. *Apomorphia.*

11th.—Sickness gone till to-day, when there is slight return.

16th.—Feels much better, sickness only occasionally recurs. Continue medicine. She did not return again.

I have found the *Apomorphia* also successful in removing the nausea, which frequently persisted between attacks of vomiting, produced by the passage of a series of gall-stones, and in a case of long-standing periodic supra-orbital neuralgia, in connection with the liver, in a lady who had lived a number of years in India, *Apomorphia* relieves the frequent nausea much more uniformly than *Ipec.* does.

In the case of a young man whom I have at present under treatment for chronic dyspepsia, with frequent nausea and vomiting, *Nux* is indicated as the chief medicine, and under this there has been marked improvement, but I

prescribed *Apomorpha* 3, to be taken when the sickness comes on, and to be repeated every quarter of an hour till it goes off. He tells me that he has found one drop taken in this way entirely remove the nausea for the time.

I think the cases I have related give a clear proof of the value of *Apomorpha* in sickness whether dyspeptic or reflex, and I feel sure that the more it is used the more will it be found a most reliable and valuable medicine in such cases.

To turn now to *Chloral*.

The only points in the therapeutics of *Chloral* to which I wish to allude to-night are its use in *urticaria* and *eye-diseases*, chiefly *conjunctivitis*. It is necessary to remind you in the first place of the physiological effects of *Chloral* as producing these affections. I collected in the *Monthly Hom. Review* for June, 1871, a series of cases in which these points are well demonstrated. As they may have fallen out of your recollection, perhaps I may be permitted to go over the chief points in the pathogenesis.

In one case "an eruption appeared upon the arms, legs, and face, and subsequently over the whole body, in large blotches of different shapes, raised above the surface, and of a deep red colour. The conjunctivæ were injected, and the face had a puffed, swelled appearance, especially below the eyes. Gradually these blotches coalesced till the whole skin was in this red blotchy state, more nearly resembling measles than anything else. There was high fever, thirst, coated tongue, and loss of appetite, with intense irritation and itching of the skin, preventing sleep at night."

In another case "an eruption appeared on the arms and legs, exactly like nettle-rash, in large raised wheals, with intense irritative itching."

In a third case the patient was noticed to "be much flushed, and to present over her whole body a diffuse inflammatory redness so closely resembling the smooth eruption of scarlatina that it was thought prudent to isolate her in the hospital for contagious diseases. Here

more characteristic symptoms were developed. A number of long pale elevations, or wheals, showed themselves on the legs, shoulders, and waist, while similar ones could be produced on other parts of the skin by scratching. At the same time burning stinging sensations, and a feeling of tightness and hardness over the whole surface, were complained of, along with wheezing respiration, sharp pains in the eye-balls, headache, and lassitude."

In another case "an evanescent rash, of the character of urticaria, appeared on several occasions in the morning when the draught had been taken on the night before, and there was also some flushing and burning of the head and face."

In another Dr. Crichton Browne says, "Soon after experiments with *Chloral* were commenced in this asylum, in February, 1870, I noticed a singular tendency to flushing of the head and face in many of those patients who were subjected to its influence. It was no uncommon thing to find a pale, anæmic patient, to whom *Chloral* had been given, presenting at certain hours of the day a floridness of countenance which would have done credit to the rudest health. Of forty cases in which *Chloral* was tried up to the month of June, and of which I possess notes, this blushing was remarked in nineteen, in greater or less degree; in a few suffusing only the cheeks, but in a much larger number involving the brow, neck, and ears, and assuming a depth of colour altogether unusual in the natural process. In one case, which is characteristic of many, I find it reported that half an hour after fifteen grains of *Chloral* had been taken the face, up to the roots of the hair and down to the ramus of the lower jaw, was of a dull scarlet colour, very persistent under pressure, most intense over the malar prominences and bridge of the nose, and thence shading off in every direction. The ears partook of the same colour, which was also scattered in blotches over the neck and chest, the lowest blotch being over the middle of the sternum, and the largest about the size of a florin. This singular flushed condition, which was associated with slight contraction of the pupils, injection of the conjunctiva, and excitement of

the circulation, continued for about an hour, and then disappeared during a paroxysm of sneezing and emotional perturbation, to recur after the next dose of *Chloral*."

In some of these cases you will observe it stated that the conjunctivæ were injected, with varying amount of discomfort in the eyes.

The following case, reported by Dr. Fraser, shows the conjunctivitis well. Mrs. A— was subject to periodical headaches, and latterly to sleeplessness at night. When she consulted me in January, 1871, I ordered her for the sleeplessness *Chloral* in doses of thirty grains at bedtime. On seeing her a few days after she told me that the medicine had not given her sleep, but had caused excitement and greater restlessness, followed in the morning by redness and watering of the eyes, lasting for two days. She had again tried the *Chloral* before my seeing her the second time, and had found the same effect follow. I urged her to try it once more, which she did, and again the same result followed, viz., redness of the conjunctiva and watering of the eyes. She now discontinued the medicine, when the symptoms gradually disappeared. This patient afterwards found doses of gr. viiss produce the desired effect (sleep) without any of the above-mentioned symptoms."

Again, M. Demarquay states that, "on the attentive examination of animals so soporised (by *Chloral*), the ocular and palpebral mucous membranes are found injected." Dr. D. Gordon also observed "a peculiar papular eruption and a form of conjunctivitis as the result of *Chloral*." The exact references to all these cases are to be found in my papers in the *Monthly Homœopathic Review* for June and September, 1871.

Having thus reminded you of the pathogenetic action of *Chloral* upon the skin and eye, I proceed to append cases where I have used *Chloral* in small doses in the treatment of *urticaria* and several forms of *ophthalmia*. The dose I have always used has been a grain of the pure salt, dissolved in water three times a day, for adults, and fractions of a grain for children. I shall first take the *eye-diseases*.

CASE 1.—Martha W—, May 11th, 1872. Pain came on in left eye two days ago. To-day both ocular and palpebral conjunctiva much injected. There is a small ulcer on the cornea, and a good deal of pain. *Chloral* gr. j ter die. Eye to be bandaged up.

May 14th.—Redness completely gone, also the pain. Says she was quite well yesterday. The ulcer on the cornea is still visible, but only about the size of a pin-point.

CASE 2.—John S—, May 18th, 1872. For two days has had conjunctivitis of right eye. To-day it is very much injected, with a good deal of pain. Left eye is also slightly injected. *Chloral* gr. j every four hours. Bandage to the eye.

May 20th.—Left eye quite well. Right eye almost well. Continue medicine. When next seen in three days was quite cured.

CASE 3.—A baby, æt. 2 years. Has strumous conjunctivitis. General health not good. Sleeps badly and cries much, appetite bad, bowels regular. *Sulphur* 3 and ϕ both failed to make any improvement, as also did *Bell*. *Chloral* gr. $\frac{1}{4}$ ter die was then given, with *Calcarea* 6 at bedtime. The child was brought back a week after, when there was very marked improvement. It could open its eyes much better to the light, showing a considerable diminution of the photophobia. Takes his food better, and sleeps well. Continue. Was not brought back again.

CASE 4.—Mrs. S—, æt. 38, October 5th, 1872. Has been suffering from catarrhal ophthalmia for the last three or four days. There are one or two *phlyctenæ* on the right eye, at the edge of the cornea. Severe circumorbital pain and photophobia. *Chloral* gr. j ter die.

Oct. 10th.—Eye almost quite well; only slight injection remains. *Phlyctenæ* quite gone, and the circumorbital pain has quite disappeared. No photophobia. Continue medicine.

Did not return, as the eye got quite well. This I ascer-

tained when she after a time returned with another complaint.

CASE 5.—Robert J—, æt. 9, October 25th, 1872. Has for a week had conjunctivitis of right eye; not much pain; is of a strumous family. *Chloral* gr. $\frac{1}{2}$ ter die, and bandage over eye.

Oct. 30th.—Less redness of eye and ulcer on cornea. Left eye also similarly affected. Continue.

Nov. 4th.—Redness of both eyes gone. The corneal ulcers just visible and no more. Continue.

Dec. 2nd.—(A month later.) This boy returned to-day. The eyes had got quite well after last visit. He then took measles a week ago. To-day right eye is very red, and in the centre of the cornea is a rather deep cut ulcer, with a good deal of pain. *Chloral* gr. $\frac{1}{3}$, as before. He did not return, which he certainly would have done, as before, if the eye had not got quite well.

CASE 6.—Jane B—, æt. 25, January 4th, 1873. Has had conjunctivitis for three weeks in both eyes. Pain and smarting in eyes, especially in the evening and at night. Eyelids adhere together in the morning. *Chloral* gr. j ter die, and simple ointment at night applied to the edges of the lids.

January 15th.—Eyes much better, but a slight redness is still visible, especially on the palpebral conjunctiva. Continue *Chloral*, and to have a collyrium of *Sulphate of Zinc*.

CASE 7.—Has been ill five months. There is conjunctivitis and corneitis on left eye. Cornea is dim. In right eye there is a cicatrix of an old ulcer on the cornea, and at one point considerable redness of the palpebral and ocular conjunctiva. A good deal of photophobia. *Chloral* gr. j ter die. Eyes to be bandaged.

This patient was particularly requested to return in a few days. She did not do so, and on inquiry I learned that she had got quickly well.

CASE 8.—Alexander J—, æt. 16. For a month has had conjunctivitis of both eyes, worse during past week. A small ulcer on left cornea. Feeling of sand in the eyes, but almost no photophobia. Is a very strumous patient. *Chloral* gr. j ter die.

This patient did not return till some time after, with another complaint. The eyes had got quite well.

The following cases did not return at all, but, as I before stated, I count them as successful, as they were all told to return in a few days if not better.

CASE 9.—E. S—, æt. 12. Conjunctiva of one eye very red; an ulcer on the cornea, and a pink circle round it. Pain round orbit. Has been ill five days. *Chloral* gr. j ter die and a bandage to the eye.

Did not return.

CASE 10.—Jane McI—, æt. 13. Inflammation of conjunctiva of both eyes, with a spot of injection in left eye, almost amounting to ecchymosis. A small quantity of muco-pus comes from the eyes. *Chloral* gr. j ter die.

Did not return.

CASE 11.—Helen S—, æt. 12, October 30th, 1872. Phlyctenular ophthalmia came on the day before. Palpebral and ocular conjunctiva of left eye very red. A phlycten at upper edge of cornea. A good deal of pain in the eye, but none round orbit. Right eye red and inflamed, but has no phlycten. *Chloral* gr. $\frac{1}{2}$ and *Aconite*, every alternate two hours.

November 3rd.—Much better. Redness very much gone. Continue.

Did not return again. (By mistake this case is classed among those that did not return at all.)

CASE 12.—John T—, æt. 23. Five days ago right eye, and three days ago left eye, became inflamed. In right eye there is much redness, with chemosis, and a phlycten at edge of cornea. In left eye a good deal of

redness, but no phlycten. Not much pain or photophobia. *Chloral* gr. j ter die and bandage to the eye.

Did not return.

The following are cases illustrating the action of *Chloral* in *urticaria* and *pruritus* :

CASE 1.—Jane W—, æt. 13, September 11th, 1871. On the 7th was taken ill with headache, sickness, and vomiting, which continued until the 10th, when an eruption appeared on the skin, which is very itchy, and rises in "white blisters" on being scratched; affects chiefly the forearms and legs. No discoverable cause. *Chloral* gr. $\frac{1}{2}$ ter die.

September 14th.—Much better, only a few slight patches of the eruption being found.

16th.—To-day is quite well, not the least appearance of anything on the skin, and no itching.

CASES 2 and 3.—Mrs. S—, æt. 38, and her son George, æt. 8, February 5th, 1872. Complains of a rash coming out every night, and almost disappearing during the day, "like the sting of a nettle." Has lasted for a week. It is very itchy, and after washing with soap and water becomes painful. Keeps them from sleep at night. General health good. No stomach disorder. The mother has her catamenia every two months, lasting ten days, and leaving her with a feeling of giddiness in the head. *Chloral* 1 gr. ter die, and gr. $\frac{1}{4}$ for her son.

February 10th.—On the first night after the above report had the rash as before, since which she has been quite free of it. The little boy is also quite well.

CASE 4. — Mrs. McG—, æt. 30, February 6th, 1872. Is eight months pregnant. Had erysipelas ten days ago. To-day complains of nettle-rash, which has come on since the erysipelas disappeared. Has had it before several times. The rash comes out when she is warm and in bed, and itches very much. Headache on left side, especially at the inside of the left eye. Tongue clean, bowels regular. *Chloral* gr. 1 ter die.

February 13th.—Is much better. The urticaria has not, however, entirely left her. Continue med.

Since this report up to the present time (March, 1874) she has had frequent attacks of it, and always asks for "the medicine for the nettle-rash," saying she never had anything that relieved her so much.

CASE 5.—Miss K—, æt. 50. For some days has had itchiness of the chin and front and back of the neck, coming on towards morning—sensation like minute insects or hairs. Otherwise quite well. *Chloral* gr. 1 ter die. This quickly cured the affection.

CASE 6.—A child, æt. 3. Had well-marked nettle-rash for a month. *Chloral* gr. 1 ter die. As I afterwards learned, this child got well, and the mother did not think it necessary to bring it back again.

CASE 7.—A. B—, æt. 25, November 9th, 1872. Complained of sickness and vomiting for two days with headache and sore throat. When seen had urticarious blotches over body, which are very itchy. Pulse 90; temp. normal. *Chloral* gr. 1 ter die (no discoverable cause).

November 11th.—Rash quite gone.

CASE 8.—Peter B—, æt. six months, November 9th, 1872. Had been ailing for several days. When seen had blotches of redness over legs and body in distinct wheals, not much fever. Bowels regular. Is weaned. Takes his food well. *Chloral* gr. $\frac{1}{4}$ ter die.

11th.—Rash much faded.

12th.—Is quite well.

CASE 9.—Alexander G—, æt. $2\frac{1}{2}$. Had for some time been much troubled with an urticarious eruption, which disappeared by day and came out at night, with such itching as to keep him from sleep. No discoverable cause. *Chloral* gr. $\frac{1}{4}$ ter die in two or three days so removed it as to give him quiet sleep, free from itchiness. The same has since recurred two or three times, and has always been removed by the *Chloral*.

CASE 10.—Agnes G—, æt. 28, September 26th, 1872. Has had hæmorrhoids for the last eleven years, which were at first external, but are now chiefly internal; bowels scarcely ever open without purgative medicine. Complains also of pruritus of the vulva, and down-bearing pains in the hypogastric region. Is at present six months advanced in pregnancy, *Nux vom.* and *Sulph.* at bedtime.

October 3rd.—Much better. Says she is no longer troubled with the hæmorrhoids, and that the bowels open naturally every day; the bearing-down pains in the hypogastric region are also quite gone. Says she feels quite well, except that the pruritus vulvæ is very troublesome. *Sulph. φ* bis die.

14th.—No better of the pruritus. *Collinsonia.*

21st.—No better. *Chloral gr. 1* ter die.

31st.—Pruritus almost quite gone.

Sleeps comfortably at night now. The piles are again troubling her, for which she is again put on treatment for them. She did not return.

The following cases did not return at all, but being always requested to do so if not improved I class them as successful.

CASE 11.—Miss S—, æt. 15, October 12th, 1872. Cannot sleep at night for itchiness of skin of whole body. Has had it for three weeks. Skin of body gets quite red. Redness and itching gone by the morning. Is quite well otherwise. Nothing at present to be seen except remains of scratching. *Chloral gr. 1* ter die. Did not return.

CASE 12.—Mrs. J—, æt. 21. Has had nettle-rash for a month, comes out chiefly in afternoon, and goes in again at bedtime. Sleeps well enough. The eruption is on the arms and face only. Tongue clean. No dyspepsia. Bowels rather costive. Catamenia regular till last time, when she is now a fortnight past time. Head aches. *Chloral gr. 1* ter die. Did not return.

CASE 13.—George C—, æt. 16 months. For the last

two days has had a well-marked urticarious eruption, which makes its appearance on every part of the body, and is much worse at night. *Chloral* gr. $\frac{1}{3}$ ter die. Did not return.

CASE 14.—Ellen S—, æt. 23, a servant. Since coming to town ten weeks before has had an eruption, red, and in spots the size of a sixpence or shilling all over the body. It does not come out through the day, but at night keeps her awake from the itching, making her afraid to go to bed. Head aches every day across the forehead, coming on in the morning and going off in the evening. Tongue clean. Appetite not so good as in the country. No dyspepsia. Bowels and catamenia regular. *Chloral* gr. 1 ter die. This patient was particularly requested to return if not better, but did not do so.

CASE 15.—Joseph A—, æt. 2, September 21st, 1871. On getting warm a cutaneous eruption makes its appearance, chiefly on the breast and limbs; before coming out he gets sick and has headache; the eruption is of a diffuse mottled character, and of a bright red colour; is not itchy, and disappears on the surface of the body being cooled; pulse quiet, tongue clean, bowels quite regular. There has been no coryza nor cough. *Chloral* gr. $\frac{1}{3}$ ter die. Did not return.

CASE 16.—Mary J. D—, æt. 6. Has had nettle-rash all over body for four days; very itchy, worse at night, and when warm. Tongue clean. Bowels regular. Appetite good. No cause discoverable. *Chloral* gr. $\frac{1}{3}$ ter die. Did not return.

I have only stated in some of the cases that no cause was discoverable, but I should have stated in all. This is, of course, a point of some importance, as certain articles of diet are known to produce urticaria in many people. Of course, in such cases, the urticaria passes off without medicine, and would be worth nothing to prove the efficacy of any drug.

I have only now to apologise for the length of this paper

and the number of cases appended, but in giving proof of the value of two new medicines I thought it of importance to prevent, if possible, any doubts as to their efficacy, which the enumeration of only two or three cases might have provoked.

Discussion on Dr. D. Dyce Brown's paper.

Dr. WYLD congratulated homœopathists on the addition of two excellent remedies to their repertory. His only experience of *Chloral* was as an anodyne and hypnotic. With this view he had frequently administered twenty drops of the syrup, but had never met with any pathogenetic effects. He hoped extended experience would confirm that of Dr. Brown with reference to *Apomorpha* in vomiting, although it often happened in medicine that time did not fully confirm the anticipations or even the experience of those who introduced new remedies.

Dr. DUDRICK considered that Dr. Dyce Brown had done good service to homœopathy by the addition of two remedies to our treasury. He had done his work in the true Hahnemannian style; first ascertained the pathogenetic effects of the medicines, and then used the knowledge so acquired as the guide to their administration in disease. The cases were treated strictly homœopathically, and the results as far as these were ascertained were quite satisfactory. The only blemish in the paper was the introduction of cases the end of which was not traced. It would have been far better to have left out these cases completely. The cases where the results were ascertained were quite sufficient to prove Dr. Brown's points without the introduction of cases of such doubtful value. It would never do to assume that our dispensary cases were cured because they did not return. He was glad to find that in *Apomorpha* we seemed to have an excellent remedy for a very common form of sickness that did not depend on the derangement of the stomach, but proceeded from sympathy with some other organ. *Chloral* would no doubt prove a very useful remedy in nettle-rash. The power of producing an eruption like measles had been long known, and if we required other remedies for measles than those we already possess we might have recourse to *Chloral*.

ADDRESS AT CLOSE OF SESSION 1873-4.

By Dr. BAYES, Vice-President.

(Read before the British Homœopathic Society.)

TO-NIGHT, in concluding the session of 1873-4, we celebrate the termination of the thirtieth year of the existence of the British Homœopathic Society.

During these thirty years how many changes may be marked, not only in the fortunes of our Society but in the world of medicine! It is worthy of remark that in the year of its foundation (1844) four members' names only were enrolled; of these original members two alone remain among us—Dr. QUIN, our venerated founder and our President, and Mr. CAMERON, who has more than once filled the office (which I vacate to-night) of VICE-PRESIDENT; but in our present list of members we see that, from the small beginning in 1844, our Society has increased until our fellows, members and inceptive members reach a total of considerably over 100.

In point of numbers, then, there is great cause for congratulation on the part of those who take interest in the progress of our method of therapeutics, and especially must it be a moment of proud satisfaction to our accomplished president and founder, and to our ever courteous and much respected friend Mr. Cameron, to see the fruition of the small seed which they planted in the year 1844 now grown into a strong and vigorous tree under whose shadows those who have been ostracised by the older and narrower medical societies can meet and discuss all the recent developments of clinical and therapeutical advancements, untrammelled by the fear of offending jealous rivalries and uncontrolled by narrow prejudices.

Gentlemen, it may seem a bold thing to state, but it is none the less true, that this and its kindred homœopathic societies in the provinces are the *only medical societies* in

Great Britain in which physicians and surgeons can openly meet and discuss medical and surgical science and art, on all their sides, in all their relations to therapeutics, and in all their bearings to adjunctive means and to clinical experience.

We are not, as our opponents would fain represent us, sectarians; we do not claim that there is but one single truth in medicine, and that homœopathy is that sole truth; but we claim that homœopathy is *a* great truth, that it enables us to cure a vast amount of human suffering, and to alleviate a vast amount of human misery which could never be cured or alleviated were it not for Hahnemann's great discovery; and we claim, therefore, that homœopathy shall hold its place in the realm of medicine, and that it shall not be banished and outcast from the profession by mere clamour and prejudice.

For the purpose of defending and spreading the knowledge of an unfairly proscribed medical and scientific truth this Society was formed, and nobly has it fulfilled its purpose. Strong as has been and as still is the combination against our system (and degrading to the scientific status of the medical profession as have been the arts used against those noble inquirers who, after careful examination, have dared to assert their freedom and liberty of action to follow out their honest convictions, by adopting the homœopathic method into their practice), this counter-combination has effectually withstood all the machinations of the members of the older medical societies, and has given us a place and a means of demonstrating to our fellow practitioners of liberal views, that we are not to be put down nor intimidated by threats nor by penalties.

That much good serviceable work has been done by our Society is shown by the record contained in our *Annals and Transactions*, in which have been published many valuable monographs and essays, as well as clinical reports and discussions. These *Annals and Transactions* have already completed their sixth volume, and let those who accuse us of medical sectarianism read in their pages a clear refutation of this slander, and let them judge whether

or no we are not striving to our uttermost to give practical meaning to the noble words of our master in the first proposition of the *Organon*—"The physician's high and only mission is to restore the sick to health, to cure, as it is termed."

Gentlemen, I feel sure that all around us to-night re-echo and cordially endorse these noble words. It is not our position nor our wish to support this system or that system of medicine; we do not seek to glorify one system nor to vilify or underestimate another; but we desire to "restore the sick to health," and in order that we may do so faithfully, and in as perfect a manner as it is possible to do, it is our duty to uphold and to defend our right to investigate any and every new means or old means which enables us to improve our power of healing. We assert our right to practise and to discuss the homœopathic treatment of disease, just as we also preserve to ourselves the right to use every other means which, in any individual case, appears to us to be best adapted for its cure. And this Society enables us to meet and compare our experiences with those of other labourers in the great field of cure-work. Let us ever remember, with honest pride, that this British Homœopathic Society is the only medical society in London where all modes of medical and surgical treatment can be practically discussed without let and hindrance. This consideration, gentlemen, should attach us all firmly to our Society and should warm our affection for and increase our loyalty to it. Our members should rally round its standard, there to fight against allopathic blindness and prejudice and hardness of heart, not in bitterness but in the pure light of love for science and in furtherance of our "high and only mission," so that we may not only "heal the sick" ourselves, but may become active missionaries in spreading among those, who at present oppose us, a knowledge of the improved healing means with which Hahnemann's method has supplied us.

A brief review of the labours of the session just passed will show that it has been by no means unfruitful in this direction. Cases illustrative of the homœopathic action of

medicinal drugs have been laid before us in papers read by several of our colleagues; nor have pathology, surgery, prophylaxis, or pure therapeutics been neglected in the past series of papers read within these walls.

The following is a list of the papers read and discussed during the past session:

1. "Cases from my Note Book," by Dr. HOLLAND.
Two cases of diseases of the bladder: one of colic (with opisthotonos), simulating lead poisoning, cured with *Plumb. acet.*
Two cases of chronic dyspepsia illustrating the curative power of *Nitrate of Silver.*
2. "Notes on Re-vaccination," by C. H. BLACKLEY, Esq.
3. "On Certain Pathological Points of Interest," by E. T. BLAKE, M.D.
I. Sublingual ulceration in hooping-cough.
II. Frequency of follicular pharyngitis.
III. Etiology of sun-stroke and hay-fever.
4. "Some Diseases of the Genito-Urinary Organs, with Cases," by HENRY HARRIS, Esq.
Cases.—Tubercular disease of prostate. Hæmorrhage from urethra and expulsion of fibrinous cast. Warts on penis, treatment by differing dilutions of *Thuja* and *Nitric acid.*
5. "Specific Medication in relation to Surgery," by Dr. W. SIMPSON CRAIG.
"On the extremely satisfactory results of Surgery supplemented by Homœopathic Treatment."
Diseases of the rectum, with cases.
Scirrhus of the breast, with cases.
Ovarian cyst, with cases.
6. "On some points in the Therapeutics of *Apomorphia* and *Chloral*," by Dr. DYCE BROWN.
7. "On some varieties of Hæmoptysis," by Dr. HERBERT NANKIVELL.
8. 1st, "On a Form for taking Cases," by Dr.

MACKENZIE. 2nd, "On Lupus and its Treatment," illustrated by photographs, by Dr. EDWARD BLAKE.

These essays either have appeared or will appear in the *British Journal of Homœopathy*, and afterwards have been or will be published in a separate form in the volume of *Annals and Transactions*, and our Society thus places it within the power of any inquiring medical practitioner or student to examine into the testimony yearly accumulating as to the exact value of the homœopathic system of medicine. It is by these legitimate means that we slowly but surely are advancing the cause of true liberty and liberalism in medicine, and sooner or later by this policy of honest work and its careful recording we shall revolutionise medicine and place the healing art on a secure foundation and on a truly scientific basis.

It is only by association and by the checking of the possible errors of our own individual experience by that of our fellow practitioners that we can hope to progress ourselves, and to convince others of our medical right doing.

There still remains much to be done before we can perfect our art or can establish the claim of our system to rank among the true sciences. A wide field lies open to our practitioners for the more exact and practical classification of diseased states, such as shall indicate the group of symptoms to be treated.

In the early days of homœopathy the homœopath was a medical Iconoclast, often properly and righteously so, since he cast down and destroyed many false images of a fanciful pathology, but in actual practice images of diseased states must be set up and classifications must be used, otherwise the labour of active practice would be so immense that few minds could stand the wear and tear it would involve.

In his more advanced career Hahnemann himself felt this necessity, as is shown by his recognition of psora, syphilis, and sycosis as constitutional diseases, and of scarlatina, measles, hooping-cough, &c., as specific diseases.

We must therefore admit images as a necessary part of the furniture of our Æsculapian temple, but we must exercise due discretion in admitting those only which are practical embodiments indicating diseased states, such as require an exact treatment, and we must reject all those which are mere idle representations of pathological theories. Such a reconstruction of therapeutic indications is a worthy object of our researches, and will I trust commend itself to the notice of our members.

At present, from our knowledge that *the thing named* is seldom *the thing to be treated*, we are compelled, in a large majority of cases, to fall back on the symptom-treatment of disease, as insisted upon by Hahnemann. And, indeed, to some extent symptom-treatment is the practice of both schools. For example, whether the pathological state be scarlet fever, rheumatic fever, pleurisy, pneumonia, &c., if the inflammatory symptoms be severe, it is these and not the specific form of fever which guide us in the choice of a remedy; or, where during the course of a disease severe functional disturbances ensue, it is to the rectification of functional balance and not to the specifically meeting the disease that our chief efforts are directed. And, lastly, structural alterations, occurring during a disease (such as swellings, ulcerations, abscesses), may afford the chief indications for treatment.

The elaborate nomenclature of the College of Physicians enables us to clothe our diagnosis in fitting and scientific words, but it does not increase our power of "restoring the sick to health." Indeed, the physician who should seek to treat a disease in accordance with its name, prescribing a specific medicinal drug for each disease, would be looked down upon as a charlatan, unfit to herd with the men of science who constructed the nomenclature, founded (we are told) on an exact appreciation of pathological conditions. The modern physician not only does not seek a single remedy for each disease, but employs the same medicine in the cure of many different diseases, according to the state of the patient.

Would it not then tend very materially to a scientific simplicity in medicine if the "diseased states" demanding medicinal treatment were prominently recognised and clearly defined?

In following out this inquiry, the worker who has acquainted himself with the pathogenesis of drugs as recorded in Hahnemann's *Materia Medica Pura*, and our more recent symptomatologies, has already prepared a foundation on which to reconstruct a practical nomenclature of "diseased states." Hahnemann has given us a new and immensely enriched *Materia Medica*, but it remains to a later age to produce a pathologist who shall construct us a symptom-code of diseases.

Again, it is not sufficient for us to rest content with the therapeutic rule of "similia similibus curantur." It does not satisfy the scientific physician to say to him dogmatically, "no matter what is the disease, if certain symptoms are present, give certain remedies selected on the principle of 'similia similibus curantur,' and give the remedies in doses far smaller than those which would suffice to induce these symptoms in the healthy." We must cease to dogmatise, and must be able to give a rational explanation for our rule of practice, or we shall fail to gain the ear of scientific physicians. Now, if we can show that the *diseased states*, demanding drug treatment, are really the result of the paralysis of certain definite sets of nerves affecting definite parts, tracts, or organs of the body, we shall go a long way towards a rational explanation of the apparent paradox included in the application of our rule of "similia," &c. For if "diseased states" arise from partial paralysis of branches of the sympathetic or of the cerebro-spinal nerves respectively, our rational treatment of such diseased states will be to restore the balance of power by stimulating the nerves up to the standard of healthy function.

I have already attempted in my work on *Applied Homœopathy* to show that the probable action of infinitesimal doses of medicinal drugs is that of restorative stimulation. On page 4 of the above-named essay I illustrate this pro-

position by a quotation from Dr. Anstie's essay on the *Action of Alcohol*, and I have hazarded the opinion that probably the same rule which applies to the action of alcohol will be found to apply to all poisons. In fact, that each drug, when given in poisonously large doses, paralyses "a certain part, tract, or organ," and thus induces an artificial disease; while, on the other hand, the small dose of a drug, when given to a patient (having a corresponding diseased state), stimulates the same "part, tract, or organ" which its large dose would paralyse. For the words stimulant and paralyser do not point to two opposite sets of drugs, but are really the two extremes of the action of one drug, and represent only the effects of different doses. All stimulants given in excess paralyse. All paralyzers given in moderation stimulate.

The solution of the much vexed question of the dose is included in the proper appreciation of this great law. It is a part of the art of therapeutics so accurately to adjust the dose that the depressed and partially paralysed nerves shall be stimulated exactly up to the health point; any dose which goes beyond this retards cure by leaving a corresponding depression.

The working out of this inquiry, again, affords a most interesting field for careful experiment on the part of our members, and it can only be satisfactorily carried out by the conjoint efforts of many men and by the free comparison of many individual experiences.

It would tend greatly to the advance of the legitimate influence of homœopathy within the profession were we in a position to define its exact value in the realm of medicine. The experience of many active workers can alone enable us to prove the full extent of its healing powers, and the limitations by which homœopathy is bounded in the treatment of disease.

It may not, however, be premature to indicate that experience appears to point to the two following propositions:

Firstly. That homœopathy enables us to restore the balance of functional action both to the organs, to the cir-

ulation, to the nerve force, to cell-growth, and to metamorphosis of tissue. Hence the homœopathic method is applicable in all diseases where loss of balance between functional actions constitutes the disease, or is the prominent cause of suffering.

Secondly. By restoring functional balance the homœopathic method enables us to arrest and to destroy many morbid growths and many parasitic diseases in an indirect manner. For, if we are able to restore perfect health to the containing or surrounding tissues, we may, so to speak, starve the morbid growth or parasite.

The illustration of these two propositions affords much scope for experiment. It will probably be found that surgical interference or the adoption of the antiseptic method, in the treatment of morbid and parasitical growths, in toxæmic conditions, pyæmia, &c., will enable us to "restore the sick to health" with a still greater facility and in a direct manner, but, nevertheless, a combination of the homœopathic method with those others will even here enable us still further to expedite the cure.

The interesting paper read before the Society by Dr. W. S. Craig contributes much to our information on this head. It must I think be conceded that the "restoration to health" in a large number of acute and chronic diseases is most rapidly accomplished by a combination of certain adjunctive means, or supplementary means, with the careful application of the homœopathic method. The value of palliatives, of heat and cold, mineral waters, of hydropathy, of Turkish baths, of electricity, of movements and gymnastics, of rubbing and of certain external applications, in some cases, cannot be denied by any physician of experience. I allude to these subjects very briefly, and with the double intention of showing that the members of our body are fully alive to the importance of all these aids in their active combat with disease, and to show also that our Society does not impose any fetters or restrictions on the practice of its members, desiring at the same time that they should fully acquaint themselves with the practice of homœopathic therapeutics, and that they should have

perfect liberty to follow the teaching contained in the first proposition in the *Organon*, that "the physician's high and only mission is to restore the sick to health, to cure, as it is termed."

Gentlemen, it is our duty to increase, in every legitimate way, the usefulness of our system and the knowledge of that mode of healing which has been placed in our hands in trust for the good of the public, and one of the largest of the means of so doing is by our giving a cordial and loyal support to this Society, which ought to embrace not only 112 practitioners of homœopathy, but every legitimate and worthy practitioner of homœopathy in this kingdom. We ought to strive to enlarge our membership and our fellowship. This Society is not only the citadel of homœopathy, but it is the palladium of medical liberty, and as such we ought to strive to our uttermost to support and to enlarge its foundation and its superstructure.

When the time arrives that we may safely and consistently ask for a State recognition of homœopathy, as an integral part of medical education, it will be one of the duties of the Society to provide the necessary teachers and examiners. Speaking personally, I believe that we should do wisely to inaugurate such a movement by appointing a board of examiners and clinical professors, in order that our younger brethren might obtain such teaching, and that they might receive certificates of proficiency before embarking in the practice of the profession. Timid counsels and a severe reticence are not becoming to the promoters and movers in a great reformation. We must push forward more vigorously, bind ourselves together more firmly, and assume a more corporate existence, and place ourselves in a position to speak with more authority, or harm will come upon us. Already I see, with some apprehension, practices creeping in among some of those practitioners calling themselves homœopaths, which I cannot think they would fall into were they more frequently to meet their fellow practitioners in professional and free discussion.

Those who have been successful in the tournament of private practice, who have, so to speak, "won their

spurs," could by their frequent association with their younger or less fortunate brethren, feel all the more closely bound to them, and incline to give them paternal help, and the younger and less fortunate, by frequently meeting with the successful, might learn from them the secret of success.

While upon this subject I would venture to urge very strongly on the younger of our brethren the necessity for a very strict adherence to a high standard of medical morality. Opportunities are certain to offer themselves to the patient waiters upon practice, and if a man prove himself to be respectable in his social relations, and successful in healing the cases of disease which come to him, his success, in a pecuniary sense, is certain to follow. The old proverb that "good wine needs no bush" is as true as it ever was, and no really good practitioner will ever find it needful to stoop to lower and unprofessional arts. It is with much regret that I have recently seen in one of the allopathic journals a just animadversion on the questionable practice of sending out a printed circular, which had been adopted by a homœopathic practitioner. Such means of seeking practice are not legitimate, and as a Society we have ever discouraged them, and have a penalty which has been exercised, and will, if need be, be exercised again against those who adopt such methods of advertisement.

Therefore we should all endeavour to increase the powers and the usefulness of our British Homœopathic Society, 1st, by increasing its membership, for that purpose urging all good men and true among British homœopathic practitioners to join it; 2nd, by a more thorough support of its meetings, not allowing any light cause to come between us and our monthly attendances; 3rdly, by contributing good papers illustrative of the action of homœopathic remedies in disease. The cultivation of public spirit by no means compasses any loss of private advantages; but even were it so, it is our duty to make some sacrifices in so noble a cause as that which this Society supports. All credit is due to that little phalanx of writers and thinkers whose deeds are chronicled in our

Annals, as having read and discussed papers; and it is earnestly to be hoped that many whose names are unfortunately conspicuous by their absence during the past session will join us cordially and constantly in that which is to come.

Before concluding these remarks I trust I may not be considered as overstepping, in any way, my present position of Vice-President of the British Homœopathic Society if I venture to express from this chair a hope that the members of our Society, while using the liberty which I have claimed as one of our most coveted possessions, will yet very jealously guard themselves against the too easy admission of new and specious methods of treatment. It is with no little regret that we have seen some practitioners, professing to be homœopaths, abandoning the first and foremost rule of our therapeutics (that the curative value of a drug in disease can only be ascertained by a knowledge of its symptom-inducing power on the healthy), and embracing with fervour the empirical practice of an Italian count who professes to cure all the ills mankind is heir to with seven secret remedies and four bottled liquid electricities.

Gentlemen, I am not here arguing against the empirical use of medicines whose names are unknown in such cases as have refused to yield to known scientific means; nor do I condemn the practice of employing empirical means or secret remedies when they have been proved by clinical experiment to be truly the quickest means of restoring the sick to health; but I see no reason to believe that these seven secret remedies are in any sense superior, intrinsically, to seven of our own well-known remedies, and their curative power can never exceed that of seven such remedies. Now, is there any one member of our body who would be content to accept from one of our members seven bottles of globules, without name or dilution stated, and to receive them in firm faith as containing everything that is needful for the cure of all the diseases under the sun? I feel sure that there is no one of us who would so far defer to the dictum of the best, the most experienced, and the most learned physician among us, yet we see the spectacle

of certain educated physicians showing an amount of deference to an Italian nobleman (deficient in that medical knowledge which would alone make his testimony of value) which they would refuse to give to any educated physician. It is time, also, that we should protest against the pretension that this gentleman has put forward to the title of philanthropist. Were he truly a philanthropist, and were he in the possession of seven remedies which would cure the world of disease, he would not only publish the names of the remedies and their mode of preparation, but he would spread the knowledge of the names of these drugs and of their virtues far and wide in every journal of every country in the civilised world. I am tired of the pretensions of this pseudo-philanthropist. How unlike is his procedure to that of our own noble master, who spread the knowledge of his method and system in every direction and who gladly taught his system to all inquirers; whereas this Count charges a very substantial price for his precious wares. One of our chemists who imported the seven remedies and the four bottled electricities, told me he paid £200 for his first parcel. But, say some of his supporters, he gives his advice to the poor—a very old trick, and one that has paid well over and over again. Who does not remember the advertisements years ago of a Reverend Dr. Moseley, who would gratuitously inform all inquirers of a certain cure for nervous affections. The patients who wrote received a prescription which could only be made up by one special chemist, and the Reverend Dr. Moseley made his fortune. This kind of philanthropy has been before us over and over again, and whoever reads the advertisements in our daily papers will see that it still lives in the hearts of clergymen, officers, and others, who have infallible cures which they are anxious to make known out of pure thankfulness for cures effected in their own families. It is not surprising that certain classes among the public should be imposed upon by such devices, but it is grievous to see intellectual and high-minded physicians fall into such snares.

There are some minds so constituted that every new

thing appears to have a fascination for them, and this yearning for novelty is, probably, the explanation of the aberrations above referred to ; but the greatest seeker after that which is new will find abundant legitimate food in a critical study of the remedial drugs already proved, whose properties are recorded in our *Materia Medica*, in Hale's *New Remedies*, and in other parts of our literature, to the number of about or above 400.

Gentlemen, with these remarks we close the 30th Session of our Society ; let us express a hope that each succeeding session may show an increment of usefulness and of progress.

REVIEWS.

Bönninghausen's Homœopathic Therapeia of Intermittent and other Fevers. Translated, with the addition of new Remedies, by A. KOENDERFER, M.D. New York: Boericke and Tafel. London: H. Turner and Co.

THE first edition of this work of Bönninghausen's was published in 1833; and had the honour of being favourably noticed by Hahnemann himself in his *Organon* (5th Ed., note to § ccxxxvi). After an interval of thirty years, the writer, then verging upon four score, revised and remodelled it. The preface to his second edition (1863) is given in the volume before us. It explains that, while the first edition treated of intermittent fevers alone, this limitation is now withdrawn; and the subject of the work is "Fever" itself. Under this term is to be included "the various diseased states of circulation, chill (including coldness and shivering), heat, and sweat." The treatment of the subject is as follows. A first part contains under the heading of each drug, "a short extract of its characteristic symptoms relative to fever," arranged in the four categories mentioned above. A second part consists of "a repertory which has been made as complete as possible, as regards the four stages;" and which also includes ameliorations, aggravations, and concomitants. "The third part gives a view of the compound fevers," that is, of the successions and combinations of these fever-symptoms. The fourth and last part is a list of the pathological (nosological) names of the various forms of fever, with the remedies best accredited in the treatment of the same. This section is, of course, discredited by both author and translator.

The symptoms whose arrangement is thus described are (in the first three parts) taken from the *Materia Medica*. The choice of symptoms, however, in the first part, and the relative size of type in which the names of the medicines are given in the second and third, are determined by clinical experience. For this the author can draw upon "the important accumulation of 115 quarto volumes of most carefully kept case-books," ranging over a space of thirty-five years. The fourth part is, of course, clinical only.

Bönninghausen's first edition was given us in English many years ago by Dr. Hempel. The second is translated by Dr. Korndorfer, who is a well-known and laborious member of the Hahnemannian school of American homœopathy. He has added twenty-six remedies to Bönninghausen's list, and incorporated their symptoms in the repertory. We regret to find, however, that in so doing he has departed alike from Bönninghausen and from Hahnemann himself in following the vicious practice of his party of mingling "clinical symptoms" with pathogenetic, without note of distinction. We want to know what febrile symptoms each drug has caused on the healthy body; and then, quite separately, what febrile conditions have disappeared under its medicinal use, and how quickly. It is simply confusing and misleading to blend the two in one homogeneous list as "characteristics."

The volume is got up with that excellence of type and paper (with leaves already cut) which now distinguishes our American publications. They only want more careful reading of the press to make them models of typography.

So far we have limited ourselves to giving an account of the work before us. And if it had been published, and this review written, thirty years ago, there would have been nothing to add but an expression of appreciation. But when we come to consider it in the light of present knowledge and possibilities, it is impossible to close without considerations of a less favourable tenor.

The idea is a good one. To abstract "fever," pure and simple, from the various concrete forms in which it is

manifested ; to inquire what medicines produce it, in what manner and with what concomitants ; to collate the results of experience as to the power of such medicines over it, in its generic, specific, and individual varieties ; and to convey all this information in a compendious and available form, would be a work of obvious and great value. But it has already appeared how imperfect is our author's conception of what "fever" is. It consists, to him, in disordered circulation, chill (including coldness and shivering), heat, and sweat. "One or more of these conditions," he writes, "can, in general, indicate or characterise a fever." Correspondingly, the "General Fever Symptoms" of his first part include every disturbance of the heart's action, every lowering of bodily temperature, every sudorific effect produced by the drugs named—the slow pulse of *Digitalis*, the chilly depression of *Pulsatilla*, the sweating of *Sambucus*.

Now all this may be excusable to Böninghausen in his study ; but how can Dr. Korndörfer be content to reproduce it in the light of modern science ? He must know that there are a hundred derangements of the circulation which have no connexion with pyrexia ; that there is no true febrile chill in which the internal temperature has not already risen ; and that mere perspiration, without relation to heat, may be a phenomenon quite foreign to the present matter. Judged by this standard, four fifths of the medicines given, and one half of their symptoms, might be expunged with advantage. In fact, true pyrexia is (as Dr. Gibbs Blake showed at the late Leamington Congress) a rare pathogenetic effect ; and we certainly have very few medicines which exert a real control over it. The great majority of Böninghausen's 180 may occasionally come in to help in the treatment of a fever ; but unlucky would be the patient who had to depend on them (on *Agnus*, *Ambra*, *Asarum*, *Cyclamen*, and such like) to mitigate its severity or shorten its duration. He would probably do much better under the care of the despised treater of pathological names, who would at least keep him on medicines which are truly anti-pyrexial.

These considerations bear mainly upon the first part of the work. The second and the third—the Repertory—will

be valuable in proportion to the amount of clinical experience they contain ; and practice only can test them. As far as they merely refer to the first part, they are vitiated by its essential faultiness. The fourth part, the "Pathological Names of the Various Fevers," with their remedies attached, had better have been supplied by one who had some sympathy with pathology, which author and translator alike disclaim. The list is of the crudest and most antiquated kind. Here are its earliest constituents : — "Bilious Fever, Catarrhal Fever, Cinchona Fever, Congestive (chills) Fever, from overheating, from taking cold, from bathing, from getting wet through." It is not surprising to find "Nervous Fever" and "Slow Fever" mentioned as separate entities ; while typhoid is bracketed as identical with typhus.

We are thus regretfully compelled to pronounce that, whatever be the value of this book, it belongs to the Dark Ages of homœopathy, and that the "Homœopathic Therapeia of Fever" is a treatise still unwritten.

Annual Record of Homœopathic Literature. 1873. Edited by C. G. RAUE, M.D., assisted by fifteen others. New York: Boericke and Tafel. London: H. Turner and Co.

SINCE we noticed, in our number for April, 1871, the first volume of this Record, it has been appearing annually, and the present volume is the fourth of the series. It continues to be an excellent compendium of all that has appeared worthy of note in German, British, and American journals during the preceding twelve months. We ought to be able to add "French ;" but we find that these, with their fellows in the Spanish tongue, are used only "as far as translated in other journals." Surely, even if Spanish is unattainable, Dr. Raue could find some fellow-labourer in the States who understands French.

The three indices of Diseases, Remedies, and Authors

continue to be a most useful feature of the work, and with their aid we can find out what has been written on any subject, and where, during any of the years (1869—1872) over which the Record extends. This will be invaluable to authors, and only less so to practitioners. We advise all our readers to take in regularly this excellent year-book.

The Science and Art of Surgery. Compiled from Standard Allopathic Authorities, and adapted to Homœopathic Therapeutics. By E. C. FRANKLIN, M.D., Professor of Surgery in the Homœopathic Medical College at Missouri, and Surgeon to the Good Samaritan Hospital of St. Louis. Vol II. St. Louis, 1873.

THE first volume of this work appeared (in two parts) in 1867-8, and was reviewed in vol. xxvii of this Journal, p. 321. Its present continuation has all the merits we found in the earlier part of the work. It is excellently adapted for the students of the American Homœopathic Colleges, for whom it is written; and may be useful to any practitioner.

We have noted the following practical observations as worth extracting :

Page 29.—In the treatment of sprains Dr. Franklin advises that the lotions, medicated with the appropriate remedy, should always be applied warm. He prefers *Ruta* lotion to any other application where the deeper-seated joints are injured.

Page 49.—He speaks highly of *Sulphuric acid* as a remedy, after *Aconite*, for acute rheumatism.

Page 158.—He contributes another case of the cure of paralytic after-effects of spinal concussion by *Hypericum*.

Page 364.—He is enthusiastic in his praise of the power of *Symphytum* to promote the union of fractured bones.

These are medicinal points. In the surgery proper of his book Dr. Franklin seems to have compiled and repro-

duced well ; and occasionally gives some useful experience of his own, as, for instance, a case of ovarian tumour cured by galvanism (p. 731). The only fault we have to find is that inveterate one of our trans-atlantic *confrères*, carelessness in typography, punctuation, citation, and arrangement. Thus, the virtues of *Iodine* in scrofulous swellings and indurations are mentioned under the head of "Ganglion;" and Dr. Hornby's experience in the treatment of whitlow as a note to "Toe-nail Ulcer;" lupus and rodent ulcer under the head of Diseases of the Lymphatic System, and so forth. The following is a specimen of faulty citation (p. 53):—" *Viola odorata*.—Three cases are given of the curative effects of this drug in rheumatic synovitis, all of which were severe and occurring on the right side of the body; improvement began within two days; complete recovery followed rapidly. The 12th potency was used." The reference is to vol. xxiv of this Journal, p. 315. But we find there six cases; in three the 12th dilution was given, in one the 1st, in one several, in one the dilutions are not mentioned; and the special point of the paper is to show that the action of the *Viola* is pretty well limited to the right carpal and metacarpal joints. There was, moreover, much more variety than is stated as regards the time at which improvement began and cure resulted.

If errors of this kind were avoided, and the press more carefully read, our satisfaction with the American contributions to our literature would be more unalloyed than at present they are.

C. *Hering's Materia Medica; with a Pathological Index.*
Vol. I. New York: Boericke and Tafel. London:
H. Turner and Co.

THIS volume is a collection of monographs on medicines, such as the author has given us before in his *Amerikanische Arzneipruefungen*. Its 706 pages contain the sixteen reme-

dies which have been published in the *American Journal of Homœopathic Materia Medica* and the *Hahnemannian Monthly*, viz. *Alum*, *Carburetum sulphuris*, *Coca*, *Cuprum*, *Eupatorium perfoliatum* and *purpureum*, *Formica*, *Mercurius iodatus ruber*, *Natrum sulphuricum*, *Nux moschata*, *Osmium*, *Phytolacca*, *Sarsaparilla*, *Spongia*, *Stramonium*, and *Theridion*. They are here collected in alphabetical order, and a nosological index appended.

Our remarks upon these monographs will have reference to two points—the first, their materials; the second, their arrangement.

1. The materials which Dr. Hering brings together consist of everything which has been said about the drug in question from the earliest times to our own. He admits that in so doing he collects tares together with the wheat; but he thinks that here (as in the Parable) the attempt to root out the tares is premature, and imperils the wheat. The "harvest" to which he would have "both grow together" is practice; as the records of this accumulate, the wheat will become apparent, and the tares can be gathered in bundles to be burned.

There is something to be said for this; and there would be more still were any reasonable discrimination exercised by the compiler. All that was simply doubtful might be given, marked by some sign to distinguish it (like Hahnemann's brackets); but pathogenetic symptoms that are simply misleading, and clinical ones that have no foundation, should surely be excluded. One of the former has already been commented at p. 483 of the present number of our Journal; the *Cuprum*-symptom in question stands in all its falsehood as S. 814 of Dr. Hering's series. S. 1670 of *Stramonium* is a specimen of the latter. From this it would appear that the medicine had cured "progressive locomotor ataxia" in the hands of Dr. H. N. Martin. We happen to have been in at the birth of this "cure." We noticed a comment of Dr. Martin's on a symptom observed in poisoning by *Stramonium*, that the patient could not walk steadily in the dark. He suggested thereupon that the drug might be indicated in locomotor ataxy, in which

disease it is almost impossible to maintain the equilibrium with the eyes shut. Two or three months afterwards we found in the monthly instalment of *Stramonium*—" *Progressive locomotor ataxia.—H. N. Martin."

Even when these "clinical symptoms" are true ones, it is confusing and misleading to mix them up with those that are purely pathogenetic, as we have often argued. Dr. Hering has added to the mischief here, by altering the traditional sign for denoting them. In *Jahr's Symptomen Codex*, * prefixed to a symptom meant that it had been observed pathogenetically and verified clinically, while ° signified observations *ex usu in morbis* only. Dr. Hering has omitted the latter sign; but uses * for his mere "clinical symptoms."

We cannot resist, while upon the subject of material, citing Dr. Dake's comparative view of the plan adopted by Dr. Hering and his followers and the ideal which progressive homœopathy must have before it and must follow.

I. OBTAINING OF DRUG SYMPTOMS.

Discriminate.

1. From reliable reports of cases of poisoning, where no diseases were pre-existing and no antidotes employed.

2. From experiments on the lower animals, carefully conducted under the application of proper tests.

3. From the day-books of a good number of provers, of both sexes, in good health, collected together in one place, under the guidance of a competent director, supplied with all the tests or diagnostic means necessary in the examination of patients; each prover hav-

Indiscriminate.

1. From the reports of all cases of poisoning, with no proper allowance for any pre-existing diseases or antidotal means employed.

2. From experiments on the lower animals, conducted by any one, in any manner, and without any sort of tests.

3. From the reports of one, two, or a dozen provers, scattered everywhere, some healthy and some not so healthy; some engaged in the harassing and fatiguing labours of medical practice; some having taken doses of the mother-tincture, some the 3rd., some the 6th,

Discriminate.

ing taken the same kind and size of dose ; and all being subject to the same rules and regulations as to manner of living, and as to modes of observing and noting drug effects.

4. From no other sources a single symptom, as a proper drug effect.

Indiscriminate.

some the 30th, and some the 200th potency ; some observing their symptoms closely and noting them carefully, and some doing the same carelessly ; some following one mode of life and some another ; some locating and describing their sensations after one plan and some another.

4. From the sick, as symptoms removed by the drug administered ; again from the sick, as symptoms aggravated by the drug ; and still again from the sick, as symptoms not properly belonging to the disease, but supposed to be the effects of the drug administered.

II. VERIFYING OF DRUG SYMPTOMS.

1. By a critical examination of the sources of all symptoms, to determine their character as to genuineness, excluding all the spurious from the *materia medica*.

2. By a critical examination and comparison of the day-books of all the provers, to learn by how many of them the same symptoms were experienced, and so to determine the comparative value of the various symptoms, which must

1. By an acceptance of all symptoms as furnished in good faith, not daring to "gather up the tares" lest we "root up also the wheat with them," and so letting the genuine and the spurious together go into the *materia medica*.

2. By taking all the symptoms at par, whether reported by one prover only, or a dozen provers, allowing none but *clinical brokers* to determine their real value and to attach a premium to some and to lower others by a proper dis-

Discriminate.

be regarded as characteristic and which as common, which as constant and which as casual.

3. By such a careful practical trial of each drug, pointed out by a similarity of symptoms, as will leave no doubt as to "cause and effect" in each case; obtaining thus some evidence in favour or against the original pathogenesis.

4. By the gathered clinical experiences of physicians who follow the homœopathic law closely in the selection of remedies, recording their cases carefully and at the moment, and, in all things, being not over confident in their own powers of discernment, nor over credulous as to the statements of others; nor yet itching to figure as great clinical discoverers and authors of such key-notes and characteristics as are born of clinical experience.

Indiscriminate.

count, from time to time.

3. By an impartial reliance upon all the symptoms of a drug found in the *materia medica*, and pointed out by repertories and comparative arrangements, each symptom being marked as *verified* as soon as its morbid likeness in a patient is reported by any one as having been removed by the drug in question.

4. By the gathered clinical experiences reported in the journals from month to month by practitioners of all grades of intelligence and reliability; by practitioners using crude doses or the 3rd, 30th or exclusively the 200th potency of drugs; by practitioners who "are, as it were, only beginning to pluck the ears of corn, rubbing them in their hands" and looking forward hopefully to the "harvest" that "is coming."

III. COLLATING OF DRUG SYMPTOMS.

1. In an arrangement based upon the several tissues of the body and their physiological functions, showing the general pathogenetic range of each drug.

2. In an arrangement based

1. In an arrangement based chiefly upon the supposed results of clinical experience, showing the general range of each drug.

2. In an arrangement based

Discriminate.

upon the number of provers, —the symptoms occurring in the greatest number being marked as characteristic, and those occurring in but one prover being set aside as casual or common—and all having proper exponents of value attached, showing in the records of how many provers each one had appeared.

3. In a complete display, giving the day-books of all the provers, as submitted to the director of provings from day to day, with his marginal notes thereupon, the whole preceded by a proper description of the respective drugs and followed by their medical and toxicological history as gathered from reliable sources.

Indiscriminate.

partly upon the regions and tissues of the body, partly upon their functions and partly upon pathological distinctions, with no marks to show whether a symptom had appeared in the reports of one prover or a dozen provers, or simply in some clinical or toxicological report, found in a recent journal, or in a musty volume of an age long past.

3. In an arrangement, with the names of the several drugs, their clinical uses and then their symptoms, as gathered from all quarters, variously grouped and described, with little if any indication of source or value, except in occasional accompanying clinical notes or subjoined pathological observations.

We may think Dr. Dake a little too exclusive; but there can be no doubt of the superiority of the discrimination he advocates over the hodge-podge with which Dr. Hering insists on furnishing us.

2. When we come to the *arrangement* of these monographs, we are glad to be able to speak much more favourably. Each commences with a (chronological) list of the authorities from whom the compilation is made, giving more or less full details as to the nature of their work, the subjects of poisonings and provings, &c. Reference being made to this list under every symptom, we are generally able to gauge its worth for ourselves. The order of the schema is Hahnemann's, but subdivision has been fully and usefully carried out. Care has been taken to preserve the natural groups of symptoms, wherever known, by references

between their component elements; some interesting remarks on Hahnemann's teaching and practice with regard to this are contained in the preface.

With the reservations, therefore, already made as to material, we commend this volume of *Materia Medica* from the hand of our veteran worker to the best consideration of our readers. It can hardly fail to enhance their power of applying the remedies it treats of to the relief and cure of disease.

The Hahnemann Materia Medica. Part III, containing *Belladonna*, by Dr. R. Hughes. Published for the Hahnemann Publishing Society, by H. Turner and Co.

We are obviously precluded from doing more than announcing the publication of this third portion and fifth medicine of the *Hahnemann Materia Medica*.

L'Homœopathie prouvée par ses adversaires. Par Dr. FLASSCHOEN. Baillière.

THIS excellent *brochure*, by one of our Belgian *confrères*, well shows how numerous are the testimonies, conscious or unconscious, to the truth of our principle and the worth of our method occurring in the writings of those who oppose us.

On the Universality of the Homœopathic Law of Cure. By CHARLES NEIDHARD, M.D., &c. 2nd Edit. Boericke and Tafel, New York. 1874.

THIS essay was delivered as a preliminary discourse to the students of the Homœopathic College of Pennsylvania in 1872.

It is all very well to attempt to show the universality of the homœopathic law of cure in the proper domain of

medicine, and a great deal may be said in favour of the idea that every curative method, whether specific, revulsive, counter-irritant, alterative, or by whatever name it may be called, is really an example of application, more or less exact, of the principle "similia similibus curantur." Of course it is a task beyond human ingenuity to prove that all the depleting practices of the old school come under the homœopathic law, but then these disastrous methods of a "dying faith" are in almost all cases the exact reverse of "curative."

We think, however, it is rather an example of perverted ingenuity to attempt to trace the working of the homœopathic law in the departments of morals, politics, education, agriculture, chemistry, and physics. Of course, far-fetched analogies may be found everywhere and even among the most unlike things, but the discovery of such analogies belongs more to the art of the poet than to that of the physician, and we do not believe that any one was ever really converted to doctrines in one department of philosophy, science, art, or religion, by the most ingenious analogies drawn from other departments. So that, with all respect for Dr. Neidhard, we fancy his ingenuity in this essay is rather misplaced, and we must express our decided preference for his contributions to practical medicine, of which he has furnished us with many brilliant specimens.

Journals of the Quarter.

It is our intention for the future to give, in every number, a brief account of the contents of the homœopathic journals for the previous quarter. We receive these from France, Belgium, Germany, Spain, Italy, and America. Few British homœopaths see more than one or two, if any, of them. Yet it cannot be but that they contain many an item of interest, many an article of importance to us also in this country. Our *résumé* will keep our readers *au courant* with all that is going on abroad, and will pro-

bably in many cases whet their appetite for some of the material whose presence is indicated.

As the various journals are sent to us rather irregularly, we can observe no fixed order, but must note them as they come.

AMERICA.

New England Medical Gazette.—This monthly journal, published at Boston, is under the editorship of Dr. C. F. Nicholls, assisted by the Faculty of the Boston University School of Medicine.* The number for March, 1874, is the third of its ninth (annual) volume. It has nothing calling for special notice. But in the April number there is an account of the opening of a very important institution, viz. "The State Homœopathic Asylum for the Insane," at Middletown, New York. "This institution," it is stated, "was originated in 1869, through the exertions of George F. Foote, M.D., and certain public-spirited citizens, both in Orange County and in other sections of the State, who were desirous of applying the principles of the Hahnemannian school of medicine to the cure and relief of the insane. In April, 1870, it became a duly incorporated State institution, and a site was chosen for it upon a farm of 250 acres, located about a mile to the westward of the village of Middletown, Orange County, New York, a spot which commends its selection by the beauty of the views which it commands, its excellent and healthful surroundings, its admirable facilities for drainage, supply of water, and ease of access." In the *Orange County Press* of April 24th we have a picture of this asylum, which is an imposing edifice, consisting of a main building containing the domestic and administrative offices, and four wings or pavilions, which are reserved exclusively for patients. The main building, in which seventy-five or eighty patients can be received, was to be opened on May 7th, and the first of the pavilions, to hold 300 male patients, is expected to be ready by the winter. The medical superintendent is a Dr. Stiles,

* This is a new College, instituted but a year ago.

and his assistant a Dr. Buller, both of whom are well spoken of.

This is a very important enterprise, and we shall look with great interest to the reports of the medical officers to learn what homœopathy can do on a large scale for the insane, and how she does it.

The May number commences, with *Millefolium*, a series of translations of those monographs on medicines contained in Hering's *Amerikanische Arzneipruefungen*, which have not yet been rendered into English. To these Dr. Hering supplies corrections and additions, bringing down our knowledge of them to the present time. These articles alone render the journal worth possessing.

Hahnemannian Monthly.—This journal also is in its ninth year, and the number for March is the eighth of the current volume. It is published at Philadelphia, under the editorship of Dr. McClatchey. Each number of late has had a sheet of appendix, consisting of a treatise on Diseases of the Skin, by Dr. Lilienthal. It is only a compilation, but is very completely done, and may often repay consultation.

The March and April numbers contain nothing of special moment. The May number begins with a translation of the article on *Argentum nitricum* in *Dadea's Compendio di Materia Medica Pura et Therapeutica*, now publishing. It is executed by Dr. Carroll Dunham, who in the December and January numbers had given an account of this important work. Dr. Dadea seems to be doing his work in the most thorough manner, consulting every source of information on each drug, and indicating these in the proper place as "references for more accurate study." His symptom-list however, is a selection like Jahr's, not a complete collection. His work therefore, if translated into English, will in no way vie with Dr. Allen's undertaking. It may well be so rendered for our advantage; and in the mean time cannot but be of the utmost benefit to the disciples of Hahnemann in Italy.

There is an interesting paper in this number by Dr. E.

M. Hale, entitled "Poisoning by Coffee," which is worth extracting.

"It will perhaps be remembered that several years ago I published some accounts of a peculiar characteristic symptom of *Coffea*, which had not been recorded as pathogenetic, namely: '*Terrible toothache relieved only by cold water held in the mouth*—aggravated by everything else.'

"I have frequently verified this symptom in practice, and so have many of my colleagues. I now have the pleasure of recording a case of poisoning by *Coffea*, where this symptom was the most severe and persistent of all its effects.

"Mr. W—, a young lawyer, wishing to perform an important mental labour in writing, drank one cup of intensely strong coffee without milk or sugar, about 8 p.m. After writing several hours, he was seized with such an intense pain in the teeth of the right lower jaw (not decayed) that it drove him nearly crazy. He came to my office after midnight to get some relief. He had already observed that no application relieved the pain but *cold water*. So soon as the water became warmed in the mouth the pain returned.

"Not knowing that he had taken a poisonous quantity of coffee, I gave him *Coffea* 3; but to my surprise he came back in the morning, reporting no relief. I then gave *Coffea* 30, but no relief came in six hours. Then he told me about his coffee poisoning. Electricity was tried and gave relief for several hours after the first application; but subsequent applications were of no benefit. He then tried a variety of nostrums for several days, but none gave more than temporary alleviation. I gave him *Nux vom.* and *Cham.* to antidote the coffee, and *Pulsat.* for 'relieved by cold drinks' (see Hull's *Jahr*), but no benefit accrued. The odontalgia gradually wore away in a week, leaving him so nervous and shattered that he was fully convinced that coffee was really a potent poison.

"We have now the necessary evidence corroborative of the power of coffee to cause and cure this kind of odontalgia.

From a "special notice" as to the twenty-seventh session of the American Institute of Homœopathy, to be held at Niagara Falls, on June 9th, we gather that many important subjects are to be discussed. In the *Materia*

Medica section we are to have provings of *Calabar bean*, verifications of *Lilium tigrinum*, and opinions as to the significance of primary and secondary symptoms. Among the subjects for other sections are cerebro-spinal meningitis, puerperal fever, uterine hæmorrhage, cholera infantum, cataract, catarrh of middle ear, and psychological diseases in relation to homœopathy. If half these matters receive anything like an adequate treatment, this year's *Transactions* of the Institute will be a valuable volume.

"The "Editorial Notes" in this number give two gratifying pieces of information as to the public progress of homœopathy in the United States. In Hudson County, New Jersey, a "County Board of Health has been appointed, consisting, as the law creating it stipulates, of the county physician and two other members, one a homœopathic and the other an allopathic practitioner." Again, "a charter for a large general homœopathic hospital, including a department for the insane, has just been granted by the Courts of Philadelphia, under the title of *The Homœopathic Hospital of Pennsylvania at Philadelphia*."

American Observer.—This journal, issued at Detroit, Michigan, bears the name of Dr. Lodge upon its title-page as general editor and publisher. Its March number is the third of the first volume of a new series,—the old series having apparently ended with its tenth annual volume. The only noticeable thing in it is a case of enteralgia of some standing in a broken-down constitution, of which *Baptisia 3* effected a rapid cure. The April number contains an important communication from Dr. E. M. Hale on the *Viburnum opulus* as a remedy for dysmenorrhœa. It is, at present, known only *ab usu in morbis*, but has a wide and high domestic reputation; and as it is in the 1st decimal dilution that Dr. Hale has found it so successful, it can hardly be from any other than a specific property. He speaks of it as having as yet never failed him in neuralgic and spasmodic dysmenorrhœa; so much so that he has looked up old cases dismissed as incurable, and has tried it with them, so far with success in every case. He does not say

whether he used the wild plant or the cultivated variety known as the Gueldres rose. As the latter is much altered botanically, it may not have the properties of its progenitor. The same number also contains some interesting remarks on *Æsculus hippocastanum*, by Dr. Hart, of Wyoming. He finds it very valuable in abdominal and pelvic congestions, especially when characterised by a sense of throbbing. He uses the 6th dilution. Dr. E. Rogers speaks of the value of *Macrotin* in helping forward tedious labour; and Dr. Allen contributes some cases of herpes in children brought on by the use of *Sarsaparilla*. Altogether this is a very profitable number.

The *Observer* for May contains two cases illustrating the use of *Atropia*, which, as we have much to learn about the distinctive sphere of this alkaloid, are worth extracting. They are by Dr. W. H. Blakeley.

"CASE 1.—Miss Jennie E—, æt. 24 years, unmarried, of a slender build, healthy parents, had always enjoyed good health until about five years ago, when immediately before her regular menstrual return she was attacked with a very severe headache, beginning in the occiput, and passing over the right side and seating over the eyes and in the balls, increasing to such a degree that an attack of epilepsy would set in which would deprive her of consciousness for eight to ten hours, awaking only to a renewal of same.

"The attacks came on mostly two or three days previous to menstruation, but sometimes the flow would be all right for a day or two, and suddenly stop without any cause, and then the head and nervous symptoms would develop. She had been subject to these seizures so long that the eyes had that peculiar glassy hue characteristic of an epileptic. Very sad and morose, preferring solitude and a dark room to the society of friends; throat of a dark red hue, teeth white, dry and shining; also during the menstrual flow she would have a severe pain in the region of the left ovary, which would increase in size, and be very tender to touch. Menstrual blood light coloured and rather scant.

"After she would pass over one of these attacks she would be

very nervous and restless, wanted to keep moving about all the time, very irritable, not answering with civility.

"After a careful study of the pathogenesis of *Belladonna* I concluded to give *Atropia*, 3-10 pellets, 3 of No. 30 every six hours, beginning three or four days before the expected return of menstruation. She passed through the first time with only a headache; since then she has been exempt entirely.

"Now that six months have elapsed, her eyes have brightened up and she enjoys society.

"CASE 2.—Mrs. L—, aet. 40 years. Mother of seven children. With each of her other children, beginning about the third month, she would suffer with the most excruciating pains in the region of the left ovary of a cutting or drawing nature—extorting screams from her, and causing her to bend over to that side; the pains were so severe that she expressed them as unbearable. After continuing in side for a while the head was attacked, which would develop spasms of a genuine epileptic nature. She had been treated during her other pregnancies by the so-called orthodox school with *Chloroform* and *Kali brom.*, but without avail; they would get more severe until a day or two before confinement, when they were almost continuous; she could tell for several hours before they came on.

"I began the treatment with *Sul. Atropia* 4-10 globules as before, three times every four hours, until the symptoms abated. She passed through confinement all right, and without a single attack and eight hours' labour; heretofore it had been eighteen to twenty.

"In ovarian neuralgia, supra-orbital and orbital neuralgia, I use it in preference to any other remedy. I have found it necessary on one or two occasions to flush the face a little before I could get a permanent effect, after which it would be lasting."

The same writer gives us a case of endometritis cured by *Arsenicum*, and of *Stramonium* poisoning in which the symptoms rapidly yielded to *Morphia*. Dr. Hoyne contributes a lecture on *Natrum muriaticum* (of whose action, by the way, there is a good case in the April number).

North American Journal of Homœopathy.—This journal,

quarterly like our own, comes near to us in point of age, being in its twenty-second year. It is now under the sole editorship of Dr. Lilienthal; and is published at New York. The May number now before us contains eleven articles. The first is of deep interest, being an account of an epidemic of yellow fever at Memphis by Dr. L. Morse. It seems to have been of a most pernicious character, and to have tried the energies of the physician to the utmost. The homœopathic treatment has consisted of the usual remedies, with the addition of *Gelsemium* and *Veratrum viride*; and has a mortality of 12 per cent. only to regret in contrast with 40 per cent. under the old system. A translation of "Cases recorded by the Physicians of Western Prussia at their Meeting, July, 1873," supplies many useful practical hints. The translation of Dr. Goullon Jr.'s prize essay on *Graphites* is continued; we hope that it will one day be published in a complete form, as it seems a most exhaustive treatise on the drug. There is a "General Record of Medical Science" containing many notes of interest and value; and in an appendix is continued a repertory for the disorders of menstruation.

Medical Investigator.—This monthly is published at Chicago; its present editor is, we believe, Dr. T. G. Duncan. Its March number is the third of the eleventh annual volume. It contains plenty of practical matter, mostly in the shape of reports of discussions at meetings of societies and short clinical cases. Among the latter is one of (well-diagnosed) glaucoma, in which great improvement resulted from *Aurum* in high dilutions. The practitioner was led to this remedy partly from the fact that his patient had twice been salivated, but chiefly because he had the "horizontal hemiopia," the upper half of all bodies being dark, which is so marked in the pathogenesis of this medicine.

A like remark may be made upon the April number, which is the last that has reached us. Among other items in it we notice that Dr. J. S. Douglas, of Milwaukee, claims

to have anticipated Dr. Sharp in his views about the opposite action of large and small doses by twenty-five years.

Altogether, as a collection of hints from experience, and as a periscope of all of medical note during the month, we must place the *Chicago Investigator* first among American monthlies.

United States Medical and Surgical Journal.—With no less indubitable favour do we regard this periodical among American quarterlies. It is healthy, vigorous, and polished. Its reviews especially (often given among the original articles) are, and always have been, excellent. It also is published at Chicago; and edited by Drs. Small, Ludlam, Adams, and Foster, all of the Hahnemannian Medical College and Hospital of that city.

We have nothing later before us than its January number, which is the second of its ninth volume. It contains a well-written article—"Why are not all Physicians Homœopathists?" by Dr. Holcombe, which we are glad to see has been printed separately in a cheap form for distribution. The following extract will give an idea of its style, and of the jubilant condition of homœopathy at present across the Atlantic.

"Let our young friend step out from the little professional ring or close corporation known as the allopathic school, and look at homœopathy from the stand-point of the great reading, thinking, and progressive public of the United States, and he will be amazed at the difference in the result. Homœopathy has now stood upon its merits for nearly three quarters of a century. It has passed the severest ordeals of criticism, survived all its persecution, and marches onward from victory to victory. Despised and rejected as a therapeutic reform within the bounds of the old school, which was all it ever pretended or wished to be, it has been obliged to erect itself into an independent system. The great reading, thinking, and progressive public does not share the opinions, the prejudices, the infatuations of allopathic physicians with respect to homœopathy. It sees no humbug, or quackery, or imposture in it, and, when appealed to, is always

determined to give us fair play, a full hearing, and equal rights before the law.

“ Witness the vast strides which homœopathy has made in the teeth of all opposition ; its five thousand practitioners, most of them graduates of the old school, its growing literature, its schools, hospitals, dispensaries, and asylums, and its lay-adherents numbered by the million.

“ Witness the conceded fact, that it is not the practice of the ignorant and incapable, or of the fantastic and hypochondriacal ; but that it absorbs and holds the lion’s share, in proportion to numbers, of the strong-minded, intelligent, travelled and cultivated portion of society, which recognises and treats homœopathic physicians as honorable and enlightened men, and benefactors to society.

“ Witness the effort made by scores of the most distinguished and aristocratic men in England to have homœopathy introduced into the army and navy of their country.

“ Witness the recent law in the State of New York, that applicants for licenses to practice in that state shall be examined upon homœopathy as well as upon allopathy, by the State Commissioners.

“ Witness the splendid banquet given by the Common Council of Boston to the members of the American Institute of Homœopathy—a national organization containing more members than the American Medical Association ; a banquet given on the spot where, twelve years before, Oliver Wendell Holmes facetiously predicted the speedy and utter extinction of our school.

“ Witness the great Fair in Boston, given while the Massachusetts Medical Association was expelling the homœopathic members from its body ; a fair which it took three of the largest halls in the city to hold, which was visited and patronised by the *élite* of the old Bay State, and which realised one hundred thousand dollars for a homœopathic hospital.

“ Witness how the New York Ophthalmic Hospital—the largest and best endowed eye and ear hospital in America—passed entirely from allopathic into homœopathic hands.

“ Witness the Legislature of New York appropriating one hundred and fifty thousand dollars to the establishment of a homœopathic insane asylum.

“ Witness the people of Michigan insisting, through their

representatives in the Legislature, that homœopathy should be taught in their State University.

“Witness how the Common Council of St. Louis compelled the allopathic professors to admit homœopathic students to the hospital clinics on an equal footing with their own.

“Witness how the State Hospital of Pennsylvania, at Harrisburg, was recently given over to homœopathic physicians and surgeons because the whole allopathic staff resigned, indignant that homœopathic practice was permitted in a certain ward of the institution.

“Witness the indignant remonstrances of the people at the removal of a homœopathic Commissioner of Pensions from office by his allopathic superior, on the sole ground that he was a homœopathist; remonstrances so wide-spread and influential that they induced the government of the United States to reverse the action of its subordinates, and to declare that no distinctions should be made on account of differences of medical opinion.

“Witness a decision of the New York judiciary, fining an allopathic doctor for calling a homœopathist a quack; declaring quackery to consist in conduct, and not in creed, and assuring the protection of the law to honest and intelligent men when assailed by rude and malignant partizans of another school. The quacks on both sides are exactly alike; and so are the gentlemen.

“These facts are sufficient to prove that the efforts of the homœopathic school to enlighten and educate the public mind as to its character, rights, and privileges, have been attended by brilliant results. In the eyes of the law and of public opinion homœopathy and homœopathic physicians are just as much to be respected as allopathy and allopathic physicians. The public cares nothing for our theories or our squabbles. It regards our contentions as quite as absurd as the war between the big-endians and little-endians, the two great parties in Dean Swift's story, which convulsed the nation with the question whether an egg should be broken at its big end or its little end! The public estimates men by their attainments and their conduct, and medical practice by its failure or its success. It instinctively and sensibly denounces as bigotry and persecution any act of intolerance of one school towards another.

“When the New Orleans Medical Association passed a law to expel any member who consulted, either in surgery or obstetrics, with a homœopathist, however well educated he might be, and paraded the resolution in the city papers, I asked one of our greatest lawyers what he thought of it. ‘O,’ said he, ‘it is another iron hoop to keep the old allopathic tub from falling to pieces.’”

There is then a thoughtful paper by Dr. Gorton, of Brooklyn, on “The Genesis of Disease,” examining “the pathogeny of air,” and that of water,” which is to be continued. Then we have the commencement of one of those special repertories which are springing up so abundantly in America just now, and which may be made so useful, this one being for the Heart, by Dr. E. M. Hale. Next comes a full, searching, and impartial criticism by Dr. T. S. Hoyne of the second edition of Dr. Burt’s *Characteristic Materia Medica*; of which, and of his new classification of remedies, the writer cannot speak more favourably than we ourselves have had to do.* Another very valuable article is on “Intermittent Fever,” by Dr. Fahnestock, of Indiana. It is partly a review of Korndorfer’s Bönninghausen, noticed in our present number; and partly a communication of personal experience. As regards the latter he tells us that during the last year he has treated nearly 800 cases of the disease; that the symptomatic treatment, though thoroughly carried out for six months, failed, only two cases being cured quickly and permanently by single remedies, *Pulsatilla* and *Arnica* respectively; that under the *indiscriminate* use of *Quinine*, next tried, his patients fared no better, and that he finally fell back upon Dr. Lord’s plan, which we have sketched in our review of his book on the subject,† and got better success.

We cannot go further through this journal, but enough has been said to indicate its value and interest.

American Journal of Homœopathic Materia Medica.—The name of this monthly has ceased to be appropriate since it has no longer been the vehicle of publication for

* Vol. xxviii, p. 187; xxxii, p. 161.

† Vol. xxx, p. 361.

Dr. Hering's monographs; but it is a useful periodical in itself. The March number is the seventh of its seventh volume. It is published at Philadelphia, under the editorship of Dr. A. R. Thomas.

The March number contains the continuation of two serial works, one on the *Therapeutics of Uterine Discharges*, by Dr. Minton, the other a *Comparative Materia Medica*. But the best thing in it (to perpetrate a bull) is something which does not belong to it, viz., a valedictory address delivered to the new graduates of the Hahnemann Medical College of Philadelphia by its Professor of Surgery, Dr. J. C. Morgan. Such papers rarely have more than ephemeral interest; but the present is an exception. Its sketch of the progress of homœopathy in the United States is full of interest:—

“In our own free and noble land these statements find abundant illustration. The track of our best national and local progress is the track as well of homœopathic progress. Those sections and those states and cities which deservedly hold the first rank in the former particulars are foremost also in the latter. Take, for instance, the leading cities of the North Atlantic seaboard.

“Seven years ago, we stated that the number of homœopathic physicians in Philadelphia, as recently counted, was 95; at the beginning of this year, the *Homœopathic Directory* contains the names of 170 physicians in this city, an increase, in that short time, of almost eighty per cent. ! Then we published in this city one journal; now there are two. Then a bare show of hospital work was made; now the hospital fund of this College, the nucleus of which so many of our citizens aided in securing, added to the College dispensary fund before existing, and the whole faithfully and securely invested, amounts to a very respectable sum, which will, some day, under the same fostering care, be developed to greater things; and another, still grander hospital movement, independent of the College, but endorsed by it, has just been incorporated, through the action of a score or more of our wealthiest citizens, and will ere long place our system in its true position amongst the charities of this community, and greatly extend its blessings.

“Again, New York City has gone on from 39 homœopathic physicians in 1848 to 65 in 1853; increased the number in five

years more to 99 ; in six years more to 143 ; and at this time, ten years later, numbers 210. Besides, there are there published several homœopathic journals, and in conjunction with Philadelphia, many new books have issued from her homœopathic press. The Ophthalmic Hospital has been transferred from allopathic to homœopathic hands, and a surgical hospital has been established in connection with her reorganised and successful College. The *élite* of the city are patrons of our system.

“ Boston has within that time given to the American Institute of Homœopathy the most superb municipal and social reception, perhaps, ever given anywhere to a medical society ; has raised a handsome hospital fund ; and the great Boston University, endowed by the munificent bequest of Isaac Rich with some \$10,000,000, has adopted the homœopathic system in its medical department, which is just successfully closing its first session. She has also established a most able and successful journal, and in various other ways is doing grand service.

“ Going westward, Pittsburgh has in that time not only greatly reinforced our numerical strength, but has established a fine hospital ; Cincinnati an endowed college. So, likewise, has Cleveland well done her part ; besides many other points of minor importance.

“ Chicago, ten years ago, with a population of one hundred thousand, had fifteen homœopathic physicians. The population is now four times as great, and the number of our physicians reaches ninety-five—more than six times that of 1864. Then she had one pharmacy, now four ; then one society, now four ; then a college and dispensary, now an additional dispensary, and connected with the college a hospital besides ; then one journal, now two ; and nearly all the wealthy class are homœopathists.

“ In the whole State of Illinois there are over four hundred physicians of our school, more than twice as many as there were ten years ago.

“ In the State of Wisconsin the number has doubled within five years, and a very great increase is noted in Iowa.

“ In Michigan, the legislature and the people are overwhelmingly in our favour, although the Regents of the University, with unexampled temerity, continue their resistance to the law requiring the appointment of homœopathic professors in its medical department.

“Even Kansas and Nebraska, those advanced picket-posts of our American civilisation, show a most encouraging total result for our school.

“Take another class of statistics, viz. : tables of mortality in the practice of private physicians in the three Atlantic cities, as ascertained from official records ; in Boston, for the years 1870 to 1872 ; in New York, for 1870-71 ; in Philadelphia, for 1872 alone. Tabulated together, the total number of allopathic physicians is stated at 3267 ; homœopathic physicians, 605. These gave certificates of death during the periods named, as follows ; against which nothing is allowed to our side, on the score of larger average practice, nor because, often, the homœopath was sent for only when the patient was about to die.

“The allopathic death-certificates amount to 54,679, or 16·73 for each physician ; the homœopathic certificates were 5903 ; to each physician, 9·75 ; or, on an average, in round numbers, each allopathic practitioner buried seventeen patients, whilst each homœopathist lost but ten.

“For Philadelphia, particularly, the details are minute. Of these a few may be mentioned. The allopathic directory ignores all who are not in perfectly good standing in that school ; hence comprises the acknowledged skill and talent of their own side. To prevent the confounding of hospital and private practice, we will pass by hospital physicians of both schools without notice.

“No other homœopathic physician, whatever his skill or standing, is omitted from these tables. The relative number is thus slightly less than four allopaths to one homœopath—we will say, four to one. Please remember that this is a record, not of cures, about which controversy might arise, but of fatal results, whereof there can be no dispute. Here are the figures, for a few diseases. Total deaths from apoplexy under homœopathy, 28 ; allopathy, 162 ; that is, 28 died under homœopathy, whereas allopathy lost over 40, under the care of the same number of physicians. The comparison may be verified at the Health Office, by any one who cares to do so ; or refuted if incorrect.

“Again, the deaths from cholera infantum were, under homœopathy, 214 ; under allopathy, 1149 ; or, for an equal number of physicians, 214 against 287 and a fraction. From croup, 27 to 218 ; say, for equal numbers of physicians, 27 to 54½ ; or, on the allopathic side, more than double mortality. From diphtheria,

19 to 111 ; equalised as to number of physicians, 19 to 27½. From hooping-cough, 13 to 121 ; equalised as to number of physicians, 13 to 30½ ; a more than double mortality, to be charged to allopathy. From pneumonia, 68 to 663 ; equalised, 68 against 165½. From bronchitis and infantile catarrh, 31 to 257 ; or for like numbers of physicians, 31 to 64½. From peritonitis, 8 to 96, equalised, 8 against 24 ; a triple mortality ! Marvellous it may be, but the proof is undeniable. The deaths from inflammation of the stomach and bowels were, under homœopathy, 37 ; under allopathy, 195 ; for a like number of physicians, 37 to 48½. Finally, from smallpox, the deaths were, in private practice, under homœopathy, 256 ; under allopathy, 1502 ; equalised, 256 to 375½, or nearly fifty per cent. more. This, you will mark, was in 1872, and in Philadelphia.

“ A fit conclusion to this contrast, and a financial proof of its reliability, may be found in the experience of the Homœopathic Mutual Life Insurance Company of New York ; or of the Atlantic Mutual. The medical director of the former has issued the following comparison ; Whole number of policies of insurance under the homœopathic system of treatment, 4470 ; deaths, exclusive of accidents, 32 ; under the allopathic system of treatment, insured 1437 ; deaths 37. From these figures it will be seen that the homœopathic people insured were three times more numerous than the allopathic, yet lost by death a smaller number, by five. Think of 3000 *more risks* under homœopathy, against fewer deaths by five !

“ To be as unfortunate as allopathy, we should have lost 112 of our insured lives, instead of 32 ; and on the other hand, to be as fortunate as we, the smaller number of allopaths insured in the company should render scarcely 11 deaths instead of 37. As it was, of all the deaths among the persons insured, allopathy lost three and a half times as many as homœopathy ; to wit, homœopathy lost 0·71, or one per cent., whilst allopathy lost 2·57 per cent. of all the insured who entrusted their lives to it. Or, to put the same facts in yet another form : of every 39 persons (in round numbers) insured under allopathy, one died ; whereas only one out of every 140 died under homœopathy. Or, in still another form, we may say, that out of every seven persons who died under the care of allopathy, five would have been saved alive by the homœopathic system of medication.

‘ There is something positively astounding in this exhibit ; but there can be no doubt of its perfect accuracy and fidelity to truth. Let every man who loves life, every one who cares for the welfare of the dear ones at home, every hospital manager whose duty it is to consider the poor, ponder well these facts, form his conclusions fairly, then act them out boldly.’

Nor is the following less interesting. It may be read with advantage together with Dr. Hale’s paper at the late congress.

“ In strictly scientific language homœopathy claims a certain field of investigation in which she demands to stand alone, and hold undisputed sway. Her ambition is not to compete with physiology, pathology, diagnostics, or even pharmacology ; but, availing herself of all the work done in these adjoining fields, she yet claims the science of therapeutics, the science which embraces and accounts for the action of all real curative agents ; needing to reject none to suit her ends, but including all under the one great law ‘ likes are cured by likes.’ This field, I say, she claims as *all her own*.

“ She has not only gathered her material and deduced her law, but applied it successfully to practice. Only the incomplete scientist, only he whose mind science has not yet set free from professional bondage, can deny her demonstrations. But she has much yet to do. And physics is doing much to pioneer her way. Micro-chemistry, the doctrines of force, of the interference and mutual abolition of similar force-waves, the spectrum analysis—all are piling up invincible demonstrations, from the positions of pure science, of her law of similars ; of the wave-motion of drug-forces, as silencing the waves of morbid forces, and of the dynamic efficiency of her molecular dose, commonly called infinitesimal.

“ Let us consider these revelations of the few years just past, for such they are, from the homœopathic stand-point, where all these discoveries are to find their use in promoting human welfare, improving health, and prolonging life and usefulness to mankind.

“ First, the present doctrine of forces. Many here have enjoyed the lectures of Professor Tyndall and others, who have

shown the beauty of universal force-action by so many brilliant experiments, accompanied by such lucid explanations.

“Recall, if you please, the theory of Young, to whom we are indebted, according to Tyndall, for the doctrine that all force is but undulatory vibration of the universal ether, which is believed to pervade all space—recollect that slowness and rapidity of this undulatory vibration furnish the reason of all the forms of force, which we call heat, light, colour, chemical action, &c., all residing in a single ray of sun-light; remember that rapid vibration of this universal ether measures small—yes, infinitely small waves—and that slow vibration measures larger, although still minute undulations. Comparing these with musical sounds, the colour-waves write themselves upon the staff; whilst the more rapid chemical waves move above, are of higher pitch, the slower heat-waves low. Note, then, that the most efficient chemical waves are the most infinitely small, so that they are incapable of affecting vision at all, and that the coarser waves have but little chemical potency; that a single infinitesimal chemical wave, with its exact and specific power, can do more to print a photograph, or to explode a mixture of gases, than all the rest of the sun’s rays—and thus we shall see that infinitesimal doses of an exact specific medicine are scientifically justified.

“Again, similar waves have a double power—to increase and to neutralize each other, according to certain conditions. Throw two similar stones with similar force into a lake, a little distance apart. See where the similar waves meet and interfere; mutually their motion annuls motion, and the water is at rest. Professor Tyndall, in his lectures in the adjoining hall, demonstrated this, partly by diagrams belonging to the University of Pennsylvania, which may witness for us as well to-day; and also by means of acoustic instruments, as the clamp-plate, and the tuning-fork; and by the spectrum analysis. You may recall the fact by a glance at the surface of this brass plate, on which black writing sand has been placed. A violin-bow being drawn across its edge, vibrates the plate, and disturbs the sand. Directly it arranges itself in regular lines, which mark an arrested vibration; the metallic spaces between these are lines of vibration—of agitation—and, of course, the lines of the settling of the sand must be, and are, lines of rest.

“Now, then, a surface vibrating under a violin-bow shows

lines of vibration, with intervening lines of rest. What is the reason of this? Wait a moment; strike this tuning-fork; now hold it near the ear; rotate it in its long axis, slowly; at the angles, where the surfaces meet, there is comparative silence, and why? It is because the waves of vibration on the surfaces, being exactly similar in size and rapidity of motion, meeting at each angle, interfere and exactly neutralise each other—moving as they do from distinct centres. And being neutralised, silence is produced by two similar vibrations of sound, as you perceive. And the lines upon the brass surface did not agitate the sand which lay upon it, for the same reason. The vibrations advancing from the edges, and recoiling at the clamp, are similar to those which they meet, coming fresh from the bow; hence they interfere, causing lines of silence, or lines of rest; and here the sand is seen to settle.

“These facts are a scientific illustration of homœopathy. Morbid forces vibrate in a certain organ or tissue of the body; an atomized drug whose forces are similar, and whose similarity has been already proved on healthy persons, begets a series of similar waves in the part diseased. Of independent origin, they continually interfere with the waves of disease-force in the cells of the tissue, in the nerves of the organ, and in the whole sympathising body. Where disease was active, now come the lines of rest—there is comfort, where a little while ago was excruciating pain; there is quiet sleep, in lieu of wakefulness and tossing; there is a sane brain, instead of delirium; a soft pulse, in place of the fevered circulation; the diseased action has been cured, neutralised by the similar, the homœopathic action of the specific counterpart of that diseased action, embodied in the drug; and we have furnished a new demonstration of the well-proved law of cure—‘likes are cured by likes.’

“The solar spectrum affords another illustration of the power of similars to exactly overcome each other. By it we know, for instance, the sun’s atmosphere contains the metal sodium; and how? Look through a proper instrument, and observe the yellow band. A dark line, which is a line of rest in the colour-waves, traverses the yellow; this is caused by the yellow sodium vapour of the sun’s atmosphere; the white light vibrating from the sun’s burning disk contains the yellow ray; this yellow ray must undulate through the sun’s atmosphere, containing the

yellow vapour of sodium ; the two similars in colour, the yellow of the sun's rays, and the yellow of the sun's vapour, through which it must pass, neutralise each other, causing darkness. And so of many other metals, &c. Hence, the very phrase, 'spectrum analysis,' for thus, by the homœopathic principle, we analyse even the constitution of the sun itself!

"Indeed, so absolute is the demonstration of this principle in all departments of dynamics, so well understood is it by all scientists, that to deny it in medicine, to decry, ignore, or neglect a system of cure, a science of therapeutics based upon it; or, worse than this, to persecute or denounce such a system, seems like sheer infatuation. That some time it must triumph, is just as evident as the march of the physical sciences, to which it thus appeals for illustration and demonstration. Even the doses of homœopathy are detectable more and more by the delicate instruments which science furnishes to supplement and assist our dull senses; but what can these avail to correct the dulness of the mind which refuses evidence against a darling prejudice, which ever maintains the wheel and the rack, and feeds the fires of the Medical Inquisition, crushing, tearing, and burning the independent man who, forswearing authority in favour of science, and accepting the law of similars in medical practice, happens to be found in its merciless clutches; and which, in regular routine, inflicts on new generations of men the old, old empiricism, or the far-fetched and complicated new philosophy of allopathic therapeutics.

"Meeting such men, however, you may compel respect, by your thorough familiarity with infinitesimalism and similarity of force-waves, as effective in physical phenomena generally; with the universality of *molecular power*, versus the powers of any *mass* of matter in Nature; and more than all, by such familiarity with the forces of your remedies which can neutralise similar forces in disease, that the maladies which they fail to cure shall, at your bidding, depart."

The April number, the last which has come to hand, contains nothing calling for special notice.

We have now, as it were, reintroduced to our readers the American journals, and shall for the future treat them

every quarter as old acquaintances, noting whatever of new and true they bring to our hand.

BELGIUM.

Revue Homœopathique Belge.—We have received the second number (May, 1874) of this new journal, and are glad to welcome it. It is published at Brussels under the editorship of Dr. Martiny, of that city. The number before us contains several articles of interest to homœopathic readers. Among them is a report of a meeting of the “*Société de Médecine de Gand*,” from which we gather that physicians practising homœopathically are not forbidden to enjoy the membership and share the discussions of medical societies in Belgium. May it soon be so here.

CLINICAL RECORD.

Veratrum Viride in Menstrual Colic.

Mrs. W— is a picture of health and beauty, only thirty-eight years of age, quite corpulent, nervo-sanguineous temperament, black hair, black sparkling eyes. She is a widow for now three years; never had children, nor was she ever pregnant; was reared and lived all her life in luxury and wealth; was never an hour sick until she married. Her husband was a healthy, powerful man, addicted to high living and drinking. Her trouble is this. Her menses, which are regular with regard to time, quantity, and character, are preceded for three days by the most terrible menstrual colic, which to describe she has no words for; the pain extends all over the body; head and face look bloodshot to bursting; the pain runs into the head from the neck; pulsation in head, neck, and carotids; sight disappears at times, and at times, again, everything is moving in confusion before her eyes; tongue feels heavy, but is clean and looks natural; great thirst; pulse full and bounding.

This case has puzzled for the last five years the master-minds of our school, as well in America as in Europe; perhaps there are some of my readers who may remember the case. Nothing will give relief except leeches on the cervix and electricity, and this was only temporarily, and, having been used so frequently, they are fast losing their beneficial influence. Physicians of such undoubted ability and skill had prescribed for her that I thought it almost laughable to try my hand on it, and still the urgent demand was there to do something. That remedies like *Acon.*, *Bell.*, &c., had been faithfully, though in vain, used, she

told me frankly. But when she insisted on knowing the remedy I would prescribe, I positively declined to do so, knowing that it is better to keep it to myself. I gave her, almost empirically, *Veratrum viride*, 1st dec., five or six drops to be taken once every half hour during six hours. At the end of this time I saw her again, and found that the remedy had undoubtedly exerted some beneficial influence; she was calmer, and the pains became somewhat less until the flow commenced, when she felt quite well again. After its cessation I made an examination per speculum, which revealed but little; the vaginal walls, as well as the cervix, were somewhat congested and puffy, no indurations; otherwise everything had a natural appearance. I now gave her for two weeks, every other night, a dose of *Veratr. viride* 200, anxiously awaiting the next term; and on it came, and as bad as ever, too. I at once fell back upon *Veratr. vir.* 1, with the same apparently good result as formerly. After cessation I ordered her to take the same remedy in the same form during the whole time intervening, five to six drops every morning and night. At the following term the good effects of this remedy became so apparent that I concluded to try it for another month, but here it seemed improvement ceased. I still persevered with the remedy, but six days ahead of the next term I ordered, twice a day, a warm bath, to which I added two ounces of *Veratr. vir.* During the bath I made her insert a speculum, so that the water might freely enter into the vagina. The result proved to be beyond expectation, and the continuance of this treatment during the next four months restored my patient to perfect and normal health. I may mention here that warm baths, as she had used them formerly, never exerted any influence whatever. (Dr. Eggert, in *North American Journal of Homœopathy*, November, 1878.)

MISCELLANEOUS.

British Homœopathic Congress.

THE Congress this year was held in London on the 4th of June. The large Board Room of the London Homœopathic Hospital was placed at the service of the Congress by the Council of the Hospital. The proceedings commenced at 11 o'clock with an address by the President, Dr. Dudgeon, "On the Influence of Homœopathy in General Medicine since the Death of Hahnemann," after which Dr. Dyce Brown read a paper "On the Action of *Nitric acid* in certain forms of Cough," on which there was a lively discussion. After this the Congress adjourned for an hour for luncheon, which was served in the Physician's Room of the Hospital. On reassembling, the report of the Hahnemann Publishing Society was read, and then Dr. E. D. Hale read a paper "On the Action, Selection, and Administration of Drugs," which excited a long and animated discussion. He was followed by Dr. Edward Blake with a paper "On Malignant Growths." The discussion of this paper occupied the Congress until half-past five o'clock, and no time remained for the reading of three other papers that had been sent in, viz. a paper "On Aloes," by Dr. W. B. Scott; one "On the State of Homœopathy in Brazil," by Dr. Camara, of Rio de Janeiro; and one "On the Treatment of the Fever of Bengal," by Dr. M. Lal Sircar, of Calcutta. These papers accordingly were taken as read and ordered to be published in the *Transactions* of the Congress, which will appear in the *Monthly Homœopathic Review*.

At half-past six o'clock the members of the Congress and their friends, to the number of upwards of one hundred, sat down to an excellent dinner at the Pall Mall Restaurant in Regent Street, Dr. Dudgeon in the chair. Numerous toasts were proposed, and a number of concerted pieces, glees, &c., sung by a chorus com-

posed of Drs. Mackechnie, Blackley, R. Hughes and Theobald, and Mr. H. Turner.

On the whole, the Congress of this year may be pronounced a decided success. Following as it did immediately upon the two days devoted to the Annual Meeting of the British Homœopathic Society, it might be supposed that the members of the Congress, most of whom had assisted at the meetings of the Society, would have been satiated with papers and discussions, but it must be acknowledged that no traces of weariness were observed, and that the long address of the President, which occupied nearly an hour and a half in delivery, and the elaborate papers of the members, were listened to with great attention and the discussions were carried on with great spirit.

The Congress for next year is appointed for the fourth Thursday in September, the place of meeting Manchester, and the President of the Congress Dr. W. Bayes, of London.

Bazaar in aid of the Funds of the London Homœopathic Hospital.

THE Grand Fancy Bazaar, in aid of the funds of this institution, which had been in preparation for many months previously, was held in the Riding School of the Cavalry Barracks, Hyde Park, on the 11th, 12th, and 13th of June. The most unremitting and praiseworthy efforts were made by all parties concerned in organizing the undertaking, to render it attractive, and worthy of the support of the patrons of the Hospital, and the friends of homœopathy generally; and in this they thoroughly succeeded. A prettier sight of the kind than that presented by the interior of the building on this occasion, it would be difficult to conceive. The bare walls were hid by red and white drapery, which had a bright and cheerful effect, and the same service was performed for the roof, by almost innumerable banners, of different colours and devices, suspended therefrom. The stalls, which stretched round the four sides of the spacious building, were tastefully designed and erected, as were all the other decorations, by the Messrs. Simmonds, of Newton Street, Holborn. The following ladies kindly consented to preside at the stalls, viz. Maria

Marchioness of Aylesbury, the Countess of Sefton, the Countess Cowley, the Countess Sydney, the Lady Ebury, the Lady Emily Dyke, the Lady Alfred Paget, the Hon. Mrs. Gerald Wallealey, Mrs. Bayes, Mrs. Cameron, Mrs. Leadam, Mrs. W. Vaughan Morgan, Mrs. Neville Wood, Mrs. Yeldham. The western end of the room was occupied by the refreshment and flower stall, under the presidency of the Lady Adelaide Cadogan, and at the opposite end a tall screen was erected, for the display of the prize pictures and drawings of the fine art distribution, and behind this was Mr. Chambre's telegraphic and electric room, whilst immediately in front of the screen was placed the fine art stall, under the control of Lady Hillary and Mrs. Trueman, for the sale of various works of art, consisting of pictures, vases, statuettes, choice china, and the like. Conspicuous amongst these was a superb vase in solid silver, weighing three hundred and five ounces, the gift of two ladies. Any attempt to specify even the chief of the numerous and beautiful articles with which the other stalls were laden, would be a fruitless and endless task. Suffice it to say, that they were sufficiently varied in character and price, to suit the taste and pockets of all comers. We must not omit to state that the Bazaar was entered from the park through a spacious tent, for the decoration of which the Messrs. Veitch, of Chelsea, kindly sent a magnificent collection of their exotic and other plants and flowers. Here, also, was stationed the band of the Scots Fusilier Guards.

The weather was fine, and the attendance numerous and distinguished. The Bazaar was honoured on the first day, by a lengthened visit from their Royal Highnesses the Princess of Wales, and the Duke and Duchess of Edinburgh. The Royal party made the tour of the building, inspecting the stalls, making sundry purchases, witnessing the working of the telegraph, and partaking of refreshments before their departure. The Bazaar officials, as well as the visitors who were fortunate enough to be present at the time, were delighted with this mark of sympathy on the part of their Royal Highnesses with the object of the Bazaar, and also with the opportunity thus afforded of seeing, in a quiet way, these young and highly popular members of the Royal Family.

Of the pecuniary success of the undertaking nothing is yet definitely known. There is, however, every reason to anticipate that the receipts, above expenditure, will, ultimately, fall

but little, if at all, short of two thousand pounds. The fine art distribution, which holds out great attractions to the lovers of art, is to be kept open for some time longer, to afford those who have not yet subscribed, an opportunity of doing so. The pictures and drawings are again on view in the board room of the Hospital, where they will remain until the drawing takes place, of which due notice will be given.

Allusion has already been made to an electric and telegraph room. Mr. Chambre, a member of the Bazaar Committee, and head of one of the Telegraph Departments, under whose superintendence this room was erected and managed, has kindly supplied us with the following (somewhat abridged) description of this interesting exhibition.

“With a view to introducing a novelty—so far as we are aware never before attempted at a bazaar—by the kind co-operation of the Engineer-in-Chief of the Postal Telegraphs, a room was fitted up at the back of the fine arts stall, with specimens of various classes of instruments in use in the Postal Telegraph Service. The instruments were in working order, and were explained to all visitors to the room in question, by a special staff of assistants who attended for the purpose. Of these instruments, some of which are still largely employed, whilst others have fallen into disuse, by far the most interesting was one, the invention of Sir Charles Wheatstone, and known as a type recorder, to be worked in connection with Wheatstone’s A B C instrument. This beautiful instrument, in a case only some twelve inches by eight, was connected by wire with an A B C in the separate telegraph office situated opposite to the entrance to the Bazaar, and during the three days, messages were constantly transmitted from this office, successively, through the A B C placed there, a large dial—two feet in diameter—hung at the back of the office, a second A B C in the telegraph room, and finally recorded in Roman type on a strip of paper half an inch wide. When the Princess of Wales, and the Duke and Duchess of Edinburgh visited the room, the duke directed a message to be sent to the Countess Cowley, at her stall, by means of this type recorder, and the facility of reading the message, word by word, as fast as it was sent, appeared to afford the Royal visitors much amusement. Connected with the telegraph and electrical room, was an inner dark room for the exhibition of vacuum tubes, but owing to

local and other difficulties, it was not found possible to make this portion of the display so effective and complete as was intended. The Royal visitors, however, expressed themselves pleased with what they saw. Electric sparks and shocks were provided for lady visitors, who cared to venture on the experiment.

"In the telegraph office alluded to above, in addition to the A B C, and large dial already mentioned, there were cases containing specimens of a large number of the cables which bind England, with a girdle of fire, to other lands; both the deep-sea and the shore ends of such cables being shown.

"Messages sent from the telegraph office to the electrical room were, if desired by the sender, delivered to friends at one or other of the stalls in the Bazaar, or even to any one walking about; in the latter case much to the amusement and astonishment of the recipients."

Another novel feature of the Bazaar, was the exhibition of "Tisley's Compound Pendulum," kindly lent for the occasion by the inventor, Mr. Tisley, optician, of Brompton Road. We regret that, without the aid of diagrams, it is almost impossible to give anything like a clear or adequate idea of the curious and beautiful figures produced on paper, by this simple and ingenious instrument.

Cases of Ringworm treated by Oleate of Mercury. By LEONARD CANE, M.B. & B.S. Lond.

IN introducing the use of *Oleate of Mercury*, in a clinical lecture published in the *Lancet* on May 25th, 1872, Mr. Marshall mentions its applicability to certain skin diseases, and the record of the following cases of ordinary ringworm (*tinea circinata*) treated by *Oleate of Mercury* may be serviceable.

CASE 1.—Here there was a well-defined, slightly raised circular patch of *tinea circinata* on the side of the neck, about the size of a two-shilling piece. The spot was rapidly extending itself, and its edge was marked by a circle of small vesicles, situated on a slightly inflamed base. The centre presented a "branny" appearance, owing to its being covered with fine brownish scales. These scales when treated with *Liquor potassæ*

were found under the microscope to contain numerous spores and threads of fungus.

On June 3rd a few drops (about twenty) of the *Oleate of Mercury* (10 per cent. strength) were *gently* rubbed over the spot with a piece of lint. The *Oleate* was applied beyond the diseased patch.

On the third day the patient was again seen. The site of the patch was marked by a flat, circular, reddened spot of the same dimensions as the original. There were no vesicles, and no traces of any fungi could be found. The spot appeared to be completely cured, but as a matter of precaution it was deemed advisable to reapply the remedy. It was therefore dabbed over the surface, about five drops being used.

Since then there has been no reappearance of the disease. In this case the *Oleate* caused no inconvenience whatever. There was no staining of the skin, no pain after application, and the cure was rapid.

CASE 2.—This was a much more severe case. The disease had been treated by various remedies—namely, by glacial and ordinary *Acetic acid*, by *Iodine*, &c.,—and although these had stopped its progress for a time, it had invariably broken out afresh. When first seen the disease was extending almost round the whole of the back of the neck, from the angle of the jaw on one side to that on the other. It was also spreading very fast up into the hair, and for a distance of more than an inch the hair on the back of the head was invaded by the disease. There were also isolated patches on the chin, below the angle of the mouth, and on the upper lip. There were several scars where glacial *Acetic acid*, and, I believe, also strong *Nitric acid*, had been applied, and in one place there was a troublesome sore produced by the strong acid, which was kept up by the rubbing of the collar. The disease had existed for several months, and a second case had occurred in a house where the patient had been staying whilst the patches were on his neck. The newer spots were well marked and highly characteristic, and afforded abundance of sporules, &c. The site of the older ones was reddened by inflammation, and discoloured by the application of the various remedies mentioned.

On June 16th, after cutting off as closely as possible all the short hairs, so as to remove as much of the fungus as it was

possible, I applied the *Oleate of Mercury* (10 per cent.) over the whole of the affected skin, gently rubbing it in with a piece of lint. About half a drachm was used altogether. The isolated patches on the face were similarly treated. Care was also taken to rub the hair above the diseased part with the *Oleate*. The patient was then ordered to wear a loose collar and not to wash his neck during the day. Some slight irritation followed the application, but this was trivial, and not for a moment to be compared with the pain produced by strong acids, &c. There was no staining of the skin, and, as the spots were in a prominent position on the face, this was no slight advantage.

On the 18th patient was again seen. There had been no fresh appearance of the disease, and the old spots had not extended themselves. There was still considerable redness over the old scars, and a few minute pustules produced by *rubbing* in the *Oleate*, but there were none of the small vesicles which had been so evident on the former occasion. The *Oleate* was reapplied over the places to ensure success.

On the tenth day after the first application the disease appeared to be completely cured. There were several pale red patches showing where it had been, whilst the spots on the face and chin had quite disappeared. The hair had begun to grow again, and showed no trace of the spores. The sore produced by the *Acetic acid* before he came under my notice had scabbed over, and was now nearly well. A third application was made as a precaution where the hair had been affected.

When seen a short time afterwards, the skin appeared perfectly well, and there has since been no reappearance of the disease.

The advantages which *Oleate of Mercury* seems to possess over other remedies are :

1. It is a *certain remedy* if carefully applied.
2. It *produces no staining* or injury of the skin. In cases where the disease appears on the face, it is of great importance to avoid any disfigurement or staining.
3. It is *painless* in its application. This is not the case with the ordinary strong parasiticides, most of which produce vesication, &c.
4. It *readily penetrates* into the sebaceous glands, hair-follicles,

and even into the hairs themselves, the *Mercury* being in a state of solution in an oily medium, and it is therefore much more likely to destroy the fungus than the spirituous or aqueous solutions of *Mercury*, &c. This penetrating power of the *Oleate* may be increased by adding a small quantity of ether (one part to eight) to it.

In very sensitive skins the irritation sometimes produced by it may be avoided by using a weaker solution (5 per cent.), and by applying it with a camel's-hair brush. In slight cases this method is all that is necessary, but where the fungus has invaded the hair it is advisable to rub in the *Oleate* gently.—*Lancet*.

Case of Diabetes Mellitus. Under the care of Mr. KENNEDY.

FOR the following notes we are indebted to Mr. B. J. Carey, house-surgeon.

Mary G—, of Plasket, aged seventeen, who has never menstruated, came to the dispensary on Jan. 14th, 1874. Though previously healthy, for the last six weeks she had gradually become weak and inert. Her skin was harsh and dry, and her appetite voracious. There was great constipation, thirst and polyuria. She is a nervous subject, but there was no history of a fright or change of diet. The urine (sent that day week) showed much sugar by Trommer's test. She was given fifteen drops of tincture of perchloride of iron three times a day, and skim-milk ordered.

For the next fortnight she steadily got worse, and then the treatment was changed to ten drops of tincture of opium, and a week later fifteen drops, three times a day, with croton-oil pills. By this time she was so weak that she could not come to the dispensary herself. On Feb. 18th a sixth of a grain of *Nitrate of Uranium*, in water, was given three times a day, and gradually raised to the third of a grain. A week later she was much better. The week following, the bowels were regular, and the appetite and the quantity of urine no longer excessive; while on March 4th, and for a fortnight after, she had gone back to her usual

diet, and felt nothing wrong with herself save some muscular weakness.

From March 21st to April 8th she was not seen, but then she returned with a bad cold and out of sorts again. However, though she was weak and needed change of air, the bowels were regular, the appetite defective, polyuria not noticeable, and the urine showed no sugar by Trommer's test or by the fermentation and specific gravity test.

The following table shows the condition of the urine from March 11th:

March 11th	...	sp. gr. 1038	...	much sugar
" 21st	...	" 1021	...	sugar—a trace
April 8th	...	" 1025	...	no sugar
" 15th	...	" 1024	...	no sugar
" 25th	...	" 1025	...	no sugar

Many may doubt if the *Nitrate of Uranium* had anything to do with the patient's recovery, but as some cases of rapid cure and many of permanent palliation of this disease by the use of this drug have been recorded,* it is to be hoped that practitioners of large experience will properly test its value in cases of diabetes mellitus.—*Lancet*.

OBITUARY.

DR. GEORGE N. EPPS.

DR. GEORGE N. EPPS was born in 1815, but it was not until 1843 that he commenced the study of medicine. He took his diploma at the College of Surgeons in 1845, and ever since then he has been entirely engaged in practice according to the homœopathic system. Before he took his surgical qualification he had assisted his brother, the late Dr. John Epps, in the lectures given by the latter on Chemistry, Botany, and *Materia Medica*. He was appointed Surgeon to the Homœopathic Hospital in Hanover Square in 1845.

* [Where, except in homœopathic literature?—Eds.]

In 1847 he was made Surgeon to Harrison's Spinal Institution. He showed a remarkable aptitude for the successful treatment of spinal curvatures and deformities, and was an ingenious mechanic. He invented a mechanical extender for the reduction of dislocations, which is said to be of great power and delicacy. He published several volumes on surgical, chiefly orthopædic, subjects. In 1849 one on 'Spinal Curvature,' in 1852 one 'On the Treatment of Accidents,' and in 1859 one 'On Club Foot.' He enjoyed a large practice, to which he was extremely devoted, seldom or never taking a holiday; indeed, it used to be his boast that he had never slept out of his house for upwards of twenty years. He has left a widow with a large family, all grown up, and numerous friends, by whom he will be much regretted.

CORRESPONDENCE.

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

GENTLEMEN,—In my article on Madeira in the last number of the *British Journal of Homœopathy*, p. 222 (note), I stated, with reference to the celebrated "Brompton experiment," that 27 cases were sent out, of which 2 returned much improved, 7 slightly improved, 12 neither better nor worse, 5 made worse, and 1 died. So it certainly appeared from the passage whence I extracted the statistics; but having been led to feel some doubts on the subject, I wrote to the House-Physician of the Brompton Hospital, who kindly sent me the following corrected statistics by return of post:

Total number sent out	.	.	.	20
Much improved	.	.	.	2
Slightly	.	.	.	7
Stationary	.	.	.	6
Worse	.	.	.	4
Died	.	.	.	1

Your obedient servant,

W. B. A. SCOTT.

Tunbridge Wells; 30th April, 1874.

BOOKS RECEIVED.

A System of Surgery. By WM. TOD HELMUTH, M.D. Carlo and Grenen, New York. 1878. (Will be reviewed in our next.)

Case of Stone in the Bladder and Oxaluria cured by Lithotripsy and Hydrochloric Acid. By RICHARD EPPS, M.R.C.S. Epps, London.

British Narcotism. Fifth Annual Report of the British Anti-Tobacco Society.

On the Universality of the Homœopathic Law of Cure. By Dr. NEIDHARD. Boericke and Tafel, New York. 1874.

The Science of Homœopathy. By CHARLES J. HEMPEL, M.D. Boericke and Tafel, New York. 1874.

The Dublin Journal of Medical Science.

The Monthly Homœopathic Review.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The Chicago Medical Investigator.

The North American Journal of Homœopathy.

United States Medical and Surgical Journal.

The New England Medical Gazette.

The American Journal of Homœopathic Materia Medica.

El Criterio Medico.

Bibliothèque Homœopathique.

The Calcutta Journal of Medicine.

The Chemist and Druggist.

Compendio di Materia Medica Pura. Per Dr. B. DADEA.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

HINDOO MEDICINE.

By W. B. A. SCOTT, M.D.

LIKE philosophy and astronomy, medicine appears to have had its origin in the East, and to have been transmitted to Europe from those members of the Aryan race who remained in or near the birthplace of that great family of nations. Confirmatory of this, we find, in the most ancient Hindoo medical books, health described as consisting in the harmony of the elements of which the body is composed—a doctrine imported into Magna Græcia by Pythagoras; and disease stated to arise from the disproportionate increase or diminution of one or more of the “humours”—a theory manifestly similar to, if not identical with, the “humoral” pathology, or rather nosology, of Hippocrates. In philosophy, so intimately associated with medicine in the earliest times, Empedocles borrowed his doctrine of the four elements, fire, air, earth, and water, from the Hindoos, who, however, reckoned a fifth (ether), from which they supposed the former to be derived. In strictness, indeed, it would appear that the Hindoos admitted but *one* element, ether, the medium (according to them) or rather the source of sound, and from this they derived air; from air, fire; from fire, water; and from

water, earth ; of which simplification of the *prima materies* we have a good instance (doubtless a derivation) in the philosophy of Heraclitus, who ascribed the origin of all things to fire. It seems probable, too, that the Hebrews were not unacquainted with the Hindoo cosmogony, since the account given in the most ancient Vedas of the dwapar yug, or second age of the world (for, like Hesiod, the Hindoos spoke of four ages in the history of man, precisely corresponding to the golden, silver, bronze, and iron ages of the Greek and Italian poets), bears no small resemblance to that given by Moses in the first and second chapters of Genesis. The common ancestor of the human race is by the Hindoos described as having been divided into a male and a female, which can hardly fail to recall to our memories the Mosaic account of the origin of Eve ; the name, too, of the Hindoo Adam is Adimo or Adom ; but as Sanskrit and Hebrew belong to two totally distinct linguistic families, this vocal similarity is possibly accidental. Some may, perhaps, think, from the intercourse which took place, through Tyre, between Palestine and India in the reign of Solomon (Max Müller adduces various philological arguments which seem to prove that Ophir was in India), that in this last case the obligation was the other way, and that the Hindoos were indebted to the Israelites, rather than the Israelites to the Hindoos.

But while the cradle of medicine is to be sought among those of the Aryans who refused to take part in the general westward migration, the eminently conservative disposition of the Hindoos prevented them from making any great advances upon the theories and practice of the earlier discoverers ; and as *non progredi est regredi* is especially true in science, we need not be surprised to find that commentators of later times have deteriorated rather than improved the ancient works on which they bestowed so much labour. Some rays, indeed, of the pristine glory which had become obscured among the Europeans, if they ever really penetrated so far, still illumined those on whom the light had first dawned, even to historic times. Thus, Arrian tells us of Indian physicians who cured the soldiers of Alexander

the Great of the effects of snake-bites which the Greek physicians were unable to heal, and the Hindoos appear to have been always familiar with what is at the present day absurdly called mesmerism. But medicine was destined to pass through many hands and many countries before it reached its present development, imperfect as that is. Passing from Hindostan to Asia Minor and Greece, thence to Alexandria and Rome, thence to the banks of the Tigris, thence to Spain, and thence to Italy, France, England, Holland, and Germany, from Pagans to Christians, from Christians to Mahometans, and from Mahometans back again to Christians, each successive generation, like the torch-bearers in the race,* did something to carry forward the lamp of medical science—however little to improve the practice of the medical art—while, (to change the metaphor), in its native home, medicine “settled on its lees, neither was it poured from vessel to vessel; therefore its scent remained in it, and its taste was not changed.”

In classical Hindoo medicine, therefore, we have, with comparatively few alterations or additions, the form in which the healing art was first practised among mankind. Certain ceremonial rites and additional therapeutical and surgical appliances have, doubtless, been appended in the various shashtas, but the essence remains the same. It cannot be other than an interesting task to endeavour to arrive at some distinct conception of this, the earliest system of medicine; and, fortunately, the means of doing so, thanks to the indefatigable labours of modern Orientalists, are less inadequate than might have been feared after the lapse of so many ages.

The most ancient and sacred Hindoo medical authority is the Ayar-veda, one of the Upavedas, or supplementary Vedas, said by some to have been given to the world by Brahma himself, while others ascribe its authorship to Siva. Of this only fragments have been preserved in the shashtas or commentaries, but from these latter we learn that it was distributed into eight divisions, the first two of which treated of surgery; the third, of general or constitutional

* Et, quasi cursores, vitæ lampada tradunt. Lucret.: *De Ber. Nat.*, ii, 78.

diseases, amongst which the author, with greater perspicacity than Hahnemann, reckoned gonorrhœa ; the fourth, of mental diseases, or diabolical possessions as they were deemed ; the fifth, of the treatment of infants in health and disease ; the sixth, of antidotes to poisons (toxicology), snake-bites, &c. ; the seventh, the restoratives of youth and vigour—somewhat resembling a treatise on the philosopher's stone, or *elixir vitæ* ; the eighth, of the means whereby the procreative powers may be preserved and increased. Next in point of time and dignity comes the Charaka, a series of dialogues composed by the Munis or Sages, with the assistance of the thousand-eyed Indra, and based on the Ayur-veda ; this is esteemed the great authority on *Medicine*. There is also another similar treatise, called the Harita Sangita. Besides these we have still extant an abridgment and rearrangement of the Ayur-veda by Susruta, in six parts : (1) Surgery, (2) Nosology, (3) Anatomy, (4) Therapeutics, (5) Toxicology, (6) Local Diseases. This is regarded as the standard of ultimate appeal in *Surgery*. About three hundred years ago a compilation was made from the whole of the extant vedas and shashtras, and entitled Buboprukana ; but, from the stagnation of scientific inquiry, no less than from the fact that the ancients dissected,* while later writers were withheld from this practice by religious scruples, it has come to pass that the modern commentaries are of far less value than the treatises they were designed to illustrate.

The members of the Vaidya or medical caste are supposed to be descended from the virgin-born son of Amba, a favourite servant of the sage Galaba, but possibly the favour she had gained in her master's eyes may lead the sceptical to question whether this was a real case of parthenogenesis. Although the Vaidyas constitute the true medical

* The method of studying the internal structure of the body recommended by the Rishis or Sages scarcely deserves the name of anatomy or dissection, though it served the same purpose to some extent. The directions are that the "subject" is to be steeped in water during seven days, at the expiry of which time it will have become putrid ; the skin, muscles, &c., are then to be removed in successive layers by means of friction with a brush of bristles or bamboo bark. The proper name for this mode of procedure would seem to be "anatripsy."

caste, the Brahmins and Khetreyas also include medicine among their studies, and are permitted to give advice and assistance to the sick, but they are not allowed to receive any money for their services. Nor are other castes excluded from the study of the medical vedas and shashtras; even persons belonging to the humble caste of Sudras are admitted to the privilege, if they evince signs of learning and virtue.* The greatest reverence is paid to the teacher, who sometimes maintains his pupils at his own expense. Precautions are taken in order to insure that none shall be received as pupils except such as are likely to make a good use of their advantages, and in the rules under this head it is interesting to find a proof of the early attention paid by the Hindoos to physiognomy—or physiognomony, as it ought to be called. The moral and intellectual desiderata being that the pupil should be inquisitive, observant, philanthropical, generous, amiable, cheerful, and not covetous, envious, or indolent, these inward mental graces are to be typified by the outward and visible signs of an “agreeable voice, small tongue and eyes, straight nose, thin lips, short teeth, and thick hair.” Various religious ceremonies are performed on the day of the pupil’s matriculation, and the latter solemnly renounces anger, covetousness, falsehood, licentiousness, cruelty—in fact, “all the works of the world, the flesh, and the devil.” In this we may discern the original of the famous oath of Hippocrates,† though, in the case of the Hindoos, it was taken at the beginning

* We find traces of caste in early Greek history; thus, the most ancient classification of the Athenians was into *Γελιόντες* or *Τελιόντες* (cultivators of the soil), *ὄπλητες* (warriors), *Αίγικοπιίς* (goatherds), and *Αργάδις* (artisans), which seems to have been based on the occupations followed by the members of each tribe. Also, we know that the profession of medicine was for a long time nearly, if not entirely, confined to the family of the *Asclepiadæ*, or supposed descendants of *Æsculapius*; and the art of carving in wood was restricted to certain families—in Attica to that of the mythical *Dædalus*, and in *Ægina* to that of the no less mythical *Smilis*.

† In his intercourse with his patients a physician is required to esteem the following as privileged communications, made, as it were, under the seal of confession: (1) the patient’s age, (2) his wealth, (3) family and domestic occurrences, (4) his sins or acts tending to reflect shame upon him, (5) his charities, (6) his devotions.

instead of the end of the course of study. In addition to this, the pupil vows implicit obedience to his teacher, the practice of a voluntary and even ostentatious humility, and also that neither his beard nor his nails shall be cut during the period of his studies. When the noviciate's studies have been successfully completed, he receives the Rajah's authority to practise. The physician must be healthy, attired in clean and becoming raiment, kind and considerate to the sick, &c.—just the very requirements made by Hippocrates.

But the omens which the physician is directed to observe afford melancholy instances of an amount of superstition to which the "divine old man" of Cos was a stranger, or, rather, which he had the strength of mind to shake off for the most part. For example, it is held to be a bad omen if any person sneezes; if lizards are seen by the physician on leaving the house; or if corpses, jackals, or vessels of water are seen on the left. If the physician on quitting his patient should meet any one carrying a vessel of water, fruit, or butter, the sick person will die. On the other hand, it is esteemed an auspicious sign when the physician "comes in with the milk," *i. e.*, arrives along with the milk-carrier. Much attention is also paid to dreams, as well those of the physician as those of the patient—in the latter case not without propriety. Favorable and unfavorable indications are also drawn from incidents relating to the messenger sent for the physician, his character, acts, appearance, dress, the hour at which he arrives, &c. Certain days are esteemed lucky and others unlucky for administering, preparing, and collecting drugs, commencing medical studies, &c.* Distinct traces of this last superstition may be found in some of the doctrines of Hippocrates—however free he may in general have been from similar weaknesses—as, for example, in the lengths he went in the enumeration of critical days (of which he reckons no less than eleven), months, and

* The extent to which the belief in lucky and unlucky days was carried among the earlier Greeks is well shown in the concluding portion of Hesiod's *Works and Days*.

years; his teaching (*Aph.*, lxi, § 4) that a fever which departs on an *even* day will probably return, and (*Epidemics*) that deaths from disease necessarily occur on an *uneven* day, month, or year. It is well known that Pythagoras pushed such considerations even farther.

The physician is carefully to observe the person of his patient, in order to discover whether he has the signs of longevity, which are supposed to consist mainly in the existence of a certain proportion between the limbs, chest, neck, &c., but other indications are not overlooked. The most favorable signs are long arms and fingers, long ears, large eyes, forehead, teeth, mouth, trunk, hands, feet, and shoulders, short and fleshy legs, short neck, a large space between the mammillæ, deep navel, well-formed joints, good voice, long respirations, and vigorous intelligence.

The directions given to the physician regarding the examination of his patient are such as would not discredit a treatise on diagnosis at the present day, and seem to have suggested the minute scrutiny practised by Hippocrates. The physician is carefully to note the general appearance of the patient, his or her age, sex, temperament, mental state, habits as to food, &c., occupation, tongue, fæces, urine, general sensations, appetite, breathing, sleep, and, in the case of women, the state of the menses, &c.—a comprehensive though heterogeneous list of indications. Particular attention is to be paid to existing mental conditions, as fear, depression, &c., as well as to the habitual disposition and temper. Next, by the touch the physician is to discern the feverish heat or coldness, dryness or moisture, softness or hardness of the surface, as also the nature of the pulse,* whence may be inferred the condition

* In Charaka and Susruta the pulse is but briefly considered in connection with different diseases; but in the works of more recent writers very special attention is paid to the pulse, as regards its volume, force, frequency, &c. It is said to be slow in the morning and at night, and rapid during the middle of the day and evening—a statement which is, perhaps, pretty near the truth, for although writers of the present day have sometimes overlooked the morning retardation (and this may not be so great as that which occurs towards midnight), it seems to be indisputable that the pulse reaches its maximum about noon, and very slowly declines during the afternoon and

of the vessels as to tension, relaxation, &c. Auscultation is next to be practised; the natural evacuations and any morbid purulent or other discharges are to be examined as to amount, colour, smell, and various other properties. After these preliminaries have been duly considered the physician is to prescribe the drugs and regimen which he deems most suitable.

The rewards to which the physician is entitled are said to be "money in the case of the rich; friendship, reputation, increase of virtue, prayers and gratitude, in that of the poor" (Wise, *Hindu System of Medicine*, p. 29). He is to accept no fee from a Brahman, a relative, or one who has no relations, and he is not to administer any remedies whatever to *hunters and great sinners*. The generosity apparent in these injunctions descended in ample measure to the earlier Greek physicians, however lamentably it may have declined among their unworthy successors, but the implied condemnation of the chase could hardly be expected to find any response from a nation which venerated Diana as a goddess and Meleager as a hero.

Having thus seen what were the notions of the Hindoos as to the origin and early history of medicine, and the nature of the studies, requirements, duties, social status, and remuneration of their physicians, it is now time to investigate their system of medicine itself, together with the state of their knowledge on cognate subjects, in all which, amidst much difference on points of detail, we shall discover a sufficiently striking general resemblance to

evening; so that, compared with the midday acceleration, the morning pulse may fairly be described as slow. The importance attached by the Hindoos to attending carefully to the circumstances under which the pulse is examined may be seen from the following extract from one of their sacred writings:—"When it is to be consulted the patient ought to abstain from food, from occupation, from the bath and the use of oil, to avoid cold and heat, and to remain at ease and awake for some time before the physician arrives." Eight pulses are spoken of; the two radials at the wrist, the posterior tibials at the ankles, the branches distributed to the *alse nasi*, the subclavians above the clavicle, and the carotids in the neck. The pulses of a woman are to be felt on the left side, and those of a man on the right.—Wise's *Hindu Medicine*, p. 208.

warrant us in asserting its ancestral claims in reference to Greek medicine, and, by consequence, to the medical science of the present day. Following the method of Dr. Wise, to whose admirable work on the *Hindu System of Medicine* I am so largely indebted, I shall consider this under four heads:—(1) anatomy and physiology, (2) therapeutics, (3) practice of medicine, and (4) midwifery and diseases of women and children.

(1.) *Anatomy and physiology.*—We have seen that the Hindoos acknowledged five elementary principles; to each one of these they attributed a particular primary quality: to earth, smell; to water, taste; to air, touch; to fire, colour; and to ether, sound. But while such were the attributes they deemed specially appropriate to each element, they held that sound and touch were common to the first four; visibility and taste, common to earth, fire, and water; and, furthermore, asserted that each element contributes its peculiar share to the physiological and mental, no less than the anatomical, structure of man. Thus, fire was supposed to furnish the sense of taste, and to be the active principle in the process of digestion (whence the “coction” of Aristotle and some other Greek writers); ether they acknowledge to be a spiritual element unrecognisable by our senses, and to it they ascribed the faculty of hearing. Certain moral and intellectual qualities, as revenge, stupidity, valour, shame, &c., were supposed to be imparted by the different elements, especially by ether and fire; while the Hindoos seem to have regarded air as the spring of all movement. During life they believed the human body to be animated by a soul, held by them to be an emanation from the Deity, which ultimately returns to its Source. Regarding man as the highest earthly creature, they supposed that every part and every function of his small microcosm had its analogue in the structure and processes of the vast macrocosm of the world—an idea which, I think, springs naturally enough from a Pantheistic theology such as theirs. Something analogous to it may be traced in the parallel drawn by Hippocrates between the four humours, the four seasons, the four ages of man,

and the four climates; while more than 2000 years later we find Paracelsus describing the brain as the microcosmic moon, epilepsy as the microcosmic earthquake, and apoplexy as the microcosmic thunderbolt—in fact, pushing such analogies quite as far as the Hindoos did, if not even farther. To the soul the Hindoos ascribed the faculty of dreaming, and, probably, also that of thought; but it is almost impossible to discriminate between the mental and spiritual endowments attributed to air, ether, and the soul. It is especially difficult to distinguish between ether and the soul, and traces of this ambiguity may, perhaps, be found in the strange theory of Erasistratus, that the soul is *double* (πνευμαζώτικον and πνευμαψύχικον).* Like the Hindoo “soul” the Greek πνεῦμα was supposed to be in some way essential to life; and in the writings of the earlier Greek philosophers there is a difficulty in discriminating between πνεῦμα and ψυχή very much like that which we encounter when we endeavour to discriminate between the functions of the “soul” and those of “ether.”

The body was held to consist of humours (dossoh) and essential parts (dhatu). Among the former were reckoned air, bile, and phlegm or pituita, blood being relegated to the class of dhatu. We are at once reminded of the four humours of Hippocrates, and struck with the discrepancy both in nature and number—air being excluded and blood admitted in the Hippocratic classification, while bile was subdivided into yellow and black. But, so far as regards subdivision, this process was really carried very much farther by the Hindoos than by Hippocrates, for the former spoke of no fewer than *five* kinds of bile, and the same number of varieties of air and phlegm. And we must remember that the classification of Hippocrates was, to a great extent, influenced by his humoral pathology, being constructed, in fact, on pathological or nosological principles; while, notwithstanding the humoral pathology of the Hindoos, their classification of the humours is constructed strictly on physiological principles, true or false. This being the case, it would have been absurd in the

* Dr. J. R. Russell: *History and Heroes of the Art of Medicine*, p. 34.

extreme for them to have separated the blood from the dhatu or essential parts, in order to place it among the humours, which they seem to have regarded as of a less important character. In the next place, the language of Hippocrates on this subject is confused and contradictory in the highest degree. As a rule, it is true, he speaks of humoral dyscrasie as the original causes of disease, but in the treatise *περὶ φυσῶν*,* we find the air, or "spirits," described as the *fons et origo mali*—the humours being the *seat* rather than the *source* of the malady. Furthermore, in the *de affectionibus* and *de morbis* we find Hippocrates ascribing diseases to *two* only of his four humours, viz., bile and pituita. There is little doubt that Hippocrates, no less than the Hindoos, regarded air, or the "spirits," as the *primum mobile* alike in disease and health, so it might with perfect propriety have been added to bile and pituita in the list of morbid agents; and as the Hindoos admitted that the blood might become the *direct* subject of disease (only after the humours had been previously attacked, it is true, but still *directly*, and not *mediately* through the agency of the peccant humours), there can be no question that, in a classification arranged upon pathological and not physiological principles the blood would have found a place among the humours. Curiously enough, the Hindoos were, in reality, more entitled to make this classification than Hippocrates was, for the latter asserts (*de affectionibus* and *de morbis*) that the cause of disease in the blood is the admixture with it of diseased bile or pituita; that is to say, that the blood can only *mediately* become the subject of disease. The above considerations seem to show clearly whence Hippocrates derived his doctrine of the humours, and even his classification of them; it appears to me really wonderful how little modification the doctrines had undergone in their passage from India to Cos, and by the lapse of probably 500 or 600 years.

The Hindoos, as we have seen, reckoned five distinct species of bile; the first, they taught, aids digestion; the

* It is fair to remind the reader that by some this treatise is ascribed to Polybius, son-in-law of Hippocrates.

second imparts its red colour to the blood; the third, which they located in the heart, produces sense, memory, pride, obstinacy, and anger;* the fourth confers the faculty of vision; and the fifth retains the skin in a healthy condition. It was held to exercise these functions in virtue of the fire which the Hindoos believed to be the predominant element in bile, but it seems not improbable that the idea may have been suggested by the observed fact that in jaundice—a diseased state of the bile—the eyes and skin are the organs most visibly affected, while the digestion also is deranged, and the moral and mental faculties impaired.

Among the five kinds of phlegm or pituita they included the secretion properly called by that name as well as synovia, the cerebro-spinal fluid, the saliva, and the aqueous humour of the eye.

The Hindoos recognised seven temperaments in all; three *distinct* temperaments caused by an excess of air, bile, and phlegm respectively, nearly corresponding to those now known as nervo-sanguine, atrabillious, and phlegmatic. When any *two* of the humours were in excess they supposed this to produce a mixed temperament, partaking of the characteristics of each of the superabundant humours. It seems somewhat inconsistent with the theories they held as to the respective properties of the different humours that they should speak of phlegm as predominating up to the 15th year, bile thenceforward to the age of 50, and air from that period until death; yet such were their doctrines. Brahma was held to be the analogue of air; Vishnu, of bile; and Siva, of phlegm.

* Pride and anger were long supposed to be in some way connected with the biliary secretion, and many phrases implying this connection passed into current speech; thus, Plautus has the phrase *bilem concire*, to provoke to anger; Horace has repeatedly such expressions as *meum jecur urit bilis*, I burn with indignation; and Seneca has the phrase, *bilem habere*, to be moved to anger. The phrases *splendida bilis* and *vitrea bilis*, which occur in Horace and Persius, seem to superadd the idea of some degree of pride to that of mere anger, though some consider the former of these epithets as synonymous with *flava*, as it was from the yellow in contradistinction to the black bile that passion was supposed to arise.

The dhatu or essential parts of the body are seven in number : chyle, blood, flesh, fat, bone, marrow, and semen. The Hindoos rightly enough defined chyle as the essence of the food ; they recognised the existence of lymphatics, or distinct vessels for its conveyance ;* and although some thought that the chyle nourishes the body directly, others were aware that it mixes itself with the blood, and believed it to be coloured and otherwise modified in the spleen and liver. They supposed that the various tissues were nourished, not *pari passu*, but in succession, beginning with the flesh and ending with the semen. They appear to have held no peculiar opinions concerning blood, flesh, and fat, except that they regarded perspiration as the special excretion of the last ; perhaps from having observed diaphoresis to be an almost constant accompaniment of obesity. They reckoned 300 (some even 306) bones in the human body, swelling the list by including under this head the ensiform, sterno-clavicular, costal, thyroid, cricoid, and arytenoid cartilages, the rings of the trachea, and the teeth. As in the case of the humours, so they spoke of *five* varieties of bones : flat, round, long, cartilages, and teeth.

The Hindoos supposed the brain and spinal cord to subserve merely the same purposes as the marrow in the long bones—a doctrine almost identical with that of Praxagoras, and not very dissimilar to that of Aristotle ; though Pythagoras and Hippocrates held more correct opinions on this subject. They believed the semen to be produced by the admixture of the essential parts of the brain and spinal cord with the blood. All the dhatu were supposed to be pervaded by an essential principle called ozah, which is the source of their vigour, but it is difficult to see in what respect this differed from “ ether.”

They enumerated eight kinds of articulation, six of which

* The discovery of the lymphatics was probably made subsequently to the migration of the Pelasgi, for among Greek writers Erasistratus is the first to mention these structures, which he observed in the dissection of goats. Although he described them and their contents with sufficient accuracy, he supposed they were of the nature of arteries.

may be reduced to the modern classification, but two are peculiar to themselves—Kara, or ginglymus; Udukhata and Biosatunda, or enarthrosis; the difference being that the latter term was confined to those ball-and-socket joints one of the bones entering into which possesses a coronoid process, as the lower jaw; while the former was most arbitrarily and absurdly extended so as to include gomphosis; Samudga and Protara, or amphiarthrosis; the former where little if any motion is permitted, as in the sacro-iliac and pubic symphysis; the latter where there is more movability, as in the articulations between the bodies of the vertebræ; Tunnasebanu, or sutures. The two forms of so-called articulations which are peculiar to the Hindoo classification are the Mundala, a term descriptive of the manner in which the eyes are set in the orbits, the trachea in the neck, and the heart in the thorax; and the Sunkha burda, or mode of attachment of the ears. Like Hippocrates and Herophilus, they confounded together nerves, tendons, and ligaments.

With their usual fondness for classification they divided the muscles (of which they enumerated 500) into ten sets, as broad, round, short, rough, &c.

The description of the vascular system—in which the Hindoos included veins, arteries, lymphatics, intestines, ureters, Fallopian tubes, urethra, &c.—is so very fanciful and erroneous that it would be quite inconsistent with the limits and object of this article to give it in detail. Suffice it to say, that (misled perhaps by the observed phenomena of foetal circulation) they regarded the umbilicus as the common origin of all the vessels; that they divided these into three classes; (1) sera, or those conveying blood, air, bile and phlegm; (2) damanee, some of which were supposed to carry the same contents, and others to perform the offices of the nerves of special sense;* and (3) srota, or canals, among which seem to have been included the right and left lymphatic ducts, the portal and splenic veins, the ureters, &c.

* Aristotle laboured under a similar propensity to confound vessels with nerves; thus, he thought that the ultimate branches of the aorta assumed a nervous character.

They rightly enough described the cellular tissue (*kala*) as that which connects and surrounds the different structures of the body, very unnecessarily adding that it separates the seven *dhatu*, or essential parts. It is treated of under seven heads, nearly corresponding to, (1) cellular sheath of muscles, (2) spongy or erectile tissue, (3) the omentum, (4) synovial sacs, and (5) the mesentery. The sixth and seventh varieties are two imaginary structures.

The skin is said to consist of seven layers,* of which, (1) corresponds to the superficial part of the epidermis; (2), (3), and (4) to the deeper cells of the same in which the pigment is lodged, the so-called *rete mucosum*; (5) and (6) to the *corium*, or true skin; and (7) to the subcutaneous cellular tissue and *fasciæ*.

Susruta has enumerated 107 "vital parts," or regions of the body where wounds are especially painful, dangerous, or even fatal. Of these there are five varieties or classes: (1) containing nineteen, or those in which a wound is speedily followed by death; (2) containing thirty-three, in which the fatal result is delayed for a few days; (3) containing three, in which death occurs on withdrawing the foreign body which inflicted the wound; (4) containing forty-four, in which a wound is followed by lameness and paralysis; and (5) containing eight, a wound in which causes only pain. Amongst these "vital parts" or *marma*, are mentioned the seats of the carotid arteries, of the lateral sinus, of the femoral artery just before it enters Hunter's canal, and higher up in Scarpa's triangle, the heart, and the bladder. Curiously enough, they consider that, notwithstanding the fatal nature of accidental wounds of the last-named viscus, it might often be intentionally opened with impunity for the removal of a calculus. Susruta also dwells on the likelihood of tetanus occurring in consequence of wounds near the great toe; directs that instruments similar to the trephine and elevator be used in cases of fracture of bones of the skull, and gives a sufficiently accurate description of the effects of wounds of the testicle and groin.

* This idea prevails to this day among the ignorant in some Continental countries, as, for instance, in Portugal.

It seems not improbable that at the date of the composition of the Vedas human life was somewhat more prolonged than at the present day. Thus, death occurring before about the hundredth year was ascribed to avoidable causes, as want, accident, or excess. The term of life was divided into four periods; the first fifteen years were assigned to childhood, from the sixteenth to the seventieth years to manhood, and from the seventieth until the person's decease to decrepitude, the season when "the grasshopper shall be a burden, and desire fail," or, as Menu expresses it, when the body shall become "a mansion infested by age and by sorrows, the seat of maladies, harassed with pains, haunted with the qualities of darkness, and incapable of standing long." Menu abounds with moral and religious exhortations in reference to this subject of death which would do no discredit to a Christian moralist. I subjoin two sentences of his on account of their striking similarity to the ideas expressed by two Christian writers, neither of whom had ever heard of his name. "The wise man meditates on the acquisition of knowledge and riches as if not subject to sickness or death; and cultivates virtue as if death had already seized him by the hair." And again: "Let him not wish for death, let him not wish for life; let him expect his appointed time, as a hired servant expects his wages." In the writings of Dr. Cheyne we find an almost exact reproduction of the first of these quotations: "I make it a rule to neglect nothing to secure my eternal peace more than if I had been certified I should die within the day; nor to mind anything that my secular duties and obligations demanded of me less than if I had been insured to live fifty years more." The second extract can hardly fail to recall to the reader's mind the Archangel's exhortation to Adam when our first parents were expelled from Paradise:

"Nor love thy life, nor hate; but what thou liv'st

"Live well; how long or short, permit to Heaven."

PARADISE LOST, xi, 554—5.

(2.) *Therapeutics*.—Among the Hindoos, religious rites of various kinds form an important element in the treatment

of diseases, a circumstance which arises from their belief in the doctrine of metempsychosis, which was imported into Europe by Pythagoras; for they recognise three classes of diseases: (1) those of a retributive character, the direct infliction of Heaven on account of sins committed by the individual in the present or previous stage of existence; (2) dyscrasiæ or natural diseases, caused by a morbid condition of the humours; and (3) diseases of a mixed nature, arising from a combination of the two above-mentioned causes. To these may perhaps be added demoniacal possessions,* but I am not sure whether such are not included in the first class. Diseases of the first class are to be met by appropriate lustrations, prayers, sacrifices, &c.; those of the second class, by drugs and the other ordinary therapeutical appliances; those of the third class, by a combination of both kinds of treatment. But our present concern is with the therapeutics, not with the religion, of the Hindoos, and that subject may be considered under the heads of Hygeiology, Materia Medica, and Surgical Appliances.

(a) *Hygeiology*.—From a very early period the Hindoo legislators displayed an exemplary diligence in inculcating sanitary precepts upon their subjects, even calling in the powerful aid of religion to enforce their enactments. But, unhappily, their injunctions were so minute, so numerous, and so hard to obey that despair of being able completely “to fulfil the law’s demands” led the mass of the people ere long to disregard its requirements altogether. But however such hygienic rules may have been practically set at nought, many of the Hindoo ideas upon this subject are well worth recording, both on account of their intrinsic merit, and also as clearly indicating the source whence the corresponding doctrines of Hippocrates and the Greek

* Pythagoras in like manner taught that some diseases were the result of demoniacal possession, and were only amenable to the influence of religious services; and even Hippocrates, although (treating of epilepsy, formerly called the “sacred disease”) he stoutly combats the notion of any one disease being more of a supernatural character than any other, speaks in the *Prognostics* of a *θεσιον* τ: as one of the causes of disease.

physicians were derived. Like these, the Hindoos described hot climates as specially productive of bilious derangement, and damp atmospheres as liable to cause diseases of the "phlegm." They divide climates into three classes: the moist, the hot, and the temperate; and point out the good or evil results which may attend a change from any one of these to any other, while they at the same time acknowledge that with proper care a person may live in any climate with impunity—a truth which has been too much lost sight of in modern days when the facilities of locomotion have rendered so many invalid depôts accessible to every wealthy and whimsical hypochondriac. With great propriety they insist that when a person goes to reside in a different climate he ought to follow the local customs as regards food, clothing, personal habits, and the like of his new abode, a practice from which the late Dr. Combe described himself as having derived great benefit. During the cold months the diet ought to contain a fair proportion of oleaginous and saccharine principles, together with soups, fish, and other nutritious articles.* Wine is to be drunk mixed with water—stronger in winter, weaker in summer. It will be remembered that the importance of this is insisted on by Hippocrates. Fatty substances are to be avoided while the air is moist, at which times, also, it was supposed that infection spreads with greater certainty. The characters of the various winds are minutely described, together with their salutary or injurious effects on the constitution. Thus an easterly wind is said to be

* It must be borne in mind that at the time when the earlier shaashtras were composed animal food was largely used, and even recommended. Probably at that period the ancestors of the present Hindoos lived in the cooler and healthier northern districts, and were of more active habits than their descendants. As they advanced towards the south, and gradually fell into the lethargic indolence, both mental and physical, characteristic of the denizens of hot climates, animal food would become less necessary—in large quantities even pernicious—and this fact, together with the doctrine of metempsychosis, probably led to a gradual abandonment of its use. As regards drinking wine there is a difference of opinion. In the Veda Shaashtras the practice is forbidden; but it is sanctioned by some of the Rishis, and accordingly practised by the worshippers of Shiva.—Wise's *Hindu Medicine*, pp. 105—111.

cold, "heavy," and invigorating; and we have a beautiful illustration of homœopathy in the further assertion, that, while it is apt to *engender* diseases of the phlegm, *it is beneficial in cases of phthisis arising from disordered phlegm, i. e., in the catarrhal or most common form of phthisis.* Northerly winds are cooling, and beneficial in cases of cough accompanied with hæmoptysis. We thus see that the Hindoos were nearly three thousand years before the Europeans in discovering that a warm and debilitating climate is not the true cure for phthisis.

Very minute directions are given for the regulation of personal habits in health. Thus the Hindoo is enjoined to rise before the sun, and to perform the offices of nature with his face towards the north.* The teeth, mouth, tongue, eyes, and face are then to be cleaned with special care, except in some cases of disease, and in children under the age of ten, when the teeth are to be let alone. The body, and especially the head, ears, and feet must be anointed, except at the commencement of fevers and after attacks of vomiting and purging. Walking and other kinds of exercise should be taken daily, especially by such persons as live on rich food. Shampooing and the use of the flesh-brush are specially recommended. The nails, hair, beard, &c., are to be cut every fifth day. Cold bathing is strictly enjoined, except at the beginning of fevers, diarrhœa, and a few other diseases; it is further recommended *during the course of some inflammatory fevers*; so we see the Hindoos had long anticipated the practice of Dr. Currie, of Liverpool. Warm baths, either local or general, are employed to relieve pain and spasm, and in certain fevers. Vapour baths are also used, both locally and generally, chiefly for the purpose of relieving pain; warm water and vapour baths are often medicated.

After bathing, antimony is to be applied to the eyelids with the view of "improving the sight, clearing the

* The early Greeks had precepts of a similar character. Thus, Hesiod (*Works and Days*, 727—8) bids Perseus

"μηδ' ἀντ' ἡλίοιο τετραμμένος ὀρθὸς ὀμχῆιν,
ἀντὰρ ἰκτί κε δόγ, μεμνημένος, ἔς τ' ἀνίοντα^α"

itchiness or any unhealthy humours of the eyes, and preventing the bad effects of the glare of the sun and diseases of the eye in general." It is really very instructive to compare this with the ophthalmic pathogenesis of antimony in homœopathic treaties on materia medica ; as, for example, in Jahr's *Manual*, where we find, under "Eyes," *blindness, itching, increase of mucus and of the secretion of the meibomian glands, agglutination of the eyelids, photophobia, and inflammation of the eyes.*

Directions are given as to clothing, which is to be red in winter, light in summer, &c. ; the use of umbrellas, and so forth ; but it would be foreign to my present design to enter into more detail on this subject.

As regards food, while it is acknowledged that the young and healthy, especially if active and living in a pure air, may partake with impunity of many things which might prove injurious to others, and that habitual use will often render substances harmless which would be unwholesome for a novice, very careful rules are laid down as to the mixtures which are injurious or beneficial. Thus, sweet and sour, sweet and salt, sweet and pungent, and salt and bitter form deleterious mixtures. Fish must not be eaten with butter-milk, sweet milk, or sugar. Some substances are good only for persons of a particular age ; others, as water, milk, rice, and ghee, are beneficial at all periods of life from the cradle to the grave. Sweet articles of food were rightly held to increase the adipose tissue and the secretion of milk. *Acid substances have the primary action of "cooling, increasing the appetite, and promoting digestion ;" and the secondary action of producing "fever, weakness, and emaciation."* Pungent articles are said to have the truly homœopathic action of diminishing thirst.

From the diversity of temperature which prevails in different parts of India owing to the more or less elevated situations of various districts, that favoured country possesses the fruits and vegetables of nearly every climate, from the temperate to the torrid zone. The hygienic and therapeutic properties of most of these are given in the various Hindoo medical works, but they are, of course, far too

numerous to be described here. The use of the flesh of animals is much more limited, but different kinds of milk are largely drunk. Cow's milk is preferred upon the whole, and seems generally to be taken either boiled or curdled; but goat's milk is used, as with us, for some forms of hæmorrhage; the milk of mares, buffaloes, and sheep is also drunk. Fresh butter is recommended for consumption—an early instance of analeptic treatment, which would meet with the approbation of Professor Hughes Bennett himself. Vegetable oils are largely used, but chiefly for inunction, or strictly medical purposes. As nearly all vegetable oils are purgatives, it is interesting to find that the Hindoos were so well qualified to read a lesson to the allopaths of a few years ago, as to have been aware that *the prolonged use of such oils produces habitual constipation*. Very great care is enjoined in the selection of drinking water, as to neglect of this precaution the origin of many diseases was assigned.

(b) *Materia Medica*.—Some not inappropriate directions are given as to the nature of the soil from which vegetable simples ought to be gathered, but they are unfortunately mingled with many superstitious injunctions as to the state of the heavens, the age of the moon, the day of the week, and so forth. Simples are taken from the animal, mineral, and vegetable kingdoms. Among the first we have the skin, nails, and hair of different animals, used for fumigations in intermittent fevers; the blood, to be exhibited internally after profuse hæmorrhage; the flesh, the bones, to be given in nervous disease, and in diseases of children, in both of which the *Phos. calc.* may very likely have often proved extremely useful; the fat, marrow, and bile; the milk; and the urine and fæces (preferably of the cow). From the mineral kingdom we find salt recommended for piles, dysentery, and stone—to the two former of which it is in some degree homœopathic (Knorre expressly recommends it for dysentery), though it is certainly not the drug which would in most cases be selected by homœopaths for either of these disorders. The metals chiefly employed internally by the earlier Hindoo physicians are iron and

tin ; the former was given (with great propriety), in phthisis, diabetes, and some cases of gonorrhœa ; but it must be acknowledged that in also recommending it for amenorrhœa we have what at first sight looks very much like a relapse into allopathy or rather antipathy. This is not the case, however, for amenorrhœa is a frequent accompaniment of chlorosis, and we have long known that "*iron is homœopathic to all forms of chlorosis, accompanied or not accompanied by amenorrhœa.*" (Jahr's *Symptomen-Codex*, translated by Dr. Hempel, vol. I, p. 710.) Tin is recommended for catarrhal diseases (to which it is certainly homœopathic), gonorrhœa, and jaundice ; the pain and burning along the course of the urethra, which have been recorded by some provers, together with the soreness of the urethral orifice, which has been also observed, might lead us to suspect that the metal is in some degree homœopathic to gonorrhœa, while some symptoms which appear sufficiently well authenticated indicate a distinct action on the liver. It was also used as an anthelmintic and to diminish obesity. Most other metals were probably introduced from Europe, and in Hindoo medicine can lay claim to no greater antiquity than 200 or 300 years, but mercury appears to have been used from very early times, and is even spoken of as a panacea. There are various preparations of this drug ; and that its homœopathic action was tolerably well understood, we learn from finding its various salts recommended for dysentery, general debility, dyspepsia, rheumatism, dropsy, fistula in ano, and hepatic disorders. As syphilis was probably unknown in the classical period of Hindoo medicine, we need feel no surprise at the omission of all reference to the antisiphilitic properties of mercury. Gold was prescribed to *improve the memory* (cf. Noack and Trinks), to restore vigour, to improve vision, in phthisis, in gonorrhœa, and in hepatic disorders. We all know that general weakness, incipient amaurosis, pulmonary hepatization, pricking, and lancinating pains in the glans, and various affections of the liver, are among the pathogenetic effects of *aurum*. Silver is given to improve appetite, strength, and digestion. Arsenic is employed as a tonic, in catarrhal diseases, asthma, inter-

mittent fevers, and glandular and leprous affections. Antimony, chiefly as a collyrium, as described above. Lead is antipathically given in cases of diarrhœa; but, on the other hand, we find copper administered homœopathically for *colic, diarrhœa, some skin diseases, piles, and indigestion.*

Mica, some earths, and many of the precious stones, are used in medicine, as also are *sulphur* and *ammonia*; but the two latter are only prescribed in combination with other drugs.

Polypharmacy unfortunately prevailed to a great extent in the practice of the Hindoos, and, as chemistry is a science of yesterday, we need not be surprised to find incompatibles frequently administered together in their heterogeneous prescriptions. Little care was taken to indicate the proportions of the various ingredients, or even the amount of the dose. They also dealt largely in panaceas. On the other hand, their assertion that *an overdose of medicine actually increases the original disease* would serve to show (if other proof were wanting) that drugs were often administered on homœopathic principles. There is also a prudent injunction that drugs prepared from the vegetable kingdom are to be thrown away at the end of a year. When administered internally, they are exhibited, as in Europe, in the forms of powder, succus, decoction, infusion, extract, tincture, pill, electuary, and so forth. Simple medicines are always given in the form of decoctions, and they are arranged by Charaka in forty-five classes, which, however, may be easily reduced to three, viz., (1) those which exert a general action, as stimulants, tonics, sedatives, &c.; (2) those which were supposed to cure individual diseases, such as piles, leprosy; and so forth; and (3) those which increase or diminish some particular secretion or the activity of some one normal function, as purgatives, diuretics, galactagogues, errhines, &c. Elsewhere it is correctly stated that no medicine whatever possesses only one action—a statement very inconsistent with this classification of Charaka. Some judicious directions are given as to the mode of administering medicines, as, for example, that some are to be taken when the patient is fasting, others when

replete; that the dose must be varied according to his or her age, strength, and general condition; and that a second medicine is not to be given until the action of the first is exhausted. This latter point is especially dwelt upon in the case of purgatives. There is also an amusing injunction that the patient must not make faces when taking his medicine, as so doing is considered an impious imitation of Brahma and Vishnu! The body is to be anointed, and oleaginous drinks are to be taken before the administration of any kind of medicine.

Besides the classification of Charaka mentioned above, two other arrangements of drugs are recognised: (1) founded on the humoral pathology, according as the medicines were supposed to act on the air, bile, or phlegm, &c.; and (2) according to the organs they affected, or their mode of action. There are five principal divisions of this second classification: diaphoretics (including the application of heat, vapour, poultices, and fomentations), emetics, purgatives (including enemata), errhines,* and stimulants. Mention is, however, made of emmenagogues, diuretics, sialagogues, carminatives, and alteratives, which, though all ranked by the Hindoos among stimulants, it would not be easy to bring under any of the heads referred to.† Alteratives are also spoken of, and said to be of four kinds: (1) those which give pleasure, (2) those which cure diseases, (3) those which increase memory and longevity, and (4) those which retard the process of natural decay. This classification is certainly most unworthy of the logical acuteness of the Hindoos, as it is manifest that (1) are not, strictly speaking, medicines at all;‡ (2) comprise all the medicines that

* These (errhines) are said to "clear the head of humours"—almost the very words of Hippocrates.

† It is true that emmenagogues, sialagogues, and diuretics may in a certain sense be called local stimulants, as they increase the secretion of the organs on which they act; but at this rate errhines and diaphoretics would fall under the same head. The term "stimulant" is very improperly used in this acceptation, as there can be no question that a large increase in the amount of any secretion (accompanied by a retrograde metamorphosis of its nature) may be produced by many drugs which ought to be called "relaxants" or "depressants."

‡ It is true that those substances which are taken for the sake of producing

ever were or ever will be discovered ; and (3) and (4) are identical.

(c) *Surgical appliances.*—As in Europe so among the Hindoos, surgery seems to have been of prior date to medicine. In very ancient times lithotomy, paracentesis, and the extraction of the dead fœtus were practised in India to a much greater extent than is usual with native practitioners at the present day, for national prejudice and religious scruples have combined to bring many surgical operations into disrepute. Certain diseases and morbid states were considered only curable by surgical means, such, for example, as inflammation,* abscesses, and ulcers. The treatment of these consists in the application of poultices, the use of purgatives, local bleeding, opening the abscess at maturity, and the administration of emetics, with spare diet. Very minute directions are given as to the manner in which the abscess is to be opened. The incision, we are told, must in some places be circular ; elsewhere oblique ; elsewhere, again, cruciform. Sometimes they may be opened by means of potassa fusa. The directions for the treatment of fistula are very similar to those now in vogue.

agreeable sensations, as wine, opium, cannabis indica, &c., all exert a specific therapeutic action ; but when used for self-indulgent purposes they lose the rank of medicines, because, so far from the administration of them being part of the office of the physician, often one of his most important duties is to see that, in this respect, the patient does not “minister unto himself.”

* The Hindoos seem to have been as much in the dark as to the nature of inflammation, and even as to its necessary characteristics, as their European descendants. They affirmed *pus* to be the diagnostic mark of inflammation, forgetting that it is only at a certain stage of the inflammatory process that *pus* is present. They recognised five forms of idiopathic inflammation arising from morbid conditions of the blood and our old friends the “humours,” alone or in combination, which it would be exceedingly difficult to bring under any modern classification. The first form seems to include such diseases as pemphigus, pompholyx, eczema, &c., or vesicular and bullar diseases generally ; the second, pustular diseases, as impetigo ; the third would include smallpox, and the fourth carbuncle ; but the distinction between the fifth and the second seems very arbitrary, and it may very well admit of question whether the first and second forms are not rather different stages than different varieties of inflammation. Many excellent pathologists, as is well known (among others Professor Sanders, of Edinburgh), consider impetigo to be merely an advanced stage of eczema.

For performing these and other operations the Hindoos appear to have possessed a tolerably complete armamentarium of instruments, and so much attention was paid to all the details of surgical practice that no fewer than fourteen distinct kinds of bandages are enumerated. They seem to have understood the necessity for producing "extension" in dislocations and some fractures, and in order to insure practical skill in the various surgical manipulations recourse was had to the use of "dummies" and the bodies of dead animals, on which students were required to perform the different operations.

The practice of bloodletting was had recourse to among the Hindoos from a very remote period, but in early times it was hedged about with so many restrictions that (in those days) it can hardly have been productive of very much harm—at least, when compared with the wholesale sanguinary measures of the Sangrados who derided Hahnemann, and who are now, in their turn, the objects of such just scorn and derision to the whole civilised world, not excepting their own disingenuous successors. Thus we are told there are twenty ways of *improperly* performing venesection—it seems a pity that they did not add that there is *no proper* way of performing it. Again, "bleeding should not be performed when the person is below 16 and above 70 years of age, when the female is pregnant or soon after delivery, when in a state of drunkenness, when there are sores on the body, when the 'humours' are diminished, when there is copious perspiration, or when diseases of 'air' are present. Patients should not be bled in very cold, hot, stormy, cloudy days, when the person is weak, after watching, when digestion has not taken place, when afflicted with general dropsy, piles, jaundice, madness, after vomiting or purging, in severe fevers, in tetanus, in palsy, &c."* Unhappily, in after times, the pernicious practice

* Wise's *Hindu Medicine*, p. 184. With charming naïveté, bleeding is also prohibited "*when no disease is present!*" But even this precautionary prohibition was by no means unnecessary, as in later days, in Europe, some people used to be bled regularly every spring, sick or well, very much as at the present time some old women of both sexes are still found

was retained, and the wise restrictions in a great measure overlooked; nor, indeed, is it surprising that an operation of such easy performance, in most cases attended with such immediate (though temporary) relief of pain and many other distressing symptoms, as dyspnoea, &c., admitting, too, of a plausible defence on the then fashionable "humoral" pathology, and last, though not least, gratifying the ignorant cravings of the patient by the fact of its being attended with such distinct "outward and visible signs," should have found increasing favour once any one had the audacity to propose it, and the misfortune to find some one else with the hardihood to undergo it. Venesection was practised among the Hindoos in just the same way as in Europe, including the use of the bandage, &c.; and blood was also taken by means of scarification, cupping, and leeches. Hæmorrhages were arrested in four ways: by the use of ice, astringents, caustics, or the actual cautery.*

Plastic operations were performed to restore the nose or

who take purgatives periodically, and, what is even worse, force their innocent children to do the same. Those poor, infatuated creatures are, of course, beyond the reach of argument. But does not the subject seem worthy of the attention of the Society for the Protection of Women and Children?

* The hæmorrhage consequent upon the amputation of a limb was frequently checked by means of bathing the stump in boiling oil—not an uncommon practice in Europe previously to the reintroduction of the ligature by Ambrose Paré in the 16th century. It is a striking proof of the reluctance of the "orthodox" or sectarian school of medicine to adopt any improvement, however valuable, or however well attested, that although the great French surgeon amply demonstrated the value of the ligature—although, too, it had antiquity in support of its claims, as it had been employed by the later Roman surgeons, but had fallen into disuse on the decline of surgery—Dr. Freind, writing in 1723, tells us it was then in little esteem among the Germans, and entirely rejected by the Dutch, and even doubts whether it would have met with much favour anywhere had not the discovery of the circulation of the blood (which was not made till nearly a century after the reintroduction of the ligature) demonstrated its theoretical reasonableness. Just so we hear prattlers nowadays refusing to admit the reality of homœopathic cures which occur under their very eyes, because, forsooth, they "cannot understand how an infinitesimal amount of medicine, which one can neither see nor taste, can have any effect;" as if the wide possibilities of Nature were to be gauged by the narrowness of what, on the *lucus a non lucendo* principle, they call their own intellects.

ears. We are probably indebted to the tyranny of Oriental despots for the introduction of these valuable improvements in surgery, as cutting off the nose was a favourite mode of punishment in the East in the good old times, and the hapless sufferers naturally set to work to devise some means of restoring their original appearance and concealing their disgrace.

(3.) *Practice of medicine.*—We have seen that all diseases not of supernatural origin, or the mere result of poison or external injury, were by the Hindoos, as by the majority of physicians in all nations, ascribed to “derangements of the humours,” and disease itself was described as the effort of nature to expel the peccant constituents, in which effort it was supposed often to require the co-operation of medicinal drugs. It may at first sight appear difficult to reconcile all this with their belief in specifics, and even panaceas, but this difficulty vanishes when we remember that these invaluable remedies were often prescribed in such massive doses as to produce an amount of constitutional disturbance in the form of purging, diaphoresis, diuresis, emesis, ptyalism, &c., sufficiently painful and dangerous to warrant the supposition that the morbid products were really being expelled by means of the natural emunctories without any specific, organopathic, or homœopathic medication of the seat of the disease. Diseases are variously classified, as those which are easily curable, those with difficulty curable, and the incurable; hereditary and acquired, or, as in Charaka, those arising from external causes, as accidents and poisons; those caused by improper food; those springing from mental excitement, grief, fear, &c.; and the morbid increase or diminution of normal functions, as thirst, hunger, &c. It will be seen that this classification labours under the serious objection that the first three classes are arranged according to their causes, and the fourth is distinguished by its symptoms. As a rule, too much attention was paid to some one prominent symptom in the classification of diseases—even such a very general symptom as pain—which led to very dissimilar diseases being classed together. But the usual classification is into

hereditary, embryonic, or foetal; those resulting from intemperance; the consequence of accidents; those caused by the vicissitudes of the seasons; judicial, or those directly inflicted by Heaven as the punishment for immorality or irreligion; and those resulting from natural decay. It is obvious this is an etiological rather than a nosological or pathological classification; but, what is really very striking, in their doctrine of hereditary disease or taint, the old Hindoos nearly hit upon the *Hahnemannic* doctrine of psora. We are told, in the first place, that care and attention may prevent these taints ever actually producing their distinctive diseases, and in the next place that the most characteristic of these hereditary (psoric) diseases are *piles, phthisis, dyspepsia, epilepsy, leprosy, and elephantiasis*. I say advisedly the *Hahnemannic* psoric doctrine, because, as all the dishonest detractors of Hahnemann (with the exception of Sir James Simpson) knew perfectly well, a doctrine of psora had been all along held by the allopathists, or whatever they like to call themselves, differing, however, from that of Hahnemann in having been grossly erroneous in many particulars. Thus the exploded school taught that the serious morbid results of psora were only produced when a distinct cutaneous eruption was repelled internally. Like Hahnemann, the Hindoos were aware that this constitutional taint *may* not produce any cutaneous symptoms whatever, and yet cause serious constitutional disease.*

In the general treatment of disease the chief and often the sole reliance was placed on the regulation of the diet, but when this proved insufficient recourse was had to evacnants, which were directed to be given on "critical" days. The 7th, 10th, and 12th, or, according to others,

* "One important point in which Hahnemann's views of psora differed from those of his predecessors was this: that while they regarded internal diseases as producible only when the psoric matter was driven in from the surface of the body, he thought that the constitution might be elsewhere seriously affected, disordered by the 'miasm,' while the skin was also affected; and that it was not necessary that the skin should ever be affected, though it generally or often was."—Henderson's *Homoeopathy fairly Represented*, p. 148.

the 7th, 9th, 11th, 14th, 18th, and 22nd were esteemed to be such in a large class of diseases. Some Hindoo physicians, on the other hand, anticipating Brown, class all diseases into the sthenic and the asthenic varieties, treating the latter with stimulants (among which, for some reason best known to themselves, they reckon purgatives), and the former with cooling remedies. It would be impossible here to describe, even in the most cursory manner, the mode of treatment adopted in the various classes and subclasses of disease enumerated by Hindoo nosologists, of the number of which the reader may form some conception when he is informed that Dr. Wise gives us 11 principal classes, of which the second has 15 orders and 160 sub-orders and varieties, and that there are no fewer than 76 diseases of the eye, 31 diseases of the nose, 28 diseases of the ear, and 65 diseases of the mouth. Class 1 includes all "diseases of the humours," strictly so called, by which seem to be meant *chronic* nervous (air), pyrexia (bile), and catarrhal (phlegm) diseases. Class II includes all acute diseases affecting the general system, among which obesity and emaciation are most absurdly placed. Classes III to X include local diseases, among which are reckoned mental affections, as insanity, &c.; and Class XI comprises trivial diseases, such as warts and baldness. It is obvious that all the purposes of this clumsy classification would be served by a simple arrangement into chronic (= Class I) and acute (= Classes II to X); the latter being again subdivided into general (= Class II) and local (= Classes III to X). Class XI would have to be distributed in part to the chronic and the remainder to the acute sections.* Then, to complete the Hindoo nosological scheme, all that would be necessary would be further to subdivide each member of every class into three sections, according as the air, phlegm, or bile was supposed to be the peccant element.

The Hindoos advocated fasting during the first few days of a fever—a practice afterwards followed by Asclepiades at

* Class I would, of course, also require to be subdivided into general and local.

Rome. They were beforehand with Sydenham in prescribing the "cool" regimen in cases of smallpox, a disease with which they as well as the Chinese were familiar many centuries before it was first brought before the notice of European physicians by Rhazes. A nutritious diet abounding in oleaginous principles is prescribed for phthisis, in the treatment of which disease we find no mention made of bloodletting, setons, blisters, and the like allopathic abominations. Cholera is to be treated with *emetics and purgatives*; in acute dysentery the physician is forbidden to stop the stools by astringents, as this will produce dyspepsia, piles, and tympanitis, and one of the drugs recommended is a salt of antimony, which is also recommended as an external application in ophthalmia. Emetics are to be given for diseases of the chest, sickness, and ptyalism. Most of the medicines, which are chiefly valuable in the treatment of these disorders (as *Ipecacuanha* and *Tartarated antimony*) are of this character, as shown by homœopathic provings. Purgatives are to be avoided when there are sores on the body, in lung diseases, in infancy and old age, but are useful in piles, colic, and, as we have seen above, in cholera. For further illustrations of homœopathy in Hindoo practice I must refer the reader back to the section on *Materia Medica*, at p. 597.

Gynæcology, embryology, and infantile diseases.—According to the Hindoo theory of generation, the menses of the female receive the semen of the male, and thereby germinate, producing the embryo. It was supposed that conception could only take place during seventeen days in each month, *i.e.*, during the three days of menstruation and the week immediately preceding and following it. The normal period for the change of life is fixed at the fiftieth year, and the duration of pregnancy is stated at from nine to twelve months. If conception occurs on an *even* day of the menses the offspring will be a male. The signs of pregnancy are described with great accuracy, and much regard was paid to the gratification of the "longings" so common during that period. It was also believed that the character of the child is materially influenced by the nature of the

objects beheld by the mother at the moment of conception and during gestation. The fœtus was supposed to be endowed with understanding, and to have all the bodily members perfectly formed by the end of the sixth month, but it was held that a child born at the eighth month must necessarily die—a doctrine also taught by Hippocrates. While in the uterus, it was thought that the child retained the recollection of previous states of existence, and the infant's birth-cry was accounted for on the supposition that it arose from regret at the loss of so many happy memories which passed away suddenly at the moment of birth. Parturition was supposed to be effected by means of pressure of air contained in the uterus. The nails, bones, hairs, teeth, vessels, ligaments, &c., of the fœtus were supposed to be produced from the semen, and the flesh, fat, intestines, blood, liver, spleen, &c., from the maternal blood.*

During labour the woman is to be attended by four persons of her own sex, and to lie on her back with the thighs separated and legs bent, on a 'soft bed, in a room with a white, red, yellow, or black floor according to the purity of her caste. She is to be surrounded with male children, to hold flowers in her hand, to be anointed, and take a warm bath, and to drink large quantities of sour gruel which was supposed to aid the expulsion of the child in virtue of its own weight. Malpresentations are to be rectified by manual interference. If the child be dead and cannot be otherwise removed, craniotomy may be performed, or the body may even be removed piecemeal. Recourse is occasionally had to the Cæsarian section, but I cannot discover the antiquity of this operation among the Hindoos. If the afterbirth does not come away within a reasonable time, the mother is to take an emetic, or loathsome substances are to be administered, so as to create a feeling of disgust.

Immediately after the birth of the child a little ghee (melted butter) and salt are to be put into its mouth, a

* This distinction between parts supposed to be formed from the semen and those supposed to be formed from the maternal blood is strongly insisted upon by Galen, who taught that the latter are regenerable and the former unregenerable.

practice not very unlike that which prevails among the lower classes in England at this day. The cord is to be tied at a distance of eight finger-breadths from the navel, and the infant is then to be bathed and anointed. The mother is not to nurse her child till the fourth day, and most judicious directions are given as to the selection of a wet nurse, due regard being paid to her moral no less than to her physical qualifications.

Most infantile diseases are attributed to constipation, and accordingly the child is to take an aperient mixture once a month to keep the bowels clear *and to prevent attacks of diarrhœa*; but few, if any, other medicines seem to be allowed before the fifth year. The chief other ills to which infant flesh is heir are supposed to be marasmus, erysipelas, and possession by nine kinds of devils.

The above *résumé* of the leading doctrines of Hindoo medicine, imperfect as it is, has extended to a much greater length than I had anticipated, and it now becomes necessary to draw it to a close. I shall be very glad if it may induce any one who has not yet read Dr. Wise's work on this subject (which has formed the basis of my remarks) to set about the perusal of it, feeling confident that he will be well rewarded for his pains. As the accomplished author was unfortunately unable himself to superintend the correction of the press, numerous clerical errors occur on nearly every page, and he himself tells us that in some cases modern doctrines have been referred to as forming part of the classical Hindoo science and art of medicine. Perhaps, also, exception may be taken to one or two more general statements of a chronological nature, and the literary style is deficient in point of that ease and fluency which the author's final revision and corrections would doubtless have imparted, had he not been prevented submitting his work to such scrutiny. But, notwithstanding these blemishes, the book is highly useful and instructive, and must have cost the writer much labour and inquiry. And relating as it does to the very earliest form in which the science of medicine was presented to mankind, and that from which all European schools of physic are descended, the subject

cannot fail to interest those who have been taught to regard this kind of antiquarian research not as the mere pastime of learned leisure, but as throwing light upon much that concerns us all in the practical work of our daily lives, and conferring unity upon much that at first sight appears dissonant and heterogeneous; not as mere digging in a barren waste for the perishing records of the past, but rather as cultivating a fertile field richly charged with the sown seed of the future.

CASES OF ZINC POISONING.

By J. W. VON TUNZELMANN, M.D.

A Sequel to Cases of Lead Poisoning from Well-water, which were reported in the January number of this Journal.

HAVING recently given an account of some cases of lead poisoning which occurred at Wimbledon last summer, and which were traced to contamination of well-water with lead, from the action of the water on the leaden pipe by which it was drawn from the well (owing to the peculiar condition of the water, which consisted, briefly, in the absence of carbonate of lime and the presence of traces of nitrous and nitric acid and ammonia), I have now to relate the injurious consequences which arose in one family (that in which Cases 1 and 3, there related, occurred) from drinking the water of the well after a pipe of galvanized iron (*i.e.* zinked iron) had been put into it in the place of the leaden one.

1.—The young lady who had suffered from diplopia (Case 1, above related) remained quite free from her trouble, after returning from a stay of two months at the Lakes, for about three months, when suddenly, in February this year, after having for two days suffered from a feeling of languor with aching in the lumbar region, the diplopia returned. On being sent for I tested the water which the family were

drinking, but could not detect lead in it. A specimen was then sent to Dr. Frankland, and he reported that it was virtually free from lead, the quantity being so small that it could not be weighed. Subsequently it was found to contain 58 grains of zinc per gallon, the presence of zinc having been suspected, and attention drawn to it further by a discovery made by the young lady's mother, on inspecting the filter one day, of a scum on the water in the upper chamber of the filter; this she removed and brought to me; it had a metallic lustre, and as it promised to explain the state of things I requested that it should be sent to Dr. Frankland to be examined. He reported that it was carbonate of zinc, and that the water was, in consequence, extremely dangerous. The use of the water was, of course, immediately stopped. An oculist was consulted, who gave his opinion that the diplopia was owing to paralysis of the sixth pair of nerves, the left being more affected than the right.

The diplopia increased and decided *strabismus* became developed, which was not the case when the patient suffered from the effects of lead, to which the previous occurrence of diplopia was due. The left eye was more affected than the right, in consequence of which a pair of spectacles was recommended having a dark plate opposite the left eye. This was grateful to the patient, as it prevented double vision.

This patient complained also of pain in the back (lumbar region), and the urine was dark and turbid, which was unusual with her, though she had suffered in the same way when under the influence of lead last summer.

Change of air, first to the country and then to Brighton, caused a steady but very gradual improvement, and by the beginning of June the *strabismus* had so much diminished as to be scarcely perceptible. After that the young lady went to Scotland on a yachting expedition of about a month, and returned without wearing her spectacles, the diplopia having quite left her, and a slight amount of stiffness in the movements of the eyes only remained. Other members of the family have suffered also:

2.—A younger sister, who two years ago had suffered

severely from rachialgia running into what appeared to be incipient paraplegia, which improved (though only slowly), on removal to Brighton, under Homœopathic treatment (it took about a year to subside), and was, I have no doubt, owing to the continual influence of lead in the water, and arsenic in the paper of the dining room (a dark green flock paper, which on analysis was found to contain arsenic in considerable quantity), began to suffer at the end of December last year (i.e. about six weeks after the return of the family from the Lakes) from a return of rachialgia in an aggravated form, so that she was confined to her bed for about a month on account of the exhaustion produced by want of sleep and almost total anorexia; there was also a good deal of photophobia (without pyrexia). She improved gradually under *Cimicifuga* 1 and 3, chiefly, so as to be able to take carriage exercise (the water being taken all the time, not having then been suspected). She subsequently went away for a change; first to St. John's Wood and then to Brighton; returning in the beginning of June quite well, sleeping well, eating well, and able to be about all day. This improvement has continued.

3.—The mother of these two young ladies has been suffering almost the whole time since their return from the North from pain in the lumbar region of the spine, as well as in the region of both kidneys, and latterly also from giddiness and anorexia, with nausea and vomiting occasionally, also a good deal of griping pain at times in the abdomen, with tendency to diarrhœa. The urine, which was dark and somewhat turbid, deposited a large sediment, composed of urate of ammonia, with a few crystals of oxalate of lime and a few cells of renal epithelium; at times a pellicle formed on its surface after standing (*Carbonate of Zinc?*). A specimen was examined on April 25th; colour rather dark amber, somewhat turbid, but comes clear on boiling; odour after standing from the previous evening (in a corked bottle) sickening and whey-like, causing a suspicion of the presence of sugar; reaction acid, sp. gr. 1023, no albumen; sugar distinctly present, though in small quantity, by Moore's and Trommer's tests; deposit, on standing two hours, about one

fifth; composition on microscopic examination, as above stated.

This lady improved steadily under *Lachesis* 6 and *Nuxvom.* 3, which relieved the giddiness; and subsequently *Phosph. acid* 1, five drops four times a day, which removed the anorexia, and greatly diminished the renal distress in about three weeks. She has continued to improve since then, and is only reminded of her former trouble by a tendency to pain in the back.

Remarks.—The distinct development of *strabismus*, in Case 1, is of interest in connexion with the benefit derived from *Zinc* in infantile convulsions, according to Drs. Teste and Madden (see Hughes' *Pharmacodynamics*, second edition); and as the *strabismus* of delicate children, often the only distinct ailment, is one of the bugbears of medical practice, even under Homœopathic treatment, it may be found of value in this affection.

The severe and constant *rachialgia* of Case 2, so severe as to cause almost total sleeplessness at night, followed by heaviness in the morning, and photophobia (without fever) during the day, and also almost complete anorexia, allies itself to the severe cephalgia, which is a well-known pathogenetic effect of *Zinc*, and which has been frequently relieved by it. Aching in the spine with sleeplessness is so often a prominent cause of distress in hysterical ailments, that *Zinc* promises to be of use in this condition.

The presence of sugar in the urine, in Case 3, is of interest, and though at present (at least to my knowledge) a solitary instance of its production by *Zinc* in small but continued doses, it may add another remedy to our list for treating diabetes.

Dr. Frankland has informed me that the water of Loch Katrine has just been found to act on galvanized iron in the same manner as the water of the well in question.

HAHNEMANN'S PATHOGENESIS OF FERRUM.

[DR. COOPER's paper in our last number has again drawn attention to the dynamic actions of *Iron*, as distinct from those uses of it which are classed as "chalybeate." For the foundation of the former we should naturally look to Hahnemann's proving; but for English readers this is practically non-existent, having been omitted (we suppose from accident) by Dr. Hempel in his translation. It has therefore been thought well to present the following rendering, which is made from the second volume of the third edition of the *Reine Arzneimittellehre*.

Hahnemann has been unusually communicative in this instance as to the authors he has cited. To *Ritter*, to *Schmidtmüller*, to *Zacchiroli*, and to *Scherer*, he has appended notes, on the first appearance of their names, specifying the dose and preparation of *Iron* with which the symptoms were obtained. The first and last of these we have been able to consult, and have annotated their observations when necessary, embodying the information afforded by the originals. Of the other authors cited, we have not been able to obtain the work of *Nebel* and *Wepfer*; *Harcke's* contributions to vol. xxv of *Hufeland's Journal* have no mention of *Iron*, and we cannot find *Lentin's* two symptoms, at p. 75 of his *Beiträge*, though he is there speaking of the use of chalybeate baths in various diseases.]

Iron, Ferrum.

We take soft iron filings, reduce them to a powder by triturating them sufficiently in a cast-iron mortar, sift through linen, and of the dust-like powder so obtained (called in the Pharmacopœias *Ferrum pulveratum*) we take one grain, which, as directed in the case of Arsenic, we bring by means of trituration for three hours with milk-sugar to the millionth or third potency, and then by means of 27 dilution bottles to the thirtieth potency.

Although most of the following medicinal symptoms were observed from the employment of a solution of *acetate of iron*, there is no doubt that they will as surely correspond essentially with those of metallic *iron* as do the symptoms of dry *carbonate of lime* with those of *acetate of lime*.

By ordinary physicians this metal is held to be an intrinsically strengthening drug and not only innocuous, but completely and absolutely wholesome.

How far from true is this allegation, made originally without consideration and without experimental proof, and repeated by teachers to their disciples likewise without consideration and proof, is shown by the observation that, if *Iron* possesses medicinal power, it must effect an alteration in the health of man, consequently also of the healthy man and make him ill; and the more ill, the more curative it is found to be in diseases.

Nil prodest, quod non laedere possit idem.

The very condition of health in persons living beside ferruginous waters might have taught them what powerful disease-producing properties this metal possesses. The residents in the neighbourhood of ferruginous baths,* where all the waters of the vicinity usually contain some of this metal, display palpable signs of its morbid influence on themselves.

In such places there are few persons who from their peculiar nature can resist the injurious effects of the continued use of such water and remain in health. We find there more than almost anywhere else chronic diseases of great importance and peculiar description, even among those whose mode of life is otherwise unexceptionable. Debility of the whole body and of particular parts amounting almost

* It is pure charlatany to call iron solutions *steel drops*, and ferruginous mineral waters *steel waters* and *steel baths*. These waters are said to exercise indubitably an absolute high degree of strengthening power; for to *steel* is a metaphorical expression for to *strengthen*. But iron is only converted into steel when its peculiar elasticity and hardness are developed. When dissolved in acids the steel disappears; the solution then contains merely a substratum of iron, and the oxide (iron ochre) when melted produces nothing but ordinary iron.

to paralysis, certain kinds of violent articular pains, abdominal ailments of various sorts, vomiting of food by day and by night, phthisical pulmonary affections often with hæmoptysis, defective vital heat, suppressed catamenia, premature births, impotence of both sexes, sterility, jaundice, and many other rare cachexias are common occurrences in such situations.

Where then is the pretended complete innocuousness or even the absolute wholesomeness of this metal? Most of those who drink constantly the ferruginous springs, called *health springs*, and other iron-impregnated waters of the neighbourhood are unhealthy!

What prejudice, what inattention, has hitherto prevented our medical practitioners noticing these striking facts and referring them to their cause, the morbid properties of *Iron*?

Without knowing the effects of *Iron* and its solutions, how can they determine in what cases ferruginous baths can be of use? Which among their patients will they send to be treated there? Which advise not to go? When they know nothing accurately of the peculiar effects of this metal on the human body, what have they to guide them in prescribing iron waters for their patients? Blind caprice? Guessing? Fashion? Do not many of their patients return from the baths in a much worse state of health,* proving that for them *Iron* was the wrong medicine? God preserve all patients from a doctor who knows not why he prescribes this or that medicine, who has not convincing reasons for his prescription, who does not know *before-hand* what medicine will do good, what will do harm to the patient!

* To attempt to *strengthen* simply, as is done in ordinary practice, is a great mistake. Why is the patient so weak? Evidently because he is ill! The weakness is a simple consequence and a mere symptom of his illness. What sensible person would think of strengthening a patient without having first removed his disease? But if his disease be removed he has *always*, even during the disappearance of the disease, been recovering his strength of himself by means of the energy of the organism when free from its malady. There is not and there cannot be a strengthening remedy while the disease lasts. The Homœopathic physician only knows how to cure, and while being cured the convalescent regains his strength.

It is only by having regard to the peculiar primary effects of drugs, and observing whether these have a great resemblance to the symptoms of the disease to be cured (as Homeopathy teaches), that those disastrous mistakes can be avoided.

The following list of morbid symptoms which *Iron* is capable of producing is by no means so complete as it might be; still it may tend not a little to prevent such mistakes by those who will cease to administer drugs blindly to patients, unscrupulously watching whether they draw a life or death ticket in the lottery.

Large doses of *Iron* frequently repeated, as also a number of baths in a ferruginous water, have a very long duration of action for months. Even doses of the 30th potency ($\frac{\dots}{X}$), such as the Homeopathic practitioner now gives in the most ordinary cases, act for not a few days.

Chronic alterations of the health caused by *Iron* are relieved in great measure by *Hepar sulphuris* ($\frac{1}{100}$ th, $\frac{1}{1000}$ th of a grain in one or two doses), and most of the remaining ailments by *Pulsatilla*, unless the symptoms (as sometimes happen) are of such a kind and connexion as to lead to the selection of another medicine, according to the principles of similarity.

The abbreviations of the names of my co-operators in the proving are as follows: Rosazewsky (Rszsky.), Gross (Gss.), Fr. Hahnemann (Fr. H—n.).

Iron.

Confusion and stupefaction of the head (Ritter,* in *Hufeland's Jour.* xxvi, 1).

On lying down, vertigo as if he were shoved forwards, or were driving in a coach (especially on shutting the eyes).

Vertigo on descending, as if she would fall forwards.

Whilst walking so giddy and as if drunk, as though she would tumble down.

* Observations referring to the waters of Pymont and Schwalbach, where the carbonic acid must also have had some effect.

5. Whilst walking so whirly and sick ; it is as though the head would always hang to the right side.

On seeing running water she became dizzy and giddy in the head, as if all went round with her.

Great congestion towards the head.

Intoxication (Ritter, l. c.*).

Undulating headache like waves, for an hour (aft. half an hour), (Emil Raszky.).

10. Drawing headache (Raszky.).

A rush of blood to the head ; the blood-vessels on the head were swollen for two hours, with somewhat flying heat in the face.

A momentary giddy blow in the brain (immediately).

The cool open air gives her a peculiar pressure on the top of the head, which went off gradually in the room.

Indisposition to think and confusion of head.

15. Every evening headache, dulness over the root of the nose.

In the morning very dull in the head.

Headache as if the brain were torn (also in the morning during slumber before awaking).

Emptiness of head.

The head is dull and stupid.

20. Head empty and stupid.

Heaviness of head.

(Aching headache in forehead as if it would burst.)

A cutting shooting in forehead.

Violent shooting headache in left side, in the afternoon, for five hours.

25. (Every two or three weeks, headache for two, three, or four days, hammering and beating so that she must sometimes lie down in bed ; then disgust to eating and drinking.)

Falling out of the hair, whereby the scalp is painful with formication.

A drawing from the nape upwards into the head, in which there is then shooting, roaring, and humming.

In the evening it was dark before his eyes ; he got an

* [Not found.—*Transl.*]

aching pain over the orbits, and some blood dropped out of his nose.

Pain externally in the head, as if blood were extravasated ; the hairs are painful when touched.

30. Cadaverous, also blue spotted countenance.

Cadaverous jaundiced complexion.

Paleness of face and lips (Ritter, l. c.*).

In the evening itching in eyes, and aching as from a grain of sand in them.

For five days, red eyes with burning pains (aft. three hours).

35. Burning in eyes.

Eyes are painful, as if he were very sleepy and they would shut up ; also burning in them.

An aching in right eye ; eyelids stick together in the night.

If he writes for only a couple of hours, he cannot open his eyes wide ; they become so watery as if he had not slept enough.

Redness and swelling of upper and lower lids ; on upper a kind of styne filled with pus ; the lower lids are full of muco-purulent matter.

40. (Shooting in left eye.)

Pupils capable of only slight dilatation.

In the morning on stooping some bleeding from nose.

Bleeding from left nostril (four times in ten hours).

Soreness of left external ear, as if there were an ulcer on it (aft. twelve hours).

45. Shoots in right ear, in the morning (aft. twelve hours).

Humming in ears, which, as well as the disagreeable feeling in the brain, is relieved by laying the head on the table.

Chirping before the ears, like crickets.

Pale lips.

At the back and in the centre of the tongue a constant soreness, like fine uninterrupted stitches, aggravated by the

* [Effect of uterine hæmorrhage induced by *Iron*, not of the metal itself. *Com. s. 289.—Transl.*]

contact of food and drink. When not eating and drinking the part feels as if it had been burnt and were numb.

50. (Swelling of gums and cheeks.)

(Raw and sore throat, with hoarseness.)

(On coughing an aching with sore sensation in the gullet, as when a skin blister is burst and the place thus made sore.)

(Sometimes a sensation like a plug in the throat; not when swallowing, but when not swallowing.)

On swallowing, aching pain in throat with heat in fauces; the cervical muscles are as if stiff and painful on movement.

55. Feeling of constriction in throat.

Chronic glandular swelling on the neck.

Great nausea in the throat, as if vomiting must ensue; it ends with eructation (Gss.).

As soon as she eats anything it is thrown up again.

Vomiting of food only immediately after eating (for eight days).

60. When she eats anything she has heaving like the nausea of disgust.

The vomiting is worst before midnight when she is lying, and especially when she lies on the side.

Vomiting of food, immediately after midnight, followed by dislike to food and repugnance to open air (aft. six hours).

She vomits every morning and after eating, only mucus and water (no food); a sort of waterbrash; the water runs out of her mouth, and her throat feels drawn together.

She has always disgust and nausea.

65. Inclination to vomit for three hours.

Everything she vomits is sour and acrid.

On taking acids and beer she vomits much.

After sourish beer (in the evening) heartburn.

Beer gets into her head.

70. After beer-soup, heat and anxiety.

Anorexia, without bad taste or thirst.

(She became pale, had rumbling in the bowels, the chest was contracted, congestion to the head; she was affected with spasmodic violent eructation; then heat in face, parti-

cularly the right cheek, and pain in head on the crown, like shooting.)

Constant eructation, as soon as she has eaten anything.

Little appetite, especially for meat ; she felt so full.

75. He eats with proper appetite and taste at noon, but after eating there comes in jerks eructation and regurgitation of food, without nausea or inclination to vomit.

After walking he felt so full as if he would eructate : this goes off after eating.

Whenever she eats she has pressure.

Pressive, very acute pain in stomach (Schmidtmüller,* in *Horn's Archiv*, ix, 2).

Violent stomach-ache and extraordinary tension (Zarchiroli,† in *Kühn's Magazin für Arzneimittellehre*, 1 St., Chemnitz, 1794).

80. Distension of gastric region (Schmidtmüller, l. c.).

Spasm in stomach (Nebel and Wepfer, *Diss. de Medicamentis Chalybeatis*, Heidelb. 1711).

A pressure in abdomen, just below the stomach, as soon as she has eaten or drunk anything.

After eating and drinking, violent stomach-ache.

Cramp-like stomach-ache.

85. Stomach-ache from eating meat.

He can only eat bread and butter ; meat disagrees with him.

All solid foods taste so dry, as if they contained neither juice nor strength ; they have, to be sure, their natural taste, but nothing agreeable : he likes liquid warm food better.

He has no appetite, for he always feels full ; but drinks taste good to him, and are taken with relish.

Even when she has appetite, she can eat but little ; she is immediately full, and the food oppresses her.

90. After dinner he has thirst ; he knows not for what.

Complete adypsia.

He feels so full.

* From the finest pulverized iron.

† From a few grains of iron filings.

(In the morning, sourish taste in the mouth.)

Every thing she eats tastes bitter.

95. Sweetish taste in mouth, as from blood (Ritter, l. c.*).

Sometimes an earthy taste in mouth.

In the afternoon a putrid taste rises into his mouth that takes away all his appetite.

When he has slept for an hour before midnight, a heat comes up as if from his abdomen ; the mouth becomes dry, and a bad vapour and putrid taste rise up into his mouth.

(Burning in stomach.)

100. Pain in scrobiculus cordis on touching it.

Some stitches in abdomen.

Fine shooting bellyache.

A violent stitch in the side under the ribs (aft. 24 hours).

Still distended abdomen, without flatulent sufferings.

105. Great rumbling in abdomen, day and night.

Hard distended abdomen.

Distension of abdomen (Schmidtmüller, l. c.).

A quantity of flatus is discharged (Lentin, *Beitr.*, p. 75).

Violent contractive pains in abdomen and back (Ritter, l. c.).

110. Colicky pains (immediately) (Ritter, l. c.).

(On feeling the abdomen and on coughing the bowels are painful as if beaten, or as if they had been acted on by purgatives), (aft. 26 hours).

Especially when walking, painful weight of the bowels, as if they would fall down.

Contractive spasm in rectum, for some minutes.

Itching and erosion in rectum, and ascarides are passed in the slimy stool.

115. *The ascarides seem to increase by its use.* He cannot sleep at night on account of itching in the rectum. The worms creep at night out of his anus.†

Obstinate constipation (Ritter, l. c.).

Constipation and hæmorrhoids, which cause a painful pressure when he goes to stool.

* [With ss. 157 and 181.—*Transl.*]

† From drinking Pyrmont water.

Tearing in rectum.

At every stool mucus and sometimes blood is passed.

120. Protrusion of large hæmorrhoids from the anus.

Violent hæmorrhoidal flux (Ritter, l. c.).

Frequent urging to stool, with burning in anus, and pain in back on moving.

Frequent diarrhœa.

Diarrhœic stool (Fr. H—n.).

125. Diarrhœa, with nervous spasmodic pain in abdomen, back, and anus (Ritter, l. c.).

Violent diarrhœa (Lentin, l. c.).

Frequent diarrhœic stools (Ritter, l. c.).

Strong purging (Ritter, l. c.).

Involuntary urination, especially by day.

130. Erections of penis.

Erections of penis by day, almost without cause.

Nocturnal emissions.

(When urinating, burning pain in urethra, as if the urine ran out hot.)

(Clap), mucous discharge from the urethra after a chill.

135. Leucorrhœa like whey, which (at first) smarted, and made the parts raw.

A previously painless white discharge becomes painful as if the parts were raw.

Before the occurrence of the catamenia, discharge of long stringy bits of mucus from the uterus; during which she had the sensations in the abdomen usually attending the catamenia.

Pain in vagina during coition.

Before catamenia, shooting headache and ringing in ears.

140. In the morning labour-like pains in abdomen, as if the catamenia would come on (aft. 12 hours).

The catamenia, which were about due, came immediately after the iron bath, and twice as copious as ordinary.*

* This is the primary action of *Iron*; the following symptoms are secondary

The catamenia leave off for two or three days, and then reappear.

Metrorrhagia (Ritter, l. c.).

Catamenia come on one day later; the discharge is scantier; consists of watery blood, and is accompanied by violent cutting in abdomen.

145. Menses some days retarded.

Menses cease for eight weeks.

Menses cease for three years.*

Prolapsus of vagina only during pregnancy, not at other times.

Abortion.

150. Sterility without abortion.

A hot vapour rises out of his windpipe (Ritter, l. c.†).

Sensation of dryness and mucus on the chest; the dryness is relieved by drinking only for a short time.

Fulness and contraction of the chest.

Oppression in the chest, as if it were constricted (Ritter, l. c.).

155. Contraction of chest (Ritter, l. c.).

Contraction of chest; difficult slow respiration, relieved by walking and talking, or by constant employment in reading or writing. It is worst when he sits still and idle, and still worse when lying, especially in the evening; he must take several breaths before he can fill the lungs with air (Rszsky.).

Congestion of blood in the chest (Ritter, l. c.).

Contraction of chest and cramps of the limbs, generally worst in the forenoon; often both when he has walked a little; only sometimes it becomes intolerably bad when walking in the open air.

He cannot get any air; even when seated his breathing is difficult.

160. (The child is oppressed in the chest, wheezing.)

action; therefore it is only in those cases of suppression of the menses where the other symptoms correspond homœopathically to *Iron* that this metal can be curative.

* From external use of ferruginous water.

† [With ss. 157 and 181.—*Transl.*]

In the evening in bed her glottis contracts, the blood rushes to the head ; she feels a burning externally in the throat and betwixt the shoulder-blades, and on the upper part of the body generally, whilst the feet are cold ; in the morning perspiration.

In the morning (about six o'clock) painful contraction in the scrobiculus cordis, followed by a kind of spasmodic cough with sanious expectoration.

Contraction of the chest as if it was constricted, difficult anxious respiration, aggravated by walking.

Contractive cramp in the chest.

165. Difficult breathing and oppression of the chest, as if some one pressed with the hand upon it.

A pressure superiorly under the sternum, with catarrh and cough.

Sometimes he must sit up in bed after midnight, on account of the contraction of the chest.

A kind of asthma ; anxiety in the scrobiculus cordis, preventing respiration.

During corporeal exertion heat from the scrobiculus cordis upwards, like anxiety ; she must lie down.

170. At night in bed, stitches in the sternum.

During bodily exercise stitches in the side.

Pain in the chest and stitches and tension between scapulæ ; he could not move.

Pain in the chest as if bruised.

Contractive cramp in the chest and *cough only when moving and walking.*

175. (Increased dry cough.) (Ritter, l. c.)

Dull cough without expectoration, and when he coughs as if he could not get air.

Cough in the evening after lying down dry ; but on walking with expectoration.

Cough worse when moving than when at rest.

Burning at the upper part of the sternum after coughing.

180. Nocturnal coughing of blood, followed by increased contraction of chest.

Hæmoptysis (Ritter, l. c.).*

Scanty, thin, frothy expectoration with streaks of blood (Ritter, l. c.).

Coughing of blood in the morning on rising from bed.

By tussiculation he expectorates bloody mucus (aft. 5 d.).

185. Whilst suckling the child, cough with expectoration of blood.

A large quantity of white purulent expectoration after slight coughing, increased by smoking tobacco and drinking brandy.

In the morning he expectorates much pus (with putrid taste).

On waking in the morning much greenish purulent expectoration with sickly taste.

Cough all day and also after lying down in the evening.

190. A kind of tearing in the back, even when sitting and lying.

When she works with her arms she has stitches in the scapulæ.

Between the scapulæ a kind of tearing, even when sitting, which is aggravated by walking.

Whilst walking stitch-like jerks in the sacrum, which extend more towards the hips than upwards; more painful after sitting or standing, almost as if he had strained himself.

Pains in sacrum on rising from a seat.

195. Bruised pain in sacrum.

Pain in left clavicle as if it had gone asleep.

Creaking in the shoulder-joint, which feels bruised on being touched.

Pain, shooting and tearing, from the shoulder-joint into the upper arm and farther downwards, which makes it impossible to lift anything.

Shooting and tearing in the upper arm from the shoulder-joint, so that he cannot raise his arm.

200. A kind of paralysis; inability to raise the arms ou

* [With ss. 157, 151, and 154.—*Transl.*]

account of painful tension betwixt the scapulæ and in the sternum.

Drawing in the arm, whereby it feels heavy and as if paralysed.

He has no rest in his arms, and must flex and extend them alternately.

He cannot raise the right arm; has shooting and tearing in the shoulder-joint, which pains as if bruised when touched—down through the upper arm, and his shoulder-joint creaks.

Swelling of hands; afterwards the skin scales off.

205. Swelling of hands and legs up to the knees.

Coldness of hands and feet (Ritter, l. c.).

Cramp in fingers, which are numb and insensible.

In the morning, on trying to work, she has trembling in the hands.

A kind of paralysis; a tearing with violent stitches from the hip-joint down to the shin-bone and sole of the foot (the ball is always painful when touched, as if bruised); by day he cannot step on account of pains, which, however, diminish when he walks. In the evening after lying down they are worst; he must get up and walk about in order to relieve the pains until midnight.

210. Shooting and tearing in the hip-joint, which pains as if bruised when touched—down to the shin-bone; in the evening in bed worst; he must get up and walk about.

Paralytic pains in thigh, also when sitting; when she has sat for some time in a crouching position, she must, to relieve herself, stretch out the leg; when she rises from her seat the paralytic pain is worst; it goes off, however, on walking.

Numbness in thigh.

After rising from a seat, relaxation and weariness in the hocks, especially when walking* after having stood still.

Weakness of knees, so that he sinks down (immediately).

* On commencing to walk.

215. Swelling of knees and ankles and pain therein, especially on extending the knee in bed.

A contractive pain in knee- and ankle-joints.

On account of the pains in the knees, as if they were over-fatigued, he must at one time flex, at another extend them; he has no rest in them.

On rising from bed in the morning, painful cramp in the calf (aft. sixteen hours).

Tonic cramp of thigh and leg* (Scherer, in *Hufeland's Jour.*, iii).

220. When walking in the evening,† contractive pain like cramp in shin-bone and calves.

When standing, cramp in the calves, that goes off when walking (aft. twenty-eight hours).

A painful drawing in legs.

Bruised pain in legs in the morning in bed, that goes off soon after getting up.

The legs tremble, and on walking they pain as if bruised.

225. Legs as if gone to sleep.

On resting after walking, stiffness in the feet, when she attempts to move them again.

Varicose veins in the feet.

Feet swollen to the ankles.

Painful cramp in soles.

230. Frequent cramp in toes and soles.

The fingers and toes are drawn crooked with cramp, with great pain.

Very cold feet, which she can scarcely use on account of fatigue.

After eating weariness in feet.

Her feet will not bear her.

235. Parts of the skin (*e. g.* on the dorsum of thumb, of toes, &c.), which are the seat of burning pains when not touched, smart intensely on the slightest touch.

Dark hepatic spots (*e. g.* on the dorsum of the hand) inflame and suppurate.

Easily fatigued by walking.

* From iron applied to sole of foot. [In a case of chorea.—*Transl.*]

† When beginning to walk.

He is very weak and thin.

Very weak and sleepy (aft. two hours).

240. Very great weakness, like weariness (immediately).

Heaviness of limbs for forty-eight hours.

Heaviness, weariness, and relaxation of limbs.

General weakness, caused merely by speaking.

Great weakness (Harcke, in *Hufeland's Jour.*, xxv).

245. Great trembling throughout the body, lasting several weeks (Harcke, l. c.).

Attacks of syncope (Ritter, l. c.).

Attacks of syncope, which leave behind them weakness, lasting all day (Ritter, l. c.).

Weakness of fatigue, alternating with anxious trembling.

Frequent attacks of trembling throughout the body.

250. The symptoms are aggravated by sitting, and ameliorated by gentle movement.

Walking in the open air affects her.

When walking, faint feeling; darkness before eyes, felt as if she should have an attack of apoplexy, at every step roaring in ears and head.

Inclination to lie down.

Irresistible inclination to lie down (aft. one hour).

255. Constant weariness and sleepiness by day (sleep affords but slight relief).

After dinner (noon) sleepiness and dizziness, also some headache over the root of the nose; he could not undertake any mental employment.

Apt to fall asleep when seated at any time of the day.

Light, not sound, slumber-like sleep.

She lies long before going to sleep.

260. He lies for half and whole hours before falling asleep.

She must lie for two or three hours before she falls asleep.

He wakes every hour during the night, and only falls into a slumber again.

She falls asleep tired, and *sleeps though restlessly*, and *lies awake for a long time before again going off to sleep*, and yet is not tired when she gets up in the morning.

At night she can only lie on her back ; she cannot sleep on her sides.

265. Windy colic at night ; much flatulence is generated in his abdomen, which causes pain, although much flatus escapes.

At night restless sleep.

At night vivid dreams.

At night disturbed by dreams ; on rising in the morning much weariness.

Restless, dreamful sleep, with seminal emissions.

270. Dreams he is in battle ; that he has fallen into the water.

Anxious tossing about in bed after midnight.

Anxiety at night as if something had happened to her ; she could not sleep ; tossed about in bed.

Heavy morning sleep till 9 o'clock, from which he can scarcely rouse himself.

He sleeps with half-opened eyes.

275. In the evening in bed he became cold all over, in place of getting warmer.

Afternoon, siesta, heat.

Much perspiration when walking and sitting during the day.

Perspiration by day when walking.

About midnight frequent perspiration during slumber.

280. Perspiration in the morning for a long period.

In the evening before going to sleep, rigor without external heat ; in bed he was chilly all night.

Nocturnal sweat, with weariness.

In the morning at daybreak perspiration till towards noon on alternate mornings, and each time preceded by headache.

In the morning attack of stretching and yawning, during which the eyes are full of water (aft. eight hours).

285. (In the morning heat of face.)

(Rigor, and during the chill his face got glowing hot.)

By day ebullition in blood and heat in the evening, especially of hands.

Heat in the body with red cheeks, but the head is free (aft. twenty-four hours).

Scarcely perceptible pulse (Ritter, l. c.).*

290. (Depression of spirits as from too loose bowels.)

Violence, quarrelsomeness ; insists that he is right (aft. four hours).

Alternately too gay one evening, sad and melancholy the next.

Anxiety (Nebel and Wepfer, l. c. ; Ritter, l. c.).

From slight cause, anxiety with throbbing in scrobiculus cordis.

295. Anxiety as if something had happened to her.

THE PATHOGENESIES OF THE "CHRONIC DISEASES."

By Dr. RICHARD HUGHES.

I HAVE reason to believe that in the minds of most English-reading homœopathists, and therefore of the great majority of British and American practitioners of our school, a very vague idea exists as to the provings referred to the *Chronic Diseases*. Even if they go beyond Jahr, and use Hempel's translation of the Master's work itself, the absence of all references forbids them any insight into the constitution of the several pathogenesies. It seems frequently assumed that the symptoms recorded are the genuine effects of material doses of the drugs upon the healthy body, and may be cited and used accordingly.

I have been led, in the course of some recent literary work, to examine closely the nature and materials of these pathogenesies ; and I think it may be of service to my colleagues if I put on record in this place the results of my analysis.

* [See note to s. 32.—*Transl.*]

The first edition of the *Chronic Diseases* appeared in 1828-1830. After the exposition of his doctrine on the subject, Hahnemann gives a list of symptoms as produced by eighteen new medicines (*i. e.* which had not appeared in the *Materia Medica Pura*) and four old ones, which he ranks as "antipsorics." The eighteen new medicines are *Ammonium carbonicum*, *Baryta carbonica*, *Calcarea carbonica*,* *Causticum*, *Graphites*, *Iodium*, *Kali carbonicum*, *Lycopodium*, *Magnesia carbonica*, *Magnesia muriatica*, *Natrum carbonicum*, *Natrum muriaticum*, *Nitric acid*, *Petroleum*, *Phosphorus*, *Sepia*, *Silicea*, and *Zincum*. The four old medicines (their symptom-list more or less enlarged) are *Carbo animalis*, *Carbo vegetabilis*, *Conium*, and *Sulphur*. He gives no information as to how he has obtained the pathogenetic effects here recorded; he mentions no fellow-observers, and cites no observations from authors (save once in a note).

The second edition was published in successive parts, between 1835 and 1839. Besides the twenty-two medicines of the first edition it contains twenty-five others, of which thirteen are new, and twelve had already appeared on a smaller scale in the *Materia Medica Pura*. The new ones are *Agaricus*, *Alumina*, *Ammonium muriaticum*, *Anacardium*, *Antimonium crudum*, *Borax*, *Clematis*, *Cuprum*, *Euphorbium*, *Mezereum*, *Nitrum*, *Platina*, and *Sulphuric acid*: the old ones are *Arsenicum*, *Aurum*, *Colocynth*, *Digitalis*, *Dulcamara*, *Guaiacum*, *Hepar sulphuris*, *Manganum*, *Muriatic acid*, *Phosphoric acid*, *Sarsaparilla*, and *Stannum*. In this edition the pathogenesies appear as in the third edition of the *Materia Medica Pura*. Those which had already seen the light have (generally) large additions; for all he acknowledges contributions from fellow-observers, and for many cites symptoms from the extant literature of his day.

The following table will exhibit these facts, and by its alphabetical order will enable them to be readily ascertained in the case of each individual medicine.

* Into this pathogenesy he incorporates the 270 symptoms of *Calcarea acetica*, which had already appeared in the *Mat. Med. Pura*.

Name.	Materia Medica Pura.	Chronic Diseases. Ed. I.	Chronic Diseases. Ed. II.
Agaricus . . . . .	...	...	715
Alumina . . . . .	...	...	1161
Ammonium carbonicum . . . . .	...	159	789
Ammonium muriaticum . . . . .	...	...	897
Anacardium . . . . .	...	...	622
Antimonium crudum . . . . .	...	...	471
Arsenicum	1079	...	1231
Aurum	376	...	461
Baryta carbonica . . . . .	...	286	794
Borax . . . . .	...	...	460
Calcareo	269	1090	1631
Carbo vegetabilis	720	930	1189
Carbo animalis	191	191	728
Causticum . . . . .	...	1014	1505
Clematis . . . . .	...	...	150
Colocynth	250	...	233
Conium	375	700	912
Cuprum . . . . .	...	...	397
Digitalis	428	...	702
Dulcamara	401	...	409
Euphorbium . . . . .	...	...	281
Graphites . . . . .	...	590	1144
Guaiaacum	145	...	160
Hepar sulphuris	307	...	661
Iodium . . . . .	...	133	624
Kali carbonicum . . . . .	...	938	1650
Lycopodium . . . . .	...	891	1608
Magnesia carbonica . . . . .	...	128	890
Magnesia muriatica . . . . .	...	69	749
Manganum	331	...	469
Mezereum . . . . .	...	...	610
Muriatic acid	279	...	574
Natrum carbonicum . . . . .	...	306	1032
Natrum muriaticum . . . . .	...	897	1349
Nitric acid . . . . .	...	803	1424
Nitrum . . . . .	...	...	710
Petroleum . . . . .	...	623	776
Phosphorus . . . . .	...	1025	1915
Phosphoric acid	679	...	818
Platina . . . . .	...	...	527
Sarsaparilla	145	...	561
Sepia . . . . .	...	1242	1656
Silicea . . . . .	...	567	1193
Stannum	660	...	648
Sulphur	815	1041	1969
Sulphuric acid . . . . .	...	...	521
Zincum . . . . .	...	743	1375

The pathogenesies of the forty-seven medicines thus enumerated we possess (in English) only as they stand in the second edition of the *Chronic Diseases*. But it is

obvious that many of them are made up from two or more distinct sources; and it is necessary to inquire whether these latter present any diversity, and what is the character of each.

Few and imperfect as are the *data* we possess, we can nevertheless state that in the main the provings of the *Materia Medica Pura* were made on healthy subjects, and with appreciable doses of the drugs. The directions for proving given in the early editions of the *Organon* show the latter generally; and there are a few statements extant about individual medicines which substantiate the inference. Dr. Dudgeon (*Lectures*, p. 189) shows this as regards *China*, *Helleborus*, *Camphor*, *Argentum*, and *Calcarea acetica*; and argues further in the same direction from the lower attenuations being frequently recommended for curative purposes. As regards the subjects of the symptoms, Hahnemann was at this time (1810-1821) surrounded by a band of enthusiastic disciples, who readily aided him by proving medicines on themselves and their friends; and he himself (*Medicine of Experience*) speaks of the observation of medicinal symptoms on the sick as a rare and difficult task, to be reserved to masters in the art. He also discourages (Dudgeon, *loc. cit.*, p. 184) the putting down as the pathogenetic action of the drug those symptoms of the patient which were aggravated after its administration.

It is otherwise when we come to the *Chronic Diseases*. The first edition of this work was published in 1828-1830, after Hahnemann had spent seven years and more in solitude at Cœthen. We are told (Dudgeon, *loc. cit.*, p. xxx) that "in 1827 he summoned to Cœthen his two oldest and most esteemed disciples, Drs. Stapf and Gross, and communicated to them his theory of the origin of chronic diseases, and his discovery of a completely new series of medicaments for their cure." These are the eighteen medicines of which mention has already been made. That he should now first reveal these new remedies, and in the three following years should publish copious lists of their pathogenetic effects, confirms the inference to be drawn from his position and from his silence as to fellow-observers. That inference is,

that he drew these symptoms mainly—if not entirely—from the sufferers from chronic disease who flocked to Coethen to avail themselves of his treatment.

The prefatory notices to the several medicines still further substantiate this view, and throw some light on the doses with which the symptoms were obtained. He recommends all the medicines (save *Natr. carb.* in the 12th) to be given in the dilutions from the 18th to the 30th; and repeatedly makes some such remark as this:—“For a long time past I have given the 6th, 9th, and 12th potencies, but found their effects too violent.” Occasionally, too, he must have used the 3rd triturations; as he speaks of having begun by giving “a small portion of a grain” of these, but, as this was an indefinite quantity, having subsequently dissolved and attenuated them. He gives cases, moreover, in which he treated itch with *Carbo vegetabilis* and *Sepia* of this strength.

It is these “violent effects,” then, of the dilutions from the 3rd to the 12th upon sufferers from chronic disease which make up the bulk of the symptoms of the 1st edition of the *Chronic Diseases*. The 2nd edition (1835—1839), issued during his residence in Paris, goes still further in the same direction; but has a character of its own. In the first place, all the fresh symptoms must have been produced by globules of the 30th dilution; for in 1833 Hahnemann declares this to be the best plan of proving medicines, and recommends all experiments to be so made. It is probable, moreover, that the pathogenetic effects recorded appeared in many instances in healthy individuals, as names of fellow-observers once more appear in the prefaces to the medicines, and it is hardly likely that their observations should have been made on their patients only, to the neglect of provings on their own persons. Nevertheless, a large number of the symptoms must have appeared on sick persons; for Hahnemann himself furnishes them in the greatest proportion, and, as he was at this time an octogenarian, it is far more likely that he used his patients as materials for his observations than that he proved medicines on himself.

We seem justified, therefore, in drawing the following conclusions regarding the pathogenesies of the *Chronic Diseases* :

1. Those of the thirteen medicines appearing for the first time in the 2nd edition, and the additions to those already published, were obtained from both healthy and sick persons by means of globules of the 30th dilution.

2. Those of the eighteen medicines appearing for the first time in the 1st edition, and the additions to the four old ones therein contained, were mainly obtained from sick persons by means of the dilutions from the 3rd to the 12th.

3. Those of the seventeen medicines which are transplanted from the *Materia Medica Pura* were, as a rule, observed in healthy persons taking appreciable doses of the drugs.

The table will show the existence and proportion of these elements in each medicine. But there is one other constituent of the pathogenesies which must not be neglected.

In his *Materia Medica Pura* Hahnemann availed himself as largely as possible of the observations of poisoning and over-dosing recorded in general medical literature. Where medicines have been transplanted from this collection into that of the *Chronic Diseases*, their cited symptoms have necessarily gone with them. The new medicines of the latter work are, as a rule, unknown to medical literature; but the rule has its exceptions, as *Cuprum*, *Iodium*, *Nitrum*, &c., and, with these, quotations form a considerable part of the pathogenesy. The following list will exhibit the twenty-five medicines of the 2nd edition of the *Chronic Diseases* which have cited symptoms, and the proportion in which these exist in the whole catalogue:

Name.	Total symptoms.	Cited symptoms.
Agaricus	715	21
Anacardium	622	3
Antimonium crudum	471	79
Arsenicum	1231	332
Aurum	461	6
Baryta	799	4
Clematis	150	5

Name.	Total symptoms.	Cited symptoms.
Colocynth	283	29
Conium	912	155
Cuprum	397	154
Digitalis	702	131
Dulcamara	409	83
Euphorbium	281	22
Guaiacum	160	3
Hepar sulphuris	661	11
Iodium	624	348
Mezereum	610	21
Muriatic acid	574	16
Nitric acid	1424	29
Nitrum	710	122
Phosphorus	1915	67
Sarsaparilla	561	4
Silicea	1193	9
Stannum	648	5
Sulphur	1969	10
Sulphuric acid	521	7

This constituent, existing in such proportion, has features peculiar to itself. The symptoms it comprises are the effect, not merely of appreciable, but of large, of poisonous doses. So far they would be, in the estimation of many, of greater value than most of their surroundings. But comparison of Hahnemann's citations with the originals has disclosed such laxity as regards both the materials used, and the manner in which they have been transferred to his pages, that, until verified, all symptoms so obtained are under a cloud. I have good reason to know that such verification, with the necessary accompanying correction, will be ere long completed for all Hahnemann's medicines. In the mean time they must remain in their own special dubiousness.

The facts about the pathogenesies of the *Chronic Diseases* are now before us. I offer no opinion here upon the bearing they have on the value of the collection: I only desire that they shall be known as they are. One practical conclusion, however, seems to be plain. Whatever value may be ascribed to provings with infinitesimal quantities, at least they are facts of a different order from those elicited when appreciable doses are given; and we ought to

be able to distinguish between them. In Dr. Hempel's translation of the *Chronic Diseases*, which is the nearest approach the English reader can make to the original, there are no means of making such distinction: the whole list of symptoms stands unnumbered and unmarked. It would be an inestimable boon if some one, knowing German and having leisure, would go through the symptoms for us, and publish lists of (1) those which come from the *Mat. Med. Pura*, and (2) those which are in the 1st edition of the *Chronic Diseases*. We should know that the residue were in the 2nd edition only; and, from Dr. Allen's forthcoming *Encyclopædia*, where the sources are given, should see which of these were Hahnemann's (and therefore observed in patients) and which those of his fellow-observers (possibly provings). As the same collection is to give us the cited symptoms verified and corrected, we should then for the first time be in a position to gauge the worth of any symptom of the *Chronic Diseases* to which a repertory might direct us. At present these pathogenesies are in such a mist that they are little used. Re-provings—such as we have had of *Sulphur* and *Natrum muriaticum*, and as the American Institute promises us of *Sepia*—are most welcome. But for these we must wait; and in the mean time we want to know what it is we have in our hands.

DR. RUSSELL REYNOLDS BEFORE THE BRITISH MEDICAL ASSOCIATION.

THE perusal of the thoughtful and eloquent "Address in Medicine" delivered by Dr. Russell Reynolds at this year's Annual Meeting of the British Medical Association has aroused certain considerations in our minds, which we submit in this place to him and to all whom they may concern.

The definition of homœopathy is that it is a therapeutic method, choosing its remedies by the rule "let likes be treated by likes;" and the only necessary corollaries from this rule are the proved medicine, the single remedy, and the small (not necessarily infinitesimal) dose. But man was not made to dwell in the empirical region; and the conclusions of experience inevitably bring suggestions and modify thoughts as to that which is beyond experience, as to theory. We have found that the relation of similarity between drug-effects and disease is available for therapeutic purposes only when these drug-effects are dynamic, *i. e.* neither mechanical nor chemical. Then the existence of a purely dynamic sphere of action in medicines inevitably suggests to us, and makes us adherents of, vitalism in physiology and pathology. Again, our endeavour after perfect similarity between the two series of phenomena with which we are concerned has led to several important points of doctrine among us. Pushing our provings into minutest detail, we have found subjective symptoms vastly more abundant than objective, and not less significant and characteristic; and, our attention being thus directed, have found the like to occur in disease. We have, moreover, observed that each individual reacts in his own peculiar way to drug-influence; and have hence been led to insist on individualisation in therapeutics, on treating the patient and not merely the disease. The same observation has taught us to think much of the difference between man and the lower animals, to attach but qualified importance to experiments with drugs on the latter, to urge human provings as the only foundation for human therapeutics. Lastly, as our rule of selection leads us to use medicines which act only on the diseased parts, the light has shown us the contrasting darkness; and we have learnt to abhor and to protest against the disturbing and exhausting medication of healthy parts, which constitutes so large a part of the ordinary practice.

These have been common-places in homœopathic literature for the last forty years and more. They have gone dead against the stream of current medical thought; but we

have not greatly cared for that. It is impossible, however, to be indifferent when we hear them proclaimed by such a man as Dr. Russell Reynolds, and before such a body as the British Medical Association. That they form the substance of his Address in Medicine is evident from his own *résumé* of it.

"In recapitulation, let me remind you—1. That by losing sight of, or underrating the primary fact of life, we deprive ourselves (*a*) of the information to be gained from a study of subjective symptoms;* (*b*) we often misdirect our therapeutic

* "With regard to the former—'subjective symptoms'—is it not coming to this, that but little attention is often paid to the accounts which patients give us of themselves, their ideas, emotions, feelings, and physical sensations? These are things which we cannot weigh in our most guarded balances; measure by our finest scales; split up in our crucibles; or describe in any terms save those which are peculiar to themselves, and which we cannot decompose. These symptoms are often disregarded and set aside; and the patient, whose story of disease is made up of them, is thought fanciful, hypochondriacal, hysterical, nervous, or unreal; because, forsooth, we have physically examined thorax, abdomen, limbs, and excretions, and have found in them nothing wrong; because we have looked at the retinae, examined the limbs electrically, traced on paper the beatings of the pulse, weighed the patient, and have not found him wanting. Still he is miserable, in spite of placebo and assurance that there is 'nothing organically wrong.' There may be in him the consciousness of a deep unrest; or of a failing power, which he feels, but which we cannot see; or of a something worse than pain, a sense of 'impending evil,' that he is conscious of, in brain or heart; a want of the feeling of intellectual grasp, which he may call 'failure of memory,' but which memory, when we test it, seems free from fault; a want of the sense of 'capacity for physical exertion,' which seems, when we see him walk or run, to be a mere delusive notion, for he can do either well and easily to our eyes and those of others; and so he is called 'nervous,' and is told to do this or that, and disregard these warnings that come to him from the very centre of his life. And let me ask whether or no it has not again and again happened in the course of such a history as that which I have only faintly sketched, that some terrible catastrophe has occurred? Do we not see minds gradually breaking down while we say there is no evidence of organic change in the brain? hearts suddenly ceasing to do their work, when after careful auscultation we have said there was nought to fear? Suicide or sudden death sometimes disturbs the calm surface of our scientific prognosis of no evil; we may be startled, and may then see all that we ought to have seen before. But when the ripples that such unforeseen events have occasioned on that smooth surface have subsided, we go on as we have already done, and still pay but little attention to what the patient feels, and delight ourselves in the precision of

efforts, by eliciting vital action, rather than conserving vital force ; and (c) lose sight of many of the most important causes of disease. 2. That by failing to see the speciality of the nature of man, we underrate or ignore (a) much of the etiology of human suffering ; (b) are often misled by the results of observations upon animals ; and (c) are in danger of misinterpreting the facts of the most serious maladies that may afflict our fellow-creatures. 3. That by disregarding the individuality of man we are in danger (a) of again and in another way losing a due appreciation of the causation of disease ; and (b) of overrating the value of statistics, and of being led astray by their apparent precision, which exists only with regard to masses ; and, 4. That by an unsound application of the idea of the specificity of disease, we may on the one hand (a) sweep away distinctions which are facts of pathology, and, on the other, (b) raise up or lay down lines of demarcation which are unreal."

There are some points raised here which do not concern us at present. But that vitality is a property *per se* ; that subjective symptoms are to be earnestly regarded ; that we misdirect our therapeutic efforts if we " elicit vital action," *i. e.*, stimulate healthy parts ; that we " are often misled by

our knowledge with regard to physical conditions of which he may know nothing and may care still less. No one can appreciate more highly than I do the value of precise observation, but I do not believe that minute, delicate, and precise observation is limited to a class of facts which can be counted, measured, or weighed. No one can see more distinctly than I do the wrong conclusions at which a physician may arrive by accepting as true the interpretations which fanciful patients may offer of their symptoms ; but I am sure that, if we pay no heed to these mistaken notions of a suffering man, we lose our clue to the comprehension of the real nature of his malady. Morbid sensations and wrong notions are integral parts of the disease we have to study as a whole, and we are bound to interpret their value for ourselves ; but we can ill afford to set them aside, when we are as yet but in the dawn of scientific pathology, and are endeavouring to clear away the obstacles that hide the truths we hope hereafter to see more clearly about the mystery of disordered life. The value of such symptoms may be slight in some kinds of disease, when compared with that of those phenomena which may be directly observed ; but we are bound to remember that there are many affections of which they furnish the earliest indication, and there are not a few of which they are throughout the only signs."

the results of observations upon animals;” and that we should treat patients as individuals, and not as units of masses,—these are the very ideas of which we have spoken as brought to us by the working of our therapeutic law. How Dr. Reynolds was led to them, in spite of the counter-acting influences around him; whether homœopathic doctrine has leaked into his mind as homœopathic practice has into Dr. Ringer’s, it is not for us to determine. But it is a serious question for him, and for those who may read his essay with acquiescence, how it is that we have been holding and preaching these doctrines for the last half century? And it is a still more serious matter for him to consider that we who have thus preceded him in these convictions should be under the ban of the very Association he has had to address, and silenced and excluded by the profession he desires to recall to right thinking. We have no complaint against Dr. Reynolds as an individual. But he is a member of a profession, and has now identified himself with an association,* which have deliberately refused a hearing to principles at least tenable in themselves, and which have led their holders to conclusions whose soundness he maintains and whose neglect he laments. Can he rest content, now at least that the subject is brought definitely before him, without examining for himself these practical principles, and claiming for them from his brethren an allowed place and a fair consideration?

* Our readers remember the famous Brighton resolutions of this Association, which still remain in force, and which declare as unworthy to be members of the association all who practise homœopathy avowedly; and not only these, but all who use homœopathic methods in conjunction with other methods; and not only these, but all who hold professional intercourse with those who practise homœopathy. For the resolutions in full we refer to this Journal, vol. ix, p. 649.

LUPUS AND ITS TREATMENT.

By EDWARD T. BLAKE, M.D., of Reigate.

(Read before the British Homœopathic Society.)

MR. PRESIDENT AND GENTLEMEN.—In the authoritative *Nomenclature of Diseases* issued by the College of Physicians in 1869 lupus is defined as “a spreading, tuberculous inflammation of the skin, usually of the face, tending to destructive ulceration.”

It is resolved into two varieties :

A. Chronic lupus ;

B. Lupus exedens ; and rodent ulcer is placed in a category by itself.

Lupus depends essentially upon a *neoplasm*, a development of new growth in the tissue of the dermis, classed by Virchow among *granulation growths*. The new growth slowly contracts, strangling the intervening tissues, which slowly ulcerate away. These growths are said to bear the same relation to scrofula as *gummata* do to syphilis. As far as my own experience extends, I must concur with Volkmann, who says that the affinity between lupus and scrofula is extremely doubtful.

The cases which I shall have the honour of bringing before your notice this night will be of the non-exedens variety, *L. exedens* being fortunately a rare disorder ; I can, I am happy to say, recall but one instance of that truly horrible disease. Though some years have elapsed I even now see vividly before me the poor little girl who was brought to me, the subject of a rapidly spreading sore, with fœtid, black, and sloughing margins, which had actually perforated the cheek, so that at the base of a large cavity the teeth and buccal mucous membrane were plainly visible ; whilst a noisome odour everywhere accompanied the wretched little sufferer. *Arsenicum*, in conjunction with highly nutritious diet, entirely failed to

modify the fatal malady, which spread with such terrible rapidity that in a few short days death had mercifully come to the relief of this poor little patient.

Happily *Lupus non-exedens* is far more amenable to treatment, and as it displays so little tendency in itself to heal, we may safely attribute improvement to the remedial action of our drugs.

Allopathic literature has placed on record many cases of this disease cured by massive doses of *Arsenic*. The measure of success which has attended the use of this remedy is perhaps to be attributed to two causes: 1st. The remarkable influence possessed by that drug over profound perversions of nutrition. 2ndly, to a certain amount of pathogenetic relation to the pathological condition obtaining in cases of lupus. If you read carefully Hahnemann's proving of *Arsenicum* you at once recognise the "irritable ulcer" of the surgeons, in the conditions enumerated by him as characteristic of the "arsenic ulcer." A typical example is seen on the hands and scrotum of the makers of arsenical papers,* where arsenite of copper is used mixed with hot size, and in copper miners,† where that metal occurs in combination with arsenic. The appearance of the ulcer reminds you of those obstinate, punched-out sores which remain after the breaking down of secondary syphilitic gummatous masses; and where *Nitric acid* has failed in cases of that kind, I would suggest the use of the *Cupri Arsenias*, both internally and locally.

The "arsenic ulcer" burns, so does the "kali bich. sore;" but the characteristic of the latter is, as I have pointed out elsewhere, "burning itching," and it is of "burning itching" that the lupus patient so frequently complains. But I judge that the chief reason why *Arsenic* is not specific to lupus is that, unlike *Kali bich.*, it does not induce a truly *serpiginous sore*.

Now let us turn to the most classic and complete proving in our literature, the *Kali bichromicum* of Drysdale;

* *Vide* third edition of *Guy's Forensic Medicine*, p. 454.

† See the elaborate collection of evidence by Imbert-Gourbeyre in *Brit. Journ. of Hom.*, vol. xxiii, p. 77.

there we find that the typical action of *Kali bich.* expresses itself thus:—"first a burning-itching pustule; this breaks down, leaving a dry, oval, punched-out ulcer with overhanging margins; this remains for months unchanged, and if finally it heal, it leaves behind it a dense white cicatrix."

Here we are presented with the *similimum* of lupus. Now, I have observed a fact not very easy of solution. Whilst such remarkable benefit accrues from the use of the *Bichromate of Potash* in long-standing cases of lupus, I have seen it fail completely in the recent case.

CASE 2.—Last October, S. B—, a stout healthy looking girl of 19, consulted me for lupus in the incipient stage. In the centre of the right cheek was a tubercle, of crusty appearance and pale yellow colour. It had existed for eight years, and measured when she came to me six millimètres in diameter. I gave a thorough trial to *Kali bich.*, but without result. With the actual cautery I then removed it, and with it a good area of healthy tissue. I had an opportunity of examining this patient a few days ago; there is as yet no reappearance, though she occasionally feels pain in the scar (due probably to the contraction of the cicatricial tissue), and sometimes the right eye hurts her.

The succeeding instances illustrate the curative power of *Kali bich.* over advanced and intractable cases. In the last edition of his work on *The Science and Practice of Medicine*, Aitken says, relative to lupus, "the most destructive form begins at the tip of the nose and at the *ala nasi*;" therefore I have especially selected nasal cases to illustrate the influence exerted by this drug.

CASE 3.—Mrs M. D—, æt. 60, consulted me on the 2nd April, 1868. Has had fairly good health, with the exception of dyspepsia and "sick headache," to which as a girl she was prone. She sometimes feels pains in her back, and used to have a white discharge.

Twenty years ago a small tubercle appeared on the right side of the nose; this gradually melted away and formed an ulcer, which has ever since slowly travelled in furrows,

healing behind. Now there is an irregular sulcus one inch and a half long; besides this there are scabs on the nose, and scars indicating the sites of former sores. The itching is very troublesome, *Nit. acid* 3^r mnque. 28 days. *Lotio Acid. nit.* 1 ad 32.

April 30th.—No improvement. *Kali bich.* 3^r mnque. 28 days. *Lotio Liq. Carb.* dil. 1 ad 8.

May 28th.—Much the same, feels depressed, pains in back, cough. Rep. med. 28 days. *Lotio Kali Bich. gr.* xxx ad ʒiv.

July 2nd.—Face better; back easier; giddy; dry throat in morning. The lotion seemed to burn her so much that she went back to that previously prescribed, viz. *Liq. Carb.* Rep. med. 28 days. Rep. *Kali bich.* lotion diluted 10 times.

30th.—The nose itches still, but there is no breach of surface; this ulcer, which for twenty years had never been closed, has quite healed. Rep. med. 28 days.

December 10th.—There is no return of the disease.

CASE 4.—Mrs. E. M—, æt. 48, is a laundress; has had eight children, and one miscarriage. She was ruptured at her last labour. Four of her children were stillborn, and one was discoloured. Her living children enjoy good health. Her father suffered from asthma. Had measles and hooping-cough as a child. At ten passed several round worms. At seventeen a tumour began to form on the lower jaw (epulis); it grew eighteen years. It was removed by a Reigate physician, and has not returned.

In the spring of 1866 she first observed a scab on the angle of the right nostril. Her husband was maniacal at the time and often struck her. She thinks this might have originated in a blow. After his death in the ensuing summer she had erysipelas badly for three weeks. Some months afterwards the scab was "burned out with caustics." It did not heal, and another spot made its appearance nearer the point of the nose. Twelve months ago the disease commenced also on the left apex of the nose, and since that time has steadily increased.

She has been under three doctors in Reigate, but has

received no benefit. She has had medicine that has "terrified her eyes and caused a burning in the pit of her stomach;" need we say what that medicine consisted of?

On 27th March, 1873, she presented herself with characteristic nasal lupus in the state figured in my coloured sketch. There was no copper tint, no circumferential induration; the nostrils were obstructed, occasionally they discharged yellow crusts and blood. Her neighbours amiably hint that the disease is one she "ought not to have;" but with the exception of the discoloured child there is no evidence of specific infection.

The body is thin but not emaciated; she sleeps badly. She dreams, starts and talks; vertigo; eyes swell (especially the right*) in the morning; mouth furred on waking; gums bleed; throat dry at night; nausea before breakfast; flushes after food; epigastric throbbing; borborygmus, threadworms, has been subject to *prolapsus ani* (a family failing) all her life; palpitation; dyspnoea on exertion; catamenia not painful; they last three days; they recur with regularity, but are scanty after the first day; towards the close of the flow there is vesical tenesmus.

Chiefly by way of securing the confidence of the patient, and thus the opportunity of watching the case over an extended period of time, I prescribed what I knew would bring present and sensible relief to the subjective symptoms, viz., *Nux* 12, gtt. $\frac{1}{4}$, hor. $\frac{1}{4}$ ante cib.

As I anticipated she returned in a week reporting improvement "in herself;" the mouth was not so dry, less throbbing; she had felt nausea during the day, with diarrhoea (? agg.); not so much flatulence; less palpitation; anus better, less prolapsed; nose not so red. *Kali bich.* 3^x manque.

April 9th.—Nose is less turgid; there is less palpitation. She has taken cold, and her throat is sore. Rep.

16th.—There is less discharge from the nose; vertigo and constant tickling cough. Rep. *Kali bich.*, but change potency to 5^x.

* It will be remembered that Case 2 suffered from eye symptoms on the affected side.

23rd.—Nose is paler and a healing process is distinctly visible at posterior margin. Less vertigo; the cough is looser; pain in the left thigh. Rep. *Ung. Aloë* to anus.

30th.—Feels better; the disease seems to be culminating towards the point of the nose. The anus is much less prolapsed; there is still a troublesome cough. Rep.

May 7th.—The apical crust fell off on the 1st of May; new skin is forming round the site of the scab; the nose itches, it feels distinctly hot to my hand. She sleeps well; there is no vertigo, less nausea, ascarides tease her; the cough is nearly gone. Rep.

14th.—Much better; copious discharge from nose, feeling "as if cold water under nostrils;" slight nausea, cough better. *Kali bich.* ʒʳ.

June 11th.—Not so well; nose very painful, it discharges freely; to abandon entirely the use of stimulants. *Sach. lac.*

18th.—Not so well; nose worse, very little discharge, but it is hot and painful. *Kali bich.*, return to 5ʳ.

25th.—Better certainly; less heat, occasional nausea. Rep.

July 9th.—Still marked improvement; the centre of the nose has quite healed; has for the past fourteen days felt extremely sleepy. Rep. One dessert-spoonful of port wine at 11 daily.

16th.—Better. Rep. *Ung. Liq. carb. deterg.*

20th.—Insomnia; the result, doubtless, of the worry of a lawsuit. Rep.

September 3rd.—The nose has continued to improve; the deep sulci left by the dropping off of the crusts have been filled by healthy tissue; now there remain only three small diseased points less than peas. Head is weak, scalp numb, vertical pressure, pain in nape, mind is much depressed, tinnitus aurium; there is nausea and occasionally wind; she cannot make up her mind to eat anything, and in the very act of raising food to her mouth she falls asleep; menses regular; they only last one day now. *Pulse* 88. *Opium* ʒʳ. To pultice off scabs and then paint exposed surface with *Hydrated Carbolic acid* ʒj, with water ʒj.

17th.—Head symptoms gone ; nose looks healthier. Pulse 76. *Kali bich.* 5^x.

October 17th.—Nose has been still improving ; it is now restored to its normal form ; even the fossæ left by the removal of the crusts are filled with sound tissue, and, with the exception of the red tint of the cicatrices, she now presents her ordinary appearance. Pulse 104. Rep. *Kali bich.* 5^x and *Fer. mur.* 3 gtt. ; post prand. meridianum.

I saw her on the 18th December, and there was neither tubercle nor depression on the nose ; the interior of the nose felt comfortable and the bowel did not descend. The cure could now be pronounced complete.

There is one curious point about this case. You will perceive that on her second visit she received the 3rd dec. of *Kali bich.*, which was continued for fourteen days with very little benefit, but on taking *Kali bich.* 5^x an immediate good effect is visible ; this you will justly say proves nothing, but, as 14th May, she again takes the 3rd dec. for one month and manifestly loses ground ? then after a week of *Sacch. lac.* and no result, she again advances steadily towards health under the 5th dec. dilution. The fact is the *Bichromate of Potash* is a very powerful drug, and will bear free dilution. It is never safe to promise a patient that lupus will not recur.

Our literature is not rich in instances of the cure of lupus. In the *Hygea*, vol. iv, p. 8, 1836 ; in the *Gazette Homœopathique*, vol. x, p. 46, 1836 ; in the *Archives Homœopathiques*, vol. viii, cap. I, p. 73, 1829, there are three examples of the cure of lupus by *Calcarea* 30 ; in the *Gazette Homœopathique*, vol. vii, p. 74, 1835, there is a case cured by *Baryta carbonica* 30 ; and another by *Silica* 30, in vol x, of the same gazette, p. 46, 1836.* Rückert gives two cases cured by *Aurum* 10 ; and V. Meyer speaks of a case being cured by *Apis* 4.

There are in the *British Journal of Homœopathy* cases recording the disappearance of lupus under the use of *Arsenic*, *Kali chlor.*, *Aurum*, *Hydrastis*, and *Hydrocotyle*.

* It is necessary to add that these cases answer much more from their description to our ideas of strumous glands than true lupus.

And now, Mr. President and Gentlemen, I take my seat, trusting that my poor paper may provoke a rich discussion. If by it I shall succeed in educing some of the valuable stores of your practical experience, I shall not have laboured in vain.

Discussion on Dr. Edward T. Blake's paper.

Dr. RANSFORD wished to thank Dr. Blake for his interesting paper, and to confirm his remarks upon the efficacy of *Kali bichrom.* His patient has been a gentleman, æt. 82. The case is fully reported in the *British Journal of Homœopathy*, No. 96, April, 1866. He was perfectly free from strumous taint; he had resided upwards of thirty years in India, where he had held high offices in the Civil Service. In the autumn of 1864, after recovery from an attack of diarrhœa, the evacuations being of a dark greenish colour of the consistence of pitch, and subsequently from bronchitis accompanied by intermittent pulse, a vascular spongy tumour appeared in the right nostril, distending it and apparently growing upwards; afterwards it travelled slowly downwards and protruded externally; the left nostril became affected in the same way; the soft parts of the *alæ nasi* were involved, but the bony structure was unaffected; there was but very slight and occasional muco-purulent discharge; there were often severe paroxysms of lancinating pain in the affected parts sufficiently acute to make the poor man cry out loudly; desirous of further advice, I met his former attendant, Dr. Sanderson, of the Bengal Army, in consultation, and subsequently Sir James Paget saw him likewise. Both of these gentlemen thought the case malignant and hopeless, only suggesting cleanliness and generous diet, both of which suggestions had been anticipated. I had given *Arsenicum* in various dilutions without any apparent check to the ulcerative process. *Kali bichrom.* occurred to me. I prescribed it in the 3rd dilution, applying it also locally and externally by means of a glass syringe; most unexpectedly the progress of the disease was gradually but visibly checked; healthy granulation took the place of phagedænic ulceration, which never recurred. Sir James Paget saw the patient after his cure and admitted the fact; he lived many months after the healing process was accomplished, dying at last of mere exhaustion of the vital powers without any apparent suffering. He was one of a very healthy family in whom no hereditary disease existed. He had been accustomed to take large quantities of *Masulipatam* snuff; this contains ingredients of a peculiar and acrid nature. Dr. Sanderson was inclined to think that this snuff might have been the cause of the malady. I cannot give an opinion of the true character of the disease, but that the *Kali bichrom.* cured the

malignant and corroding ulcerations I have no doubt whatever. To my surprise Dr. Richard Hughes, in his 2nd edition of his interesting and valuable work on *Pharmacodynamics*, 2nd edition, page 351, sets this case down as one of polypus, to which it was very dissimilar. Dr. Hughes had never seen the patient, but Dr. Sanderson, Sir James Paget, also Dr. Henriques, our colleague (on one occasion), had examined the nose, and agreed as to its malignant nature.

Dr. DRYSDALE.—Looking back on his experience, he can remember few cases of that disease which remained long enough to attain complete results, as such persons in private practice are apt to go to specialists very soon if they do not see immediate good results. So he had little to add to the case of cure formerly published. He was glad to see that Dr. Blake had made such good use of his experience, and persevered in the one medicine long enough to produce effective results. He felt naturally much interested in hearing successful curative applications of a medicine of which he had given the first proving; which Dr. Blake had spoken of in too flattering a manner, as he could now see many defects in it.

Dr. HOLLAND, after thanking Dr. Blake for his excellent and instructive paper, said he had very little homœopathic experience of this disease; but, when dresser to the late Mr. Aston Key, he had seen two cases cured by *Chloride of Zinc* locally applied. He had, however, met with one case where *Kreasote* and *Thuja* were productive of great benefit; in one of the cases *Kreasote* given in drop doses three times a day, and applied locally in the proportion of ʒj of *Kreasote* to Aq. ʒij, and a little gum or starch to keep it in suspension, a curative process went on for a considerable time, but the patient (a man) emigrated to America and he never afterwards heard anything further of him.

Dr. HAYWARD thanked Dr. Blake for his valuable and interesting paper. He had not had occasion to treat many cases of lupus since adopting homœopathy: in the one now present to his mind he had suspected syphilis, and had prescribed successfully *Iodide of Potassium* (gr. j, four times a day). He was pleased to hear Dr. Blake's facts as to the power of different dilutions of drugs, for he was convinced that good was to be obtained by using different dilutions—that though one dilution did not cure, another might; there was something in the *dose*, it was not all in the drug. He also approved of the local application of the remedy in such cases at the same time that it was being exhibited internally.

Dr. BAYES (Vice-President) said that the paper was a very valuable contribution to our treatment of a very obstinate disease. The illustrations* add greatly to the value of the paper,

* Dr. Blake exhibited photographs of the patient (Case 4) taken at different times, when the disease was at its height and when it was perfectly cured,

since photographs cannot lie, and give the exact representation of the improvement effected. Dr. Blake's comparison between the pathogenesy of *Arsenicum* and *Kali bichromicum* is clear and very definite. The good results of the *Kali bichromicum* were most evident, and it is a point of great interest to me, that not only is the choice of the right medicine very important, but that it is of almost equal importance to choose the right dilution, the 5th decimal dilution acting promptly where the 3rd decimal dilution had ceased to act curatively. Dr. Blake's steady confidence in the medicine founded on the exactitude of its homœopathicity was worthy of all praise. He (Dr. Bayes) would be glad to hear from Dr. Blake what part he considered the *Carbolic acid* lotion to have played in the cure of the case. Skin diseases, with their marked objective symptoms, were a good class of cases in which to demonstrate the positive action of remedies.

Dr. EDWARD BLAKE, in reply, begged to acknowledge the courteous reception of his paper. The worthy Chairman had raised the question as to how far the use of *Carbolic acid* had contributed to the cure. It was to be observed that the acid was only applied during fourteen days; on referring to the daily report, he saw this entry made, "The nose looks healthier"; but marked amelioration of the symptoms had set in before the use of the acid, and the fortnight of its employment did not exhibit the most striking progress.

REVIEWS.

Ueber die Incompetenz der Beweise für und wider die Homöopathie gegenüber der conditio sine quâ non um die ganze Homöopathische Streitfrage zu lösen. Von VESPASIAN V. GRUZEWSKI: Riga, 1874.

On the Incompetence of the Proofs for and against Homœopathy, compared with the conditio sine quâ non for settling the whole Homœopathic Controversy. By VESPASIAN V. GRUZEWSKI: Riga, 1874.

In this brochure of 103 pages Mr. Gruzewski (we beg his pardon if he is Dr., but it is not so stated in his work, which, indeed, betrays the amateur) endeavours to point out the unsuitableness of the methods hitherto adopted to prove or disprove the truth of homœopathy, and proposes a method of his own, which, he thinks, will infallibly settle the whole question and result in the general acknowledgment of the truth of Hahnemann's doctrines and the curative power of infinitesimal doses.

He says, truly enough, that the course hitherto pursued by both adherents and adversaries of homœopathy has not resulted in convincing either that they are in the wrong. The records of cases which recovered under homœopathic treatment are regarded by our opponents as instances of spontaneous recoveries, and those are said to be the victims of a delusion who imagine that cures which are actually due to the *vis medicatrix naturæ* are examples of the curative power of doses of medicine so small as to be powerless for good or evil.

So records of cases cured, and comparative statistics of homœopathic success produce no effect on our opponents,

unless to inspire them with a high estimation of the recuperative powers of nature, and to shake their belief in the necessity of active treatment. Their foregone conclusion that infinitesimal doses are powerless effectually prevents them seeing any proof of the truth of homœopathy in the facts we offer them, even when they are so polite as to accept our statements as trustworthy, which is by no means always the case.

Seeing the fruitlessness of the plans hitherto adopted for convincing our opponents, Mr. Gruzewski thinks that there is a mode, hitherto almost untried, by which the truth or falsity of the homœopathic method might be demonstrated. His plan is to take a case of disease, to give the appropriate medicine which produces amelioration, then to refrain giving any further dose until the action of the remedy has expired, when it will be seen that the powers of nature are not sufficient to complete the cure, the disease regains the mastery, and the amelioration again commences when a second dose is given, and thus we shall be able to prove to demonstration that it is the medicine and not the healing process of nature that causes recovery.

Mr. Gruzewski, says that as far as he knows, Dr. Horner is the only one who has carried out a similar demonstration of the truth of homœopathy. What Horner says we may quote from his pamphlet (*Reasons for Adopting the Rational System of Medicine*, p. 15): "I then selected some forms of disease where the symptoms were well marked and persistent, and gave homœopathic medicines, and noted their favorable effects. Then, unknown to the patient, I administered a precisely similar-looking powder, but one that was unmedicated; when the patients, or, in cases of children, their parents, voluntarily observed that 'this last medicine had lost its effect and done no good.' Medicated doses were given, and again improvement began, and relief was expressed."

Mr. Gruzewski presents us with two cases in which his "conditio sine quâ non," as he quaintly terms this mode of showing the efficacy of homœopathic treatment, was carried out.

The first case was originally published in the *Journal de la Soc. Gallicane* (2e série, t. iii, p. 529). It also appeared in vols. lix and lx of the *Allg. Hom. Zeitg.*, and was introduced into a pamphlet published in Paris, in the French language, and illustrated with engravings representing the disease while under the action of the remedy and whilst the use of the remedy was suspended.

The case was one, as far as we can make out, of disease of one or more of the bones of the middle finger. *Silica* 30 was the main remedy.

“When the cicatrization had advanced to such a degree of obviousness and regularity that ever less and less was to be seen of the exposed portions of the bones, I wished to find out what the efforts of nature would be if unaided by any kind of remedy. With this view I gave the patient a daily unmedicated dose, precisely resembling the doses he had been taking, which consisted of a dose of *Silica* 30, every seventy-two hours, and unmedicated powders on the intervening days.

“During the four first days after the use of *Silica* there was observed a constant growth of the small fleshy granulations, which formed anew each day on the edges of the wound and covered up the naked bone ever more and more. The first day this increased growth was considerable, on the fourth day it was less; on the morning of the fifth day it was at a stand-still, and in the evening the inner edges of the small granulations round the whole extent of the wound began to soften and secrete a watery fluid. On the sixth day this new suppuration had made such progress that by the afternoon the granulations which had been formed under the last administration of *Silica*, and more besides had changed into a dirty watery fetid matter. After giving a fresh dose of *Silica* in the evening I found the condition of the finger the next morning considerably improved; the fetid purulent secretion disappeared, and on the third day the cicatrization was making rapid progress.

“In order to convince myself still more thoroughly, I made a second similar experiment on the same patient at once; after the administration of the medicine purposely waiting a while, the results were the same.

“On now continuing to give the *Silica* every five days the cicatrization progressed in the manner described, and by means of

the homœopathic treatment the patient escaped the amputation that had been proposed, though an ankylosis was inevitable."

The second case is thus related in the author's words :

"Vesicular erysipelas of lids of right eye, sphacelus of their surface, inflammation of ear, prodromata of meningitis, ascites, &c. Recovery took place by the administration and withholding of the remedy in the 200th potency procured from the pharmacy of Lappe. This observation was made in 1860.

"After the use of the remedies that showed themselves most useful, such as *Aconite*, *Bryonia*, *Pulsatilla*, *Arsenic*, *Secale*, and *Sulphur*, the general state of the disease was ameliorated. The eyelids of the affected eye were free from the scabs that had formed on the surface destroyed by the sphacelus. After the administration of *Silica* 30, and subsequently 200, repeated every forty-eight hours, the raw surfaces that remained cicatrised almost completely, and the dropsy got better everywhere, only the lids of the affected right eye were still swelled and fast shut.

"After a treatment of twenty-eight days the patient no longer complained of anything, the general state was perfect, and the pulse 72 ; but beneath this apparently satisfactory character of the patient's state there was doubtless a latent morbid evil. This seemed to be a fitting opportunity for leaving the patient without risk for a certain time to the sole efforts of nature ; so after the administration of *Silica* I gave him from the 15th of November only an unmedicated powder each day.

"Nov. 17th.—The remainder of the ulcers cicatrised.

"18th.—On rising in the morning weakness, which soon went off. In the evening the swelling of the affected eye increased afresh. In the night great heat of the whole eye ; the œdema spread rapidly again over the forehead. I should say that during the previous progress of the disease the forehead, scalp, and thorax were involved in the dropsical effusion. *Aconite* $\frac{3}{6}$, one dose. The heat alluded to diminished ; the œdema continued to progress, but less quickly ; sleeplessness.

"19th.—The whole of the right side of the forehead was again involved in the œdema, which extends to down between the eyebrows. On the surface of the upper lid renewed ulceration, with exudation. On raising the lid the sclerotic appeared much reddened, which was not the case before this experiment in

expectation. Pulse 88, throbbing of carotids, inclination to sleep, pains in the bones, the limbs, and the whole body, as if broken on the wheel. In bed yawning and stretching; pain of the affected eye, whose lids were swelled, red, and turned up. All these symptoms were present at the commencement of the disease, to which *Silica* shows the greatest similarity; so, after marking the limit of the spreading œdema, *Silica* $\frac{3}{00}$ was repeated at 8.35 a.m. From the moment the medicine was given the œdema ceased to extend, and the throbbing in the carotids soon left off; the spirits improved; there was general amelioration. Towards evening coldness in the body, followed by perspiration. At night increase of the temperature of the body. After midnight sleep, and the following morning the patient woke feeling well; the swelling of the forehead diminished visibly, that is to say, it fell back to the distance of a centimeter from the line drawn on the forehead.

“Since that time the medicine was continued uninterruptedly; the amelioration went on rapidly, and in five or six weeks the cure was complete. A year afterwards the cured patient was shown by me to Drs. Brutzer and Brauser, homœopathic practitioners in Riga. In their presence he attempted to read large print in a book with the cured eye, because an ulceration of the cornea which had remained prevented him seeing clearly and reading small print.”

Mr. Gruzewski displays a remarkable amount of *naïveté* in imagining that the homœopathic controversy which has hitherto kept alive, notwithstanding the bushels of cases and the acres of statistics that have been employed in it, will be finally settled by these two cases, or by a whole cartload of such cases. We have translated Mr. Gruzewski's cases as faithfully and as literally as possible in order that we may not incur the charge of distorting them in any way; but we are perfectly sure that no scientific practitioner of whatever school could attach the slightest value to these cases as proving the utility or futility of the medicines employed. It is impossible from the descriptions to realise what was the precise character of the diseases treated. In the first case was the bone or were the bones denuded of their periosteum or not? What was the cause of the

denudation of the bone? All that we hear is that the bones were denuded, and that some one had recommended amputation. All that we learn of the cure is that cicatrisation took place—whether with or without exfoliation of necrosed bone the author does not state; but with ankylosis, so that perhaps the patient would have done better to follow the advice given him to have the finger amputated; for surely no finger at all is better than one that is always sticking out when the other fingers are closed, or which remains firmly flexed when the other fingers are extended. “Better a finger aff as aye waggin’,” as the Scotch proverb has it. If our opponents persist in saying that a recovery after the administration of our doses is a mere coincidence, what is to hinder them from saying that a relapse after leaving off our medicines is also a mere coincidence?

The second case is even worse than the first for any lesson it can teach. What was the disease? *Blaterrose* the author calls it, which ought to be translated “vesicular erysipelas;” but who ever heard of vesicular erysipelas lasting from nine to ten weeks? Then what became of the inflammation of the ear, the prodromata of meningitis, and the ascites, that are mentioned at first but never afterwards alluded to? In truth, we can make nothing of the case, and as for its proving anything respecting the virtues of *Silica* 200, that we are quite unable to perceive. If we were asked to say what it proved, we should reply that it proves how enormously long the case was protracted under Mr. Gruzewski’s treatment. Not a fragment of a hint is given in either of the two cases as to what other remedial means are employed, whether local, general, dietetic, or hygienic; and yet we will not suppose that the author neglected these points, and of course they must have had their influence on the disease.

Then there is in the second case that mysterious ulceration of the cornea which prevented the patient seeing distinctly—when did that arise, and how could the patient’s eye be said to be completely cured when there was still ulceration of the cornea? The case is stated to have been shown

to Drs. Brutzer and Brauser, but we are not informed what impression this wonderful cure produced on these gentlemen when they found that the *cured* patient could not see distinctly on account of ulceration of the cornea. In short, both cases are so unscientifically reported that no one can make either head or tail of them. If Mr. Gruzewski expects that any amount of cases reported in this slipshod manner will have the slightest effect in "settling the homœopathic controversy" he is woefully mistaken.

We may be perfectly satisfied in our own minds of the curative action of a drug in a particular case, but it is almost impossible so to relate that case that it shall convince others that the medicine given was the efficient cause of the cure. Hahnemann was right in setting a low estimate on the record of cures as a means for convincing practitioners of the truth of his doctrines. "*Macht's nach!*" was his constant advice. "Repeat the experiment for yourselves, but repeat it carefully and exactly, and I have no fear but that you will come to share my convictions!" And after all has been said that can be said for and against statistics and figures and records of cases, there is nought so convincing as careful trials made by ourselves with the single desire to come at the truth. This is the way we have all become convinced of the truth of homœopathy, and this is how our present opponents must be convinced. It is quite right to record the cures that brought conviction to our own minds, but we shall err grievously if we think they will be equally convincing to others. The result we can hope from them is that they will lead others to make trials for themselves, and if they do this "genau und sorgfältig"—"exactly and carefully"—we need have no fear of the result. Careful trial is the real "*conditio sine quâ non*" for settling the homœopathic controversy, as far as the individual practitioner is concerned, and there is no other method conceivable by which the homœopathic controversy can be settled except by the conversion of individual practitioners.

We are glad to notice that careful trials of single homœopathic remedies are daily being made by the most

intelligent of the old-school practitioners, and we notice with pleasure that our remedies are constantly being adopted into their treatment, and the whole practice of the old school is undergoing a change in the homœopathic direction.

A System of Surgery. By WM. TOD HELMUTH, M.D.
New York: Caste and Greener, 1873.

DR. HELMUTH, Professor of Surgery in the New York Homœopathic Medical College, has brought out a new edition of a work on surgery published by him in 1855.

The present work is far more complete, and the aim of the author has apparently been to make this edition rank as a first class text-book on surgery, and to show the unprejudiced practitioner the great advantage surgery possesses when combined with treatment based on homœopathic principles.

In the preface he mentions that he will not discuss the subjects of ophthalmology, otology, or odontology, as these have now become specialities, and it would only be adding bulk to the volume without increasing its intrinsic value.

Dr. Helmuth is to be congratulated on his resolution, because in putting forth a work on surgery there is a great temptation to make it appear as complete as possible, and to show a familiarity with every department of the surgical art.

To compensate for the omission of these subjects, he introduces a chapter on the microscope, new in surgical works, and chapters on electricity, disinfectants, and anæsthesia.

He commences in Chapter II an enumeration of the instruments required for surgical practice, such as probes, directors, knives, exploring trocar, &c., mentioning the

articles required for dressing, also recommending *Marine lint* as a good antiseptic dressing, and giving several excellent rules laid down by Dr. Smith to be observed by the young practitioner in order to dress parts with elegance and dexterity.

He refers also to *paper* as a surgical dressing, giving Dr. Hewson's experience, and mentioning that his own results with waxed paper had been most satisfactory

Whether paper will ever attain high repute as a dressing is in the highest degree doubtful.

A practical hint is given as to the use of the hypodermic injection, viz., that at least half the stomachic dose should be employed, and it is preferable, if the substances are soluble in water, to use that as a vehicle, as it is less irritating to the skin.

He next mentions two different kinds of thermometers, Seguin's and Casella's, which are excellent instruments, and also refers to several diseases in which noting the varieties of temperature would be of great advantage to the surgeon.

This chapter is meagre, but the next on electricity is more complete and of deep interest in a practical point of view. He tells us that it is indispensable that batteries furnishing the continuous galvanic current should generate a large quantity of electricity, and that in administering this form of electricity we should be careful not to overdose the patient. No doubt the reason we often hear that electricity is useless as a remedial agent is that enthusiasts carry it beyond reasonable limits, and having themselves failed, are blinded to its merits and embrace every opportunity of bringing it into ridicule, and stamping it as a foolish piece of quackery. What would they say to employing it at one time not longer than ten minutes, which Dr. Helmuth thinks sufficient for one application?

A most excellent battery is that manufactured by the Galvano-Faradic Company of New York, and we trust that every practitioner who is in favour of electricity will give it a fair trial, and if he then fails, he may be sure that in his hands at least electricity will never succeed,

It will be found very useful in paralysis, neuralgia, diseases of the brain, spinal cord, and also in the treatment of indolent ulcers, and the sores of bed-ridden patients.

Faradization will be found useful in rheumatism, curvature of the spine, prolapsus ani, aphonia, and a host of other diseases.

To throw aside such an agent after a temporary failure would show that the operator's mind was on a par with the dead material of which the instrument is made, and that no new light would ever penetrate the dark vista of his understanding.

The galvanic cautery battery promises to become very useful in the treatment of tumours, and also of that malignant disease lupus, which up to the present time has resisted most remedies.

It appears also to have been successful in the cure of cancer, nævi, arterial tumours, so that if this be confirmed by experience a new era has dawned in surgical treatment, and the knife will gradually be banished from those realms over which it has hitherto held undisputed sway.

In Chapter V we find disinfectants fully discussed, and mention is made of various substances which have proved useful, such as *Bromine, Ozone, Iodine, Permanganate of Potash, Carbolic acid, &c.* He tells us that he has found a shallow vessel half full of coffee to be extremely useful in the dissecting room, rendering the atmosphere pure; at least so far as olfaction goes.

We trust coffee may come into extensive use for the benefit of the medical student's olfactory nerves, which are usually totally disregarded by the enthusiastic anatomical teacher.

In mentioning *Iodine* he says that, during the severe cholera season of 1866 in St. Louis, he employed this substance continually, and also ordered all the vessels used by the patients to be immediately emptied and rinsed with a solution of *Iodine*.

He next deals with anæsthesia, mentioning that to America belongs the honour of first employing *Ether* as an anæsthetic agent, and to Great Britain *Chloroform*.

Lente's, Squibb's, and Goodwillie's inhalers are described, and appear all to be excellent and useful instruments for the administration of *Ether*.

Dr. Helmuth would use *Ether* as an anæsthetic in preference to *Chloroform*, because, as he truly remarks, it is less dangerous, and the surgeon is free from all anxiety while operating. *Ether* is longer in producing its effects, but as there is always a certain amount of danger in administering *Chloroform*, are we justified in abandoning it in favour of *Ether*?

Surgeons may yet do so, although some operators would have to forego that dash and student's applause upon which their exalted minds are wont to feed. Local anæsthesia is next referred to, and Dr. Helmuth says that in whitlow, operation for paraphimosis, and some other small operations he has found it extremely useful. In the sickness attendant on anæsthesia stimulants are to be avoided, but under the use of *Ipec.*, *Veratrum*, *Camphor*, &c., we can easily overcome this troublesome symptom.

One of Garrett's electric disks placed upon the epigastrium soon allays the vomiting.

Chapter VII treats of surgical fever, and the predisposing causes are referred to, such as a vitiated atmosphere, and the absorption into the blood of vibrionic germs. These septic germs, together with pus, poison the circulation, and the first symptom is the patient being seized with rigors. Diet, rest, ventilation, and disinfection are the points to be attended to in the general treatment, but with *Acon.* as an auxiliary, we may in the majority of cases successfully contend with this formidable complication. Many other medicines, such as *Bry.*, *Phos.*, *Bell.*, &c., are at the command of the homœopath, who can thus enter with greater confidence than his allopathic brother into the treatment, being armed at almost every point.

In Chapter VIII inflammation is discussed, and is treated rather cavalierly, such men as Paget, Rokitsansky, and Williams being ignored as authorities, so that the latest views on this important subject are not even taken into consideration. In treating of adhesive inflammation

we should naturally have expected this. When the author speaks of the medicines useful in controlling inflammatory action in parts there is a tendency to huddle remedies together after the manner of Bryant and others.

Suppuration, according to Virchow, is a pure process of *luxuriation*, and Dr. Helmuth adopts this view. He mentions that *Sulphate of Iron* has been used with great success in suppuration, and details a very interesting case treated at the Children's Hospital at Lausanne with wonderful success.

Dr. Helmuth is entitled to great praise for his advocacy of *Calendula* as a topical application in suppurations and lacerations. In anthrax after incisions to assist the separation of the slough it is invaluable, and mentions that, having experimented side by side with *Carbolic acid*, he is most decidedly in favour of *Calendula*.

This is most important, and will we trust be tried and corroborated by the homœopathic surgeons in this country.

Abscess is next discussed, and the great necessity of diagnosing aneurism from abscess is pointed out.

Some unfortunate mistakes have occurred in diagnosis to the most eminent surgeons, and the young practitioner cannot be too careful in using the knife where there is the slightest doubt as to the nature of a fluctuating tumour. Dr. Helmuth mentions an excellent method of applying pressure in large abscesses, especially where there are many sinuses, viz., by means of compressed sponge, which is to be placed dry over the abscess and held in position by means of adhesive straps applied at right angles.

We know this to be most successful treatment, and would commend it in all cases where pressure is required. It is quite refreshing to observe that, in the treatment of septicæmia, we have a medicine which in its pathogenesis corresponds to many of the symptoms of this formidable disease, viz. *Rhus radicans*. *Gels.*, *Bromide of Potash*, *Muriatic acid* and *Carbolic acid* will also play an important part in combating the different sequelæ of this untoward disease.

Chapter X deals with ulceration, which is handled in a very useful and practical style.

It is to be regretted that here again we have a diffuse arrangement of remedies useful for the different varieties of ulcers, although the surgeon will find many valuable hints to guide him in his too often unsuccessful struggle with chronic ulcers. Dr. Helmuth records a very interesting and successful case of skin-grafting, occurring in his own experience, where an ulceration of five years' standing was completely healed up in little more than a month—a successful result for which any surgeon might well claim our highest praise and admiration.

Chapter XI treats of gangrene in an excellent manner, and a very instructive case of traumatic gangrene occurring in a sailor, after amputation of the leg, was treated by opening the flap, and washing it every three hours, and then carefully injecting it with carbolated *Glycerine*. A compress wet with the solution was to be applied, and *Ars. 3*, given every half hour, which treatment proved highly successful.

Chapter XII deals with tumours, and the subject is handled by Dr. Helmuth in a most masterly style, leaving nothing to be desired either practically or theoretically.

The differential diagnosis which he gives between innocent and malignant tumours throws quite a new light upon this branch of surgery, which will free the surgeon's mind of any doubt that may exist as to his diagnosis.

We would especially call attention to a most remarkable and successful case of cystic tumour situated on the right side of the neck, and extending both in front and behind the clavicle. The tumour after two hours' dissection was entirely removed, the third portion of the subclavian artery, pneumogastric nerve, and brachial plexus having been brought into view during the necessary steps of the operation, eight vessels also requiring ligature. The wound had almost entirely healed in two weeks. Fibro-cellular tumours may be cured medicinally by homœopathic remedies, so that we may here claim another triumph for our principles, and also afford comfort to those patients who

have an insuperable horror of the knife. Dr. Helmuth relates an extraordinary case of cysto-sarcoma, where under the use of *Bromide of Potassium* the larger cysts ruptured, a great amount of discharge occurring, and some of the smaller cysts altogether disappeared. We trust Professor Erichsen, of London, may be yet induced to change his opinion that all *curative* constitutional treatment is utterly useless in cancer, because there are many authentic cases of cure by homœopathic medicines; and as facts are difficult to get over, the day may yet come when the learned professor will acknowledge his error in this dogmatic statement.

Dr. Helmuth devotes a chapter to the microscope, which will be found extremely interesting and instructive.

Chapter XIV treats of scrofula in rather a superficial manner, but we are glad the views of such men as our English Paget are endorsed by Dr. Helmuth. When referring to constitutional treatment he confirms Bœnninghausen as to the value of *Asafœtida* in diseases of the bones, but we should like to find further corroboration as to the use of *Mercurius* as a remedy in scrofulous diseases of the bones uncomplicated by syphilitic taint

In Chapters XV to XVII gonorrhœa and syphilis are the subjects next handled; and we notice in passing a curious history of the origin of syphilis, viz. from eating human flesh; but of the disease we see nothing particularly fresh but what we should expect to be found in any good text-book of surgery. As to his views of treatment we wish to make a few remarks.

We think that recommending the *Nitrate of Silver* injection in the strength of ten grains to the one ounce of water as a safe abortive treatment in gonorrhœa is not based on good scientific principles, nor are any cases given as a clinical foundation for such a procedure, especially as even before the inflammatory stage sets in there is the greatest danger of prostatitis, cystitis, and orchitis, which might bring the practitioner into disrepute for his adoption of this heroic treatment. Dr. Helmuth quotes the testimony of several eminent medical men as authorities in

finding the higher dilutions of medicines more efficacious than the lower, especially where these have utterly failed in the treatment of gonorrhœa. *Cannabis* in the thirtieth potency appears to have been the medicine employed with marvellous effect, and we shall be glad to have this confirmed by the practitioners of this country, as confessedly syphilis and some cases of gonorrhœa in their later stages are among the most difficult class of cases occurring in homœopathic surgical practice.

With regard to the treatment of syphilis he gives us a most excellent table containing the differential diagnosis between the simple non-infecting chancre and the indurated infecting chancre, impressing the fact that local treatment is specific for the one variety, but constitutional remedies must be relied upon for the cure of the other form.

He is decidedly in favour of the mercury group of medicines in the treatment of chancre, and finds from experience that they must be given in the lower dilutions, in order to effect a radical cure, in which opinion he will be supported by the majority of homœopathic surgeons.

The treatment of tertiary and of infantile syphilis is described in a very lucid and practical manner, so that the busy practitioner can at once refresh his memory about any medicine regarding whose curative sphere he may be at all doubtful.

Chapter XVIII treats of wounds, and is of the most complete and satisfactory nature, showing that Dr. Helmuth has paid marked attention to this most important subject, and we are sure he will earn the gratitude of his medical brethren for the many valuable suggestions contained in this most excellent chapter. We would especially call attention to Sections V and VI, treating of poisoned and gunshot wounds. Under poisoned wounds the different modes of treatment are fully described, and many interesting cases narrated, *Olive oil*, *Whisky*, the injection of *Liquor Ammonia fortior*, and *Ars.*, having all proved successful in the treatment of snakebite. In the treatment of hydrophobia we have a great number of

medicines, such as *Bell.*, *Hyoscy.*, *Lach.*, *Stram.*, and *Canth.*, which all promise good results in dealing with this disastrous disease, and contrast most favorably with the hopeless state of allopathic darkness and quack nostrums.

It will be deeply comforting to the homœopathic surgeon to think upon the many remedies he has at his command in his treatment of gunshot wounds, but to any one who wishes to have a clear conception how to do so successfully, we would recommend a careful perusal of Dr. Helmuth's interesting and instructive section on this important surgical department.

Chapter XIX treats of hæmorrhage, and is written in a most clear and distinct style, mentioning the latest means and instruments for successfully arresting hæmorrhage, and affording the surgeon an amount of information that will stand him good in the hour of need. Some interesting information is given as to internal medicines which have proved successful in controlling hæmorrhage, such as *Verat. virid.* for secondary hæmorrhage after amputation, *Erigeron* for hæmorrhage from the bladder, *Hamamelis* for hæmorrhage from the mouth and gums.

In Sections II, III, and IV, referring to styptics, the use of flexion, and compression, there is nothing particularly worthy of note, except the very excellent list of agents and formulæ given as useful for local hæmorrhage, and mention of various tourniquets, one constructed by Messrs. Tiernann appearing to be remarkably reliable, easily adjusted, and giving a great amount of direct pressure, not interfering with the circulation of the venous blood.

Dr. Helmuth has used torsion with success in the smaller vessels, and appears also to be in favour of acupressure, which opinion, we think, he will yet see cause for abandoning, except in hospital practice.

Acupressure is very good and reliable where there is a house-surgeon always at hand to stem the secondary hæmorrhage, but as the surgeon cannot conveniently leave an assistant at every house where he may operate, relying upon this method exposes the patient to needless risk.

The only other point in this chapter to which it will be

necessary to call attention is Speir's artery constrictor, a most useful and ingenious method of arresting hæmorrhage; and we would refer to Section VIII, where it is fully described, only adding that it was applied at two points to the carotid of a horse, in the continuity of the vessel; the artery was then divided between the *points d'appui*; no hæmorrhage followed.

We are sure that it will yet hold a very high position in the estimation of the surgical world, after it has obtained a fair and impartial trial at the hands of competent surgeons.

In Chapter XX amputations are described in a clear and intelligible manner, and the only point to which it will be necessary to call attention is to the successful employment of *Allium cepa*, in a case of neuralgia of the stump occurring after amputation of the thigh, which desired result ensued after two days' administration of the drug. It is asserted that Hahnemann completely cured that renowned soldier, the Marquis of Anglesey, of neuralgia occurring in the stump after amputation of the leg, when all the first allopathic physicians of Paris had in vain tried their skill, and exhausted their infallible pharmacopœia. But this must be a mistake, for Lord Anglesey, as is well known, remained a martyr to neuralgia to the latest period of his life.

Chapter XXI treats of the surgery of special regions and tissues, such as erysipelas, anthrax, burns, &c., and is teeming with practical information, but in other respects is far less complete than we should naturally expect from such a man as Dr. Helmuth. In dealing with erysipelas we look for a thorough and distinct enumeration of the different varieties, as (1) the cutaneous erysipelas, (2) cellulocutaneous or phlegmonous erysipelas, (3) the cellular erysipelas; whereas what we find is "erysipelas described as an inflammatory affection, generally confined to the epidermis, which becomes hot, red, and swollen, and sometimes covered with blisters (erysipelas bullosum), but in very violent cases the deeper seated tissues are involved, and the disease is termed *phlegmonous erysipelas*."

If such an important disease as erysipelas was intro-

duced, it ought to have been dealt with exhaustively, and not put forward in such an incomplete form ; although there are sufficient internal remedies mentioned to help the practitioner in his treatment of this too often very dangerous malady, we yet feel that the subject is dealt with in a crude and unsatisfactory manner.

We are glad to observe that Dr. Helmuth agrees with Paget in abandoning the use of free incisions in anthrax, unless there is a large slough to be removed, but dresses the sore with a hot solution of *Calendula* several times daily, relying upon internal medication as the best and most successful treatment, in which opinion he will be supported by all advanced homœopathic surgeons in this country. In Section V burns and scalds are treated in a very practical manner, and everything necessary for external and internal use in the treatment is given ; but we are rather surprised to find Dr. Helmuth in favour of free division of cicatrices occurring after burns ; for this reason, that whenever an incision is made a new cicatrix must be formed, and this new cicatrix will undergo precisely the same contraction as the one which it was intended to alleviate. There is no doubt that gentle yet constant traction exerted on a contracted cicatrix by means of apparatus is the only truly scientific and hopeful mode of treatment. The only other point to which we shall refer in this chapter is to the treatment of lupus, a disease which every surgeon dreads ; but which under homœopathic remedies promises to become curable, and if so proved will confer fresh lustre on Hahnemannian principles. Dr. Boileau, resident in the Mauritius, treated fifty-seven persons suffering from lupus with the *Hydrocotyle Asiatica*, an Indian plant, in all of which cases without exception the disease was arrested in a very short time, and a case of Arabian elephantiasis of three years' duration was successfully treated with the same remedy.

Injuries and diseases of the muscles, tendons, and bursæ, are described in Chapter XXII, and we would call attention to an excellent apparatus invented by Dr. Lewis A. Sayre for sprains about the ankle-joint, fully described in Section III, which will afford every satisfaction to the surgeon, and

enable him to treat these troublesome complications with every prospect of speedy and certain success.

In Chapter XXIII we have arteritis, atheroma, and aneurism discussed, but are at a loss to know why arteritis is treated so superficially and meagrely, because the surgeon and student cannot have their ideas too clearly arranged about this very important disease. A few sentences are not enough to dispose of such a vital disease as arteritis, and the pathology advanced of this affection, together with atheroma and embolism, is not of such a kind as would be expected to be found in a work professing to be conversant with the latest views of the most eminent pathologists—a fault which we have no doubt will be corrected in the next edition. Section IV, on aneurism, is written in a concise and practical style, and will be found to give every information requisite in the treatment, especially mentioning *Verat. viride* as having proved most useful in materially lessening the heart's action, and also mentioning that the galvano-puncture treatment had proved successful in forty-eight out of ninety cases, which curative means is at present gaining much favour amongst the surgical world. The after-effects of the ligature are far too briefly described, and do not give a right estimate of the many dangers following ligation, nor do we find the directions for meeting these given in such a full and complete form as we should naturally expect.

The diagnosis of the different aneurisms such as those of the aorta, arteria innominata, &c., are fairly stated, and the directions for ligation of the various arteries contained in Chapter XXIV are as good and distinct as will be found in any text-book of surgery, the plates and diagrams for incisions in the principal operations assisting to make clear every doubtful point.

Chapter XXV treats of injuries and diseases of the veins, and it is comforting to reflect upon the many medicines which may be used by the homœopath with every chance of success, as in thrombosis *Acon.*, *Hep. s.*, and especially *Lach.* will often act with magical rapidity.

Phlebitis is described in Section II with wonderful

brevity, and we do not think the pathology contained therein will overburden the reader's mind, although if he wishes condensed symptoms he will here obtain them to his heart's desire. Dr. Helmuth has found a paste composed of equal parts of caustic potash and quicklime to be very useful in the treatment of varicose veins, and has obtained good results from the employment of *Ham. virg.* both as an external application and an internal medicine, and finishes this chapter by a reference to the entrance of air, wounds and phlebolithes in veins, which does not throw any fresh light on this deeply interesting subject.

Shock, tetanus, and wounds of the nerves are the subjects of discussion in Chapter XXVII, and Dr. Helmuth deserves every credit for the very able and clear manner in which he has brought forward the latest and most scientific information about the treatment of these truly formidable diseases. He details the case of a young lady who had been unwell for a few days, and on retiring for the night took a dose of the 200th potency of *Rhus*, and in the morning was discovered dead in her bed. A most thorough *post-mortem* examination was made, every organ in the body carefully and minutely inspected, the stomach and bladder examined by professional chemists, yet no cause whatever could be discovered for the death. The author seems to put this forward as an instance of death from shock, but we remain incredulous as to the possibility of a fatal shock from *Rhus* 200! *Camphor* is a most excellent medicine for shock, but if it fails recourse must be had to *Veratrum*, which acts with great power when in connection with other symptoms there is nausea and vomiting; and Dr. Helmuth is inclined to believe that if reliance is placed on the medicines, we need not recur to the common practice of pouring down brandy *ad libitum*.

In the treatment of tetanus Dr. Helmuth records a case occurring in his own experience, where the *Hydrate of Chloral* and *Opium* 1^x effected a cure, and in another case the *Calabar* bean used hypodermically, ameliorated the symptoms, especially the spasm of the muscles of deglutition. He also relates the case of a soldier cured by placing a piece of tobacco, softened and flattened out, over the epigastrium, the result of which was that in five minutes deadly

pallor ensued with twitchings, and the jaws completely relaxed.

Chapter XXVIII treats of the different injuries and diseases of the bones, and is of the most perfect and exhaustive character, exhibiting a thorough acquaintance with the subject, and showing an amount of reading and thought the fruits of which he has scattered with a most lavish hand through this very important chapter.

He tells us that, in the treatment of diseases of the bone, the dilution of the medicine and the repetition of the dose are of paramount importance, finding that the 30th and upward is far more efficacious than the lower potencies—an experience which will, doubtless, surprise those surgeons who have in vain tried the 1st and 3rd, and to their own surprise signally failed.

In treating periostitis we have a host of internal medicines with which to alleviate, if not cure this most painful affection, such as *Aur.*, *Kali carb.*, *Lycopod.*, *Merc.*, &c., but on the formation of pus recourse must be at once had to the knife, unless the practitioner wishes to bring himself into disrepute; and it would be well for the homœopath to bear this in mind, as so many are anxious to carp at any mistake on his part. Again, in osteitis we should clearly make out if there is any history of syphilis, mercurial poisoning, or of exposure to cold, because we may very soon dissipate this affection by the administration of *Bell.*, *Mer. sol.*, *Staphysagria*, &c., and by so doing convert the most prejudiced to a belief in the scientific practice of homœopathy, and show that we do not grope in the dark as our allopathic brethren are, as a rule, wont to do. We would call attention to the successful use of *Asafœtida*, 12th dilution, in scrofulous caries of the bones, and trust that the practitioners in this country will give the higher dilutions an impartial trial, because *at least* in bone, though not perhaps in other diseases, the curative sphere appears to lie in the higher dilutions.

In Section V Dr. Helmuth gives the notes of a most successful and interesting case of caries of the lower jaw and sternum, treated by incisions, *Silic.* 30 and 200 internally,

Sulphuric acid and carbolated *Calendula* externally, as a dressing, following it up by prescribing the *Acid Phosphate of Lime* and *Kal. Hyd.*, which line of treatment effected a perfect cure in about four months, a result which reflects the highest credit on Dr. Helmuth in a surgical and medical point of view. *Asafætida* in alternation with *Phosph. acid* has cured necrosis, *Cal. c.*, *Nitric acid*, and *Silic.* have all acted well, and in exostosis *Hecla lava* in the 6th potency gave good results; likewise *Merc. 2.*, *Phosph.*, &c., have afforded good results, although, of course, a great deal of medicinal treatment must depend on the surgeon's discernment, and his knowledge of the *Materia Medica* and repertory, without which he will find his utmost efforts fruitless and discouraging. In the treatment of cystic osteoma, osteo-sarcoma, mollities ossium, and fragilitas ossium, the surgeon will find a number of medicines given by Dr. Helmuth which he may use with a fair prospect of improving, if not curing, those diseases which are confessedly beyond allopathic skill, even though exercised by the noble baronets who head that fallible branch of medical science.

Any one wishing to rub up his knowledge of fractures would do well to read Dr. Helmuth's chapter on this subject, where he will find an amount of information and scientific practice placed before him in as clear a manner as he could desire, and will be enabled to arrange his ideas so that he may confidently treat the most difficult case that may come under his observation.

A very useful caution is given to the young surgeon when called to examine a patient in whom a fracture is apprehended, viz. to place him thoroughly under anæsthetic influence and not to be discouraged if the diagnosis is not clear upon the first or even the second or third visit, which advice will be difficult for the young practitioner always to follow.

In Section II we find a number of splints mentioned for treating fractures of the upper extremities which appear to be most excellent, such as those made of thin poplar boards, which are glued upon sheepskin, and then cut lengthwise, James's, of Philadelphia, splints for fractures of

the forearm, Ahl's adaptable porous felt splints, &c. ; and as a good splint is half the cure, we should advise surgeons to give those recommended by Dr. Helmuth a fair trial, and are sure that they will give satisfaction.

Dr. Smith's, of Philadelphia, method of uniting false joints is deserving of attention, viz. to fix the limb in an iron framework, constructed with joints to allow movement of the limbs ; by straps and pads to steady the extremities of the broken bones in a proper position, and, fixed in this apparatus, allow the patient to use the injured limb, administering at the same time the indicated homœopathic medicines. He maintains that union is effected with much less constitutional and local disturbance than by means of Dieffenbach's or any of the old plans so much in vogue a few years back.

Dr. Clark, of St. Louis, is entitled to great praise for his ingenious apparatus for treating fracture of the lower jaw by means of a splint of gutta percha, which is held together with springs, together with the use of a sling bandage passed beneath the jaw and over the top of the head ; it appears to fulfil a want which has long been felt by the surgeon in treating these troublesome fractures. Under fractures of the scapula Dr. Helmuth gives some cases which admirably illustrate the difficulty the surgeon always experiences in diagnosing these cases, and shows that we must not trust, as we are too often accustomed to do, to *crepitus*, which may be completely absent, either from the wide separation of the fragments, or from their closely riding one upon the other.

The description of the fractures of the lower extremities are the best of any surgical work with which we are acquainted, and we should advise every surgeon to get Dr. Helmuth's work, if only to read and thoroughly master all the information contained in this part of the work.

We consider this part above criticism, and shall therefore pass to Chapter XXX, containing a description of injuries and diseases of the joints, which is deficient in pathology, but in other respects will be found extremely useful and easy for reference by the busy practitioner. In Section II

will be found a description of Sayre's apparatus for chronic synovitis, which by means of an ingeniously constructed steel apparatus, adhesive plaster, and bandaging, appears to be the most feasible means by which we can hope to effect any good result in this troublesome affection.

We would recommend every surgeon to study Dr. Helmut's apparatus for the cure of ankylosis described in Section IV of this chapter, and carefully to read the cases of cures effected by him, which are so successful as to encourage a more general use of the method of forcible flexion.

Dr. Sayre, who appears to be fertile in the invention of all kinds of apparatus, has constructed a most useful and scientific instrument for the cure of hip-joint disease, and we would refer the reader to page 749, where a full description is given, although the surgeon must bear in mind that homœopathy will afford him immense resources in correcting the constitutional taint on which this disease depends.

In Section VII, treating of loose cartilage in the joint, Dr. Cleveland, of Saginaw, City Mich., says that he cured a case of this nature by the internal administration of *Rhus tox.* 200, but until we can get further corroboration on this point we must refer Dr. Cleveland's case to the *unique* group of cures, and let it stand or fall by its own merits.

The surgeon will find Chapter XXXI, treating of dislocations, remarkably complete, and every information regarding the treatment given with a clearness and vigour which is quite refreshing, especially when we consider that in trying to display their knowledge in this branch of surgery authors often fall into the wildest confusion, and leave their readers lost in amazement at their wonderful classification and imaginary displacements.

Dr. Helmut appears, like a skilful general, to have reserved his strength till the last moment, and we must say that the later portion of his work is by far the best, and fully compensates for the shortcomings which have been noticed in the earlier part of his ably written text-book; therefore a brief notice of the remainder will suffice.

Chapter XXXII deals with excisions of bones and joints,

and we would call the reader's attention to Dr. Helmuth's cases of excision of the elbow and knee-joints, and also of the bones of the leg, which were so successful that comparison with Fergusson, Erichsen, or any of our great English surgeons might be made, with no loss to Dr. Helmuth's reputation.

In the chapter on fractures of the skull we are glad to see that Dr. Helmuth insists on the *immediate* application of the trephine where there is much depression, as indicated by the patient lying comatose, with dilated pupils and stertorous breathing, and also in punctured fracture, that is, where a nail, spike, or other sharp instrument has been driven into the skull.

In scalp wounds with extravasation he recommends finding if possible the course of the artery, and making pressure along it, not attempting ligature—advice which is sound, although some surgeons are haunted with the idea that there is no safety to the patient unless every bleeding vessel be securely ligatured.

In speaking of affections of the nose, under the head of epistaxis arising from constitutional causes, we are sorry to note the omission of *Crotalus* which the valuable researches of Dr. Hayward of this country bring into the foremost rank for hæmorrhages generally, including nasal. Under remedies for polypus nasi, *Sanguinaria* internally is omitted, which from personal experience we can assure our author is invaluable in ordinary nasal polypus.

In ulceration of the nose we are glad to see *Kali bich.* in the first rank, thus further endorsing the valuable provings of that drug, and Dr. Helmuth says that the secret of its success is its prolonged use—an experience which the practitioner would do well to bear in mind, as rushing from one remedy to another only brings homœopathy into ridicule. There is a carefully detailed account of the operation for naso-pharyngeal polypus, and under the head of rhinoplasty the three varieties of operation, namely, by *sliding* the flaps from the cheeks, *jumping* them by a twist or taking them from remote parts (Tagliacotian) are minutely distinguished. In speaking of harelip the

author is of opinion that the operation should be delayed until the *sixth* month, and if performed at a very early period, that *Chloroform* is unnecessary, the child being easily held.

With regard to the latter we cannot see the force of the argument, as whatever may be the differences of opinion as to the existence of sensory nerves in the lower orders of creation, we presume it is agreed by all that the youngest infant would be saved much suffering, and consequent shock to the system, by the administration of an anæsthetic (if not *Chloroform*, why not etherisation locally?), and we are confident that there is neither danger in this nor in the operation being performed during the first few weeks of infant life.

We have occupied so much time in the earlier part of this review that it will now suffice to remark, that the chapters on injuries and diseases of the abdomen, hernia, and that on injuries and diseases of the female genital organs, are written in a remarkably clear and vigorous style; and are so admirably arranged by means of tables for assisting the surgeon in his diagnosis, that a mistake regarding any doubtful point connected with these diseases is almost impossible. We are certain that no one will say that he has lost time if he takes the trouble of reading Dr. Helmuth's work, which will rank as one of our best text-books on surgery, and is a most welcome and valuable addition to homœopathic literature.

The Stepping-stone to Homœopathy and Health. By E. H. RUDDOCK, M.D. London: Homœopathic Publishing Company, 1874.

On the title-page of this little book we find the statement "Ninth edition, Hundredth thousand." This is surely a very surprising fact when contrasted with the other fact that all the strictly medical journals, except our own and one other, and all the medical booksellers, have entered into a trades-union conspiracy to ignore the existence of homœopathy and pretend to believe it is dead, while at the same time they persecute all who speak or act regarding it with common fairness and justice. Consider what the large issue of this little book means. It is only one of a great number of similar books also possessing a large circulation, and each of these probably represents a family in which homœopathic treatment is more or less carried on. The number of these must greatly exceed what can be attended by the qualified medical men at present openly professing adherence to the homœopathic law. A large number of families must therefore be habitually practising a method in minor cases of illness which the medical man they trust in life and death diseases either affects to, or really does, scout as folly and imposture. It cannot but be that the said medical man should often be referred to as to his opinion on homœopathy, and one he must give whether he is qualified to do so or not. How many are so qualified? Scarcely one in a thousand, if no better informed than from reading the gross misrepresentations of it given by the sectarian allopathic press. Consequently, if they pronounce against it they must deliberately bear witness against their brethren as impostors and quacks without having taken the means of ascertaining by their own knowledge whether such testimony is true. On a moderate calculation this must happen at least once daily to all the medical men in the kingdom. It will happen very seldom, we fear, that the answer will be, I know nothing of it from personal experience, and therefore I decline to give any opinion. The effect of thus

pronouncing a verdict condemnatory of the moral character of professional brethren without satisfactory reason must be to lower the moral character of the accusers themselves, and considering this must be daily done by the whole profession, it gives us a deplorable idea of the present state of the body. Verily if the members of it have not tried homœopathy it has assuredly tried them, and found them wanting.

With respect to the book now in question, we think it is good of its kind, like the other works of this author. We cannot say that we are convinced that popular or domestic books on medicine are desirable things in themselves, and the author seems to have some misgivings this time, as he seems to think it necessary to defend them, which he does at page 4, by saying that as it is a matter of fact that domestic practice does now and always will exist we may as well reform it and make it homœopathic. No doubt this is the fact, and if books on domestic medicines are an evil they are at least a necessary evil and have a certain amount of good to counterbalance that. Dr. Ruddock has the happy art of adapting his teaching to his audience, and gives in a small compass and a simple form just the amount of information likely to be intelligible and useful. As it is given to very few to write books whose sale can be counted by the hundred thousand, we naturally feel diffident in criticising, yet it strikes us that the title of this book is in questionable taste; and we are sure that the continual thrusting forward the business element must be offensive to all persons of good taste and professional feeling. What we mean is the continual reference to the other works of the author, in notes which are evidently not a mere acknowledgment of the sources of information in the text, or to guide the reader to more complete information, but are mainly intended to direct attention, and, if possible, sell the works quoted, which are almost only those of the author's. With the exception of a few blemishes like these, the author shows himself a master in the art of popular book-writing, and he does for popular practice, what Dr. Sharp has done for popular (at least semi-

popular) writing on the theory of homœopathy, and it is difficult to say which of these two writers has done most for the spread of homœopathy among the laity, that is to say, directly. But we have again our own opinions even on the spread of homœopathy, which is supposed to be so much favoured by popular writings. The opinion may be defended that homœopathy would have been far more spread now if not a single popular book had ever been written, and if all our efforts had been given to perfecting the *Materia Medica* and producing purely scientific works directed to the profession alone. Only think that to make a lay convert counts for one, and that often a transitory and capricious adherent, but to convert one medical man counts for a thousand non-medical adherents, for that is the average of laity to each medical man. Probably Dr. Ruddock's books make more lay converts than Dr. Sharp's, but the latter have converted several medical men. In this respect, however, they fall much below the purely medical writings of Dr. Henderson and some others. On the other hand, it must be acknowledged that the spread of homœopathy by popular works has encouraged and supported the medical converts under the pressure of persecution and obloquy. We hope, however, that these two authors will not rest satisfied with having merely contributed to the more ephemeral kinds of literary work, but will contribute to the purely scientific and lasting department of our method, viz. the *Materia Medica*, by adding each an elaborate proving to the *Hahnemann Materia Medica*. We may remind Dr. Sharp that many years ago his name was put down for *Ipecacuanha*, but the promise is not yet redeemed, although the admirable monograph of Dr. Imbert-Gourbeyre, if translated and analysed, would go far to complete that medicine.

Journals of the Quarter.

GERMANY.

Allgemeine homöopathische Zeitung.—This, the oldest extant homœopathic journal in the German language, is now in its 88th volume, which, at the rate of two volumes annually, shows an existence of forty-four years; it has been successively edited by Drs. Gross, Rummel, Hartmann, and Meyer, and has now passed into the able hands of Dr. Kafka, of Prague. During all these years it has appeared regularly once a week, and has during that long period enshrined a multitude of valuable practical and theoretical papers which have greatly assisted the scientific development of Hahnemann's doctrines. We have often had occasion to present our readers with admirable papers translated from its pages, and it continues to be the chief organ of communication among the homœopaths of Germany.

The number for May 11th, with which we commence our review, contains, first, a controversial article entitled "Similia Similibus," in reply to an onslaught on homœopathy in the *Wiener Medicinische Wochenschrift*, à propos of a motion introduced into the Vienna House of Deputies for the establishment of a governmental school of homœopathy in connection with the Vienna University. The next paper is the continuation of the translation of a proving of *Lactic acid*, by Dr. T. F. Allen, of New York. The third article is entitled "Curative Results from Daily Practice," by Dr. H. Goullon, junior, of Weimar. The subject is the action of *Kreosote* in menstrual derangements. The case was one of menorrhagia, the discharge lasting sometimes for weeks at a time, and accompanied by great anæmia. *Kali carb.* and *Ferr. mur.* had been fruitlessly employed, and *Kreosote* seemed to be indicated by the circumstance of the discharge ceasing when the patient stood or walked, but coming on profusely when she

lay down. The medicine was given in drop doses of the ordinary *Aqua kreosoti*, and its use was followed by a violent attack of convulsions throughout the whole body ; these were followed by a profuse discharge, after which the flow gradually ceased, and the anæmia was much diminished. A review of the first number of the *Rev. hom. Belge* and some extracts from American homœopathic journals come next. These are followed by the conclusion of a proving of *Cuprum hydrogenio-reductum*.

The number for May 18th contains an interesting paper by Dr. Welsch, of Kissingen, on "Homœopathy and Mineral Waters," in which he endeavours to show the homœopathicity of mineral waters to the diseases for which they have been useful. Allen's *Lactic acid* proving is continued. Next a case of arsenical poisoning from the *Med. Times and Gazette* that has already appeared in the *Monthly Hom. Rev.* This is followed by the review of a pamphlet, by Dr. Nedswitzky, containing the result of his microscopic investigations in cholera, in which he discovered bacteria in the choleraic evacuations. Extracts from American journals follow this. The death of Dr. Karl Julius Ægidi, at the advanced age of eighty, is announced. The deceased was one of the earliest disciples of Hahnemann in Germany, and his name is familiar to students of homœopathy as an industrious practitioner and author.

In the number for May 25th we have the conclusion of Dr. Welsch's article on "Mineral Waters" and of the "Proving of *Lactic acid*." Another reply to the article in the *Vienna Med. Wochenschrift*, from the pen of Dr. v. Vezekenyi, Director of the General Hospital at Gyöngyös. A criticism not altogether favorable of Dr. Berridge's *Complete Repertory*, by Dr. Goullon, comes next. A curious paper on the "Cure of Hydrophobia," by Dr. Ivanfy, of Kecskemit (wherever that may be). He treated a great number of persons who had been bitten by dogs said to be mad, and none of them got hydrophobia, so he thinks he is justified in recommending his treatment as curative of this disease. His remedies are mother tincture

of *Cantharides* externally, and *Cupr. ac.* 3 and *Bellad.* 3 internally.

The number for 1st June opens with a report of the Linz Homœopathic Hospital for 1873. There remained in the hospital from 1872, 41 adults and 10 children. There were admitted during the year 836 adults, viz. 484 men and 352 women; and 106 children, 56 boys and 50 girls. The total number of patients treated during the year was 993. The average stay in hospital was for adults 18½ days, for children 33 days. The long stay of the children is accounted for from the patients being mostly cases of advanced scrofulous disease who were a burden to their parents.

With regard to the issue of the cases—

743 adults and 86 children were dismissed cured or relieved.

3 adults dismissed uncured.

85 adults and 21 children died.

46 adults and 9 children remained at the end of the year.

This was certainly not a small mortality, but the list of diseases treated account for its greatness. Thus there were 114 cases of tuberculosis, with 39 deaths; 11 cases of organic heart disease, with 5 deaths; 11 cases of ascites, with 7 deaths; 102 cases of variola, with 20 deaths; 28 cases of typhus, with 9 deaths.

The patients were from the lowest and most poverty-stricken classes of the town—a very different class of patients from those seen in our charitable hospitals.

Dr. Goullon, sen., questions whether some of our remedies even in infinitesimal doses do not act more chemically than homœopathically.

Then comes a translation of *Hamamelis virginica* from Hughes's *Pharmacodynamics*.

Next a translation from the *American Journ. of Mat. Med.* of Dr. Moore's chief remedies for diarrhœa, which extends through three numbers.

Dr. Blumberg, lately practising among us, announces his settlement at Kreuznach, and his wish to take three or four children from six to thirteen years old to board.

In the number for June 8th Dr. Kafka details a case of paralysis of the glottis which is not without interest. The patient was a little girl of eleven. Having gone to school one day when the north wind blew bitterly cold, she was sent home by the teacher on account of a cough that had come on. The cough was of a very hollow unresonant character, and occurred every ten to fifteen seconds. The voice was extinct, or nearly so. There was no pain, but the fauces appeared dark red. She got *Spongia*, but next morning was no better, and had paralysis of the right side of the jaw. Dr. Kafka now gave *Aconite*, but with little or no benefit. He next tried *Hepar*, *Rhus*, *Graph.*, and *Mag. mur.*, each for two or three days at a time, but all to no purpose. A clinical celebrity being called in in consultation, diagnosed paralysis of the glottis and recommended *Bromide of Potassium*, which, however, Kafka did not give, but gave *Caut.* 6^x instead, and with remarkably good effect, for after taking it for a few days the little patient recovered perfectly.

Dr. Goullon, jun., relates a very severe case of dysentery in a boy of nine years old, brought on apparently by a draught of foul cold water, when he was much heated. The straining was almost continuous, the pain in bowels very considerable, no sleep, an evacuation of mucus and blood every quarter of an hour, extreme prostration, with clean tongue and some appetite. He first prescribed *Ars.* 6, and *Mer. sol.* 6 alternately every hour and a half. The next day, the patient being no better, besides these two remedies he ordered clysters containing a grain of *Quinine*. The following day no improvement, he now gave a trituration of one part of *Merc. corr.* to 400 parts of milk-sugar. This was followed by marked amendment, and in a few days the patient was well except that a feeling of constipation and stoppage in the bowels remained, which yielded to *Nux*, and the stools became formed under the use of *Sulph.*

Follows a review of a work by Dr. V. Gutceit called *Thirty Years of Practice*, which by the reviewer's account seems to be a very original work, the author being familiar with

homœopathy and with Rademacher's system, both of which he used commonly in his practice.

The death of our good friend Dr. Krieger, of Bern, is announced and a long biographical notice given of him. Dr. Krieger was born in Wasserelfingen in Wurtemberg in 1817. In 1833 he was placed at the gymnasium of Stuttgart, where he remained two years. In 1835 he entered as a pupil the evangelical theological seminary, and devoted himself with zeal to theological studies. He soon became convinced that theology was not a suitable career for him, so he resolved to study medicine. In order to obtain the necessary funds for this he undertook the instruction of two of the children of a gentleman. He afterwards performed the same office to the children of a gentleman in Bern. Then he was appointed to the chair of geography and natural history in the Realschule of Bern. He also became teacher of Latin at the Progymnasium. Amid all these occupations he found time to study medicine, and took his degree in 1854. He now devoted himself entirely to medical practice. He was converted to homœopathy by Dr. Severin. He had married in 1845, and was blessed with a daughter in 1846, who was the joy of her father's life, but who died in 1863, to his great sorrow. In 1856 he founded along with Dr. Bruckner of Basel, and Zopfy of Schwarzen, the Swiss Homœopathic Society. Dr. Krieger enjoyed a very large practice, but notwithstanding his professional labours he found time to devote much attention to natural history and even to give gratuitous lectures on his favourite study. Though a busy practitioner, an accomplished scholar, and a learned naturalist, Dr. Krieger has contributed but little to homœopathic literature.

In the number for June 15th is an article by Dr. v. Grauvogl, which had already appeared in *Hirschel's Zeitschrift on Lapis albus*. It seems that Dr. v. Grauvogl had introduced under this name a new medicine, nature unknown, which had proved of singular efficacy in many severe affections. He here tells us what it is, and how he got to know it. It seems that on one occasion when on a visit to Gastein he observed that the inhabitants of the valley of

the Ache, who drank the water of that torrent that rushes through its bed of gneiss, are much affected with goitre. He drank the water himself for two weeks, and his thyroid gland swelled. The circumstance that the thermal waters which rise from the depths of the gneiss hill act unfavorably in cancerous swellings and ulcers led him to prove the gneiss. He made five triturations and then dilutions according to the decimal scale. He tested the 6th dilution in men and women. The symptoms most frequently observed were burning, and shooting pains in the cardia and pylorus, in the mammæ and uterus. He called the medicine *Lapis albus*, as it has a white appearance when triturated, and he knew of no Latin name for gneiss. This rock, as is well known, contains a large quantity of mica. The cure of a cancerous ulcer in the cheek of a woman aged 50, which had made an opening in the cheek as big as half-a-crown, and rendered chewing and swallowing difficult, made such a sensation in Nürnberg that several homœopathic practitioners began to employ the *Lapis albus* which he had given to the local apothecary to dispense. He noticed that under its use the woman's complexion improved in a remarkable degree, showing that the blood had become quite normal. He consequently employed it in chlorosis, but without success. But it proved extremely beneficial in all so-called scrofulous affections and ulcers, in all diseases of the glands and lymphatics, also in gland-like tumours, where physiologically no glands are usually to be found. It was of use likewise in un ulcerated cancers, in leucorrhœa, and even in tuberculosis. But it did harm in all such cases as occurred in persons who had suffered from ague or other malarious diseases. In them it causes relapses of the aguish disease. Last year, when in St. Petersburg, he tried it in five cases of uterine cancer, pronounced to be such by three allopathic attendants, and given over as incurable. All these five cases were completely and permanently cured by the *Lapis albus*. He has not yet seen one open cancer that was benefited by its use. He is disposed to think that the mica in the gneiss is the active medicinal ingredient.

In the number for June 22nd Dr. Schelling, of Bernek, gives two cases cured with *Kali carb.* The first was a mower aged 45, who being heated at his work drank some cold water from the Rhine. Soon after doing so he was affected with difficult respiration, formication, pressure in the stomach, and nausea with vertigo. Since then he has never felt well. Gastric derangement, vertigo, headache, noise in ears, rumbling in bowels, bellyache, eructations, empty feeling in stomach, debility, bad taste, white tongue; feeling as if the stomach were full of water, wabbling when moving or stooping; staggering and sensation of unsteadiness of the heart when walking or driving, nausea, yawning, deep inspirations, fulness in scrobiculus cordis and beating there. Bowels regular, rather relaxed. Frequent call to make water, which is light yellow and turbid. Sleep good, sleepy by day. Eyes red, constant chilliness, cannot get warm even at his work, difficulty of perspiring, very weak. *Calc. carb.* 30 did little good. *Kali carb.* soon set him to rights.

The next case was a boy, æt. 11, who in the summer of 1870 became affected with vertigo, nausea, vomiting, and other ailments, for which the domestic remedies prescribed did no good. In summer for many weeks he could eat nothing without immediately vomiting. This continued, though in a less degree, in winter. After every meal he has vertigo, pain in forehead, with heat of head, redness of face, dimness of vision. The cheeks, ears, and forehead became red, the eyes surrounded by rings and sunk in; one cheek is often hot, the other cold. If he does not at once lie down he gets such severe vertigo that everything seems to be whirling round, and even if he catches hold of something he falls to the ground, where he lies with staring eyes, and objects seem distorted. Before he falls he has shooting pain in the forehead, root of nose and eyes. In summer and autumn the vertigo attacked him chiefly when walking, when stooping while at work, and on any exertion; also sometimes at night. He had frequently to be carried home from his work in the fields. At first these attacks came once a fortnight, but latterly more frequently;

in winter every day, and by day and night, or when at school, with burning in eyes. After the attack, stupefaction, loss of consciousness, sopor sometimes with delirium and followed by exhaustion. The patient has a pale, greyish-yellow complexion, with dim, dull eyes, and grey furred tongue; appetite not deficient, but nothing tastes good. After the least morsel he feels too full, and he can eat no more; has pressive pains in stomach and scrobiculus. Rumbling in bowels, much thirst, frequent yawning, urine scalds and is fœtid. Scrobiculus cordis distended, painful when pressed. At night has frequently desire to pass urine, and diarrhœa. Chilliness in the evening, often cough with much muco-purulent expectoration; difficult, anxious breathing, especially when walking; sleep disturbed, full of dreams. In the morning exhausted, fetid smell from the mouth, also noticed by day. On the 29th January he got a dose of *Kali carb.* 12th. 31st.—He had yesterday a slight attack of vertigo without falling down. He did not lose consciousness, but was sleepy for an hour; afterwards he felt lighter than ever before. Has more appetite and slept well. *Kali c.* 12. 4th February.—Every evening chilliness, with pale face; slept well. Two loose motions in the forenoon; appetite good; no pain in stomach; otherwise quite well.

Hirschel's Zeitschrift für Homöopathische Klinik.—Shortly before his lamented decease Hirschel, the founder and editor of this fortnightly magazine, was almost giving it up in disgust, not being able to get a sufficient number of contributors to keep it filled. His announcement of the probable abandonment of the undertaking seems to have roused his colleagues to supply the needful "copy" for this periodical, which, since Hirschel's death, is edited by his nephew, Dr. Edmund Lewi, of Dresden. It is now in its twenty-third year, and has been a useful organ, chiefly of the free-thinking portion of the homœopathic profession, as distinguished from the stricter Hahnemannists, who have always preferred the *Allg. hom. Zeitung* as the organ for the publication of their views.

The number for May 15th commences with a paper of Dr. Magdeburg, of Wiesbaden, "On Cures Effected by the Wiesbaden Waters," which are worth reading by those who wish to make themselves conversant with the cases for which these waters are especially useful. The second paper is the conclusion of a compilation by the editor of experiences of various practitioners of the old school respecting the therapeutic action of *Eucalyptus globulus*. His summary of its pathogenetic and therapeutic action, as far as they are as yet known, is as follows:

I. As regards its specific action and relation to the various organs and systems of the body, it has a decided action on the intestinal tract (vomiting, colic, and diarrhœa), and on the spleen (alteration of its size and consistency); it may also be credited with a marked action on the heart and lungs, through the vagus and certain nervous tracts of the spinal cord. Through the same channel it exercises a fever-producing influence.

II. The chief indications for the remedy from the cases related seem to be:

1. Intermittent fever, and that chiefly of a simple uncomplicated character; as regards the type, tertians and quartans. It seems to be peculiarly successful when the intermittent is a relapse, and where *Quinine* has already been given without effect. The fits seem to occur chiefly in the evening and to last through the night, as often happens with intermittent neuralgias and masked agues. Gastro-intestinal derangements apparently are no contra-indication for its use—a symptom which may be regarded as characteristic is sleeplessness and restlessness.

2. Asthmatic-neuralgic states from organic and mechanical causes, with orthopnœa and nocturnal paroxysms.

3. The hectic fever of certain pulmonary disorders.

4. Wounds and ulcers of a putrid septic character with foul secretions.

A marked feature in this periodical is the *Feuilleton*, which gives bits of homœopathic intelligence corresponding to the *Miscellaneous* of our Journal. This number contains, among other things, a clinical lecture by Dr. Bakody,

of Pesth, upon a case of trichinosis that occurred under his care in the Rochus Hosiptal.

The number for June 1st contains the article by Dr. Grauvogl on *Lapis albus* of which an account has already been given in our review of the *Allg. hom. Zeitung*. This is followed by the fragmentary proving of *Eucalyptus* by Dr. Fawcett from the *Monthly Hom. Review*. Then comes a continuation of Dr. Magdeburg's paper on the Wiesbaden waters. This is followed by extracts from English and American periodicals.

The number for June 15th contains the commencement of a thoughtful article by the editor on the present direction of therapeutics, and a forecast of its future outcome, which is continued through several subsequent numbers, but is too long to give even an abstract of in this review. A case of scrofulous ophthalmia with intense photophobia is related by Dr. Goullon, junr., which was rapidly and promptly cured by *Hepar sulph. 3* for six days, followed by *Aurum 3*, after a long allopathic treatment had been fruitlessly employed.

A controversy respecting the action of the Gastein waters fills the next six columns of this number, but is not of much interest to the homœopathic student.

Cases of poisoning by *Agaricus muscarius* are given from the *Wien. Med. Presse*. The first two cases were those of a man, aged 60, and his wife, aged 40, who had eaten of a dish in which the fungus had been introduced. Half an hour after partaking of the dish the woman had trembling of the stomach, weakness of the limbs, nausea, and violent vomiting. She trembled all over and could scarcely hold anything in her hands. She grew worse, got violent convulsions in the arms, almost like electric shocks. She felt as if her limbs did not belong to her, her legs bent under her; at the same time she felt light as if she could run with great quickness. She had dazzling before the eyes, was much excited, the eyeballs rolled about, vision impaired, but hearing very acute. Towards the evening the convulsions ceased, she had inclination to bend the body backward and forwards and to stretch; sleep restless.

The man was much more ill. He had trembling, convulsions, drawing of neck backwards and stretching of the body, excitement and inclination to vomit; his mind became clouded, he fell down and appeared to be dying. Pains in limbs, impaired vision, flatulence, colic, and great thirst affected both patients for four days.

The other cases were two carpenters, 70 and 50 years old, who, after partaking of a similar dish of fungi, were affected with the most violent brain symptoms; they cried and roared like madmen; the elder was the noisier and broke his bedstead to pieces with superhuman power. It was with difficulty that four strong men could throw the furious patients to the ground and bind them fast. In spite of an emetic the most violent clonic and tonic convulsions lasted all day. It was not until the following morning that they became quiet, and soon afterwards they recovered.

The number for July 1st contains Burt's proving of *Veratrum viride*, and an account by Dr. Mossa of Nöggerath's latent gonorrhœa in women from Virchow's *Jahresbericht*. The Feuilleton contains a portion of Dr. Dudgeon's address at the Congress, translated by Dr. Roth, of London.

The number for July 15th contains a case of goitre produced by drinking the water from the waterfall at Gastein, which contains microscopic particles of mica, which Dr. Pröll relates as corroborative of Grauvogl's observations with *Lapis albus*. It was cured by drinking the cooled thermal water of Gastein.

Three cases of arsenical poisoning from the application of a mixture of soap and arsenic in order to cure the itch, in three farm labourers of the respective ages of 23, 20, and 17, are extracted from the *Deutsche Klinik*. The author found them all in bed in a very prostrated condition, complaining of intolerable burning pains in the parts to which the ointment had been applied. These parts, chiefly the abdomen, hands, genitals, and thighs, were either denuded of epidermis or covered with small serous blisters, with erythema where the epidermis remained. The salve had

been rubbed in on three successive nights. Two days later all three were in a state almost of collapse. They had great difficulty in moving, there was great suppuration and swelling of the ulcerated parts where the epidermis had been removed, especially on the abdomen, genitals, and inside of the thighs. The vomiting, which had been moderate, had ceased, but the appetite was completely gone; there was violent fever and thirst, no sleep, and general suffering. In the oldest of the three this state continued for six days and gradually subsided; in the second it lasted ten or twelve days, he had symptoms of ischuria, and in both muscular weakness continued for a considerable time. In the youngest the symptoms were most serious; he fell into a typhoid febrile state, with extreme restlessness, alternating with stupor, profound mortification of the corium in various parts, almost complete loss of power of moving, and great emaciation. After four or five weeks these symptoms were much relieved and he could sit up; he then exhibited almost complete ataxy, especially of the muscles of the extremities; he walked as if he had severe chorea, and he could scarcely raise his hands. Appetite very small. He was subjected to treatment in a water-cure establishment, and inductive electricity was applied for two months, which gradually restored him, but it was four or five months before he was quite well.

The number for August 1st contains a review of Gruzewski's *Incompetenz*, which the reviewer judges much more favorably than we have done. The Feuilleton contains a continuation of the translation of Dudgeon's address.

Internationale Homöopathische Presse.—This excellent periodical was started in 1871 by Dr. Clotar Müller, of Leipzig, who is so well known to homœopathic literature by the *Vierteljahrschrift* of which he was so long editor. The *Internationale* maintains the prestige acquired by its predecessor, and our pages have been more than once enriched by translations from it. It is now in the ninth number of the fourth volume. It appears monthly. At first it was only published every second month.

From the first number of this volume we have already published Fröhlich and Kausmann's "call to prove medicines," and Dr. Müller's "treatment of some skin diseases." This number also contains a study of *Zinc* by Dr. Gerstel, the veteran homœopath of Vienna, which is continued through several previous and subsequent numbers.

A paper by Dr. Fischer, of Weingarten, on medical reform reveals and protests against the same illiberal treatment of homœopaths by the allopathic majority backed by the government and the official world that we have so often complained of here.

An interesting report by Dr. Held, of Rome, of discussions in the Italian Parliament on homœopathy. Dr. Friscia, who is apparently a homœopathic physician and also a member of parliament, proposed that chairs of homœopathy should be established in the Italian universities. The Minister of Public Instruction replied that the practice of medicine was free in Italy, and that if any of the professors of medicine should deem it expedient to teach homœopathy in the universities there was nothing to prevent him doing so. To this Dr. Friscia replied, that as the number of citizens who preferred homœopathy was considerable, and as they paid the taxes for the support of the schools of medicine, part of these taxes ought to be applied to the endowment of special chairs of homœopathy in these schools. On another occasion Senator Murio, who is an adherent of homœopathy, proposed that special homœopathic pharmacies should be established in the chief towns, which should be placed under the inspection of homœopathic physicians. His proposition was favorably received and the matter referred to a committee. The speech of Senator Murio is given in full, and is distinguished by its statesmanlike and moderate tone. Whether the committee will carry it out will be seen hereafter.

This is followed by a long defence by Dr. Schwabe of his pharmacopœia against certain criticisms by Dr. Hartlaub of Blankenburg.

Dr. Payr, of Passau, gives some interesting remarks on paralysis of the accommodation following diphtheria as

observed by various authors. Tonic treatment with instillation of *Calabar* seemed to be the most successful mode of treating this affection.

There is a notice of an operation by Dr. James McCraith of Smyrna for ectropium by excising from within a longitudinal strip of the cartilage of the lid.

An account of the last cholera epidemic in Hungary by Dr. T. von Balogh, of Pesth, contains some interesting statistics of the mortality of the disease, which seems to have been of a very severe character. During the whole duration of the epidemic, *i.e.* from the 18th October, 1872, to the end of October, 1873, the mortality was as follows: In 6250 districts, which belong to 136 jurisdictions, representing a population of 8,435,632, there were attacked by cholera 431,406; of these were cured 245,655, and died 181,672, remained under treatment 4079.

Prof. Rafael Molin, of Vienna, gives an instructive article which he calls a "Contribution to the Doctrine of Epidemic Remedies." He says that on the occurrence of any epidemic it is of great importance to discover the remedy suited for the epidemic constitution, which will be found curative for all cases, however much they may differ in external manifestation. It will be found that they have all some features in common, and these common features are the clue to the discovery of the epidemic remedy. He relates how in the latter half of October, 1873, when the cholera was rapidly declining, a severe form of intestinal catarrh became very prevalent, which he regarded as a kind of modification of the choleraic influence that was not quite extinguished. The motions were from twenty to thirty in twelve hours; vomiting was frequent; there was cyanosis of hands and face; corpselike coldness of forearms and cheeks; the bowels emitted a spashing noise when pressed, showing an admixture of fluid and aërial contents; at first there was complete asphyxia, total prostration of strength, and complete apathy of mind. These symptoms might almost have led an inexperienced person to mistake the disease for cholera; but what distinguished it from that malady was the absence of suppression of urine, of cramps, and of aphonia. It could

not be considered either as an acute intestinal catarrh, for there was no fever at the beginning. It was only on the third day that slight febrile symptoms manifested themselves (pulse not above 80 even in young persons), and the peculiar symptoms of the tongue. We may give Dr. Molin's first case to show what led him to the selection of the "epidemic remedy" which he found so successful in subsequent cases.

"Miss Mary Z—, æt. 19, regular in catamenia for years, a quiet, calm, strongly built, blonde, rosy cheeked girl, was on the 12th October seized with sudden bowel complaint, which her mother attributed to derangement of the stomach, though the girl had eaten nothing that could have disagreed with her. That night she slept quietly, was only twice disturbed by the bowels.

"On the 13th the stools increased in frequency, accompanied by tenesmus and slight pains in the abdomen. She kept her bed, had no appetite, but did not feel ill. Her mother gave her several Dover's powders (1 gr. per dose) in the course of the day, and warm cloths to abdomen. She took only beef tea. That night she again slept quietly; stools much less frequent than by day.

"On the 14th the bowels began to act frequently immediately after waking. She suddenly became sad, anxious about her state, oppressed in the chest, and very weak.

"At 8 a.m. I found temperature and respiration normal; pulse 72, open, regular, strong, not hard; chest free; abdomen somewhat distended but soft, not painful to pressure, but emitting a splashing noise on account of the fluid in the bowels; contracted portions of the bowels could be felt here and there under the abdominal integuments; tongue slightly furred at the back. She said she had been purged about every five minutes, but little at a time. Colour of motions unknown, as they had been thrown away. I learnt that they were odourless, and discharged as if from a squirt. I gave *Opium* 1, a drop to be taken every hour. Cool strong beef tea for food.

"At 1 p.m. the state was much the same, only the bowels were not contracted; the extensor aspect of the forearms and the cheeks were cool to the touch; there was thirst; motions quite liquid, of pale green colour, mixed with shreds of epithelium; urine passed with each motion. I prescribed the same remedy every half hour,

and a clyster containing three drops of *Opium* 1 after the next stool, to be repeated in three hours if ineffectual. I let her have sips of soda water for the thirst.

"At 7 p.m. state unaltered. The clysters could not be retained a quarter of an hour. The last motions were nearly white. I now gave *Verat.* 1, a drop in a teaspoonful of water every quarter of an hour.

"In the course of the evening the motions became less frequent, darker coloured, and stronger smelling.

"After 10 p.m. the patient fell asleep, and slept all night until 7 a.m. next morning without being purged. But as soon as she awoke purging recommenced, and a quarter of an hour afterwards vomiting. The stools were liquid, mixed with some firmer lumps, strong smelling. What was vomited was a whitish fluid with a shade of green, with a sickly smell, and mixed with mucus.

"At 8 a.m. I found her nearly the same as the previous evening. She was more depressed, complained of headache, sickly taste, and incessant thirst; she often sighed, felt colder on forehead, cheeks, and arms than the day before. The splashing noise in the bowels on pressure continued, as also the tenesmus. Feet and body warm, and freely perspiring. I prescribed *Ipec.* 1, a drop every hour.

"At 12 noon I found that the vomiting had recommenced, that the stools, of the appearance described above, were very frequent, the headache persistent, the forehead, cheeks, and forearms were cold as marble, and the bowels were distended with wind. I found the pulse febrile, 80, and very full. This symptom, in connection with the others, led me to give *Rhus* 3. I mixed ten drops in half a pint of water, and made the patient take it every five minutes in my presence. The medicine acted like a charm. After four doses the pulse fell to 72, the temperature was normal, the sickly taste gone, thirst removed, headache diminished, spirits raised, no inclination to vomit, no call to stool. The medicine was now given at longer intervals, and by the evening the patient had good appetite, the tongue was clean, the pulse 60, the skin moist, the abdomen no longer distended, hands warm and moist, no nausea, no tenesmus. She recovered rapidly without a drawback."

Twelve other cases, more or less severe, were treated by the author with *Rhus* and recovered rapidly.

Next comes a review, by Dr. H. Goullon, jun., of a pamphlet by Dr. George Schmid, of Vienna, advocating the necessity of establishing chairs of homœopathy in the schools of medicine. Dr. Schmid's pamphlet is not confined to this subject, but he has a good deal to say on the subject of the dose, on the relations of homœopathy to allopathy, and on the causes of the persistence of the quarrel between allopaths and homœopaths.

A study of *Lycopodium* (source not stated) by Dr J. E. Gilman, of Chicago, and Dr. Mann's account of the use of hot water in metrorrhagia, which appeared in one of the American periodicals.

Dr. Payr continues his ophthalmological observations from the writings of distinguished ophthalmologists. This time his subjects are "Intermittent Blepharo-spasmus," and "Morphoetic Affections of the Eye."

A notice is given of Professor Nagel's essays on the treatment of strangulated hernia with *Coffee*, a remedy formerly in great repute for that affection, but which had latterly fallen into disuse and forgetfulness.

An obituary of Dr. Hirschel and an account of the "golden wedding" of Dr. J. E. Vsith, of Vienna, closes this number.

No. 8 commences with a portion of a lecture delivered in the University of Pesth by Dr. Hausmann, the newly appointed Professor of Homœopathic Materia Medica and Therapeutics. Portions of subsequent lectures are given in the succeeding numbers. These fragments give us a very high opinion of the fitness of Dr. Hausmann for the post to which he has been appointed. They are distinguished by their high scientific tone, and will compare favorably with any lectures we have read by the most distinguished professors of the old school. We congratulate the homœopathic school of Pesth on the appointment of Dr. Hausmann. He is evidently the right man in the right place, and we cannot help feeling envious of the privilege accorded to the University of Pesth in having two such distinguished and competent men as Hausmann and Von Bakody added to the staff of its professors. We, in England, can scarcely

expect that Government will interfere to establish chairs of homœopathy in our medical schools, but we think that private enterprise might do much to establish a school of homœopathy in connection with our hospital in London. There are men amongst us able and willing to deliver courses of lectures that would redound to the credit of the hospital and be of great value to inquiring students.

This number contains a paper by Dr. Lorbacher "On Some Diseases of the Osseous System in Children," illustrated by cases from the Leipzig Poliklinik. The subject of the present dissertation is *Rhachitis*. The author says that numerous cases of this disease were treated in the Poliklinik. The ages of the children ranged from one to four years. The commencement of the disease dated from the appearance of the first tooth, or from weaning. In few cases was there any sign of a scrofulous diathesis. Dr. Lorbacher agrees with Niemeyer, Vogel, and others, in considering rhachitis as in no way connected with scrofulosis. In most cases the disease seemed to have been the effect of injudicious diet and want of fresh air. In one case only was there any suspicion of syphilis in the mother. Dr. Lorbacher did not find in his patients any confirmation of Niemeyer's statement as to the invariable connection of rhachitis with an antecedent fermentative diarrhœa. Atrophy was not always an accompaniment of the disease. Some of the children were quite well nourished. In those who were atrophic the appetite was variable; there was often anorexia, and especially distaste for meat and soup. The deficiency of calcareous salts in the affected osseous parts shows a derangement of the nutritive functions. The children treated in the Poliklinik showed the disease principally in the legs and forearms—sometimes in the epiphyses, sometimes in the shafts of the bones, the vertebræ of the trunk, and, in some cases, in the ribs when they are attached to the cartilages. In one case there was some chronic bronchial catarrh. The disease was not attended with danger to life, but was apt to produce deformities. The fatal cases were generally among children who had long suffered from exhausting diarrhœa. They generally died a

few days after admission. In most cases the disease was soon arrested and a cure gradually effected. It was seldom possible to effect any considerable alteration in the regimen of the patients. The remedies found of most service were *Calcarea carb.*, *acet.*, and *phosph.*

Calc. carb. was the most generally useful. It was given in the 30th dilution. *Calc. acet.* was chiefly employed when there was present the above alluded to profuse ferment-like diarrhœa, of a watery slimy character, containing curdled milk, sour smelling, painless. It was given in the 2nd and 3rd dilutions. *Calc. phos.* was usually given in the 3rd trit. The treatment usually lasted about five months before the children were quite cured. In some cases where there was great atrophy and profuse, fetid discoloured diarrhœa with great thirst and vomiting, *Arsen.* was necessary. *Nux vom.* and *Alumin.* 30 were used with advantage when there was constipation. *Cod-liver oil* as a dietetic agent was very advantageous.

Extracts from American journals come next, and then an original article by Dr. H. Goullon, junr.—a comparison of *Cauticum* with *Graphites*.

This is followed by reviews of books. The most interesting of these is a review by Dr. Goullon of Weber's *Nature and Curability of the Commonest form of Progressive Deafness*, with an account of his celebrated operation of tenotomy of the tensor tympani for certain forms of deafness; an operation which is highly spoken of and much practised by modern aurists.

We notice a method of stopping bleeding from the nose devised by Surgeon-Major B. Strauss, of Munich, by means of a cone of punk (*feuerschwamm*), which was immediately successful after the usual methods by charpie tampons saturated with alum, tannin, and liquor ferri, had been tried in vain.

Then comes an address to Professor Rokitansky on his seventieth birthday by the Hungarian Society of Homœopathic Physicians.

The number concludes with an announcement of the courses of lectures on homœopathy in the Pesth University for the summer session. 1. Professor Dr. Hausmann—

every Monday and Tuesday, "The Artificial Diseases Caused by *Phosphorus* and its compounds;" every Wednesday, Thursday, and Friday—"Homœopathy (Pathology of the Artificial Diseases)." 2. Professor Dr. Bakody—every Monday, Tuesday, Wednesday, Thursday, and Friday—"Special Pathology and Homœopathic Therapeutics;" clinical lectures in the homœopathic department of the municipal hospital of St. Rochus in Buda, Pesth. Both professors give private instruction in Hungarian or German. Professor Bakody gives a six weeks' course of instruction in diseases of the lungs, heart, and vascular system.

The fourth number contains a paper by Dr. Sum, chiefly devoted to the pathogenetic effects of *Kalmia latifolia*, comparing it with other medicines nearly allied to it botanically or pathologically. This paper shows a good deal of thoughtfulness, but is of rather a desultory character. Among other things the author mentions that a homœopathic practitioner, Magister Alb, who had a good deal of practice among artisans engaged in iron manufactories who frequently got fragments of iron in their eyes, did not attempt to remove the foreign bodies, but only gave the sufferers *Aconite*, and in the course of a day or two all the redness, swelling, and sensitiveness of the eyes disappeared, and the fragment of iron either fell out or became encapsuled in the eye without giving further trouble. We should not recommend this practice for imitation, as we believe the better plan is to remove the foreign body, which is easily done, for it would not be desirable to have a bit of iron sticking in the cornea, even though it might cease to irritate the eye, for its presence might interfere with vision.

Dr. Pröll contributes some cases in which the waters of Gastein proved of use. The first was a gentleman who suffered from a curious affection of the nerves of touch. If he touched with his naked finger metals and many other minerals, a pain immediately extended from the finger up the arm to the chest and back almost like an electric shock. The result of the treatment by the Gastein waters is not given. The second case was a poor sempstress, whose nervous system had been much upset first by onanism,

then by having had a child. She showed a remarkable sensitiveness to crystals of quartz or rock-crystal. She could not bear their smell, and when she touched them or came near them they caused intense pain through her whole body and threw her into convulsions and syncope. She saw the crystals in the dark surrounded by a blue light. She was also sometimes thrown into a state of hypnotism when they were brought close to her. She experienced also various curious symptoms when she stood with her back towards any part of the compass except the north. She was worst when she stood or sat with her back to the south. Crystals of *Carbonate of Lime* produced no effect on her. After a course of Gastein baths all these idiosyncrasies went off gradually. The third case was a young woman, who, when a girl of 17, had fallen with the back of her head upon a rock. After this for six years she was subject to the most violent convulsions, for which she was treated by the most violent remedies without benefit. At length a quiet life in the country restored her to comparative health. Twelve years after the fall she came to Gastein, and Dr. Pröll found that a crystal of quartz caused intense pain when she touched it with her bare hand; if she had on a glove she could handle rock crystal without any discomfort; on the contrary, it was rather agreeable than otherwise. She used a crystal of quartz as a night light, as a blue flame issued from its end. If she leant over the crystal she experienced a stupefying smell. This patient was cured and she lost all the above idiosyncrasies. But whenever she was at all ill she could again see the blue flickering flame proceeding from the crystal.

The next is a very extraordinary case of a boy who, after suffering from convulsions like hysteria, fell every day into a sort of somnambolic sleep from which he could with difficulty be roused. A piece of white quartz had a remarkable effect on him. He complained of its horrible smell, and said that it gave him pain in the occiput as if he was beaten there with a heavy spiked instrument. Many things were tried for him without

effect. He was eventually cured by riding on horseback, which he had prescribed for himself when in a clairvoyant state.

Dr. Pröll relates several other cases that were affected similarly to some of the above by the contact of quartz crystals.

Dr. Payr continues his ophthalmological gleanings. In this number he notices the new idea that acquired myopia is a spasm of the accommodation muscle of the eye, and that it may be cured in most cases by atropinising the eye. The duration of the treatment is about four weeks, and during the whole time dark-coloured glasses should be worn.

There is next an account by Professor Molin, of Vienna, of Dr. Thomas Lederer, who died at Vienna in January last at the age of 83. He seems to have been an amiable as well as an energetic man, and was much beloved by his patients and friends.

Extracts from American journals, and Dr. H. Nankivell's essay on phthisis and its arsenical treatment, with which our readers are familiar.

We learn from this number that the post of physician to the Gumpendorf Homœopathic Hospital, so long filled by Dr. Rothansel after Fleischmann's death, is now occupied by Dr. Rossiwal; Dr. Waldmann is the assistant-physician. Dr. Ernest Arthur Lutze, having taken his degree at Leipzig, has undertaken the management of the homœopathic institution at Coethen, founded by his late father.

The fifth number contains an elaborate paper by Dr. Davidson of Florence on the "Asiatic Cholera," which is continued in the next number. The next paper is by Dr. Clotar Müller on "Scrofulous Affections and in particular Scrofulous Ophthalmia," from his experience in the Leipzig Poliklinik. We hope at some future period to present our readers with a translation of this valuable contribution to our knowledge of this important class of diseases.

This is followed by a paper, by Dr. H. Kisch, on the Marienbad waters in connection with the diseases of women. These waters are much used in cases of scanty

menstruation in fat women. Among many cases successfully treated the following is given as an example :

Mrs. X—, 25 years old, six years married, without children, had from the age of girlhood continued to increase in obesity. She now weighs 186 pounds. The catamenia, always scanty and pale, had entirely ceased for four years, and the lady was very unhappy in consequence. She is melancholy and apathetic. She came to Marienbad in order to be cured of her obesity. I prescribed the Glauber salts water internally, and chalybeate bog baths, (*Eisenmoorbäder*) with suitable diet, and afterwards residence for several weeks among the hills. After four months the catamenia reappeared, at first scanty, then at intervals of from two to six weeks, and finally they became regular every four weeks and normal as regards quantity and quality.

Profuse menstruation is also benefited by Marienbad, and the menopausal period derives more advantage than from almost any other treatment. The following case is given as an example :

Mrs. X—, 42 years old, had her last child (the seventh) eight years ago. For the last two years, whilst the menstruation continued regular, she had frequent attacks of profuse hæmorrhage with pains in cæcum and loins. The last seven months these hæmorrhages have become so frequent that the lady declares she is scarcely well three or four days in the month, and is forced to give up walking altogether. She used previously to be stout, now she is quite the reverse and very anæmic. Appetite pretty good, bowels very costive. All sorts of remedies internal and external had been used to check the hæmorrhage, but without benefit. I prescribed small doses of the Ferdinandsbrunnen in conjunction with Ambrosiusbrunnen, and along with this steel baths, at first at a temperature of 22° R. and afterwards 18° R. for ten minutes. After a walk the patient was delighted to find that no hæmorrhage ensued, and she was able to take short walks. After fourteen days hæmorrhage came on again and lasted four days. After three more weeks, during which no bleeding occurred,

the patient left Marienbad. During the winter she had only two attacks of hæmorrhage, which were profuse and lasted several days. Copious menstruation every three or four weeks. The following summer the lady drank Ferdinandsbrunnen at home for six weeks, and the menstrual discharge came every four or five weeks, lasting for two to three days, not profuse. Her strength recovered, she looks well, and gained flesh.

Painful menstruation is also under the good influence of Marienbad. The following is one of many cases :

Mrs. X—, 25 years old, a widow for three years, no children, of blooming appearance, well nourished and strong, has suffered for more than two years from painful menstruation. When the period is due she complains of the most violent pains in the hypogastrium, pains in the sacrum, nervous sufferings, migraine, photophobia, vomiting. She must keep her bed, and suffers great torture, which makes her, though usually cheerful, profoundly melancholy. Examination showed no organic disease. She underwent a six weeks' treatment with Kreuz- and Ferdinandsbrunnen, at the same time bay baths alternately with Ferdinand's baths. During the treatment the menstruation was less painful, and she was soon completely cured, the catamenia occurring regularly and without pain.

Chronic metritis is another of the affections for which Marienbad baths are much resorted to, and in which they are signally efficacious. Sometimes the patients are not at all aware that they have any affection of the womb, and ascribe their symptoms to quite other causes. The following is put forward as a specimen of the treatment of this disease :

Mrs. X—, a delicate weakly lady, in the "critical age," has for a long time suffered from that complex of symptoms known as hysteria. The chief and most troublesome symptoms, for which she had employed all sorts of remedies and resorted to many watering places, are diminished appetite, dull pain in gastric region, frequent eructations of wind, sometimes vomiting of watery fluid and obstinate constipation. I insisted on an examination, and found that she had

chronic metritis. As the patient was very anæmic the treatment had to be very mild. I ordered two half glasses of Kreuzbrunnen and two glasses of Ambrosiusbrunnen, afterwards substituting the stronger Ferdinandsbrunnen for the Kreuzbrunnen. She had also steel baths, with local douches alternately with peat baths. After a seven weeks' treatment, during which the symptoms rapidly subsided, she got quite well. Her appetite was better than it had ever been. The vomiting ceased during the last three weeks, and the bowels became regular. She got through the winter comfortably, and for several summers she underwent the Marienbad treatment "out of gratitude."

Chronic catarrh of the genital mucous membranes, generally attended with ulceration of the mouth of the womb, is also benefited by these waters. The ulceration of the womb requires local treatment by douches and touching with *Nitrate of Silver*.

The Marienbad waters are also useful in displacements and flexions of the womb, in tendency to abortion, in sterility, and hysteria, some cases of which are detailed by the author.

Dr. Goullon, sen., contributes a second paper (he had formerly given one in the third volume) on the "Dose Question." Like most of the articles on this vexed subject, this contributes very little to the settlement of the question of the appropriate dose, and how that is to be determined. It seems to us that most of the papers hitherto published on this subject are mere apologies for the routine of practice into which their authors have drifted. Extensive experiments with different doses can alone determine the best dose for each individual disease or for the various classes of disease, and these have still to be made.

The next paper is on "The Laws and Regulations respecting Homœopathy in the Kingdom of Prussia," which offers no particular interest for the English practitioner.

A criticism of Dr. G. Schmid's pamphlet, "On the Surest and Best Rules of the State for Terminating the

Controversy of the Allopaths with the Homœopaths," by Dr. v. Villers, of Weimar, occupies thirteen pages of this number. The number concludes with an obituary notice of the late Dr. Julius Ægidi. He was one of Hahnemann's earliest disciples, and died after a long and painful illness, caused by stone in the bladder, at the ripe age of seventy-nine.

In the seventh number Professor Hoppe gives the first of a series of articles on "Inductive Reasoning," which promise to be an exhaustive philosophical consideration of the subject. It would take up too much space to enter here on a detailed examination of this subject.

Dr. Hermann Welsch, of Kissingen, follows with a practical article on "Laryngoscopy in Homœopathy." He shows the advantage of a laryngoscopic investigation in cases of cough, aphonia, dyspnoea, and other maladies of the respiratory organs, even where the homœopathist would not think of applying local remedies.

The next paper is by Professor Raphael Molin, of Vienna, on the "Homœopathic Treatment of Diplopia," of which we subjoin a translation.

Dr. Payr, in his excellent 'Ophthalmiatrik,' published in the 1st and 2nd vol. of this serial, teaches us how to discriminate the several kinds of diplopia (whether differing anatomically or ætiologically from each other) with such nicety and precision that the most exact ophthalmologist must be pleased with the beauty of his discrimination. But not so easily is the homœopath satisfied with the treatment proposed by our colleague. For, on perusing pages 26—29 of vol. iii, one cannot rid oneself of the impression that, in this department of homœopathy, indications of poverty were exposed. On myself, at least, the study of his treatment has produced the same effect as if our worthy colleague, in the treatment of rheumatic diplopia, went to work, not on homœopathic, but on allopathic grounds. I do not, however, wish to say that the treatment prescribed by him is entirely to be rejected; for the experience of so weighty an ophthalmologist as Dr. Payr speaks too loudly on its behalf. I will merely say that our pharmacy places in our hands very different remedies, which lead far sooner, and with more certainty, to the desired result. For, however industriously I may ransack the patho-

genesis of our pharmacopœia, I cannot find, in any one of the medicines proposed by Dr. Payr, whether *Aconite*, *Tartarus*, *Rhus*, *Camphora*, or *Phosphorus*, the symptom of "double vision" indicated, whilst one finds this very symptom first given under the remedies which Dr. Payr recommends us to try *only* in those cases of paralysis of the muscles of the eye which arise in consequence of fright, anxiety, or terror; or, as an accompaniment of chronic nervous sufferings, as epilepsy, St. Vitus' dance, &c. These remedies are *Belladonna*, *Hyoscyamus*, and *Stramonium*. I am quite aware that it may be objected to these remarks that *Aconite*, *Rhus*, &c., are anti-rheumatic; *Bell.*, *Hyos.*, and *Stram.*, are anti-nervous; and that, consequently, whenever the paralysis is a rheumatic one, the former medicines, and not the latter, ought to succeed. But to this I must reply, that this very conclusion is opposed to the fundamental principles of homœopathy; for, although these remedies correspond with the "indicatio essentialis," yet homœopathy acknowledges neither anti-rheumatic, antiphlogistic, nor narcotic, but solely homœopathic medicines; i.e., such as produce definite symptoms in the healthy organism. The *indicatio essentialis* will also be specially regarded by the homœopath, but only in the cases where, with a choice of several remedies, all of which cover the morbid symptoms, he is led to have recourse to one which at the same time corresponds to the indicatio essentialis; or, in the case where the *Materia Medica* cannot present any medicine which corresponds to that indication; or, when the purely homœopathic remedy fails in its application, which sometimes occurs too. Besides, it is often impossible to decide (as in the case which I shall shortly describe) whether, in the treatment of diplopia, one has to do with a rheumatic or nervous case, or with one depending on atrophy; and just in such cases does homœopathy prove her superiority. For even when it is a rheumatic case she must cure with a right choice of medicine, although in her decision she has no other leading star than the principle "similia similibus." Let it not be objected that such dubious cases betray a want of diagnostic accuracy on the part of the physician. The most practised diagnost often finds himself in the presence of such enigmas.

These theoretic remarks I thought it right to premise, to show that I could have no thoughts of rejecting Dr. Payr's treatment, still less of trampling on it in a hostile fashion. I merely wish

to justify the therapeutic method I proposed to myself in the following

CASE.—Countess P—, a lady æt. 60, in good condition, very robust, but, as she herself confessed, extremely nervous, paid me her first visit, p.m., March 17th, 1874, during my consulting hour. She complained of seeing all objects double, whether far or near, and that, even on attempting to read, the letters all seemed double, which made her dizzy and dreadfully depressed her spirits, because she looked upon it as a precursor of apoplexy or a commencement of blindness. As many patients waited on me that day I could not bestow much attention on her ladyship. In the short consultation, however, I learnt that she had, besides, a sensation of a large foreign body under the left upper eyelid, that she did not remember having lately taken cold, though, before the attack of diplopia, she had suffered from a slight catarrh, but no pain nor other rheumatic affection; that her general health, appetite, and sleep were good, and all bodily functions normal; that she now and then suffered from rush of blood to the head; but that, in the evening, with artificial light, the diplopia almost entirely disappeared. On a superficial examination of both eyes I found nothing abnormal, except the traces of a slight chronic catarrh. This condition had continued already more than a week, and was daily growing more intolerable.

I consoled her by explaining that she need not think of blindness, as no indication of a cataract nor of a chronic glaucoma was present; nor yet of apoplexy, since no traces of ossified blood-vessels or of a defective heart could be found. Besides, I told her that the diplopia depended upon paralysis of one of the muscles of the eye, which she probably had brought on herself by the imprudent journey to Vienna in her open carriage, and that I hoped shortly to rid her of the inconvenience. I gave her *Bell.* 3, one globule to be taken four times a day, and promised to visit her on the 19th about noon.

Bell. at once occurred to me, because I know by heart that this medicine has, as pathognomonic symptoms, "vertigo, determination of blood to the head, a sensation of foreign bodies in the eye, diplopia, distorted vision, impossibility of reading, from disturbance of the sight."

When I visited the lady at her house, March 19th, I found her in the same condition, only more depressed in spirits, and with a

feeling as if the foreign body was smaller. I was able to satisfy myself, by an optical experiment familiar to every ophthalmologist, that I actually had to do with a paralysis of the left rectus externus. Not so easily could I be clear as to the ætiological import of the paralysis. The sensation of a foreign body under the upper eyelid of the same eye plainly indicated (as being caused by a swelling and consequent blood stasis of a vessel of the conjunctiva) the rheumatic nature of the paralysis. Yet the fact that I had to deal with an excessively nervous person, who confessed to me that she very often (and especially of late) suffered much from sleeplessness, and also my want of anamnestic aid, made me uncertain in my diagnosis. As the diplopia had made its appearance suddenly, I might well infer an atrophy of the paralysed muscle. But I was not able to get rid of a question whether a defective innervation were not the cause of the paralysis.

As the sensation of a foreign body had diminished under two days' treatment with *Bell.* (whence I could conclude that the swelling of the congested vessel was lessened) I resolved to continue the prescription of *Bell.* in the above-named dose. I told her to go on with it for three days more, to amuse herself, and to go out in fine weather, and I promised to visit her again on the 22nd.

As I came, according to promise, on the 22nd, I found the patient in the same condition; perhaps even more depressed than before. At our first greeting she told me she must confess something she had done, which would probably be unacceptable to me, but which, under the pressure of those around and from her own indecision, she could not refrain from. This was that she had, on the 19th, consulted an eminent oculist, who had fully confirmed my diagnosis, but pronounced a more unfavorable prognosis, speaking very doubtfully of her cure. He had prescribed a blister, and, in case this failed, to try electricity. She had followed his advice so far as to abstain from my medicine and apply the blister, but found herself worse rather than better, as she saw the double images even by artificial light, and the "foreign body" had become larger again. In conclusion, she begged I would not be so cruel as to desert her, but tell her what she should do. I replied that I did not see the case in so unfavorable a light as the oculist; though, had I been present at the

consultation, I should have opposed the blistering, but not the electricity; only that as, in a long practice, I had never seen undoubted results from that remedy, she might employ it only if I could find no resource in homœopathy for her disorder. Meanwhile I would try another medicine, from which I expected a good result.

As I could not lose sight of the fact that I was dealing with a highly nervous individual I resolved, in case I found no remarkable amendment, to employ *Stramonium*. On the 28rd I was obliged to go to a consultation at Genoa, and as *Bell.* had in two days produced no improvement, I gave her *Stram.* 5^z in globules, to be taken twice a day for six days; then, if a cure should not ensue, to pause for four days; and as I should return by the eleventh day, I would visit her; but, should she get well still sooner, she must at once leave off the medicine. And, in fact, when I came, April 3rd, the lady met me with the glad tidings that she had already been free from her complaint for a week. She related to me how, on the second day of the *Stramonium* (*i. e.*, after two doses), the double images seemed to get close together, and she lost the feeling of a foreign body on the fourth day (*i. e.*, after eight doses), thus recovering her natural sight, and, according to my orders, she took no more medicine.

This is now the 19th of May, and since, as family-physician, I have the opportunity of seeing the Countess almost every day, I can testify that the malady has not returned.

In the golden pharmacopœia of Noack and Trinks the following symptoms of *Stramonium* are introduced: "Voluntary muscular motion ceases, various parts become paralytic; a low ebb of sensibility and irritability in general; sleeplessness; sadness; *diplopia*; dislocated double sight, *i. e.*, he sees no objects in their proper place, but at the same time a second image of each is observed higher up and sideways."

In the same book we find that physicians of the old school had already employed this medicine in chronic rheumatism and those of the head with success; also in nervous disorders with the character of paralysis and torpor. According to the homœopathic principle we find there, too, that this same medicine is prescribed for acute and chronic rheumatism, for paralysis, unilateral, or of individual limbs, arising from the spinal cord, for

melancholy, for paralysis of the upper eyelids, *diplopia*, illusions of the sight, and the like optical ailments.

Lastly, the same work informs us that *Stram.* is used homœopathically in acute and chronic rheumatism, in incipient paralysis, with the best results. To this I will add no comment.

As far as I have access to homœopathic literature I find three cases of diplopia quoted which were cured with *Cyclamen*; one by Wurmb, one by Alb, and the third by Payr. I freely confess that, when I was treating the above case of diplopia, these three good homœopathic cures were unknown to me. I cannot, however, but remark that these are actually *homœopathic* cures. For *Cyclamen* has, as pathogenetic symptoms, "directly after taking it I saw objects, such as the knitting-needle, doubled; temporary double sight, which kept her from knitting; all day double images of the surrounding objects." Payr's case is so much the more important as the diplopia had ensued from cerebral apoplexy. Unfortunately neither Wurmb nor Alb gave more particular information respecting the ætiological exciting cause of the cases cured by them. Gallavardin, in three cases of strabismus, cured one which he regarded as an antagonistic consequence of paralysis of a muscle of the eye with *Hyos.* And this medicine, too, has the following pathognomonic symptoms: "unilateral paralysis; *diplopia*; all objects at first seem doubled." *Hyos.* is also prescribed by homœopaths in paralytic sensations and rheumatic pains in nervous persons, and was employed by Schubert for strabismus and diplopia. Gallavardin recommends it also as useful in paralysis of the eye-muscles; *Bell.* and *Alumina* for scrofula; *Bell.*, *Stram.*, and *Hyos.* for cerebral affections, eclampsia, chorea; and *Stram.*, but especially *Bell.* and *Hyos.*, for terror, anxiety, and fear.

Finally, I must mention the cases of paralysis of the eye-muscles which Tavignot has cured with *Phos.*, whence Gallavardin is inclined to infer an antiparalytic action of this medicine, even in the case of the eye-muscles.

From all this accordingly we learn—

1. That homœopathy possesses actually proved homœopathic medicines for diplopia, which have also succeeded clinically.
2. That, hitherto, there are but three, *Cycl.*, *Hyos.*, and *Stram.*
3. That *Bell.*, though from the pathogenetic symptoms one

might expect it to be the chief remedy for diplopia, has hitherto succeeded least in this complaint.

4. That a precise diagnosis for the respective application of these three remedies cannot be established, because a sufficiently detailed picture of the individual cases has not been always drawn.

5. Lastly, that it were desirable that henceforward more attention to diplopia were given by homœopathic physicians than heretofore.

Dr. von Villers endeavours to show how homœopathy should be taught clinically. His paper may be worth the attention of any who are about to deliver clinical lectures.

To this succeeds a report of Dr. Ad. Mayländer's Homœopathic and Surgical Hospital in Berlin. This institution was opened under the patronage of H.R.H. the Princess Karl of Prussia, on the 15th May, 1873. It at present contains eighteen beds for private patients, who pay a board and six beds for poor gratuitous patients. Since the opening of the hospital a comparatively large number of cases, principally surgical, have been treated, and numerous operations performed, several cases of ovarian tumour having been, some successfully, some unsuccessfully, operated on.

A case of the passage of very large gall-stones during the use of Carlsbad waters is related by Dr. Billing, but offers no points of practical importance.

Dr. Paz Alvarez gives an account of homœopathy in Spain. Homœopathy was introduced into Spain and first practised in 1830, but it made greatest progress from the year 1845 chiefly by the personal influence of Dr. Nuñez, who for his services was created Marquis. He gathered a number of proselytes around him in Madrid, and founded the Hahnemann Society, which has published a periodical monthly organ, at first under the name of *Boletín de la Soc. Hahn. Matritense*, and then under the title of *Anales de la S. H. M.*, and, lastly, under the name of *El Criterio Medico*. It is now in the 25th vol. of the whole collection. In this Journal Nuñez published his patho-

genesies of *Tarantula* and *Madar*. The efforts of the Society to establish chairs of homœopathy in the university were unsuccessful. But it founded a dispensary which treats from 5000 to 7000 patients annually. On the anniversary of Hahnemann's birthday in 1872 the first steps for establishing a homœopathic hospital were taken, and on the 26th May, 1873, the hospital, for which a large sum had been collected, was begun. It will cover a space of 40,000 square feet, and is designed to hold 500 beds. It is not yet completed, but it is hoped it may soon be ready for the reception of patients. The Society holds its meetings twice a month, and there is a festival on every recurring birthday of Hahnemann, when prizes for essays are awarded and a grand banquet is held. The following are the prizes offered for 1875 :

I. Can the cellular doctrine which now prevails in allopathic medicine be utilised by homœopathy, bearing in mind its impregnable bases of pure experimentation, the law of similars, and vital dynamism? Prize 2000 reals = 526 francs, the diploma of corresponding member of the society, and the publication of the essay in the *Criterion*.

II. How do spontaneous cures occur in the human organism, and what are the relations between the power that effects spontaneous cures and the dynamism of medicines? Prize 1000 reals, the diploma of corresponding member of the society, and the publication of the essay in the *Criterion*.

III. The endemic diseases of Cuba, their pathogeneses and homœopathic treatment. Prize 1500 reals = 394 francs, the diploma and publication as above.

The essays may be written in Spanish, Portuguese, French, or German. The essays to be sent to the general secretary of the Hahnemann Society by the 1st January, 1875, the author's name, in a sealed envelope, bearing the same motto as the essay.

The number of homœopathic practitioners in Spain is now about 500.

Another society, called the Homœopathic Academy, was founded by Dr. Hysern, but it has ceased to hold meet-

ings for two years and its organ, *Medical Reform*, has also ceased to appear.

This number concludes with a paper on cerebro-spinal meningitis from *Raue's Record*, and a short notice of the use of *Koumiss*.

The double number 8 and 9 contains a further account of the discussion upon homœopathic pharmacies in the Italian Parliament. The parliament in the end assented to the petition of the homœopathists for a supervision of these pharmacies by homœopathic practitioners.

This is followed by a review of Gruzewski's *Incompetenz*, which is very severely handled by the reviewer.

After several other short reviews we have an account of the Forty-second General Assembly of the Homœopathic Central Society of Germany, held at Leipzig on the 9th and 10th August, under the presidency of Dr. Clotar Müller.

At the meeting of the 9th various matters connected with the business of the Society were disposed of, and the meeting for 1875 was appointed to take place at Berlin, with Dr. Fischer for president.

The following day the proceedings commenced with an address by Dr. Clotar Müller, in which he gave a *résumé* of some portions of Dr. Dudgeon's address at the British Homœopathic Congress.

Dr. Bakody read a paper "On the Homœopathic Treatment at the St. Rochus' Hospital of Pesth."

Dr. Mayländer gave an account of his treatment of several cases of osteomyelitis and caries of the head of the thigh-bone. He also mentioned his method of procedure in cases of ovariectomy, and drew particular attention to the good effects of *Calabar bean* after the operation. He gives it in a tincture of first decimal strength, from two to four drops every two hours, until the pupils contract. The Assembly closed its proceedings as usual with a dinner that began at 1.30 and was finished at 5 p.m.

Dr. Helberger, of Trieste, contributes a paper "On the Diagnosis and Treatment of Meningitis Cerebro-Spinalis Epidemica." This disease is of very frequent occurrence

in Trieste and the neighbouring coast. It is a specific inflammation of the cervical portion of the spinal cord, with rapid formation of serous exudation, which as speedily turns into purulent exudation. The brain symptoms are secondary in their character, caused by reflex action and by extension of the inflammation from its original focus. The intensity of the disease is always limited to the affected portion of the spinal cord; the mind is often unaffected at the height of the disease, therein differing from meningitis. It is, he contends, a mistake to denominate the disease *morbus recurrens*, for the disease that merits this appellation belongs to the category of infective and malarious diseases—it is the so-called febris perniciosa of the coast, and has its chief remedy in strong doses of *Arsenic*.

The author thinks that the disease is chiefly produced by electric tension of the atmosphere (whatever that may be). It seems also to be produced by all those causes that give rise to hyperæmic and congestive states, such as exposure to the sun, long fatiguing marches, mental excitement, &c.

The disease almost always commences with prodromata, only these are seldom noticed. To these belong a painful feeling of compression and stretching in the back and extremities, compelling the patient often to stretch and bend backwards. The spirits are very depressed, otherwise the functions are normal. These preliminary symptoms last from eight to ten days, then a roseola rash makes its appearance to which no importance is ascribed until the occurrence of convulsions shows the serious character of the disease. The head is drawn backwards so as often to form a right angle with the spine. The sensitiveness of the nape muscles is increased to the highest degree; the slightest touch causes violent pains and convulsions. The extremities are extended, drawn backwards, and remain in this tetanic condition. The muscles are like ropes. The body assumes the shape of half a hoop, the convexity being anteriorly. The countenance wears an expression of anxiety, the pupils are contracted. Consciousness not lost. The patient complains of violent pressive headache

on the top of the head, but of having pinching pains in the back and nape. The hearing power is diminished or there is complete deafness. Pulse from 80 to 90; temperature normal.

This is the picture of an acute case; but the disease often assumes a slow stealthy character. The tetanic convulsions decline, but recovery does not take place. Neuralgic pains in the neck come on, extending to the upper extremities. Then follow febrile phenomena, sleeplessness, and death from marasmus.

Children are the most frequent subjects of the disease, but adults are also liable to it. Old people do not seem to take it. The prognosis is always doubtful on account of the tendency to rapid exudation.

The best remedies for the disease are *Apis*, *Belladonna*, and *Lachesis*. The author gives the three remedies in rapid alternation, every ten minutes, in bad cases. When the tetanic symptoms are subdued the immediate danger is over, but there generally remains for a long time extreme sensitiveness and tendency to relapse. Perfect rest must be enjoined and care taken to avoid all excitement. If great tenderness in the spine with drawing pains remain, *Angustura* and *Sepia* are of great use. The former remedy corresponds to the convulsive phenomena, the latter to the congestion of the capillary system. The following case is given :

Mrs. W—, 40 years old, still menstruating regularly, of robust frame, but very nervous, suffers often from migraine; in other respects healthy; has felt unwell ever since a walk she took a week ago, when her back was much exposed to the sun. She is periodically attacked, every half hour, with convulsive constrictive drawing in the back and extremities, very depressed, irritable, sleep restless, other functions normal. About 1 a.m. I was suddenly summoned to see her. I found her with her head bent strongly backwards at almost a right angle with the spine, the extremities drawn back tetanically. The muscles of the nape sensitive to the slightest touch. Face red, pupils contracted. Pulse 92, temperature normal. Conscious-

ness unaffected. Speech indistinct. She complains of violent pressive pain in head and nape. Very anxious, thinks she is dying. No doubt could be entertained that she was labouring under a violent attack of cerebro-spinal meningitis. I gave *Apis*, *Bell.*, and *Lach.* alternately every quarter of an hour. In three hours the dangerous symptoms seemed to be removed. The convulsions were gone, the headache much relieved. Only a sort of paralytic weakness remained. The following night she had a slight relapse, only lasting half an hour. Improvement went on, and in eight days she was able to leave her bed.

Dr. Welsch, of Kissingen, follows with a paper on "The Mineral Water Treatment of the Present Day."

Next comes a short article by Dr. Hirsch, of Prague, on "Acne Pustulosa." The best remedy he finds to be *Calcareo carbonica*, 3rd trit., night and morning. A cure is effected in from four to six weeks.

The number concludes with an obituary notice of the late Mr. William Leaf, of London.

We should mention that a considerable portion of the *Internationale* is occupied with a translation of the pathogenesies from *Hale's New Remedies*, which are given in an appendix to each number.

FRANCE.

From this country we receive two periodicals, the *Bibliothèque Homœopathique* and the *Bulletin de la Société Médicale Homœopathique de France*. There is another French homœopathic journal, *L'Art Médical*; but it is not sent to us.

Bibliothèque Homœopathique.—The April number of this journal is the fourth of its sixth year. It is published monthly, in thirty-two pages of large octavo; to which is appended a sheet of *Materia Medica* paged separately, and entitled "Pathogénésies Nouvelles." *Phytolacca* and *Carbolic acid* are treated of in the numbers before us (April—July), the latter commencing a fourth volume of the collection.

The Journal is stated to be published by the *Société Hahnemannienne Fédérative*, of which the Editorial and Publishing Committee consists at present of Drs. Chauvet (père et fils), Despinay, Dulac, Gallavardin, Gaudy, Heermann, Leboucher, Magnan, A. Magnan, De Moor, Ozanam, Pancin, Peladan, Pitet, Prost-Lacnzon, Roussel, Turrell, van Campenhout, Willers, and van den Neucker. Dr. Pitet, of Paris, is the working editor. From the cases contributed and quoted, the *Bibliothèque* would seem to represent the high dilutionists of France. An amusing evidence of this appears in a review of Dr. Guérin-Meneville's translation of Hughes' *Pharmacodynamics*. The writer thinks he has discovered the reason for the preference which the English practitioners give to the low dilutions and triturations in place of the globule. It lies in the difference of the surroundings of our respective patients. In the "brumeuse Angleterre" strong doses may be required; but when these very patients come to the warmer and drier regions of *la belle France*, they cannot continue their "doses nationales" without aggravations, and find on the other hand more complete and lasting relief from the globules of medium or high potency which they are wont to receive.

There is very little original matter in this journal, the bulk of it consisting of translations from English and American contemporaries.

Bulletin de la Société Médicale Homœopathique de France.—This periodical also, as its name imports, issues from a society. It appears monthly, with sixty-four pages; and entered its sixteenth year last May. Its chief editor appears to be Dr. L. Molin. It is mainly composed of reports of the meetings of the Society, and of the *cliniques* of the Hôpital Saint-Jacques established and served by it. From a statement concerning this hospital contained in the August number, we learn that it has been in existence for three years. It is about, moreover, to become the seat in Paris of a school of homœopathy. Clinical lectures are to be given weekly, from October to March, by the physician on duty; and courses of lectures on *Materia Medica* and

Therapeutics, and on the History and Doctrines of Homœopathy, are to accompany them as soon as professors can be found. This proceeding may be commended to the consideration and imitation of our own British Homœopathic Society and its Hospital.

The June number contains a very interesting communication concerning the internal administration of vaccine lymph (4th centes. dil.). It confirms previous observations as to the efficacy of this method both for the prophylaxis and for the successful treatment of variola. It appears to effect a veritable vaccination. "The physician adds to a litre of pure water ten drops of the 4th dil. of *Vaccinium*, and makes each patient take a soup-spoonful of this solution every morning for eight days on an empty stomach. Towards the end of the seventh day there will generally appear on the face, neck, and arms an eruption of *vaccinia discreta*, most plentiful on the neck and other parts subject to rubbing by the clothes. At the same time there occurs in all, though in diverse degrees, a general malaise, anorexia, slight nausea, shivering, with fever and moderate sweat, trembling of the limbs, &c."

BELGIUM.

Revue Homœopathique Belge.—This monthly journal, whose first appearance we noted in our July number, continues its useful course. Its June number contains an article by Dr. Mouremans upon *Sarracenia purpurea*, in the 3rd dil. and upwards, as a prophylactic and curative medicine in variola. His experience speaks strongly in its favour. In the August number is an important case in which a goitre of large size and long standing rapidly disappeared under the action of *Iodium* 6. The patient was a man of 58. The enlargement of the thyroid had been going on slowly for fifteen years, but more rapidly of late, so that it had now reached the size of a child's head at twelve years old. It was reddish, soft, and heavy, and was interfering with voice and respiration. On July 12th,

1873, *Spongia* 30 was prescribed ; but on August 3rd, no improvement being manifest, it was exchanged for *Iodium* 6, of which one dose was then given and another three days afterwards. After the second dose the patient experienced less tension in the tumour, and his breathing was freer. On the 24th he took another dose ; improvement then progressed steadily up to September 8th, after which it seemed arrested. On the 18th another dose was given, and (as indicated by the above experience) repeated every fifteen days up to December 25th. On the 1st January, 1874, the tumour had completely disappeared.

The September number appears with a black border in honour of Dr. Mouremans, the first propagator of homœopathy in Belgium, who died on August 19th, aged 71. An account of his life and labours is given. Dr. Flasschoen proposes the vomiting of pregnancy as a fair testing ground of the virtues of infinitesimals, and gives clearly the indications for its remedies (among which, however, he omits *Kreasote*), recommending the 6th dil. for all.

INDIA.

From this distant land we receive the

Calcutta Journal of Medicine.—The periodical so named, edited by Dr. Mahendra La'l Sirca'r (whose excellent paper on Intermittents adorns the Transactions of our Congress for the present year), enters with 1874 the seventh year of its history. An article in the January number entitled "Ourselves" displays the character it aims at, and indicates its past career. It acknowledges "the Hahnemannian law as the most advanced point yet reached in therapeutics, but recognises at the same time the necessity of, and aims and works at, co-ordinating and harmonising all the facts of medicine." Established on this broad basis, it hoped for the co-operation of practitioners of all the systems, "from the crudest and the oldest to the most refined and most recent," which contend for the mastery in India, and which are fully characterised

in the paper to which we have referred.* In this the editor has been disappointed. Expelled, as we have already related in this Journal,† from the Bengal Medical Association for the avowal of his faith, he has been left to fill his journal almost entirely by his own individual efforts. It is to his very great credit, therefore, that he should have carried it on (with few intermissions, and even these subsequently supplied) for six years, and should now be able to present us with such excellent material as the numbers (January—May) before us display.

Each number has an instalment of *Materia Medica*—*Cinnabar*, *Clematis*, and *Cocculus* being the medicines on which the author is now engaged. As they are numbered 33, 34, and 35 respectively it may be inferred at what rate he is proceeding, and what is the extent of his range. Hahnemann's provings seem retranslated from the original for this series. They would be of greater value, however, if Dr. Sirca'r had not unfortunately followed Hempel's bad example in omitting to append to each symptom the name of its observer, as Hahnemann has done. If he will adopt this improvement, and confine himself to Hahnemann's medicines (leaving the rest to Dr. Allen's *Encyclopædia*), giving these as they stand in the *Materia Medica Pura* and *Chronic Diseases*, he might reprint his translations in this country with certainty of acceptance.

The remaining space of the journal (which has forty pages a month) is made up with discussions and reports on the diseases prevalent in India—especially fever and cholera, with reviews, translations, and gleanings from contemporary literature. The January number also contains a report of "The Editor's Outdoor Homœopathic Dispensary," which appears to be a flourishing institution. The number of new patients admitted annually has increased from 800 odd in 1869 to 8000 odd in 1873. We are glad to see it stated that there are homœopathic hospitals and dispensaries at Agra, Benares, and Allahabad, though unfortunately (from the lack of professional homœopaths) these are conducted by amateurs.

* *Monthly Hom. Review*, Aug., 1874.

† Vol. xxv, p. 851.

Dr. Sirca'r has had to appeal for additional subscribers to his journal. We hope that this account of it may secure him some from our British and American readers.

AMERICA.

Hahnemannian Monthly.—Dr. Lilienthal's "Treatise on Diseases of the Skin" is continued through this journal from May to August. In the June number the most noteworthy article is a paper read before the Philadelphia Homœopathic Medical Society on "Intermittent Fever," with the discussion following. The author is Dr. Jeanes, one of the veterans of homœopathy in the United States, and of the purest Hahnemannian school. Nevertheless, he regards the following conclusions as substantiated with regard to *Bark* and *Quinine* :

"1. That in a majority of the cases of intermittent fever this disorder may be subdued for a time by the use of massive doses of *Cinchona* or of its active principle.
2. That in a considerable number of the cases in which the intermittent fever is thus subdued, there may be no return of the disorder through life."

He further states that "the attenuations of *Cinchona* have less scope of operation in intermittent fever than the substantial doses * * * An attenuation will only cure the cases in which *Cinchona* is the absolutely proper medicine." And again, "From an Indian woman the world has obtained its knowledge of *Cinchona* as a remedy for intermittent fever. This was a great boon to humanity, and can be well appreciated by one who has witnessed the regularly returning paroxysms of this disorder, with their accompanying suffering and danger, and who knows that the time through which they may continue to return is indefinite. After massive doses of *Cinchona* or *Quinine*, the disorder ceases after one or two paroxysms, perhaps never to return ; or it may return after one, two, or three weeks. But even when the disorder returns a second or third time, it may be again and again subdued for a time, or for ever.

* * * Those persons who have been cured of intermittent fever by the use of *Cinchona* or *Quinine* in massive doses generally appear to enjoy as good health as could have been expected if they never had this disease. In many cases also the health is improved." In the discussion, a speaker regarded the enlarged spleen as the result of *Quinine* rather than of the ague. But Dr. Jeanes replied, "Enlarged spleen was one of the marked features of bad cases of ague before the virtue of *Cinchona* was known, and I am under an impression, founded on observation and reading, that there is much less of enlarged spleen since the introduction of *Cinchona* and *Quinine* than before."

The July and August numbers consist mainly of reports of meetings of societies, and contain nothing specially noteworthy.

American Observer.—The June number contains cases illustrating the virtues of *Sanguinaria*, 1st dec., in acute œdematous laryngitis and of *Carb. veg.* 3 and 4 in epistaxis. Dr. S. A. Jones, the editor of the *Materia Medica* Section, contributes a collection of testimonies from early English literature (A.D. 1000—1719) to the virtues of *Plantago major*; also a chat upon "signatures" containing similar material. Dr. E. M. Hale gives some fresh pathogenetic symptoms of *Baptisia*, among others a complete though transitory left hemiplegia.

The July number contains the following important paper on an old but neglected remedy—*Solanum nigrum*:

"*Solanum nigrum* (*Deadly Nightshade*).

By P. B. HOYT, M.D., Indianapolis, Ind.*

"In presenting before you this paper, I have endeavoured to collect all that is of importance so far as clinical experience and proving may go; believing it to be a remedy of great merit, occupying a place that cannot be substituted by any other.

"*Solanum nigrum* belongs to the natural order Solanaceæ

* Read before the Indian Institute of Homœopathy.

(Nightshade family). It has a low stem, much branched, spreading, angular, nearly smooth, with ovate, wavy-toothed or sinuate leaves, and perforated, the edges erose, as if gnawed by insects. Flowers white, small, with yellow anthers, in lateral umbels, drooping, five parted, on bractless pedicles.—The berries are black when mature, globose, and of a sweetish taste. The flowers begin to appear in June, and in September and October we find ripe berries, green berries, and flowers all appearing on the same plant. The whole plant has a disagreeable narcotic odour, resembling in some degree the tomato; the root is white and has little taste.

“It seems to prefer a shady locality, though I have seen specimens growing in the sun, but always of a dwarfy, unhealthy appearance.

^a *Solanum nigrum* has long been known to the medical profession, though it has been but little used. Dioscorides in A.D. 54 speaks of its value; in A.D. 200 Galen mentions it; in 1552 P. Binarid mentions its use in cancer; and so on along down to the present time it has been used for various difficulties; and when we consider that it is placed among some of our most valuable remedies belonging to the same family Solanaceæ, viz. *Belladonna*, *Hyoscyamus*, *Stramonium*, *Tabacum*, and *Capsicum*, all of which are most valuable cerebral remedies, we are forced to the conclusion that *Solanum nigrum* will prove a remedy of no mean proportions.

“The homœopathic profession have used it but little. We find a short proving published by Noack and Trinks in 1843. Hahnemann speaks thus of it in his *Lesser Writings*:—

“‘The berries of the black Nightshade (*Solanum nigrum*) have caused extraordinary convulsions of the limbs, and also delirious raving. It is, therefore, probable that this plant will do good in what are called ‘possessed’ persons (madness, with extraordinary, emphatic, often unintelligible talking, formerly considered prophesying and the gift of unknown tongue, accompanied by convulsions of the limbs), especially when there are at the same time pains in the region of the stomach, which these berries also produce in large doses.’

“‘As this plant causes erysipelas of the face, it will be useful in that disease as has already been ascertained from its internal employment; as it causes in a still greater degree than Bitter-sweet

by being used internally, external swellings, *i.e.* transient obstruction in the absorbent system. Its great diuretic power is only an indirect secondary result; and hence its great virtue in dropsy, from similarity of action, is plainly perceptible; a medicinal quality of so much the greater value, as most of the remedies we possess for this disease are merely antagonistically acting (exciting the lymphatic system in a merely transient manner), and consequently palliative remedies incapable of effecting a permanent cure.

“Moreover, in large doses it causes not only swelling, but general inflammatory swellings, with itching and intolerable burning pains, stiffness of the limbs, pustular eruptions, desquamation of the skin, ulcers and sphacelus. Where is the wonder that its external application has caused divers pains and inflammations? Taking all the morbid symptoms together that the black Nightshade produces, we cannot mistake their striking resemblance to raphania (*eclampsia typhoides*), for which it will most probably be found a specific remedy.’

“Yet with all of this astonishing array of symptoms it appears that but few of the contemporaries of Hahnemann used *Solanum nigrum*, and those who did use it, used it only to a limited extent. Gross records a few cases, and others, but nothing of extent.

“In Sibley’s edition of *Culpepper’s Herbal* is an interesting and curious account of the properties of the Nightshade, *viz.*—

“‘It is a cold saturnine plant. The common Nightshade is used wholly to cool hot inflammations, inwardly or outwardly; being always dangerous as the other Nightshades are, it must be used moderately. The distilled water of the whole herb is fittest and safest to be taken inwardly. The juice, being clarified and mixed with a little vinegar, is very good to wash the mouth and throat when inflamed. Outwardly the juice of the herb or berries with a little vinegar pounded together in a leaden mortar is very good to anoint all hot inflammations in the eyes. It is good also for the shingles, ringworms, and all running, fretting, and corroding ulcers, and in most fistulas, if the juice is mixed with hen-dung and applied thereto. A cloth wet in this juice and applied to the testicles when swollen giveth great ease, as also to the gout, which ariseth from hot and sharp humours. The

juice dropped into the ears easeth pain thereof arising from heat or inflammation. Pliny saith it is good for hot swellings under the throat.'

" So far back, then, in the history of medicine we find *Solanum nigrum* curing the very complaints for which its pathogenesis shows it applicable; not by its antipathic or cooling qualities, but because it is capable of causing inflammatory action in many organs and tissues; and, though unwittingly, Culpepper used it in accordance with the law of 'similaris.'

" *Solanum nigrum* has often been mistaken for *Belladonna*. A physician in Ohio confidently said to me that *Belladonna* grew plentifully in every part of his county, and upon my questioning the accuracy of his statement, he produced a very fine specimen of *Solanum nigrum*—saying, 'If that is not *Belladonna*, what is it?' Of course, I explained the difference; but he still insisted that it acted just like *Belladonna*, and rehearsed several cases of frontal headache and inflammatory swellings he had cured with it. And here it may be well to state the botanical differences, that you may not be mistaken in the plant:—

BELLADONNA.

Stems strong, branched, purple coloured, from three to five feet high—hairy.

Leaves of an equal size, oval, pointed, in pairs, on short foot-stalks.

Flowers dark or brownish-purple colour, large, pendent, bell-shaped, furrowed, cut in five segments.

Berries ripe in September, of a shining black.

SOLANUM NIGRUM.

Stem low, much branched, spreading, rough on the angles.

Leaves ovate, many-toothed, almost always perforated by insects.

Flowers white, very small, is small and umbel, like lateral clusters, drooping, five parted.

Berries small, globular, black, ripe in September; ripe berries, green berries and flowers found on the same plant at the same time.

" These differences are so marked that you need not be mis-

taken in them. I learn by Dr. E. M. Hale that an Indiana physician used *Solanum nigrum* for two or three years instead of *Belladonna*, and found it equal if not superior to it. There is certainly a marked resemblance in the toxic effects of *Belladonna* and *Solanum nigrum*.

"The following symptoms have been collected from various sources, and are known to have been caused by *Solanum nigrum* :—

"Complete cessation of the mental functions; torpor of the whole system; vertigo, with headache, sickness, colic, and tenesmus; horrible headache. Dr. Gatchell cured a headache which had resisted all other apparently indicated remedies, guided by the last-mentioned symptom. The face is congested with blood; red, bloated face; confused and anxious expression of countenance; open, humid and glistening eyes; extreme dilatation of the pupils; alternate contraction and dilatation of the pupils; mistiness before the eyes; loathing, vomiting of ingesta; copious vomiting of a greenish coloured matter, with thirst, dilated pupils; stertorous breathing, convulsions and tetanic stiffness of the limbs; frequent vomiting, first of mucus, afterwards of a bluish or grey-blackish fluid; purging the next day after the dose (3 grains of the leaves); tenesmus of the anus; difficulty of breathing; hot skin, though covered with sweat; copious perspiration; frequent sweats over the whole body; excessive thirst, with vomiting of a greenish coloured matter; small frequent pulse, or quick irregular pulse; red, scarlet spots on the whole skin; great sensitiveness of the cutaneous surface; convulsions and spasms; they stretch their hands during the spasms, as they would grasp something, after this the hands are carried to the mouth, and the boys (of two or three years) chew and swallow, the spasms are excited by touching the skin; tetanic rigidity of the whole body; trismus; deep sleep; coma, alternating with convulsions and moaning; great restlessness; violent convulsive restlessness; tremor; violent subsultus tendinum; moaning as in hydrocephalus.

"With this array of symptoms before you, you cannot but see that *Solanum nigrum* should occupy a prominent place in our *Materia Medica*; but this will be more manifest as we proceed.

"Possart says: '*Solanum nigrum* has removed the following symptoms when caused by poisonous doses of spurred rye;—

tingling in the extremities; convulsions; contractions of the flexor tendons, as though he would hop about; spasmodic contortion of the extremities; tonic spasms; epileptic attacks; rage; imbecility; risus sardonicus; contraction of the hands; drawing in the fingers; cramps in the calves; inversion of the feet.' These are well worth a careful remembrance.

"We will now present you with the Symptomatology of the drug so far as provings and observations have developed them.

"SYMPTOMATOLOGY.

"*Sensorium.*—Vertigo with headache, nausea, colic and tenesmus; moaning as in hydrocephalus; fulness in the head accompanied with vertigo; vertigo on rising or moving about, with dimness of sight; vertigo after retiring; sensation as if the bed was turning in a circle; vertigo on stooping; everything seems moving in a circle; great weariness and vertigo from bodily exertion; when standing a feeling as if the body would fall backwards; while sitting the body seems to rock in different directions.

"*Mind.*—Confused and anxious expression of the countenance; complete cessation of the mental faculties; drowsy all day, with indisposition to study; rage; imbecility; delirious raving; sadness and anguish; absence of mind; restlessness; inducing one to roam about without sense or object.

"*Head.*—Horrible headache; headache with red, bloated face; *severe pain in the supra-orbital region, in the morning on waking, aggravated by the slightest motion*; severe pain over the eyes, aggravated by motion or stooping; a misstep sends violent pains through the temples; sensation in the forehead after headache, as if it had been bruised; sensation in the forehead as if from a blow; severe pains through the temples, as if the head would split; on moving the head, the brain feels as if moving about; pain in a small circumscribed spot on the top of the head; headache with throbbing of the carotid arteries, and swimming sensation in the brain; sensation of heat in the head; feeling of lightness in the head; sharp gnawing pains in the right temple, causing him to grasp his head and shut his eyes; stitches in the temples, and then in the ear; headache with throbbing of the temporal and carotid arteries; increased heat and redness of the face; countenance looks as though he had been intoxicated;

violent, throbbing pain in the left temple, aggravated by the least misstep or on stooping; violent throbbing pain in the fore part of the head; on the least motion after sitting quietly, a feeling as if the brain would burst from the forehead; the scalp feels sore on moving the hands through the hair; very severe headache of years' standing; pressure in the centre of the forehead; pressing pains in the forehead; tension during pain in the region of the temples; dulness and heaviness of the head; forehead heavy; pressure in the forehead and dulness; staggering gait, heavy and uncertain; the head feels very heavy (after three hours and a quarter); pressure in the vertex and forehead; dulness when walking; body inclined to left side; head feels as if expanded, heavy and hot; pressure through the temples, drawing toward the forehead through the depth of the brain (noticed many times); pressing aching pain in the depression behind right ear; head dull; pulse slower;—weakness of the thighs and contractions of the pupils.

“By carefully noting the effects of *Solanum nigrum* on the cerebral functions, you will observe that they are fully as important as *Belladonna*, and cover a range of symptoms that I am fully persuaded can be reached by no other remedy.

“*Eyes*.—Dilatation of the pupils; pupils easily dilated; dilatation of the pupils alternating with contraction; pupils dilated more than usual, and general heaviness in the body very soon after taking it, and disappearing after one hour; very marked dilatation of the pupils, preceded by dulness of the head; pulse slow and small; trembling of the legs, especially of the muscles of the thigh, like short jerks, following in quick succession; extreme dilatation of the pupils; alternate dilatation and contraction of the pupils; black rings before the eyes with dilated pupils; pupils somewhat widened next day, with uncertainty in walking; pupils very much contracted, many black spots and strips floating before the eyes, alternating with very wide pupils, which finally remain dilated; pupils more contracted than usual; everything appears too bright; contracted pupils; head feels dull and weakness in the thighs; darkness before the eyes with white spots and stripes; also black rings around the eyes; pupils very large after three fourths of an hour; mistiness before the eyes; dimness of the sight with vertigo; sparks before the right eye; nausea; everything becomes darker; black spots and network

(gauze) before the eyes; the amaurotic symptoms attended by dulness and heaviness of the head; ordinary light seems too light; pressure above and in the depths of the eyes, especially when looking at an object by daylight; things at a distance looked blurred;—pressure in the forehead; photophobia, with pressure above the eyelids; when reading, black spots and stripes before the eyes; after a quarter of an hour, the pupils much dilated; the inner rim of the iris appears a bright yellow, as if illuminated; bright spots and black network float before the eyes, and dilated pupils; flickering before the eyes; great weakness of sight, aggravated by the bright sunlight; watery eyes; erethic amaurosis; eyes very sensitive to the light; eyes very sensitive while reading (all day); sensation as if too much light was shining in the eyes; biting sensation in the borders of the eyelids; pressure above the eyes and in the depths of the eye, especially when looking at an object by daylight; things at a distance look blurred, pressure in the forehead lasting half an hour; staring, humid and glistening eyes; pain over the left eye, with pain in the bowels; shooting pains over the right eye; pains in the inner canthus of the left eye; severe pain over the eyes, almost unbearable when looking at a bright object; eyes feel dull and heavy; burning in the eyes and nose, also redness of the eyes; sensation as if there was sand in the eyes; biting sensation in the edges of the eyelids; stinging in the inner angle of the right eye, lasting an hour; pupils sometimes very small and again very large; muscæ volitantes; fulness and extension of the eyes; burning sensation in the eyelids; redness of the eyes.

“The importance of these symptoms is clear and manifest. Its action upon the eye is peculiar, and well worthy of attention. As a rule, dilatation of the pupils seems to predominate, while contraction has often occurred, and these often happen in alternation. It resembles *Belladonna*, and clearly points to amaurotic symptoms by its power of dilatation, to photophobia in its power of contraction. It points to cerebral congestions, and reminds us that it may be very useful in apoplexy. The several symptoms clearly indicate its use in several affections of the eyes; they are so clear that I need not here enumerate.

“*Nose*.—Discharge during the day of thin, watery fluid, with considerable sneezing; copious watery discharge from the right nostril, and obstruction of the left.

Face.—Red, bloated face; feverish flushes across the face;—shooting pains from the lower jaw up into the left ear, coming suddenly and going as suddenly; erysipelas of the face; face hot, with heat in the hands and along the back; face congested with blood; red, fatigued face.

Ears.—Stitches in the ears; buzzing before the ears; every sound he hears seems as if coming from a great distance.

Mouth and teeth.—Inspid taste in the mouth; mouth very dry, lips dry and blistered; tongue sore, as if burned; the whole buccal cavity is very dry; dryness of the back part of tongue and roof of the mouth; constant stinging in the fauces when swallowing.

Throat.—The left tonsil feels swollen, with soreness on swallowing; stitches in the right side of the throat; sensation as if of a splinter in the right tonsil; raw sensation in the throat, painful on swallowing; dryness of the throat;—stitches from the fauces to the internal right ear; fauces dry after half an hour.

Pharynx and œsophagus.—Burning in the right side of the œsophagus, arising from the stomach; cramp-like sensation in the œsophagus.

Gastric symptoms.—Loathing, vomiting of the ingesta; copious vomiting of a greenish coloured matter, accompanied by thirst; dilated pupils; stertorous respiration; convulsions and tetanic stiffness of the limbs; frequent vomiting, first of mucus, afterwards of a bluish or grey-blackish fluid;—empty eructations, with burning in the stomach, violent heartburn, after eating, for one hour; heartburn after retiring; nausea with sparks before the eyes.

Stomach.—Severe burning in the stomach, with vomiting;—sharp cutting pains in and across the stomach, better on pressure or on bending over; burning in the stomach with yellow watery diarrhœa; severe pain in the region of the stomach, extending to the region of the heart and left shoulder; severe cramps in the pit of the stomach, aggravated by walking, relieved by eating; pains in the region of the stomach accompanied by madness, delirium and convulsions of the limbs; great pressure on the stomach by spells; continued pain in the scrobiculus; inflammation of the stomach and bowels.

Abdomen.—Sharp pains in the intestines as if cut with

knives, relieved by eating ; violent cutting pains in the umbilical region.

" *Stool and anus.*—Diarrhœa next day after the dose ; stools loose, semi-solid ; loose evacuations of a yellow colour, somewhat watery, followed by a burning pain in the stomach, accompanied with nausea ; constipation, dry, hard stools, small in quantity (this is a secondary effect) ; frequent ineffectual urging to stool ; at last nothing but flatus escapes ; tenesmus of the anus.

" *Urinary organs.*—Hahnemann says that as a secondary action 'it has great diuretic power ;' the quantity of urine increased ; sudden urging to urinate every ten minutes ; dropsy from suppression of intermittent fever ; ardor urinæ ;—dropsy, with previous obstruction of the absorbent system.

" *Respiratory organs.*—Difficulty in breathing ; tickling sensation in the throat, causing to cough frequently ; yellow thick expectoration ; beating pain in the left chest, in which there is a pain as if sore when touched ; pressure on the sternum and tenth vertebra ; constriction of the chest ; anxious feeling in the region of the heart.

" *Back and extremities.*—Dull, heavy pain in the right arm, extending to the fingers ; pain in the right knee, extending up toward the hip ; lancinating pain extending down the left arm ; bruised feeling in the back and limbs ; the neck feels stiff and sore, as if it had been bruised ; wandering pain, first in the shoulder, then down the arm, then in the lower extremities ; cutting pain in the left side ; legs feel sore, as if bruised from walking ; stiffness of the limbs ; extraordinary convulsions of the limbs ; great weakness in both knees, which scarcely allows walking ; tearing on the dorsum of the left foot, with creeping sensation in the calf of the left leg ; pain in the left shoulder and right wrist-joint ; arms feel heavy as if beaten, especially the left ; crampy convulsions in the calf of the left leg ; painful drawing in the arms and feet ; painful and itching sensation in the ulcers on the feet.

" *Skin.*—Obstinate herpetic eruptions ; copious perspirations ; red scarlet spots on the skin of irregular form nearly over the whole body ; great sensitiveness of the cutaneous surface ; spasms excited by touching the skin ; eruption of small red pimples on the forehead, sore to the touch and very hard ; a few

small pimples on the back of the hand, itching violently; pustular eruptions; desquamation of the skin;—ulcers; foul and painful chronic ulcers; scorbutic eruptions and ulcers of a cutaneous nature; syphilitic eruptions and nocturnal pains; erysipelas.

“*Sleep.*—Deep sleep; coma, alternating with convulsions and moaning; sleep disturbed by dreams of falling from a great height; dreams of snakes; frequently awakening in fright; a feeling in the morning when awaking of great loss of sleep; night terrors in children; deep apoplectic stupor; coma and torpor attended with fever; lassitude of the whole body without inclination to sleep; sleeplessness.

“*Febrile symptoms.*—Dry, burning heat, with small, frequent pulse; heat in the face, hands, and down the back; hot skin covered with sweat; frequent sweats over the whole body; excessive thirst; slightly feverish, flushes of heat in the face; high fever on retiring, lasting for half an hour, followed by very profuse perspiration of short duration; great thirst, causing him to drink often, and in large quantities, accompanied with feverish heat and redness of the face; dry, burning heat; high fever, with pain in the back of the neck, shoulders, and lower extremities; flushes of heat running up and down the back; fever all the afternoon, with violent beating of the carotid arteries, headache, pulse 95.

“*Circulatory system.*—Small, frequent pulse; quick, irregular pulse; pulse 90 to 95; circulation generally excited, with violent throbbing in the head; pulse full and irregular;—pulse small and slow; anxious feeling in the region of the heart; increased distension and prominence of the varicose veins; pulse small, slow and soft.

“*Spasmodic symptoms.*—Convulsions and spasms, they stretch their hands during the spasms as if they would grasp something; after this the hands are carried to the mouth, and the boys (two and three years old), chew and swallow; tetanic rigidity of the whole body; great restlessness; violent convulsive restlessness; tremor, trismus, violent subsultus tendinum (raphania) characterised by painful creeping in the limbs, with distortion of the hands, convulsions, tonic spasms, occasional attacks of tetanus, epilepsy, imbecility, rage; convulsions with moaning and coma; tingling in the extremities; contraction of the flexor tendons,

as though we would hop about ; spasmodic contortion of the extremities ; tetanic spasms ; epileptic attacks ; rage ; imbecility ; risus sardonius ; contraction of the hands, drawing in the fingers ; cramps in the calves ; inversion of the feet.

“ *Generalities.*—Violent pain in every muscle and joint of the body, on walking in the morning ; severe pains, apparently in the muscles of the neck and between the shoulders ;—shooting pains in the left arm and wrist ; general muscular soreness ; the whole surface of the body is tender to the touch ; general torpor of the whole system ; general inflammatory swelling ; external swelling from external application ; heat diffused in a few hours over the whole body, a profuse sweat succeeding this heat, and purging next day (from three grains of the leaves) ; if a sweat does not follow the heat, profuse urination occurs, followed by purging ;—tremors with general debility ; complete insensibility, with relaxed muscles, flushed face, free irregular pulse ; general, violent, convulsive restlessness ; great sensitiveness to cold air ; increased distension and prominence of the varicose veins ; excessive fatigue from bodily exertion, accompanied with vertigo ; pains in various parts of the body.

“ This array of symptoms clearly sets forth the importance of *Solanum nigrum*, and fixes it as an analogue of *Belladonna*, *Hyoscyamus*, *Stramonium*, *Glonoino*, *Aithusa cynapium*, *Agaricus muscarius*, *Cimicifuga racemosa*, *Cuprum*, *Sanguinaria canadensis*, *Iris versicolor*, *Gelsemium sempervirens*, and more remotely to several other remedies.

“ By reference to the head symptoms it appears to equal *Belladonna*, and in many cases it is no doubt to be preferred. It will no doubt prove itself of great value in cerebral affections, eruptive fevers, indolent ulcers, cerebral typhus, brain affections of children—in some cases of intermittent fever, catarrh, &c.

“ *Toxical effects.*—Concerning its toxical effects we have some marked cases recorded, which have developed the importance of its pathogenetic symptoms :—

“ 1st. A boy eight years old ate some of the black berries of this plant, which caused a state of stupor and coma, attended with fever. He complained of great pain in the stomach, and was harassed with nausea and retchings.

“ 2nd. A little girl ate some of the berries—she was found

entirely insensible, lying in a deep, apoplectic stupor—all the muscles relaxed, the face flushed, and the pulse full and irregular; she continued in this state for about six hours, then gradually recovered.

“3rd. Two boys, aged two and three, having eaten of the berries, had convulsions and spasms; they stretched their hands during the spasms, as if they would grasp something, carrying their hands to their mouths, chewing and swallowing.

“Two cases of poisoning by eating the berries have come under my own observation, in which the same general symptoms were present, but lasting much longer—one of the boys was ill for two weeks.

“My treatment was *Coffea cruda*, *Belladonna*, and *Rhus toxicodendron*.

“Thus, my friends, I leave *Solanum nigrum* in your hands, hoping that this lengthy paper will incite you to a careful study of this meritorious remedy.

“*Editorial remarks.*—The above excellent paper by Dr. Hoyt is an admirable *résumé* of *Solanum* symptoms. The plant has been too much neglected—it is worthy of an extensive use. I have observed for the last five years that when *Belladonna* was indicated and does not seem to act the *Solanum* will promptly remove the symptoms. This is especially the case in severe *headache*, which I very often cure with *Solanum* when *Belladonna* has been ineffectually tried. I believe its preparations are less liable to deterioration than *Belladonna*; but the tincture ought to be made from the *ripe berries and leaves* in equal proportions with strong alcohol.

“I was the first to publish a complete ‘History and Pathogenesis of *Solanum*’ in the *Transactions of New York State Medical Society*, 1870. It was made up of provings and clinical cases given me by Dr. Hering—also some provings made by the students of Hahnemann Medical College of Chicago. None of the MSS. had ever been published before. The paper occupied twenty-four pages octavo, and was accompanied by a coloured plate of the plant. Dr. Hoyt has carefully copied the symptoms from that article, and I am gratified that he has presented them again to the profession.—E. M. HALB, M.D.”

Dr. Delamater, the pharmaceutical editor, has some

remarks on the preparations of *Dioscorea*, showing that alcohol does not exhaust its virtues, so that it should be used either in strong decoction preserved by spirit, or in triturations of Dioscorein. Dr. Oehme speaks very warmly of table salt, in solution, against hæmorrhages.

The August number communicates some new experience with a plant belonging to the genus *Myosotis*, and called provisionally *M. symphitifolia*. It seems very useful in some chronic chest complaints, especially where there is very profuse expectoration. Its place has yet to be determined. Dr. Jones gives another of his useful arrangements of medicines, in this instance of *Cedron*, which is stated to be the seed of the fruit, not the fruit itself, as stated by Dr. Casanova.

American Journal of Homœopathic Materia Medica.—

This journal continues the serial papers on "The Therapeutics of Uterine Discharges" and on Comparative Materia Medica. The May number contains nothing else noticeable. In the June number is a review of a new treatise on Therapeutics, from the pen of the younger Dr. Wood, of Philadelphia, which seems a transatlantic parallel to our own Ringer. With July comes a paper by Dr. Cowperthwait on the minute study of symptomatology, which want of space prevents us inserting in this number.

Medical Investigator.—The May number of this Journal begins with some scattered cases, of which we note one in which a peculiar symptom—"itching as if in the bones"—in a pregnant woman was found to yield to *Rhus*. *Veratrum viride* 1^x is highly praised as counteracting rheumatic determination to the heart. The June number is occupied mainly with a report of the Annual Meeting (the twentieth) of the Illinois Homœopathic Medical Association at Chicago, which seems to have been a great success. The report contains plenty of matter of practical interest. A very original feature of this and the following number is an "Illustrated Repertory," that is, a figure of the human trunk, on which are pictured by means of arrows and other

symbols the seat and direction of the pains caused there by the various drugs of the *Materia Medica*. For practising by minute symptomatology this is invaluable, and we hope that the author will carry it on for other pains and other regions, the present including only the acute pains of the anterior aspect of the chest and abdomen.

The July number contains the fullest report we have seen of the meeting of the American Institute of Homœopathy—this year at Niagara Falls. Nearly two hundred members were present; and the session lasted over four days. Judging from the account given of what was done, the Transactions will be a valuable volume. Several new provings were presented, including a full one of the Calabar bean. Dr. Oake's scheme for a College of Provers was discussed, but hardly met with general acceptance. Numerous papers on Clinical Medicine and Surgery, Obstetrics, and Pædiatry, were presented, and the discussions seem to have been active. The proceedings ended on the fourth day with a banquet at 4 p.m., to which the "two hundred doctors and their lady companions entered." After a number of toasts (couched in the high-flown language which has its last refuge in America, and which entitles them to their old name of 'sentiments'), "the evening was devoted to a social hop." The next meeting is to be held at Put-in-Bay, Ohio, under the presidency of Dr. Holcombe, of New Orleans; and we are promised for it a thorough re-proving of *Sepia*.

The August number contains statements of the value of *Sanguinaria* in poisoning by *Rhus* and of "Lunar Influence upon Psychological Patients" (which is strongly affirmed from observation). There are a number of short papers on very practical points, and a rather critical account of our recent Congress, which is styled "weak-kneed" in reference to the proposition about getting a representative of homœopathy on the Medical Council.

United States Medical and Surgical Journal.—The number of this quarterly for April is now before us, and well sustains its high character. Among the contributors we find our own Dr. Robert Cooper, with a very practical

paper on "Muriatic Acid in Diseases of the Tongue. Dr. Comstock supplies another, of the same character, on "Difficult Obstetrical Cases." Dr. Gorton continues his "Genesis of Disease," supplying numerous facts as to the "Pathogeny of Food," and Dr. Hale his "Heart Reperatory." Dr. Holcombe gives a wise and stirring paper on "The Elements of Professional Success."

The veteran Dr. Small supplies some "Clinical Notes and Suggestions," and Dr. Nute an interesting account of the *Enothera biennis*, which seems to be a powerful neurotic excitant, and has a large body of traditional evidence in favour of its virtues. It must be noted for proving.

From the "Eye and Ear Clinique of the Hahnemann Medical College and Hospital," by Dr. Woodyatt, we select the following excellent case :—

"*Argentum nitricum* in paralysis of the accommodation.—Mrs. N., æt. 43, two years ago, after passing through a great deal of trial and anxiety, noticed that her sight had failed for near objects. At a distance she could see as well as ever, but close at hand everything appeared blurred and indistinct. Any attempt to use them for a length of time, even on coarse work, produced pain in the eyes and head. She can assign no other possible cause. By using a pair of 'old' glasses she found she could see much better, and has been wearing a convex glass ever since. But even now she can only bring objects to a certain point. If they come closer than 12 or 14 they are indistinct. She wants to know if anything can be done. The case is clearly one of a paralysed ciliary muscle. It is occasionally seen after a severe illness; frequently follows after diphtheria, and not unfrequently is found in connection with spermatorrhœa. Exactly how these causes operate is unknown, and it is quite probable that the general debility suffered by this patient at the time named was cause sufficient. She is only able to read No. 14 Snellen, and that at 24. With her convex glasses she reads No. 1 quite readily, but the range of accommodation is almost *nil*. We will give her *Argent. nit.* 6x, four times daily. This remedy, I believe, has a special action on the ciliary muscle. In its proving we find 'has to push the book away to see it,' 'dilated pupil,' 'intolerance of light,' and the three may really be due to one cause. The ciliary muscle is supplied by the third nerve, as is also the

constrictor pupillæ. Paralysis of these branches would produce the first two and the last would follow naturally, the retina being exposed through a large pupil. It is quite possible that glasses may be dispensed with entirely, or at any rate considerably weakened, only perhaps to meet the condition of the presbyopia found at this age. In some hypermetropes who had been constantly engaged in near work and obliged to increase the power of their glasses from time to time, to overcome symptoms of asthenopia, I have seen the most pleasing results from the use of this remedy. Instead of strengthening their glasses, they have been able to diminish them and work with much greater comfort. To have such appliances of art as the spectacles to be used in such emergencies is decidedly good, but to apply remedies that will enable nature to do her own work is infinitely better.

"[The remedy was used for five weeks. During the first ten days no change was observed, but in the next twenty-five days the power of the muscle so completely returned that, *without glasses*, No. 2 Snellen could be read at 20", and with convex 2 $\frac{1}{2}$ the range of accommodation extended between 8" to 25". Coincidence seems entirely out of the question, and so far as *one* case can demonstrate anything the proof seems positive."]

In the "Women and Children's Clinic" there are some good cases of successful ovariectomy by Dr. Ludlam.

In the Reviews, Dr. Woodyatt gives the judgment of a practical oculist on Dr. Berridge's Eye Repertory, which, as may be expected, is not favourable.

New England Medical Gazette.—The June number completes the translation of Dr. Hering's *Millefolium*, and begins that of his *Glonoin*, which is continued in the number for August. His preface to the provings is very interesting. In the section of Chemistry and Pharmacology there is an article on *Causticum* by Dr. Colby, questioning its nature. He does not seem to be acquainted with Dr. Black's investigation into the subject, as recorded in vol. xxiv of this Journal (p. 470). The result of his own following of Hahnemann's instructions in the second edition of the *Chronic Diseases* produced a liquid which had all the characters of *Ammonia*. The same writer calls for

chemical investigation of the urine, &c., in drug provings; we cordially approve, and hope he will begin the work.

In the July number Dr. Henry Clarke communicates a useful plan of exciting respiration in asphyxia, viz. by putting the finger down the throat, and so irritating the upper part of the larynx. He gives some cases illustrative of its value. Dr. Berridge contributes from this country some cases treated with Fincke's high potencies, which we know to be as dubious as Jenichen's. Homœopaths who do not agree with him are dubbed "notorious mongrels," and the Contagious Diseases Act is stigmatised as "that most infernal Act." Some provings of *Fluoride of Calcium*, mainly with the 15th dil., are supplied by Dr. James Bell, and an involuntary proving of *Carbolic acid*, by inhalation of a strong solution, by Dr. C. A. Norton.

The August number is made up chiefly of reports of Society meetings.

MISCELLANEOUS.

The Relations of the Profession towards Homœopaths.

On the 19th of August last a leading article with the above title appeared in the *Medical Press and Circular*. It ran as follows:

"From a Presidential Address to some Homœopathic Congress, which occupies the leading position in a recent homœopathic periodical, we cull the following statement, which we suppose represents the story upon the faith of which homœopaths maintain their character as martyrs. The lecturer asks:—

"What does this exclusion and professional excommunication of homœopaths mean? It means that a majority of the profession allege that some of their colleagues who possess the same qualifications as themselves, who have been educated at the same schools and walked the same hospitals, are unworthy to be regarded as members of an honourable profession—are, in short, immoral individuals, with whom it would be ignominy to associate. And why? Because this excommunicated minority, taught by careful experiment, are

convinced that many diseases are best treated by medicines which direct experiment shows are capable of acting on the same parts as are affected by the disease—a rule of practice which the majority only acknowledge in the case of a few diseases, as they have no experience either for or against the validity of the rule beyond these few diseases. The most exalted virtue could scarcely contend that there was aught of immorality in the belief that a great many—instead of only a few—diseases are best treated by medicines that act similarly to the morbid cause; and yet it is for so believing that we are treated by our colleagues in a so-called liberal profession as though we were guilty of some unpardonable moral delinquency.

“We are obliged to characterise this statement as a gross misrepresentation, indefensible in any speaker who was presumed to be acquainted with the utterances of professional journals on the subject. The medical profession does *not* refuse to associate with homœopaths for any such reason, but, on the contrary, regards with the most perfect toleration the theory and practice of *similia similibus*. They regard it as unscientific and illusory, but they do not take upon themselves to say that its practice is the result of anything else than a delusion. But they cannot say as much for the practice of infinitesimalism, which, the occasion obliges us to state plainly, they regard as a false pretence, the employment of which disentitles any person to associate with them.

“Medical men can imagine that homœopaths may honestly believe in the *similia similibus* theory, but they cannot be expected to conceive that the majority of the fraternity honestly believe in billionths, and they are therefore obliged to conclude either that homœopaths treat disease by effectual therapeutics under the pretence of giving infinitesimals, or that they pretend to treat disease by infinitesimals, well knowing that they are not treating it at all. This is the reason for the exclusion of homœopaths by the profession. It is for the public to say whether an injustice is thereby done to them.”

Dr. Dudgeon, whose Address before the last British Homœopathic Congress was here attacked, sent the following letter, which was published in the *Medical Press and Circular* of September 9th :

“To the Editor of the ‘*Medical Press and Circular*.’

“Sir,—Having but lately returned to town, your comments on my address before the British Homœopathic Congress were not seen by me until to-day, and I would ask your kind permission to say a few words in my own defence.

“You characterise as a ‘gross misrepresentation’ my statement that a majority of the profession treat as ‘unworthy to be regarded as members of an honourable profession, as immoral individuals with whom it would be ignominy to associate,’ some of their colleagues for acting on their conviction that most diseases are best treated by medicines that act similarly to the morbid cause—in other words, homœopathically. You say: ‘The medical profession does *not* refuse to associate with homœopaths for any such reason; but, on the contrary, regards with the most perfect toleration the theory and

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practice of *similia similibus.*' You further state that it is the infinitesimal dose that is 'the reason for the exclusion of homœopaths by the profession.'

"Now it is a very serious thing to be accused of a 'gross misrepresentation,' and I do not suppose I shall appeal in vain to your sense of justice to allow me to lay before your readers some of the evidence on which I founded the statement you thus characterise. I could, I am sure, adduce a large amount of testimony from the medical periodicals in proof of my allegation; but, with all deference to you, I believe the resolutions of public bodies like colleges and societies express the sentiments of the medical profession better than 'utterances of professional journals,' for I have not been editor of a professional journal for thirty years without knowing that the editorial plural 'we' often masks the singular 'I.'

"On the 9th of May, 1851, the Royal College of Physicians of Edinburgh passed resolutions against homœopathy in which, after referring approvingly to its having, in 1842, 'peremptorily declined to admit into its body a candidate for its Fellowship because he practised homœopathically,' it goes on to say that 'those of its Fellows who have become homœopaths, or any other medical practitioners who follow homœopathy, must necessarily be alien to the other Fellows and to the profession at large, inasmuch as no Fellow of the College, nor any other physician can, by any possibility, without derogating from his own honour and from the honour of the profession, meet practitioners of homœopathy in consultation, or co-operate with them in the other common duties of professional life.'

"On the 14th of August, 1851, the Provincial Medical and Surgical Association (now the British Medical Association) passed resolutions against homœopathy in which we find the following phrases: 'That it is derogatory to the honour of members of this Association to hold any kind of intercourse with homœopathic practitioners.' 'That there are three classes of practitioners who ought not to be members of this Association, namely: 1st. Real homœopathic practitioners; 2nd. Those who practise homœopathy in combination with other systems of treatment; 3rd. Those who, under various pretences, meet in consultation or hold professional intercourse with those who practise homœopathy.' 'That the thanks of the Association are eminently due, and are hereby given, to the Presidents and Fellows of the Royal Colleges of Physicians and Surgeons of Edinburgh for their determined stand against homœopathic delusions and impostures.' 'That the thanks of the Association are also due, and are hereby given, to the Universities of Edinburgh and St. Andrew's for their resolution to refuse diplomas to practitioners of homœopathy.'

"In 1851, Dr. R. D. Hale passed his examination, and obtained his degree at St. Andrew's. The Faculty of that University, learning that Dr. Hale was a homœopathic practitioner, demanded back his diploma.

"In 1851, Dr. J. S. Clarke took his degree at King's College, Aberdeen. Soon afterwards some one wrote to the *Lancet* that Dr. Clarke was a homœopathic practitioner. Dr. Fyfe, the Professor of Medicine of the College, wrote to the *Lancet*:

"I beg to inform you that, at the time of his examination, not the slightest

suspicion was entertained of his being a homœopathic practitioner, otherwise the degree would not have been conferred on him.'

"In 1858, Mr. Harvey desired to obtain the degree of M.D. at Marischal College, Aberdeen. He passed the two first examinations satisfactorily; but a report of his homœopathic proclivities having reached the examiners, Dr. Macrobin, in the name of the Faculty, questioned him as to his having practised homœopathically. Mr. Harvey objected to reply to such an inquisitorial question, and Dr. Macrobin refused to admit him to the final trial until he should be satisfied that the candidate had never practised homœopathically. In a correspondence that ensued Dr. Macrobin required from Mr. Harvey 'a distinct declaration that, as a man of honour, you have not practised and do not entertain any intention of practising the profession on other principles than those taught and sanctioned in this and other legally recognised schools of medicine; that homœopathy or any other species of irregular unauthorised practice is what you entirely repudiate.'

"On the 28th of January, 1859, the Liverpool Medical Institution, by a large majority, altered one of their rules to this effect: 'But no one practising homœopathy shall be eligible as a member of the Institution or as a subscriber to the library, and any member or subscriber who may become a practitioner of homœopathy shall cease to belong to this Institution.'

"On the 10th of August, 1861, the Royal College of Surgeons of Ireland adopted the following ordinance: 'No Fellow or Licentiate of this College shall profess or pretend to cure diseases by the deception called homœopathy.' 'It is also hereby ordained that no Fellow or Licentiate of this College shall consult with, meet, advise, direct, or assist any person engaged in such deception or practices, or in any system of practice considered derogatory by the physicians or surgeons.'

"I need scarcely say that all these resolutions, as they appeared in turn, were vehemently applauded by every organ of orthodox medical opinion, and that not one feeble protest appeared in the professional journals against even the most extravagant of them.

"I might give a long list of societies, medical, medico-ethical, and registration, which have passed laws excluding homœopathists from membership, and even imposing the penalty of expulsion on those of their own members who should meet homœopathic practitioners professionally; but the above will suffice.

"The same system has been carried on by the orthodox majority of the profession on the Continent and in America. So late as 1871 the Massachusetts Medical Society attempted to expel its homœopathic members by resolving that any one who 'adopts as his principle in the treatment of disease any exclusive theory or dogma shall be deemed to have violated the by-laws of the Society by conduct unbecoming and unworthy an honourable physician and member of this society.' *

* On the strength of this by-law eight members of the Massachusetts Medical Society, whose connection with the Society dated from forty-eight to sixteen years, and who had been openly practising homœopathy, some of them for periods of thirty years and upwards, were brought to trial before a committee of the

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"I may conclude this list of my proofs with one from the other side of the Channel. On the 4th of January, 1856, under the presidency of Professor Cruveilhier, the Anatomical Society of Paris expelled by an unanimous vote 'Drs. J. P. Tessier, Gabalda, Fredault, and Jousset, as authors of homœopathic publications, and M. W——, on account of an infamous and felonious act already punished by the law.'

"If, sir, I have been guilty of 'gross misrepresentation' in alleging that the majority of the profession have treated us as unworthy to be regarded as members of an honourable profession, as immoral individuals with whom it would be ignominy to associate, on account of our endeavour to act up to our conviction that diseases are best treated homœopathically, you will surely allow that I had some grounds for the statement; and if it be the case, as you assert, that 'the medical profession regards with the most perfect toleration the theory and practice of *similia similibus*,' then you will admit that the language of the resolutions, &c., I have quoted above must have been used *à la Talleyrand*, to conceal thought, for to an ordinary understanding, and in its literal sense, it seems to have quite an opposite meaning. However, we are glad to have your high authority that the medical profession regards the theory and practice of homœopathy with the most perfect toleration, only we cannot help feeling as puzzled by those demonstrations of toleration as was the poor fellow in the poem who exclaimed—"

"Perhaps you were right to dissemble your love;
But why did you kick me down stairs?"

"Your obedient servant,

"R. E. DUDGEON, M.D.,

"President of the British Homœopathic Congress of 1874.

"53, Montagu Square, London,

"29th August, 1874."

Society, and after various adjournments were finally, on the 19th of May, 1873, found guilty of "conduct unbecoming and unworthy of an honourable physician and member of this Society" for practising homœopathy. We need hardly add that not the slightest shade of an imputation was brought against what is commonly understood as the moral character of these eight gentlemen, who were thus cast out of the Society they had so long been members of and branded as infamous and dishonourable for having had the audacity to inquire into, and on conviction of its excellence to adopt, a system of medical practice that their judges had not inquired into nor adopted. It should be noted, too, by the Editor of the *Medical Press*, that they are expelled for practising according to the homœopathic theory, and not for using infinitesimal doses. The natural consequences of such an odious and impotent persecution showed themselves even while the persecution was going on. A bazaar for a homœopathic hospital in Boston realised the enormous sum of £20,000, and the newly founded Boston University selected for the professors of its medical school only physicians who were conversant with the homœopathic method, among whom were two of these very men whom the Massachusetts Medical Society have just expelled and sought to cover with infamy and disgrace.

To this the following editorial remarks were appended :

"[Our correspondent very conclusively proves that which required no proof, *i.e.* that the medical profession adopts a relation towards homœopaths which implies that they are unworthy to be regarded as members of an honourable profession. We have been perfectly well aware of the existence of the *pronunciamentos* which he quotes, and yet we reiterate our statement that 'the medical profession regards with the most perfect toleration the theory and practice of *similia similibus*,' but that it is nevertheless a gross misrepresentation to state that homœopathists are ostracised for holding this dogma or practising upon its principle. The medical profession recognises the perfect right of any practitioner to hold any view, however ridiculous and unscientific, and to apply such theory in his practice so long as he does so with honest confidence in its efficiency. The medical profession, therefore, does not put homœopaths in the same category as homœopaths, although the great majority of its members believe the universal practice of water-doctoring to be a delusion and a snare. Homœopaths are not admitted to association with the profession, and have been made the subject of the denunciatory resolutions quoted by our correspondent because it is impossible for intelligent minds to place any charitable construction upon the practice of infinitesimalism, or, in fact, to believe that it is anything but a fraud. Homœopaths may, if they like, be visionaries; but they must establish their claim to be considered to act with honest intention before they can be met as fellows by scientific medical men. It is a matter of some importance to the profession that its members should not, without contradiction, be accused of persecuting any person because he does not agree with them in their own views; and it is necessary, in justice to medical men, to assure the public that homœopaths are not entitled to any sympathy as martyrs at the shrine of science, but are excluded from the pale of the profession because they are guilty of what medical men consider to be a public fraud.—ED. M. P. & C.]"

Dr. Dudgeon replied to these editorial remarks in the following letter :

"To the Editor of the 'Medical Press and Circular.'

"Sir,—As you have had the courtesy to insert my letter with my proofs, I am content to let your readers judge between you and me whether I have been guilty of 'gross misrepresentation' in saying that the majority of the profession treat us as dishonest and immoral, because we prescribe medicines on the homœopathic therapeutic principle, and whether you are justified in asserting that 'the medical profession regard with the most perfect toleration the theory and practice of *similia similibus*.'

"But if you will kindly continue your courtesy—or perhaps I should say your toleration—I would like to make a few remarks on a passage in your comments on my letter. You say, 'Homœopaths are not admitted to association with the profession, &c., because it is impossible for intelligent minds to place any charitable construction on the practice of infinitesimalism, or, in fact, to believe that it is anything but a fraud. Homœopaths may, if they like, be visionaries, but they must establish their claim to be considered to act with

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honest intention before they can be met as fellows by scientific medical men.'

"I have no desire to dispute your claim to a monopoly by your side of 'intelligent minds,' but I would submit that whether so-called infinitesimal doses of medicine act or 'do not act, under certain circumstances, is a matter to be determined by experiment and not by 'charitable construction.' Scientific belief is conviction obtained by evidence, and a belief based on any other foundation may be held tenaciously enough, but has no claim to be considered scientific; so if your side assert that they believe infinitesimalism to be a fraud, we ask, Where is your evidence to constitute your belief scientific? What if it should turn out that you know no evidence one way or another in connection with infinitesimal doses of medicine? What in that case is the value of your belief? Belief without evidence is merely prejudice. Your side object, perhaps, that you have had immense experience of the action of medicines. Granted; but not of infinitesimal doses. Your two hundred years' experience of the emetic effect of a scruple of *Ipecacuanha* will not enable you to tell how an infinitesimal dose of that drug will act in a case of vomiting.

"Again, why are we to 'establish our claim to be considered to act with honest intention?' In other departments of science is it considered necessary that their cultivators should give proofs of honest intention? and if not, why in therapeutics? Can an alleged fact in therapeutics not be considered on its own merits without proof of honest intention on the part of its propounder? Some time ago you did me the honour to notice favourably a pamphlet I published on the mechanism of visual accommodation. You considered my statements and experiments on their merits, and did not ask me for proof of 'honest intention.' Why, then, should I be asked for such proof in reference to the action of infinitesimals in disease? Do therapeutic facts belong to the domain of morals that they cannot be accepted nor even inquired into without an assurance of 'honest intention' on the part of those who put them forward? and will a therapeutic fact be accepted as true if the 'honest intention' of its propagator is proved? If so, by all means let us furnish proof of the honesty of our intentions. But how is that to be done? Must we get a certificate signed by the clergyman of our parish, or a magistrate of our borough, to the effect that we are honestly intentioned people, or will a testimonial of two reputable householders do? And are 'scientific medical men' to ask for certificates of honesty all round before they will enter into fellowship with one another? You know that to ask for proof of honest intention in regard to other matters for scientific experiment would be looked upon as an intended insult, and we cannot help feeling that your side intend it as an insult to us. Do you suppose that the public believe you when you denounce us as dishonest, fraudulent, and unworthy to be regarded as members of an honourable profession? Of course, you know well they do not; but there is little doubt that the loss of consideration of the medical profession generally in the eyes of the public is, in a great measure, caused by the habit your side has so long indulged in of denouncing as dishonest and disreputable some of your colleagues for no other obvious reason than that they differ from you on some points

of therapeutic doctrine and practice. This habit of bearing false witness against your brethren (for you know it is false to assert that our average morality and honesty are inferior to your own) cannot be indulged in without lowering the moral tone of those who practise it; and the whole profession suffers from this plan of making a question of therapeutics one of ethics, and assuming that a given method of practice is fraudulent, in place of experimentally testing its value.

“ Your obedient servant,

“ R. E. DUDGEON, M.D.

“ 53, Montagu Square,
“ 10th September, 1874.”

The evidence brought forward by Dr. Dudgeon in his first letter shows conclusively that the homœopathy condemned by the colleges and societies was the theory and practice of homœopathy and not the dose alone; indeed in none of these fulminations is the dose ever alluded to. If the dose was meant we cannot be expected to discover the hidden meaning of the authors. We knew that we as individuals were condemned and shut out from professional intercourse, and we were justified in concluding that we were thus treated because we contended for the truth of the homœopathic therapeutic principle, and because we regulated our practice by it. For we have ever held that the principle *similia similibus* is the cardinal point and not the infinitesimal dose, and we follow it as the mode of discovering and applying remedies for disease. Moreover we have never advocated sectarian exclusiveness, and we admit the utility of all other therapeutic methods experience has shown to be good, and hold ourselves free to make use of them when we think they will be advantageous for our patients, and when they are not superseded by the superior excellence of the homœopathic specific method; just as the ligature superseded the previous methods of stopping hæmorrhage; and if experience shall show that acupuncture is better than ligature we would adopt it in practice. If any one will show us a better method of treating disease than the homœopathic, we will give up homœopathy.

We do not follow in a slavish manner the mode of applying the homœopathic law used by Hahnemann, but we criticise him as freely as any other man.

As to the dose; before *we* ever heard of homœopathy some of the practitioners of that school were in the habit of giving doses only moderately below the strength required to elicit the physiological action of the drug; others pushed the dilution to what the

first party deemed an extravagant length, and even held that the very extreme of dilution was the corner stone of homœopathy, and that to give medicines in the lower dilutions was allopathising. As a matter of fact we side with the former party, but we profess ourselves unable to draw the line where moderate dilution ends and extravagant infinitesimalism begins. Assuredly we hold it to be dishonorable, unscientific, and unprofessional to speak of those who carry the dilution of medicines to what is in our eyes an impracticable point as liars, cheats, and impostors unfit to associate with.

No doubt the *Medical Press* thinks it has a right to look upon us in the same light as we do the extravagant dilutionists. But how does it draw the line between infinitesimalism and sufficient dilution to avoid the physiological action which is essential to all homœopathic treatment, and which must be also deemed essential by the *Medical Press* now that it assures us that *similia similibus* is already admitted as a principle (among others) in medicine. Even if it can, on what ground does it call liars, cheats, and quacks, all who do not possess that power, the secret of which has not been divulged by the *Medical Press*?

The position of the *Medical Press* is in truth somewhat amusing. It says virtually, nobody objects to us for following any theory of medicine, such as the homœopathic. For itself, it thinks the theory visionary and absurd, and the people who follow it fools. But that is no objection to them; far from it. Are there not fools and visionaries enough in medicine, even in high places? Indeed it seems to parody the scriptural phrase, "Ye suffer fools gladly, seeing ye yourselves are wise." But then its wisdom consists in knowing exactly the boundary between infinitesimalism and proper dosage; and, puffed up with this knowledge, it declares everybody a liar who humbly says he does not possess this knowledge and believes that it cannot be attained without scientific experiment.

If a man of position, such as the late Professor Henderson, comes forward and declares that he does not know *à priori* whether the millionth part of a grain of *Arsenic* will be sufficient to cure a case of gastro-enteritis, which it is granted it will cure in some dose, but that the point must be ascertained by careful experiment openly performed according to the strict rules of science, then the world knows how to appreciate such a declara-

tion and will perceive that it is the declaration of a man of science and of honour, and of one who has the proper high idea of the professional duty of a member of a profession who accepts the care of the health and life of his fellow creatures as a sacred trust. But when an anonymous writer in an allopathic medical journal declares that for making that statement Dr. Henderson is a dishonest man and a cheat, and must be thrust out of communion with the profession in company with all who are so banished for infamous and felonious acts, then the public will assuredly hold the latter declaration to come from a foul-mouthed slanderer, and one who has no true professional feeling, nor is a man of science, nor a gentleman. And when such a declaration is endorsed by the whole of the allopathic medical profession by means of their periodical literature, the edicts of their colleges and the laws of their societies, the same verdict will be pronounced by the public on the orthodox majority of the profession.

It is an indubitable fact, and the enlightened portion of the public are beginning to perceive it, that we are following out the only method of gaining for medicine the fruits of the homœopathic principle, namely, by experiment as men of science and honour. The whole profession must perforce follow our way, for there is no other; and the only question is, whether they will do so sooner or later, whether honestly or dishonestly. As yet the majority are lagging behind, but they are slowly following us, and, unfortunately, not honorably by giving Hahnemann the credit due to him for his discovery of the principle and for his hard-working pioneering in the arduous labour of proving medicines. The new phase of the question is most embarrassing to our old school colleagues. While the truth of the homœopathic principle is forcing itself on the profession, the difficulty they now have is to reconcile their conduct with their former unworthy treatment of ourselves, and their false pride leads them to endless paltry subterfuges. This device of the *Medical Press* is one of these. In spite of the general and repeated denunciations of homœopathy, which included the principle, the tactics now pursued are to pretend that the principle was not objected to, but only the infinitesimal dose, and to prove their consistency this is now made the excuse for the reiteration of all the accustomed, coarse, and unworthy vilification of colleagues the

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fruits of whose honest labour they are meanly appropriating without acknowledgment.

The truth is something must be said to show their zeal, for they are all in mortal fear of one another. The journals fear for their circulation unless they revile homœopathy. The publishers fear for their pockets. The private practitioners fear being denounced by the trades'-union clubs, miscalled ethical societies. The students fear lest they should be plucked. The young aspirants to hospital appointments fear lest they should be excluded from the object of their honourable ambition. The so-called "eminent men" fear loss of consultation fees and operations. The apothecaries fear loss of custom. In short, the whole profession, from top to bottom, is writhing under a veritable *Reign of Terror*. The very leaders of the medical profession, the eminent men in high positions, are themselves under the influence of the terror, and either give no guidance on the subject of homœopathy or pander to the prejudices of those on whom they depend for consultations by joining in the senseless hue and cry of the medical mob, and lend the authority of their high status to aggravate and intensify the persecution. There are some conspicuous exceptions who will not demean and dishonour themselves by persecuting their colleagues for their medical opinions, and who will not deny professional intercourse to their differently thinking colleagues; but none even of these will make an effort to stem the tide of persecution by publicly claiming for all a perfect right to freedom of opinion and action in medical matters. Few really eminent men exist in any profession in each generation, and the posts of honour and eminence are in most cases filled by the Dr. Plausibles, who are eminent only in the eyes of the flunkey-tribe, and who, under the present Reign of Terror, could only attain to their high positions by conforming to the vulgar practice of treating homœopathy as a fraud and its practitioners as scoundrels.

This Reign of Terror is founded on falsehood, and would be dissipated in a moment if a few even of the "eminent men," such as they are, would boldly strike for freedom and insist on being allowed free discussion on this as on every other subject. At once the whole fabric of terror and falsehood would collapse. The sectarian position at present falsely thrust upon us would disappear. The name of homœopathy would even disappear in a short time. For ourselves, we have each individually repeatedly

offered, and we now again collectively offer, to give up this Journal, of which we are the editors, as soon as complete freedom of medical writing is guaranteed for all, for homœopathic theory and practice as well as for others. There never should have been any separate homœopathic literature. Its very existence is a standing disgrace to the medical profession. It is unworthy of a body professing to be men of science and gentlemen to say that no one can propose a new theory and practice in the ordinary channels of the press or in medical societies without being hooted out of discussion with vulgar impertinence, the pages of medical journals closed against him, and the medical publishers placing him under a ban in consequence of the "picketing" manœuvres resorted to by their customers.

The all-pervading power of medical obstructiveness or the utter indifference to medical matters of the leaders of public opinion is shown in this, that though this persecution for opinion has been going on in England for a whole generation, scarcely one feeble voice has been raised in the non-medical press to censure a line of conduct that in other professions would be visited by the severest condemnation. While in general terms persecution for opinion is a stock subject of animadversion, such a persecution has been going on under the eyes of all without eliciting anything more than a time-honoured joke about doctors' differences. But what we complain of, and what we have endured all these years, is no mere doctors' differences, but a steady, bitter, and cruel oppression of a weak minority by a powerful majority, and that for merely proposing and practising what experiment carefully and scientifically conducted has taught us to be the right method. And though, in order to furnish some sort of justification of this persecution, we are denounced as ignorant charlatans and mere pretenders to medical knowledge, this accusation is, as those who make it know, as unfounded as their charges of dishonesty and falsehood; for many of those who have enrolled themselves in our ranks have earned the highest distinction as students, and have borne off the gold medals and other rewards of conspicuous merit and acquirements at the colleges and schools of medicine. Some, too, like Henderson, have earned a first-class reputation as original discoverers in pathological science, and as a body the practitioners of homœopathy have cultivated with more than average success and distinction other branches of science

bearing more or less on medicine. We need hardly say that the legal qualifications of the persecuted minority are identical with those of the persecuting majority. It is these men who, for a matter of opinion, are branded by their differently thinking colleagues as unworthy of fellowship, as destitute of truth and honour, and the practical outcome of these calumnies is, that we are expelled and excluded from medical societies, denounced by colleges, insulted by having our hardly-earned diplomas refused or demanded back, our articles excluded from the medical journals, our works rejected by medical publishers. And the chief organs of public opinion see all these enormities going on under their very noses and say nothing.

What an outcry would be raised were a majority in the Church to attempt to persecute a differently thinking minority by reviling them as hypocrites and liars, and by depriving them of all posts of honour and emolument. How the thunders of the press would be directed against an association of engineers who should exclude from their society and declare unworthy of professional intercourse any of their members who should propose to supersede the traditional methods of producing mechanical power by some safe, cheap, and more effectual process. And yet these things, and worse, are perpetrated daily by the dominant majority of the profession on a minority of their colleagues who have had the honesty to recommend what they believe and know, by carefully conducted scientific experiment, to be a better method of treatment than the traditional one, and even while they persecute they plagiarise the very method they denounce and affect to despise. The following excellent leading article from *Figaro* of 9th September gives us hope that the apathy of the newspapers is about to give place to a livelier interest in a matter which concerns the general public at least as much as theology or mechanical science.

“MEDICAL INTOLERANCE.—The progress of the art of healing has been exceedingly slow. There are very many diseases and very few specifics. The diagnosis of one doctor will be flatly contradicted by another doctor; and a candid physician will admit that when he first prescribes for a patient his prescription is merely tentative. Far be it from us to charge the profession with incompetence or negligence. We know that men endowed with the finest intellects and of unflagging zeal have devoted their lives to the study and practice of medicine. Disease is very subtle, and generally the physician has to work in the dark. But we do complain of medical intolerance, because it is

not only ungracious in itself, but hinders the development of the healing art.

"If a doctor discovers something new about the character of a disease, or an effective treatment, he is forthwith denounced as a quack. Most likely he will be professionally ruined; or, if he is fortunate enough to have a practice, in spite of his daring to be more clear-sighted than the rank and file, he is insulted, calumniated, and cold-shouldered by the profession. After a time his remedy may be adopted, but his merit is never acknowledged. When it was no longer possible to deny the circulation of the blood, Harvey was sneered at as an impostor, and a spiteful doctor said, 'Oh, Harvey has only circulated the circulation.' So, if any one discovered the nature of gout, and a remedy for that disease, he would be booted by the profession, and when his remedy was adopted, the profession would say, 'So-and-so only pretended to an exclusive knowledge of what we all knew.'

"Thinking only of the pecuniary welfare of a man entering the medical profession, we should earnestly advise him to avoid originality, and if he made a discovery, to keep it secret. Better for him to kill, *secundum artem*, than to cure by a novel remedy.

"Our attention has been directed to the ungenerous treatment of homœopaths by allopaths. We offer no opinion upon the merits or the demerits of homœopathy. Such a discussion would be unsuitable for our columns. The *Homœopathic Review* remarks that the allopaths refuse to meet homœopaths in consultation at the bedside, or to admit them to medical societies, or to allow them to fill public professional appointments. Now, we say that a candid allopath must admit that there is no justification whatever for such conduct.

"The homœopathic physician is as well educated as the allopathic physician, and he has to deal, and does deal, with the same symptoms and the same diseases. The main differences between the two systems are, that the homœopath thinks that, in the doctrine of *similia similibus curantur*, he has the key to certainty, or an approximation to certainty, in his treatment. The other difference is, that the homœopath does not administer drugs in their crude forms, and holds that small doses are more efficacious than large doses.

"The *Medical Press and Circular* of the 19th August says that the medical profession (that is, the allopathic branch) 'regards with the most perfect toleration the theory and practice of *similia similibus*.' Well, that was not always the case, and the *similia similibus* doctrine was derided by the allopaths. To be sure, there is nothing in the theory to offend the allopaths. For the homœopaths act strictly on experiment. They do not prescribe a certain medicine because to do so would accord with a theory, but they prescribe a medicine because they know its effects by observation. The allopaths will not deny that the theory of *similia similibus* is very often true, and a homœopath would not hesitate to prescribe a medicine because it did not square with the aforesaid theory.

"As to the infinitesimal dose theory, the homœopaths hold to it without blind bigotry. They say they try it and find it efficacious. They say that they think it more efficacious than the allopathic plan of administering large doses

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of drugs in what they call a crude form ; but they do not say that the allopathic doses are always inefficacious. They do not say that the disease cannot be cured by allopathic doses ; all their contention is, that the homœopathic system is the best.

“ If allopaths do not admit the soundness of the *similia similibus* theory, they accept the results of it ; and whether the theory is true or false, whether it is or is not the key to the solution of the problem of greater certainty in the treatment of disease, there is nothing in it to prevent the homœopath being met in consultation by the allopath. As to the doses, there is a difference ; but it is not the difference between art and quackery. The homœopath does not prescribe nostrums. The homœopathic physician, like the allopathic physician, prescribes according to his judgment of the symptoms and constitution of the patient.

“ Is it not, then, most intolerant for the allopaths to refuse to meet the homœopaths in consultation ? Beyond question, allopathic doctors differ from each other as widely as it is possible for allopath and homœopathic to differ. The whole community, as well as the profession, suffer from the unjustifiable intolerance. In this matter, at all events, we are free from bigotry, and we are confident that, if allopaths did not hold aloof from the homœopaths, both one and the other would be benefited, the noble art of healing would be more rapidly improved, and suffering humanity would have cause to rejoice at the reunion of the medical profession.”

The members of the medical profession, who have tested and after trial have adopted the homœopathic system, have long borne—

“ The oppressors’ wrong, the proud man’s contumely,
The insolence of office, and the spurns
That patient merit of the unworthy takes ;”

and they can bear these evils still longer if necessary, only it is hard to convince them that they are necessary evils. True they are the pioneers of a great reform in medicine, and as such they cannot escape persecution,

“ For sufferance is the badge of all our tribe.”

But persecution is surely continued beyond its legitimate bounds—if it have any legitimate bounds, perhaps we should rather say its conventional bounds—when our persecutors are speaking the very language and employing the very remedies for speaking and employing which they have been persecuting us for more than a generation.

En attendant the good time coming, when persecution shall cease and co-operation commence, we go on slowly but continually improving our *Materia Medica*. When our self-constituted opponents shall abandon their present system of

adding to their *Materia Medica* by unscientific empirical trials of new drugs on the sick or by pilfering from our stores, and shall join with us in the endeavour to perfect rational pharmacodynamics, the work which we are at present left to perform alone will go on with tenfold rapidity, and the patient-world will reap the benefit of our united labours.

A School of Homœopathy in Paris.

The Société Médicale Homœopathique de France lately appointed a committee to report on the teaching of homœopathy. The committee, consisting of Drs. Cretin, Fredault, Gounard, and Jousset, reported favourably of the scheme, and advised that courses of lectures should be commenced about the middle of November :—1st. On Clinical Medicine. 2nd. On *Materia Medica* and Therapeutics. 3rd. On the History and Doctrines of Homœopathy. The lecturer on the first of these subjects should be the physician in charge of the Society's Hospital (*Maison St. Jacques*) for the time being. For the other two courses of lectures, volunteers should be invited to give their services.

CORRESPONDENCE.

From Dr. NEIDHARD, of Philadelphia.

The intelligent critic of my essay "On the Universality of the Homœopathic Law" seems to have laboured under a misapprehension with regard to my views on the subject. I never pretended to prove that the revulsive, counter-irritant, or alterative methods could be co-ordinated under the homœopathic law.* These remedial agents, like hydropathy or allopathy, are merely imperfect rules devised by man, and will cure diseases of man as well as animals in a very imperfect way. It is only the unconscious allopathy, a certain kind of empirical method of employing remedial agents which I classed under our law of cure. On the other hand, the more closely we investigate this wonderful law of cure and trace its operations through the departments of morals, education, science, art, &c., the more shall we be impressed with its universality and consonance with the whole range of human existence.

* [We did not assert that he had.—Eds.]

The examples adduced appeared to me striking and self-evident. They seemed to me to point to some general law which it was well worth while to investigate a little further, although they are not of any immediate practical application.—C. NEIDHARD.

From Dr. WASHINGTON EPPS.

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

GENTLEMEN,—In your article on Diabetes mellitus, copied from the *Lancet*, in the last number of your Journal, you put the footnote "[where, except in homœopathic literature?—Eds.]" against the word "recorded" in the last paragraph.

As Mr. R. J. Carey (the reporter of this letter) was a fellow-student of mine, I wrote to ask him whether the sentence had not been much altered; he replied that—"the sense of the first part of my letter to the *Lancet* was given correctly enough; but as to the conclusion of it, the Editor used the scissors *rather too freely*. This is the rough copy of it, from which I believe the transcription sent in did not vary more than a word or so.

"I am not aware that any other allopathic practitioner has used this drug in the treatment of this very unsatisfactory disease; but as many cases of rapid cure, and many more of permanent palliation of this disease by the use of this drug have been recorded by the homœopaths, I think fit to publish this solitary case, in the hope that practitioners with a wider field for experience than my own may try if this drug is to be added to OUR Pharmacopœia."

Mr. Carey also added—"The alteration of my words has put me to the trouble of writing to one or two medical men, who had asked me for references, that the authority on which I based my statement was the article 'Uranium' in Dr. Hughes' *Pharmacodynamics*, and cases quoted there."

He further said—"I hope when they in time publish their cases, that they will give the honour of priority of discovery where it is due."

In justice to Mr. Carey, I think the above explanation should appear in the *British Journal of Homœopathy*.

I remain, Gentlemen,

Yours faithfully,

WASHINGTON EPPS.

20, Devonshire Street; August 10th, 1874.

BOOKS RECEIVED.

- Dissection of Dr. Casanova's Forcops.* By EDMUND A. MURPHY, M.D., of New Orleans.
- On Puerperal Convulsions.* By T. MOORE MADDEN, M.D. Falconer, Dublin, 1874.
- The Stepping-stone to Homœopathy and Health.* Ninth edition. By Dr. RUDDOCK. 1874.
- The Practical Test of Homœopathy.* 1874.
- Sulphur in Iceland.* By C. CARTER BLAKE, Doct. Sci. Spod, London, 1874.
- The Contagious Diseases Act; or, A Few Suggestions for Controlling Men as well as Women.* London, Henderson.
- Ophthalmology and the Modern Sciences.* By S. P. WILSON, M.D. Cincinnati, 1874.
- Homœopathy in Venereal Diseases.* By STEPHEN YELDHAM, L.R.C.P. Ed., &c. Third edition. London, Turner, 1874.
- Ovariotomy by Enucleation.* By R. LUDLAM, M.D.
- Surgical Diseases Curable without Cutting.* Part I. By RICHARD EPPS, M.D. London, Epps.
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