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BRITISH JOURNAL

OF

HOMŒOPATHY.

EDITED BY

R. E. DUDGEON, M.D.,

AND

RICHARD HUGHES, L.R.C.P.

VOL. XXXV.† 6

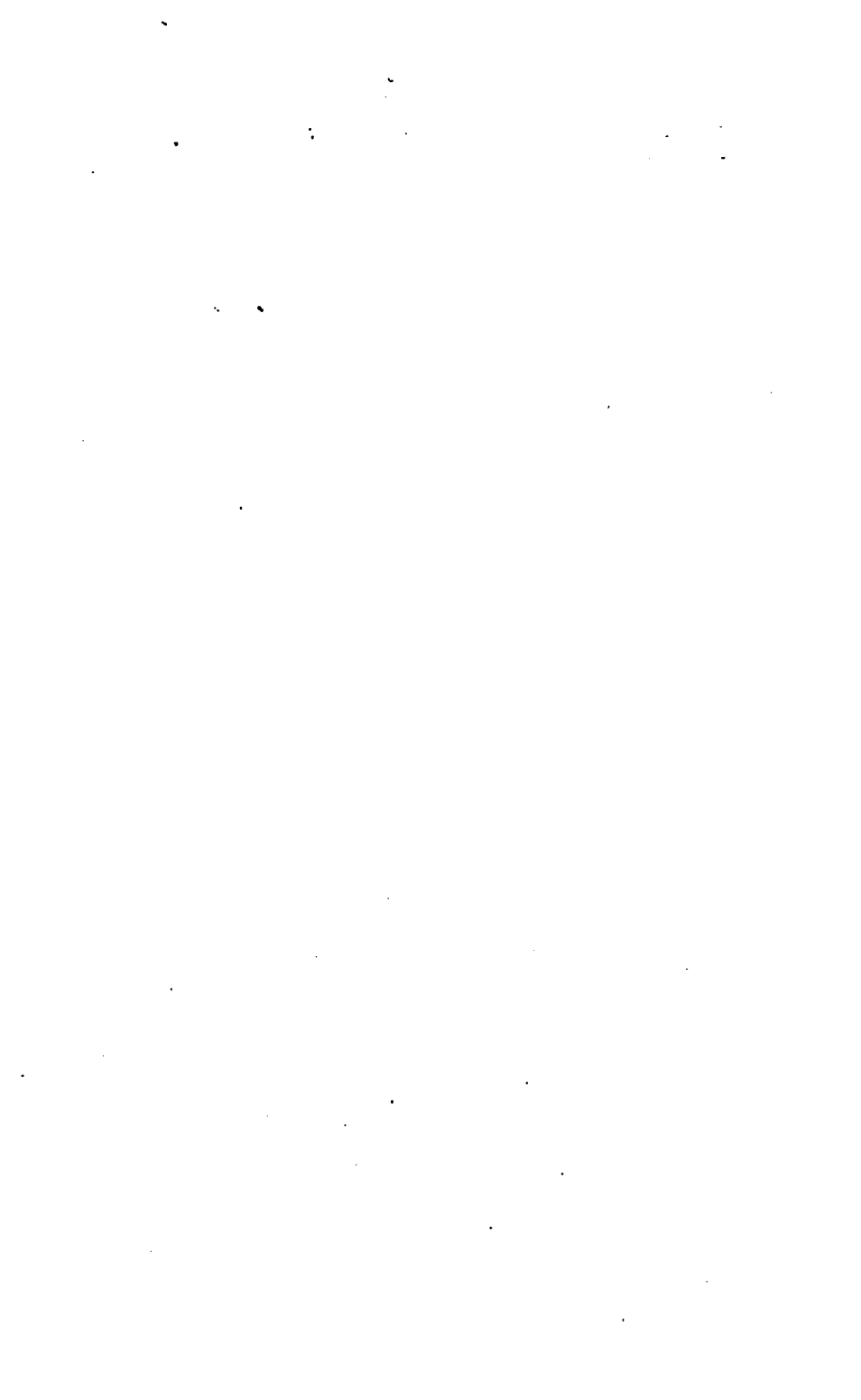


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PUBLISHED FOR THE PROPRIETORS BY
HENRY TURNER, 168, FLEET STREET,
LONDON.

MAY BE HAD ALSO FROM
EDINBURGH: J. C. POTTAGE, 117, PRINCESS STREET.
DUBLIN: J. A. RAY, GREAT GEORGE STREET.
NEW YORK, U.S.: BOERICKE & TAFEL, 145, GRAND STREET.

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CONTENTS OF No. CXXXIX.

	PAGE
HOMŒOPATHY IN 1876	1
OPHTHALMIC THERAPEUTICS	10
OUR ERRORS	18
MR. HANDS ON HOMŒOPATHY AND OTHER THINGS	22
PATHOLOGY AND THERAPEUTICS OF THE CERVIX UTERI. BY EDWARD T. BLAKE	24
CLINICAL LECTURE.—No. 2. BY ROBERT T. COOPER, M.D., DUBLIN	59
A CASE OF ADDISON'S DISEASE. BY J. GIBBS BLAKE, B.A., M.D. LOND.	66
ON THE TRANSLATIONS OF HAHNEMANN'S PATHOGENESIES: WITH A PLEA FOR A NEW ENGLISH VERSION. BY DR. RICHARD HUGHES	71

REVIEWS.

THE ENCYCLOPÆDIA OF PURE MATERIA MEDICA: A RECORD OF THE POSITIVE EFFECTS OF DRUGS UPON THE HEALTHY HUMAN ORGANISM. EDITED BY TIMOTHY F. ALLEN, A.M., M.D.	79
A TREATISE ON DISEASES OF THE SKIN. BY S. LILIENTHAL, M.D.	81
THERAPEUTICS OF DIPHTHERITIS: A COMPILATION AND CRITICAL REVIEW OF THE GERMAN AND AMERICAN HOMŒOPATHIC LITERATURE. BY F. GUST. OEHME, M.D.	83
FIFTH ANNUAL REPORT OF THE STATE HOMŒOPATHIC ASYLUM FOR THE INSANE AT MIDDLETOWN, N.Y.	85
ESSAY ON THE ALL-SUFFICIENCY OF CONSTITUTIONAL TREATMENT IN THE SPECIAL DISEASES OF WOMEN. BY THOMAS SKINNER, M.D.	86
CLINICAL RECORD	87
OBITUARY.—Dr. Liedbeck, of Stockholm, 90.—Dr. William Hering, 93.	
TO OUR READERS	94
BOOKS RECEIVED, 96	
APPENDIX.—Pathogenetic Record, by Dr. BERRIDGE.	

CONTENTS OF No. CXL.

THE OBLIGATIONS WE INCUR BY THE ESTABLISHMENT OF THE SCHOOL	97
THE EXTRA-HAHNEMANNIAN SOURCES OF THE HOMŒOPATHIC MATERIA MEDICA. BY DR. RICHARD HUGHES	101
CYCLOPÆDIA OF THE PRACTICE OF MEDICINE. EDITED BY DR. H. VON ZIEMSEN	118
DR. HILBERS ON HOMŒOPATHY	131
OUR FOREIGN CONTEMPORARIES	137
HYOSCYAMUS AND ITS ALKALOID IN MANIA	163
HYOSCYAMUS IN INSANITY. BY JOHN W. HAYWARD, M.D.	163
HYOSCYAMUS AND ITS ALKALOID IN MANIA. BY EDWARD T. BLAKE, M.D., M.R.C.S.	164
CLINICAL LECTURE.—No. 3. BY ROBERT T. COOPER, M.D., DUBLIN	173
CLINICAL RECORD	179

MISCELLANEOUS.

The London School of Homœopathy, 188.—Letter to the Medical Profession on the proposed London School of Homœopathy, 194.—Preamble to the Laws and Rules of the London School of Homœopathy, 197.—What the (so-called) Hahnemannism is bringing us to, 202.—Increase of Drug Consumption, 203.—Note, 204.

OBITUARY.—Carroll Dunham, M.D.

BOOKS RECEIVED, 206.

CONTENTS OF No. CXXI.

	PAGE
THE PHYSIOLOGICAL SCHOOL AND ITS INFLUENCE ON THERAPEUTICS	209
RECENT CEREBRAL PHYSIOLOGY	220
SHINGLES, BY DR. C. B. KER	233
CLINICAL LECTURE.—No. 4. BY ROBERT T. COOPER, M.D. DUBLIN	246
AN HISTORICAL SKETCH. BY H. BILLIG, M.D., OF STRALSUND	249

REVIEWS.

THE ACTIONS OF ONE DOSE. BY WILLIAM SHARP, M.D., F.R.S.	260
THE LIVER AND ITS DISEASES, BOTH FUNCTIONAL AND ORGANIC. BY WILLIAM MORGAN, M.D., M.R.C.S.	263
VITAL STATISTICS SHOWING THE INCREASE OF SMALLPOX, ERYSIPELAS, &c., IN CONNECTION WITH THE EXTENSION OF VACCINATION. BY CHARLES J. PEARCE, M.D., M.R.C.S.	264
THE ENCYCLOPÆDIA OF PURE MATERIA MEDICA. A RECORD OF THE POSITIVE EFFECTS OF DRUGS UPON THE HEALTHY HUMAN ORGANISM. EDITED BY TIMOTHY F. ALLEN, A.M., M.D.	265
CONDENSED MATERIA MEDICA. BY C. HERING, COMPILED WITH THE ASSISTANCE OF DRs. A. KORNDORFER AND E. A. FARRINGTON	267
CLINICAL THERAPEUTICS. BY TEMPLE S. HOYNE, A.M., M.D.	269
NASAL CATARRH: ITS SYMPTOMS, CAUSES, COMPLICATIONS, PREVENTION, TREATMENT, &c. BY LUCIUS D. MORSE, M.D.	270
ON THE SOURCES OF THE HOMŒOPATHIC MATERIA MEDICA. BY RICHARD HUGHES, L.R.C.P., &c.	270
A MANUAL OF THERAPEUTICS: ACCORDING TO THE METHOD OF HAHNE-MANN. BY RICHARD HUGHES, L.R.C.P. EDIN.	271
LA LEUCŒMIA LINEALE OSSERVATA NEI BAMBINI E CURATA ŒMEOPATICA-MENTE. DAL DOTTOR TOMMASO CIGLIANO	273
OUR FOREIGN CONTEMPORARIES	277

MISCELLANEOUS.

A few last Words on the London School of Homœopathy, by Drs. Black, Drysdale, Dudgeon, and Ker, 295

Books Received, 304.

CONTENTS OF No. CXLII.

DRUGS AND THEIR DOSES. BY ARCHIBALD HEWAN, M.D.	305
ON ACIDUM OXALICUM. BY J. C. BURNETT, M.D.	309
SHINGLES. BY A. C. CLIFTON, M.R.C.S.	323
RETAINED PLACENTA. BY DR. EDWARD T. BLAKE	334
OBSERVED EFFECTS, PATHOGENETIC AND CURATIVE, OF THE PREPARATION OF HYPOCHLORITE OF SODA KNOWN AS THE LIQUOR SODÆ CHLORATÆ. BY ROBERT T. COOPER, M.D.	337
HYDRASTIS IN UTERINE HÆMORRHAGE AND DYSMENORRHEA. BY E. M. HALE, M.D., CHICAGO, U.S.A.	361
THE FIRST EDITION OF THE <i>ORGANON</i>	365

REVIEWS.

A LECTURE ADDRESSED TO THE MEDICAL PROFESSION, THURSDAY, MAY 24 TH , 1877, ON "THE PLACE OF THE LAW OF SIMILARS IN THE PRACTICE OF MEDICINE." BY T. GIBBS BLAKE, M.D.	377
UR FOREIGN CONTEMPORARIES	377
OBITUARY:—Dr. Von Grauvogl, 390.—Dr. Edward Kirsch, 391.—Dr. Henry Slack, 392.	
Books Received, 392.	

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

HOMŒOPATHY IN 1876.

It is now just seventy years since Hahnemann enunciated in his *Medicine of Experience* the principles of the new *methodus medendi* which for the ten years previous he had been elaborating. It seems a suitable occasion, now that homœopathy has reached its three-score years and ten, to take a survey of its past history and present condition, and endeavour to estimate whether it shows signs of senility and advancing decay, or whether the immortal youth belongs to it which is the dower of all real and fruitful truth.

The year now closed, moreover, has been in one way an epoch in the history of homœopathy. Hitherto its adherents in the several countries of the world have pursued their own course as best they could, with little knowledge of what others were doing elsewhere. Editors of journals, by means of their "exchanges," have been aware what was happening abroad, and have to some extent made it known to those at home. But the foreign periodicals themselves have had little circulation beyond their own region; and the intimate knowledge which they alone can give of what is being thought and said and done in their *entourage*, and by whom, has been lacking as between one country and another. Even England and America, though using the same language, have not had much medical inter-communion,

and know little of one another's minds. Now the gathering of a World's Convention of homœopathic practitioners, which took place last year at Philadelphia, has begun to destroy this isolation, and to make homœopathy cosmopolitan and catholic. When its second meeting is held (as is intended) in London in 1881, we think that all will find that they know one another better; that they form a more united body; and that they will be able, as they have never been before, to arrive at understandings among themselves, and to speak with one voice to the world around.

We gave in our first number for 1876 a full account of the history of the design of this Convention, and an outline of its intended working. We have not recorded its actual assembling, because this had already been done by one of us in the *Monthly Homœopathic Review*; and to his account, as that of an actual attendant at the meeting, there was nothing to add. But in our present survey of homœopathy in 1876 no event stands out before us in greater prominence, and we must briefly note its circumstances and results.

The Convention assembled at Philadelphia on Monday, June 26th, and continued in session till the following Saturday. With the address of the President, Dr. Carroll Dunham, we have already adorned our pages. It was worthy of the occasion and of himself: we cannot give it higher praise. The list of papers for discussion included contributions from men of eminence of nearly every country in which homœopathy is practised, and many of them will be found to be of permanent value. Nearly seven hundred names of medical men were registered, as having attended one or other of the meetings—a decided advance upon the old school Convention which followed in September, which could only muster some 420. The foreign delegation was small, but it gave the international character required; and America was represented by nearly all her worthiest sons, from Hering and Gray, bowed with years and honours, to the younger men who are now doing the work in the homœopathic colleges and literature of the country. Many

excellent speeches were made, and some lively discussion excited. The Transactions of the Convention, which we may expect soon to receive, will show all this. They will also contain the reports of the past history and present status of homœopathy (with its literature and institutions) which have been furnished from the various countries in which it has taken root; and these will be, both for immediate information and for future reference, of inestimable value.

An important resolution was arrived at on the concluding day of meeting, to the effect that the World's Convention should re-assemble in 1881, and every five years subsequently, in one or other of the chief cities of the globe. The officers of the present Convention were appointed a standing committee to receive invitations for the next gathering, and to co-operate with the representatives of the country which should be its scene in carrying it out. At the British Homœopathic Congress of 1876 it was unanimously determined to invite the Convention of 1881 to meet in London—which invitation has since been accepted; and a committee was appointed, consisting of Drs. Bayes, Clifton, Dudgeon, Hughes, and Pope, to initiate the necessary arrangements. This Committee has met; has appointed Dr. Dudgeon its chairman and Dr. Hughes its secretary; and has commissioned the latter to draw up a plan of action, to be submitted at its next meeting. This (in concert with Dr. Carroll Dunham, who was the chief organiser of the late meeting) is being done; and at the next Congress the committee will probably have a complete scheme to present for approval, and some immediate action (as regards the choice of essayists) to report.

The past year has been marked by another important movement, though this is not of an international character, but one belonging solely to our own country. In the second (April) number of this Journal we pleaded at length the necessity and opportuneness of the establishment of a School of Homœopathy in London. We gave an account of the lectures lately given at the London Homœopathic

Hospital, under the auspices of the British Homœopathic Society; and argued that the time had come for placing the instruction thus given on a more organised and permanent footing. We said that it was a School of Homœopathy, not of medicine in general, which we desired—a place where the student or practitioner might learn the special knowledge which pertains to the system of Hahnemann. We showed that such knowledge could not be adequately attained in the hap-hazard way which now alone was open; that it required the usual methods of medical instruction by lectures, tuition, and demonstration. We pointed to the Society and Hospital under whose fostering care lectures had already been given as supplying *matériel*, place, means, and men for the proposed School; and finally showed the importance of the scheme to the interests of our commencing practitioners, of their patients, and of homœopathy itself.

Since this was written the prospect of the establishment of such a School has become very bright and near. Dr. Bayes, to whose exertions and public spirit we acknowledged our obligations for the institution of the lectures, and for much of their success, had already expressed himself in the same sense as our own regarding their being merged in a permanent school; and at a meeting held at his house in May the plan as sketched out in our article was deliberately approved, and resolutions taken to carry it out. In September, many promises of substantial support having been already obtained, Dr. Bayes brought the subject before the British Homœopathic Congress at Clifton. Again a unanimous approval of the scheme was given, though a general wish was expressed that the management of the School should be independent of the Society or Hospital, and should be in the hands of a committee elected by the subscribers to the sustentation fund. Every effort is now being made to raise the latter to an adequate amount. Subscriptions of some £400 *per annum*, guaranteed for five years, have already been announced, with donations to the extent of nearly £1000 more. But a still larger fund is required. Besides the salaries of lecturers,

the hire of rooms, and the other expenses incidental to the working of a medical school, it is considered that a certain number of beds should be supported in the Hospital for the special purpose of the clinical instruction which the future students will need. We therefore call upon all our colleagues in London and in the provinces to exert themselves to bring before their patients the claim of this great work to their support. They must point out that a School of Homœopathy cannot, like other medical schools, live (at any rate at first) by the fees of its students. Owing to the prejudice which exists against the system, and the ban under which it is placed by the profession, students will here be few and fees scanty. Better times may be, probably are, in store for homœopathy; but, till they come, those who benefit by it must themselves provide the means for the impartation of knowledge concerning it to the men who are to practise it.

It is in this way, viz. by establishing a supplementary School where the specialties of homœopathy shall be taught to those who have already passed through the ordinary curriculum of medical instruction, that we in England seek to meet the demand everywhere expressed for qualified homœopathic practitioners. We hope that our example may induce a similar course to be followed in France, Germany, Spain, and Italy, where at present there exists no organised provision for the teaching of the method of Hahnemann. We hope this, we say, supposing their case to be the same as ours, and that they cannot look to State action in the matter. If, as in Hungary, they can get the authorities to institute homœopathic professorships of *Materia Medica* and *Practice of Medicine* in some existing University or College, giving students the option between the lectures of these or of the corresponding professors of the old school, while in other respects following the usual course, we hold that such a plan would be by far the most advisable. We have several times mentioned with pleasure the action of the people of Michigan (U.S.) in this direction. The first session of the medical school thus constituted

there is over, and a second has begun. We are glad to hear that decided success can be reported. The following is an extract from a letter received from Dr. Samuel Jones, the homœopathic Professor of Materia Medica:—"Our College-class has gained 100 per cent. on last year's number.* The Regents of the University were much pleased at this, and they told me, 'you have more than demonstrated your right to exist; you may rest assured that henceforth homœopathy is a fixture in this University.' The Regents derive their power from the Constitution of the State, and they can defy all legislative interference,—as the Supreme Court has decided: you can, therefore, imagine how my heart thrilled when I found that this body had thrown its ægis over us. I have devoted my life to the founding of this College, and—God helping me—you shall soon see graduates of whom you will not be ashamed. More than half of the present class have the degree of B.A., and you cannot tell how I rejoice in having such material to work on, for, and with. This is the only homœopathic medical college in America which *exacts* a pre-matricular examination, and by thus getting choice material we hope to send out choice men. We shall soon demand three years' study. . . . In a year or so, if I get aid, I shall have a physiological laboratory established, and in three years I shall illustrate drug-provings by glass negatives (from poisoned animals) on a screen."

While this new departure is thus progressing favourably, the distinctive homœopathic colleges of the States seem also in a flourishing condition. That of Philadelphia has widened its basis by certain new appointments, and that of New York is more ably manned than ever. Chicago now boasts of two institutions of the kind. Next to Michigan, the most important movement (to our minds) is that which has been set on foot at Boston. Here a University has been founded and chartered, embracing every branch of

* Lest it should be suggested that this may be an analogous case to the country parish which doubled its population in ten years by its sole inhabitant, a turnpike keeper, taking to himself a wife, we may mention that the class of 1875 numbered twenty-four.

knowledge; and its medical department has been placed under homœopathic management. The exclusive word is unmentioned, either in the titles of the professors or the diplomas of the students. Hence the former teach, and the latter learn medicine in general, though it is quite intended that the method of Hahnemann shall be set forth as the latest and highest advance of therapeutics. Here, too, evidence of preliminary general education is stringently required; and every endeavour is exerted—and this is true of all the homœopathic colleges—to induce the students to go through a three years' graded course before graduation instead of the two complete courses of lectures which is all that the law requires.

Such are the future prospects of homœopathy, so far as regards its supply of practitioners. When we come to inquire into the probabilities which lie before it as a therapeutic system, the outlook is somewhat misty. Its past history has been very different in the old and in the new world; and it may be that its future also will run in separate grooves on the two sides of the Atlantic. In Germany, France, England, Italy, and Spain—we know not how it may be elsewhere on the Continent—its course has been one of rapid increase and abundant work up to a certain point; and then a stationary condition has supervened. For the last ten or fifteen years we have heard of no converts of note; the days of Henderson and Horner, of Tessier and Amador are passed. The three hundred or so which numbers the avowed practitioners of the system in the several countries we have named barely repairs its death-losses. Our literature contains no new provings (Buchmann's *Chelidonium* always excepted), and few attempts at developing the theory of homœopathy; it consists mainly of compilations, of practical observations, and of the controversies of the day. Our practice has become much more routine: there is little reference to the *Materia Medica*, and little evidence of its being studied and used in the treatment of cases. The reason of the latter in England is that we have not enough time at our disposal. The demand for homœopathic treatment is so great and the

supply so small, that those who can best afford it have the least leisure for the scientific and literary work which is needed, and which none can do so well. We suppose it is the same thing which operates in the other countries of the old world.

While we are thus living on the fruits of the productive period of homœopathy, and doing little to increase them, our brethren of the old school have seen no reason why they should not help themselves to these fruits and use them as best they can. Hence the recent outburst of homœopathic medication in ordinary practice, which in many hands is becoming very like our own in everything but dose. But, as many among ourselves are becoming more and more substantial in their posology, and these men whose advocacy and example have deservedly much weight with their younger colleagues, this one feature of dissimilarity is fast disappearing. The result of this approximation is that in the other camp they are saying to us, "Why do you keep up your distinctive name and exclusive institutions?" and to themselves, "On what just and reasonable grounds do we shut out these men from professional fellowship?" To the former question we have always answered that it is they who keep up the institutions in question by the very exclusion they practise. Admit us to free speech and action with the rest of you, and our distinctive position will cease at once and of itself. We shall take up the position we ought never to have lost, that, namely, of a *school* like those of ancient medicine, of advocates and practisers of a special method which we believe to be the best thing in therapeutics, while perfectly free to adopt any other mode of practice—of our own accord or in consultation with others—if we deem it good for our patients. If the history of the last forty years were to begin again, it is very unlikely that the profession of to-day would refuse us such liberty. It was but natural so to do when there was an orthodoxy in medicine, when no acute disease was reckoned to be treated *secundum artem* unless the patients were duly bled, leeches, purged, and blistered. But now, when such practice is repudiated, and every man does that which is right in his

own eyes, no one would dream of ostracising his fellow practitioner because he chose to give in disease medicines which caused similar affections in the healthy, and because he gave these singly and in minute doses. The thing would be absurd, and many are feeling that it has been so in the past, and that their present attitude towards the so-called homœopathists is untenable. Hence the unexpected outburst of liberal feeling at Birmingham in the matter of the admission of homœopathists into the Midland Institute. The action then taken has remained single and sterile as yet; but we can hardly be wrong in taking it as an indication of what the leading men in the profession will do everywhere when the opportunity comes.

It is thus our strong impression that the future—and probably the immediate future—of homœopathy in this country is absorption into the main body of the profession. It is not that we shall in any way recede from our position. As we have said before in this journal, “We have no foot to stir, and no pardon to ask; we earnestly desire reconciliation and reunion, but this can only come about by a frank recognition on the part of our brethren of the soundness of our principles.” It would not be well for us even to make advances; they must, for justice’ sake, come from those who have oppressed us. “They have beaten us openly uncondemned, being Romans, and have cast us into prison; let them come themselves and fetch us out.” But if it is so done in England, the same action must follow in France, and Germany, and Spain, and Italy—so far, at least, as the opposite policy of exclusion has hitherto prevailed in those countries as it has here. In ten or twenty years more homœopathy, as a distinctive sect, may have ceased to exist in the old world. But as a creed and a practice, a faith to live and act by, we believe that it will be as flourishing as ever; aye, and even more so. For then the artificial hindrances which now deter men from even inquiring into its truth—the loss of place, fellowship, and emolument with which they know that their reception of it would be visited—would have passed away; and the doctrine would be to rise or fall in the balance by its own

inherent weight. We know which way the scales must turn.

While this is the prospect before us in Europe, it is otherwise in America. Homœopathy is there much more extensively diffused, more compactly organised, and more distinctively practised than it is on this side of the Atlantic. There we think it must continue to be a separate church, while here it may become a faith only, without independent embodiment. The great thing at which our brethren over the water should aim at is the full public recognition of the validity of their position. There is no established church in American religion, and there should be none in American medicine. Sanitary inspection, the medical service of the army and navy, and all other public posts should be as freely open to homœopathsists as to those who follow the ordinary practice. Much has been done already in this direction, but more remains. When it has been effected, then the position of homœopathy in the United States will be as sound as in another way it may by that time be in the old world. Its conquest of the whole realm of therapeutics, in which we cannot but believe, will be achieved there in the way of victory in battle, by comparative statistics and general results; here it will be a gradual process of leavening. In either way the end must be that the method of Hahnemann will be universally acknowledged as the true organon of specific medication, and that such practice will be recognised as the best which is conceivable and attainable in the whole range of the healing art.

OPHTHALMIC THERAPEUTICS.*

HOMŒOPATHY is now so old, the experience of its many practitioners is so vast, that it rivals the old school in its literature of special diseases. The eye, from the striking

* *Ophthalmic Therapeutics.* By TIMOTHY F. ALLEN, M.D., and GEO. S. NOBTON, M.D. New York: Boericke and Tafel. 1876.

and well-marked character of its maladies and from the facility with which they can be diagnosed and their progress watched has long been a favourite field for testing the powers of our remedies, and there are few organs of the body in which homœopathically selected drugs have displayed their curative efficacy more satisfactorily. It is too much the habit with specialists of the old school to look on the organ to which they specially devote their attention as if it were something apart from the rest of the organism, something to be treated *per se* with little reference to the body of which it is a component part, with which it is intimately connected, and by which it is perpetually influenced. This mode of regarding each separate organ as an isolated abstraction subject to laws of its own, and as independent of the general organism, has received too much encouragement from the practice of the old-school faculty of recommending their patients to resort to the specialist for the treatment of diseases of particular organs. Thus it is no uncommon case that patients while under the treatment of a physician for their general health, are, at the same time, treated by a specialist for some concurrent disease of the throat, ear, or eye. As long as the delusion prevails as to the proper treatment of such diseases being the application of local or surgical means so long will this practice obtain. But this is a mistake that will not be likely to occur in the practice of the follower of the new and more scientific method of homœopathy. He will not look on the objective phenomena of one organ as constituting the whole disease, still less as being a disease that is to be treated locally by itself without reference to the rest of the organism. On the contrary he will regard the affection of the eye, ear, or other organ as merely a local manifestation of the general malady of the organism, to be treated by remedies that act through the organism on the objectively affected organ. On this subject Dr. Clotar Müller has some excellent remarks in an address lately delivered by him in Leipzig, and published in vol. vii of the *Internationale* (p. 350). "We homœopaths," he says, "have palpably much more reason [than the physiological school] for discarding all

local pathology and local therapeutics, and we go farther, for we maintain that every morbid cause is capable of spreading itself from its points of attack in the organism over every part of it, when the requisite conditions are present ; so that every local form of disease is not to be regarded as that merely which it appears to be, as the disease of a part ; but as a disease of the whole organism presenting itself to our view, in greater or less extent, with more or less intensity. Hahnemann expressed this explicitly and positively when he says in the *Organon* that every disease is a derangement of the vital force indwelling in the organism ; and if this dictum of Hahnemann is no longer in consonance with or satisfactory to our modern ideas, this is only because the expression 'vital force' is repugnant to our notions, as having gone out of fashion. But it still remains indubitable that the conception of the essence of disease as a general affection of the whole organism is indispensably necessary in homœopathy. It is only by the complete acceptance of this axiom that our homœopathic principle of similarity can be available, comprehensible and capable of being utilised. Nay, more, in my opinion the very existence of homœopathy stands or falls with it."

The work of Drs. Allen and Norton, which has given occasion to these remarks, is a truly practical demonstration of the value of the homœopathic method in the treatment of some of the most important diseases of the eye. It is the outcome of the experience of these gentlemen in the clinical treatment at the Ophthalmic Hospital of New York, and is stamped with the true mint-mark of careful and constant observations of actual cases. It does not profess to be a systematic treatise on all diseases of the eye like the valuable text-book of Dr. Angell, but the symptomatology of the medicines recorded has all been verified in the treatment of cases at the hospital or, as regards some diseases, in the recorded treatment by others. It is, in short, a practical proof of the most valuable character of the power of medicines acting through the general system to cure many diseases of the eye which have hitherto, in the practice of old-school oculists, been con-

sidered as requiring only local and surgical treatment. It is a contribution to a complete treatise on diseases of the eye by careful and scientific practitioners who have known how to make the best use of the opportunities offered them in an extensive experience. It presents an example worthy of imitation by all who from their position have similar opportunities of observing particular classes of diseases. With the multiplication of works of this character we may hope at no distant date to see the scientific medical treatment of all diseases established in a satisfactory manner.

The first part of the work gives, under the head of each medicine that has been found serviceable in eye diseases, the ophthalmic symptoms objective and subjective, and the therapeutic corroboration of these symptoms. The second part treats of the diseases that have come under the notice of the authors, and the indications for the medicines they have found efficacious. All practitioners of homœopathy will find it a most valuable guide in the treatment of many of the diseases of the eye that continually occur in practice. It will show them at a glance what remedies, in the experience of the authors, have been successful in these diseases, and save them much embarrassment in the selection of the right remedy.

We subjoin a specimen from each part of the work in order to give our readers an idea of its practical value.

ARGENTUM NITRICUM.

Objective.—Ophthalmia, often with intense pain, abating in the cool and open air, but intolerable in a warm room. The conjunctiva, both ocular and palpebral, becomes congested, swollen and infiltrated, with scarlet redness. The caruncula lachrymalis is swollen and looks like a lump of red flesh; clusters of intensely red vessels extend from the inner canthus to the cornea. Profuse mucous discharge in the morning on waking, with dulness of the head, especially in the forehead and root of the nose. The margins of the lids are thick and red; the canthi red and sore.

(From the local application of this drug, most violent inflammation of the conjunctiva of the lids and ball ensues.

with profuse muco-purulent discharge, which is not excoriating to the lids).

Subjective.—Boring above the left eye. Infra-orbital neuralgia. Burning, biting and itching in the eyes, especially in the canthi. Heat and pain in the ball on motion and touch.

Gray spots and bodies in the shape of serpents move before the vision.

Clinical.—Nitrate of silver has been very freely employed as an empirical remedy for various diseases affecting the conjunctiva and cornea; it is now, however, quite going out of fashion and being replaced by preparations of copper. It is very useful in blepharitis if the lids are very red, thick and swollen, especially if complicated with granulations, conjunctivitis or some deeper inflammation of the eye; in one case of ciliary blepharitis with entropium, caused from being over a fire, and ameliorated in the cold air or by cold applications, it effected a cure.

Nitrate of silver is not homœopathic to granular lids in the later stages, but is the appropriate remedy in the early stages of acute granular conjunctivitis, where the conjunctiva is intensely pink or scarlet red, and the discharge is profuse and inclined to be muco-purulent. Although these may be confounded with *Euphrasia* cases, there is a wide difference more easy to recognise than to describe. In *Euphrasia* the profuse discharge causes soreness of the lids and more or less swelling; the character of the inflammation is more acute and short-lived; as a rule the redness is much less brilliant. In nitrate of silver cases we may, indeed, have very little discharge, only flakes of mucus when the patient complains of itching and biting in the eyes and a dry burning sensation without real dryness. (*Cantharis* has intense heat and real dryness; *Sulphur* is very often indicated in these dry conjunctival catarrhs, especially if there be sharp sticking pains under the lids as if splinters were sticking into the eyeballs. Compare also *Graphites*, *Natrum sulph.*, *Nitric acid*, &c.).

The greatest service that *Argent. nit.* performs is in purulent ophthalmia. With large experience in both hospital and private practice, we have not lost a single eye from this disease, and every one has been treated with *internal remedies*, most of them with *Argent. nit.* of a high potency, 30th, or 200th. (Some have required other remedies, especially the form ophthalmia neona-

torum). We have witnessed the most intense chemosis with strangulated vessels, most profuse purulent discharge, even the cornea beginning to get hazy and looking as though it would slough, subside rapidly under *Argent nit.* internally. We do believe there is no need of cauterization with it, for that method does not cure all cases by many. The eyes *must be kept clean* with milk and water and not allowed to soak in the pus (this rule, indeed, is a good one for all similar diseases of the mucous surfaces). The subjective symptoms are almost none; their very absence with the profuse purulent discharge and the swollen lids, swollen from being distended by a collection of pus in the eye or swelling of the sub-conjunctival tissue of the lids themselves (as in *Rhus* and *Apis*), indicates the drug.

Pterygium of a pink colour was cured by a few doses of *Argent. nit.*—H. V. MILLER.

It has also relieved and contributed to the cure of diseases with destruction of tissue, as also of the cornea, in one case with pains like darts through the eye mornings, better evenings; keratitis with violent congestion of the conjunctiva, a vascular eroded cornea, with terrific pains from the vertex into the eye and with burning heat in the eyes. Coldness of the eye, with boring pain in the head and a sensation as if the scalp were drawn tightly, has been removed by *Argent. nit.* (*Alumina* is often indicated for coldness in the eye; *Crocus* has a draft of cold air through the eye; *Berberis* has a sensation of drops of cold water under the lid.) In the *Argent. nit.* cases we sometimes meet with trembling of the whole body and headache.

An interesting case of paralysis of the accommodation is reported in which *Argent. nit.* 6, four times daily, worked a brilliant cure; also a case of retino-choroiditis successfully treated by this remedy.—WOODYATT.

A very interesting case illustrative of the optical illusions of this drug, is reported by Dr. Liebold.—A young man was totally blind from cerebral disease, associated with loss of virility; was perfectly sane, but constantly complained that he seemed to see trees and people and green fields, &c., but everything was covered with *snakes*, writhing and twisting in every form; snakes over his body, over his food; snakes of all sizes everywhere; he would sit for hours and contemplate these snakes he seemed to see; some-

times he saw bugs. Dr. Liebold found in 'Berridge's Repertory,'* under "tortuous bodies," *Argent. nit.*, among other remedies; it at once removed the snakes, but did not restore vision.

We have only space for one of the shorter articles from the second part of the work. It is not one of the best articles by any means, as it smacks somewhat of the repertory rather than of the bedside, but we give it because it is short.

PTERYGIUM.

This disease, considered by the old school as almost proof against medical treatment, frequently yields very readily to the proper homœopathic remedy, though it is true that we too often meet cases which prove very obstinate to treatment (probably owing to our incomplete knowledge of the materia medica), and in which we are compelled to resort to operative measures. Numerous methods have been advocated, chief among which are excision, ligature and transplantation; for the description of these we would refer to any of the text books on the subject.

Argentum nit.—*Pterygium of a pink colour*, especially if there is considerable discharge from the eye, inflammation better in the open air, unendurable in a warm room and associated with pain at the root of the nose.

Arsenicum.—Pterygium if accompanied by dryness of the lids and burning in the eye, or if there is considerable acrid lachrymation and discharge which excoriates the lids and cheeks; particularly if the general symptoms of restlessness, thirst, &c., are present.

Calcarea carb.—Especially indicated in pterygium, *caused from exposure to wet and cold* (see case in Pt. I).

Chimaphila.—We have used this drug in many cases when no marked indications were present, with some success, though we have also often failed with it. It is, however, valuable in some instances and should be thought of.

Zincum has been more frequently employed, and has given

* He would have found the symptom more precisely given in *Müller's Repertory*: "Sehen von geschlängelten Körper," and still more precisely and in all its connections in the *Cypher Repertory* under five separate headings, each separate entry containing the whole symptom as recorded by the prover.

greater satisfaction than any other remedy, especially in that form of pterygium, which extends from the inner canthus (as it usually [we should say *always*] does), for the majority of the symptoms are found at the inner angle, as will be noted by examination of the provings. The lachrymation is usually profuse and photophobia, marked, especially by artificial light; pricking pain, *itching and soreness in the inner angle*, worse at night; also itching and heat in the eyes, worse in the cold air and better in a warm room; external canthi cracked. She sees a green halo around the evening light. There may also be present great *pressure across the root of the nose* and supra-orbital region.

The following remedies have all been employed with advantage in the treatment of pterygium, when suggested by constitutional symptoms or certain general characteristic eye indications:—*Lach.*, *Nuz. mos.*, *Psor.*, *Ratan.*, *Spig.* and *Sulph.*

We have no doubt the medicines here mentioned have proved useful to our authors under the circumstances stated; but we would mention that pterygium is not usually accompanied by purulent discharge, nor yet by inflammation aggravated or ameliorated in the open air or a room, nor by lachrymation and discharge that excoriates lids and cheek, restlessness or thirst, nor by photophobia or green halo round the light; in fact these symptoms belong to something else than pterygium, and though we will not deny that they may occur in the course of pterygium, they are not of its essence, and can hardly be regarded as indications for the selection of a remedy for pterygium. We doubt very much if such symptoms will serve us in determining the medicine for each special case of pterygium. Some reference to the objective signs, such as whether it is crassum or tenue, whether soft or tendinous, whether dark red or light pink, would, we think, have been more to the point. As the authors seem to have had many cases to treat they might have mentioned which of the medicines are suited to the several species of pterygium, in place of giving us indications from symptoms that do not properly belong to the disease. One great advantage of having enjoyed a large experience in the treatment of a particular disease like this, is, that the repertorial indications may be

supplemented and completed by features drawn from an actual inspection of the disease under various aspects and of various species. Were these features accurately portrayed, we could dispense with much of the pathogenetic indications offered for our guidance.

OUR ERRORS.

“O wad some power the giftie gie us,
To see oursels as ithers see us.”

It seems a long time since our allopathic friends have deigned to notice us, and we cannot help feeling somewhat aggrieved at their neglect. To be sure their notice is usually of that description which the late Duke of Wellington bestowed on the sweep, “Out of the way, you dirty rascal!” but even such notice, as the sweep felt and as we feel, is preferable to no notice at all. At length, however, the silence has been broken, and we have before us a delightful little book called “*The Errors of Homœopathy*,” by Dr. Barr Meadows, Physician to the National Institution for Diseases of the Skin, Author of “*Eruptions*,” &c. We don’t know how long this valuable work has been before the public—it had already attained its third edition before it became known to us, and that not through the courtesy of the author sending us a presentation copy, for that he neglected to do, probably on account of some lingering feeling of humanity, for no doubt he believed that the effect of his attack upon us would be most disastrous to our peace of mind. In case he should be anxious about the result we may assure him that we are none the worse, but rather all the livelier after taking his dose of bitters. In place of proving a deadly poison, it has only acted on us as a wholesome tonic.

Dr. Meadows being a skin doctor naturally felt himself the proper man to flay the homœopaths, so he rushes on to the attack flourishing his literary scalpel in the most

ferocious manner. But, like many of the diseases that form his special study, he does not get below the epidermis, and homœopathists after his onslaught feel themselves all the better for his superficial scratching. On the good old principle of "Claw me and I'll claw thee" we now propose to reciprocate his kind attentions.

Like Rip Van Winkle, Dr. Barr Meadows seems to have been asleep for the last twenty years, and so has remained profoundly ignorant of all that has occurred during the period of his prolonged slumber. Dr. Laurie's *Epitome of Domestic Medicine* is his authority for the exposition of the homœopathic doctrine, and *Simpson's Tenets and Tendencies* furnish him with his most telling refutations. The reports of Fleischmann's hospital for 1835-43 are his most recent statistics. All that has occurred since that period is a blank to our awakened slumberer, but he bursts upon us in his thread-bare statistics and worn-out arguments utterly unconscious of the incongruity of his appearance with the actual condition of modern thought and progress. Not only are his arguments and statistics of the stalest, but his very style is out of all keeping with the times. In these days when the chief authorities of old school physic in this country are coquetting with homœopathy and adopting its remedies wholesale—when the assembled faculty in Birmingham have declared in the most emphatic manner that practitioners of homœopathy are not unworthy of association with the best of them, and that no imputation can be laid upon their honesty and acquirements, it strikes one as almost mediæval to read that our statements are "naked lies," that our system is "imposture, standing revealed in all its unblushing impudence," that our practitioners are "totally ignorant of the principles of scientific medicine," that our ranks are recruited "from amongst the ignorant and feeble-minded," and that we employ the "wiles of falsehood and quackery." If our sojourner in Sleepy Hollow had not been slumbering all these years he might have seen how the therapeutics of his own school have been remodelled on the lines of homœopathy by Ringer, of University, and the ex-homœopath Phillips, of West-

minster; he might have noticed how all the favourite practices of traditional medicine have been abandoned by old-school practitioners in favour of treatments often closely imitated from ours; he might have observed that the physiological proving of medicines has been servilely copied from us by the Bennetts, Harleys, and Ringers of his school; he might have learned that in the United States of America the homœopathists tread closely on the heels of the so-called orthodox in the number of their practitioners, in the quantities of their colleges, universities, and hospitals, and in the quality of the instruction they give their graduates; he might have ascertained that one of the most illustrious universities of old Europe, that of Pesth, has added to its lustre by appointing two professors of homœopathy to its faculty. But while the world has been advancing, our medical Rip Van Winkle has been comfortably snoozing, and he now wakes up, a dermatological Bourbon, having learnt nothing and forgotten nothing, fancying the world has stood still at the exact place it was when he composed himself to sleep. For Dr. Barr Meadows there is still an orthodox physic; there are still colleges and faculties that enjoin a certain routine of practice on their students and graduates; there is still a fancied obligation on the part of a graduate or licensee to refrain from improving his practice by adopting any method not taught *ex cathedra*, after the model of Molière's celebrated Faculty; there is still a dominant school that can alone lay claim to the title of rational; there are still medical heretics who are mere ignorant pretenders and fraudulent quacks.

But let us see how Dr. Meadows understands the system he undertakes to upset. One of his great arguments against homœopathy is thus stated: "In large doses it is true that *Belladonna* is said to cause a rash upon the skin, with redness and dryness of the throat and fauces; and so would, indeed, give rise to symptoms *thus far resembling* scarlet fever. The homœopaths, however, do not so exhibit it, but order it in quantities whose effects upon the healthy subject would be *nil*—inappreciable—or, at any rate, by no means similar." He here makes the surprising mistake

of supposing the therapeutic rule *similia similibus* to be the explanation of the curative process. Again, let us see how intimately he is acquainted with the homœopathic practice he describes. "The common stinging nettle," he says, "coming in contact with the skin, produces an eruption so similar to urticaria (nettle-rash) as to have furnished the very name for that disorder. Yet, in their wildest moments, the most bigoted of homœopathists would pause, we imagine, ere he ordered this as a remedial agent." Had he looked into any homœopathic text-book he would have found the nettle (*urtica urens*) indicated by the least bigoted of homœopathists in their calmest moments as one of the remedies for a certain form of urticaria. Again, "Is *Colchicum* of benefit in gout, or *Quinine* in ague? If so, how is it that you are unable to cause with these medicines, given in any manner, symptoms similar to ague or gout?" Had he looked for a moment into our *Materia Medica* he would have found in the pathogenesises of these medicines symptoms precisely resembling certain forms of gout and ague.

Again, "will any known medicinal agents induce a diseased condition similar to croup, diabetes, peritonitis, &c.? and if so, will such medicines cure these diseases? Who will dare to answer this, straightforwardly, in the affirmative?" Here, too, any homœopathic text-book will answer these questions affirmatively, as he might easily have known had he learnt his homœopathy from a homœopathic text-book and not evolved it out of his inner consciousness.

The antique character of Dr. Meadows' science is well shown in his explanation of disease: "These deviations from healthy or natural (*sic*) conditions depend upon derangement of vital force," which is precisely the explanation given by Hahnemann, and almost the identical words used by him. We thought we had passed considerably beyond the period when the vital force figured as an entity in the organism, but it seems that Dr. Meadows, at all events, has not yet got rid of that delusion. If further editions of his very popular work, which has already got to the third edition, should be called for, we would advise him,

following celebrated precedents, to bring it out with illustrations. A photograph, by the autotype process, of his deranged vital force in a strait waistcoat would no doubt prove highly attractive.

The present work is interspersed with sundry wonderful specimens of what are evidently intended for poetry, but as they are utterly devoid of rhyme and reason and have no author's name attached, we presume they are the learned doctor's own composition. Here is a specimen :

"Thus have we robbed Similia of its trappings,
Its base assumptions, and presumptuous ravings;
And, viewing thus its native nothingness—
Behold this '*Great Something*'—NAKED LIES."

At p. 17 Dr. Meadows from the serene heights of his self-assumed judicial position awards to the disciples of Hahnemann the donkey's ears of Midas. To us it appears that in this little work Dr. Meadows has with infinite pains performed for himself what the sapient Dogberry longed that some one should do for him—namely, written himself down an ass.

MR. HANDS ON HOMŒOPATHY AND OTHER THINGS.

MR. HANDS, a veteran disciple of Hahnemann and a pupil of Jenner (not the original one, surely, as he died in 1823) amuses his leisure by writing a book entitled *Homœopathy* [in large letters] *and other Modern Systems contrasted with Allopathy; also a Treatise on Diet and Digestion*. It is not exactly like the celebrated performance of the play of Hamlet "with the part of Hamlet left out by particular desire," for there is a little about homœopathy in it; but it reminds us of Falstaff's reckoning, "only a poor ha'porth of bread to all that intolerable quantity of sack." The part nominally devoted to homœopathy occupies only

seventy-six pages, and though much could not be taught about homœopathy in that small space, Mr. Hands contrives to curtail it by continually wandering away from his subject and gossiping about all sorts of things besides his theme. In fact *homœopathy* only serves as a peg to hang all sorts of miscellaneous matters on, for as for "homœopathy being contrasted with allopathy," there is as little of that as may be in the chapter nominally devoted to it, but a great deal about electricity, magnetism, soul matter, and other things, real or imaginary. The remainder of the book is given up to hydropathy, electricity, magnetism, mesmerism, steam-cure, heat-cure, movement-cure, isopathy, electro-biology, clairvoyance, dietetics, vaccination, the non-contagiousness of contagious diseases, &c., in short the book is *de omnibus rebus et quibusdam aliis*, the *quibusdam aliis* greatly preponderating. To any one who wishes a book whose contents are not rendered monotonous by the pursuit of one idea we would recommend Mr. Hands' little volume; like the gentleman to whom some one lent a dictionary to read, he will no doubt find it "very instructive but rather unconnected." We think Mr. Hands should have rather allowed mesmerism to occupy a conspicuous place in the title, for in the body of his work the curative results of homœopathy cut a very sorry figure when compared with the marvels wrought by mesmerism: thus an inflamed breast was cured in twenty minutes, a case of *phlegmatia* (sic) *dolens* in three or four days, and diphtheria in an hour; cancers, dropsies, and obesity yielded with more or less rapidity to this subtle agent, and phthisis pulmonalis and paralysis could not resist its magical power. Among other wonders related of mesmerism, Mr. Hands assures us that mesmeric clairvoyants are capable of instructing us in physiological knowledge. "The soul, they say, extracts from nourishing substances committed to the stomach the principles conducive to motion and vitality." This is certainly a hitherto unsuspected function of the soul, and one we should never have discovered without the revelations of clairvoyants, we would recommend it to the attention of theologians.

But we have not space to discuss all the novel views offered to us by Mr. Hands in this little volume. We can promise to those who will read it a vast variety of amusing information, and though we cannot guarantee its soundness we can at all events assure them that they will find much in the book which will give them occasion for thought, without the risk of subjecting them to the tedious necessity of agreeing with the author.

**PATHOLOGY AND THERAPEUTICS OF THE
CERVIX UTERI.**

By **EDWARD T. BLAKE, M.D.,** Reigate.

SYLLABUS.

1. Pelvic Congestion.
2. Cervicitis-Secondary {
 - excoriation.
 - hypertrophy {
 - Cancroid.
 - Cancer.
 - dislocation.
3. Ulceration [Excoriation] {
 - Diathetic {
 - Class 1. Strumous, helminthiasis.
 - " 2. Venereal {
 - Gonorrhoeal.
 - Syphilitic.
 - " 3. Gouty, herpetic.
 - " 4. Osteo-arthritic [Rheumatic Gout].
 - " 5. Hepatic.
 - " 6. Mammary.
 - " 7. Cardiac.
 - " 8. Asthmatic.
 - " 9. Choreic.
 - " 10. Cataleptic.
 - " 11. Epileptic.
 - " 12. Tetanic.
 - " 13. Special Sensory.
 - " 14. Mental.
 - " 15. Moral.
 - " 16. Mechanical.
- 4a. Why should a single, uniform, pathological condition induce such varying results?
- b. Does the act of healing an established sore develop latent diathesis?
5. Treatment.
6. Illustrative Cases.
7. Axioms.

I PROPOSE to direct attention in this paper to some of the most characteristic types of passive, pelvic disease in the female subject.

Dr. Matheson, in his excellent lectures* on the subject, speaks of the vague and varying character of sympathetic and subjective pelvic symptoms. It is then with the hope of throwing some little ray of light into this Cimmerian gloom, of showing some sort of order and sequence in this chaos of signs and symptoms, that I address myself to this wide and complicated subject, and crave your earnest attention to matters of most serious import, whose issues palpitate on our thresholds—in our very homes, with an ever-present vitality.

I must further preface my remarks by observing that in deference to common usage, I shall employ the term "Ulceration" in its old-fashioned sense, including the far commoner condition "Epithelial abrasion" or "Denudation."

First, then, we will consider

TYPICAL PELVIC CONGESTION.

A patient, generally young, enters our study complaining of slight frontal headache; there is a feeling of languor most marked in the morning; there is pain under the left breast, backache and probably a white discharge. If the patient be young, or if she lead a sedentary life, there may be more or less hysteria present.

Here we have to do with pelvic congestion, pure and simple.

CERVICITIS; SECONDARY EXCORIATION.

Add to the above group of symptoms, ill-temper and low spirits, marked debility, out of proportion to emaciation, sleeplessness, vertical uneasiness, superficial neuralgia (especially supra-orbital), certain peculiar perversions of the special senses, an anxious or distressed expression (the *facies uterina*), follicular pharyngo-laryngitis, flatulence, flushing, palpitation, epigastric and hypogastric "sinking," stitch in the left ovarian region, weary aching in the loins and hips, "bearing-down" after exertion, irritable bladder

* Delivered during the past year at the Homœopathic Hospital in Great Ormond Street.

and rectum, yellow leucorrhœa, recurrent *pruritus vulvæ*, and above all, a fixed point of pain at the sacro-coccygeal articulation, and you may be sure that you have to deal with inflammation of the cervix, complicated with one or more of its results, epithelial denudation, hypertrophy or displacement.

This patient is often sterile; if the cervix be very patulous she may conceive, she is then likely to abort at the third month; should she, however, weather this storm, she will be prone either to convulsion during the dilatation of the cervix, to *post-partum* hæmorrhage or to adherent placenta.

If this patient survive the immediate casualties of child-bed, especially if she adopt the plan now gaining ground of rising early from the puerperal couch, the lochia will be profuse, florid and protracted. If, after the end of the second week, we see a red tint in the discharges; our attention should be always directed to the probability of local lesion. It is remarkable to observe the immediate improvement in these cases from local astringents. I have frequently seen the first application arrest the flow, and with none but good results.

Amongst the more uncommon symptoms depending on cervical diseases are itching of the skin, loss of hair, pain in the plantar region, paraplegia, osteo-arthritis (rheumatic gout), and a form of dementia which has been mistaken for religious mania.

Hypertrophic cervicitis { canceroid.
 { carcinoma.

Branching from the preceding type there is a sub-group of cases having epithelial abrasion with an extreme tendency to hypertrophy of the cervix.

The sore usually originates in the pressure of the foetal head during a delayed delivery. The surface of the sore is raised actually above the surrounding tissues; its margin is defined, its colour strawberry, it is lobulated, each lobule consisting of a congeries of elongated villous loops, denuded

of epithelium. Hyperplasia has led to œdema and hypertrophy.

The clinical features corresponding with this state of things are languor, congested pile, backache, "bearing-down," and sometimes hæmorrhage *post coitum*. If the patient be not nursing, there may be metro- or menorrhagia.

As these sores are extremely common and yet neither give rise to grave, general symptoms nor to any very marked local uneasiness, they are usually left untreated.

Pathologically they are certainly of the gravest import. If there be favouring causes, such as general debility and much mechanical irritation, these are eventually converted into the so-called "cauliflower growths" (cancroid), often diagnosed as true carcinoma. Indeed, if the cancerous diathesis exist they may pass usually during or after the climacteric period into actual infiltrating cancer.

The facts that most abrasions commence within the cavity of the cervix—and that many maintain this intra-cervical character for a very protracted period—explain the discrepancy which occurs between the statements of different doctors, with regard to the same case. No man can pretend to diagnose intra-cervical sores by the hand. I know that they are overlooked even when the speculum is employed, if sight or light be defective and the cervical lips not drawn apart. Yet they shall be the cause of serious, constitutional disturbance.

I wish to pause here a moment, that I may draw attention to the pathological significance of supra-orbital neuralgia in women. In this sex I have always found it associated with lurking cervical abrasion,* the cure of the latter in a large percentage of cases is followed by the disappearance of the former. This neuralgia (usually found on the left side), known to our forefathers as "brow-ague," often assumes the intermittent type so ably and accurately

* An excellent example of this connection of "Brow-ague" with cervical ulceration is given by Dr. Washington Epps, at p. 679 of v. xx, *M. H. R.*, apparently endometritis with ulceration of cervix. The neuralgia was removed by *Kali bich.*

described by our *confrère* Dr. Cooper; then the lowest potencies of *Sulphur* yield a most satisfactory result.

Another point which I wish especially to bring before the notice of the reader, is the very different pathological value attached by different men to pain in the region of the ovary.

When I entered practice, I set these cases down, nothing doubting, as primary affections of the ovary, trying to classify them, as well as I could, as congestive, neuralgic, rheumatic, &c. I looked upon them as analogous to orchitis in the male, and so, indeed, gonorrhœal oophoritis may be, but the great mass of these cases have no correspondence whatever with orchitis. If they are analogous to any affections of men, it is to the varicocele and epididymitis of determined, male masturbators.

We shall find on inspecting the state of the internal-genitalia, in cases of persistent ovarian pain, that the cervix is rarely sound, in something like 90 per cent. there will be decided disease.

The appearance of the uterine neck, and the local history, will indicate that the changes there preceded the ovarian symptoms.

If the cervical affection pursue its course without rest or treatment the passive congestion of the ovary may pass into acute congestion, and the organ may in time become greatly hypertrophied.

This state of things tends to self-cure at the climacteric. I have witnessed the entire disappearance of a tumour the size of a hen's egg in the left ovarian region without treatment. Doubtless, some of the cases recorded as "cures of ovarian tumour" or "cures of early stage of hydrops ovarii," may be relegated to this class.

It has twice occurred to me to see this secondary irritation of the ovary give rise to severe and repeated hæmatemesis.

I now propose to enter on the classes of "ulceration" as arranged in the syllabus at p. 24. First, we will take up the types which are associated with diathesis.

CLASS 1.—*Strumous*.

A pale, spare girl, of 18 to 25, is brought to us suffering from a disease which the medical adviser of the family is pleased to call "a decline." We search in vain for some trace of tubercle or other wasting disease, but, failing that, find perhaps that she was teased with ascarides as a child; that there are some traces of old strumous manifestations, associated, it may be, with aphonia and loss of flesh. She gets fugitive, ill-defined pains in certain nerve-areas, pointedly over the eye, in the temple, under the breast and in the ovarian region. There is often pustulous acne, especially on the chin. We note the presence of dyspepsia and perhaps so-called "spinal irritation." She shuns society, her spirits are unequal, and the general symptoms of anæmia are present. There is slight leucorrhœa, and sometimes vulvar pruritus.

The patient in answering your queries declines to meet your gaze. But the characteristic peculiarity that impresses you is the amount of deviation from health with a total absence of true organic lesion. On inquiry you find that there has not even been any disturbing influence of emotional character to account for a train of symptoms occurring in a patient in youthful prime, surrounded by hygienic conditions quite the reverse of unfavorable.

Here we have to deal with epithelial desquamation of the cervix uteri of scrofulous character induced by the irritation of ascarides, maintained by the strumous tendency and possibly aggravated by manustunation. This is the type which is especially prone to exhibit hysterical phenomena; it may pass ultimately into the epileptic form.

CLASS 2.—*Venereal* { Gonorrhœal.
 { Syphilitic.

a. *Gonorrhœal*.—Superadd to the symptoms of subacute urethritis, with more or less cystitis, a considerable amount of creamy leucorrhœa. Let the vagina be dotted with raised, punctiform spots, the colour of uncooked salmon,

and there be seen on the cervix a superficial, but angry-looking sore, bathed with copious pus, and you have to deal with gonorrhœal ulceration.

Unless treated early, these cases give rise to grave consequences. The very virulent type of inflammation spreads to the endometrium, thence by the Fallopian tube to the ovary and broad ligament. A chronic irritation is set up through the entire track, which is strangely obnoxious to treatment.

Added to this, the health is undermined by the metorrhagia that is rarely wanting in these cases.

β. Syphilitic.—We must not expect the subject of hereditary or of inoculated syphilis to be necessarily very liable to miscarriage. These patients are without doubt peculiarly prone to degeneration of the placenta; if this degeneration be general, abortion will take place; if partial, there will be a tendency to adherent after-birth.

We may strongly suspect a specific taint, when a pale and rather emaciated woman presents herself with an ulcer, perhaps not so peculiar in its *physical*, as in its *clinical*, characters. It is aggravated by the local application of lunar caustic. Notably there has been nocturnal gastralgia, and the patient remembers having had a rash on the forearms. There is alopecia, but the history of primary specific disease is vague, perhaps totally blank. Though typical primary syphilis be rare in private practice, secondary and hereditary disease are perhaps more frequently present than suspected.

CLASS 3.—*Gouty.*

The next patient is between forty and fifty, of bilious temperament, dyspeptic, languid by day, sleepless at night. Copious uric acid is excreted by the kidney.

The insomnia is due to an over-active condition of the heart at night; so much blood is sent to the brain, whilst the body occupies a recumbent posture, that the physiological anæmia, which we call sleep, cannot be set up.

This cardiac irritability owes its origin to the peculiar

stimulating effect of blood, rich in urea and its oxides, on the muscular tissue of the heart. The exciting cause of the lithiasis is reflex irritation of the sympathetic by an old-standing cervical sore; if we cure that sore, we shall find that the gout dies a natural death.

These are the patients who suffer in more advanced life from vascular tumour of the urethra.

SUB-CLASS—herpetic [eczema]. There is a modification the gouty type of pelvic disease which the French pathologists recognise under the term "herpétisme," and which they erect into an independent diathesis, the interesting feature of this is that nobody quite understands what is meant by the term! Possibly from this HAHNEMANN evolved his remarkable myth "psora."

This herpetic tendency (or as we should say now, eczematous tendency) may precede and predispose to ulceration. A patient presents herself for treatment having an eczematous rash on the mammary areolæ; on exploring we detect a similar eruption on the cervix uteri. If the cervix be exposed to any source of mechanical irritation, the heads of the vesicles will be removed, the resultant excoriations, bathed in acrid serum, will coalesce and form an annular sore. An ulcer formed in this way is frequently found to be most intractable; it will tax, at times to the utmost, both our ingenuity and our patience before we can dismiss the case labeled "cured." But here the wonderful influence of specific medication over the most obstinate diathesis comes into play, to aid the baffled surgeon.

CLASS 4.—Chronic osteo-arthritis [Rheumatic Gout].

Those of my readers who have in the course of their lives visited a "Women's Hospital for Incurables," will have been struck by at least two peculiarities. One is the general cheerfulness that prevails in a region over whose portal one would not be surprised to see inscribed the sad and celebrated sentence of the great Florentine poet:

"Lasciate ogni speranza, voi ch' entrate."*

* "All hope abandon ye who enter here."—*Dante*.

The second feature that impresses the visitor is the large proportion of cases of hopeless rheumatic gout. These do not certainly form the most cheerful elements of the party.

Something infinitely more sorrowful than the sight of these cases is the sad thought that, guided by a more enlightened pathology, these patient sufferers might have been rescued from a life-time of endurance and enforced idleness spent on a Procrustean bed. During the early history of these cases, you will find that they had one characteristic in common—their peculiar proneness to recurrent uterine hæmorrhage. Why menorrhagia should lead to that particular *perversion* of nutrition, which consists in the slow conversion of cartilage into bone, I cannot tell. It is an imitation in youth of the misfortune of age—a sort of anticipated senility. One thing is certain, that the removal of the cause of the hæmorrhage, in the earlier stages of rheumatic gout, leads to an arrest of the osseous metamorphosis and to a remarkable amelioration in the condition of the patient. Our accomplished representative at Brighton has pointed out in his “Therapeutics” the correspondence between the remedies for rheumatic gout and those for uterine hæmorrhage.

CLASS 5.—*Hepatic.*

A stout patient, not under 30, enters our consulting-room. She is of the bilious type and complains to us of recurrent sick headache. She has had, she tells us, two or three attacks of genuine jaundice. As piles are present, we examine the liver and finding it extending from two to four inches below the hypochondrium we diagnose hepatic congestion, and treat the patient accordingly. But so doing we shall never cure this case! The *Nux vomica* we administer and the mercury we give [especially if we chance to select the perchloride] will benefit her certainly, because, without our knowledge, we shall be attacking the *fons et origo mali*.

Let us go a little farther back in the medical history of this patient. Long before the tendency to jaundice there

was plain evidence of pelvic congestion, backache, menstrual irregularity, and more or less uterine catarrh. We should find too that the hæmorrhoids preceded the hepatic disturbances. Nothing but the removal of the cervical disease will cure this patient, and *that* will cure her, as I have seen more than once, without any hepatic remedies whatever.

CLASS 6.—*Mammary.*

Occasionally the only prominent indication of pelvic mischief exhibits itself in the breasts. The mammæ will present either hyperæsthesia, aggravated by cold wind, or else congestion proceeding in rare instances even to abscess, if the local cause be ignored. These symptoms indicate that the case is complicated by congestion or inflammation of the ovary.

CLASS 7.—*Cardiac.*

A pale patient, not young, seeks our aid, complaining of "something wrong with her heart." This perversion of heart-action may assume very various forms. She may have palpitation or irregular action only. There may be any of the classic murmurs with their respective concomitant symptoms, and without either anæmia, chorea, or the climacteric to explain them upon a non-organic theory. We attack these cases with the customary cardiac remedies and we are surprised that we only produce temporary amelioration.

Some old standing irritation of the uterine neck underlies this puzzling problem, which we shall only solve by subduing the cervical condition.

CLASS 8.—*Asthmatic.*

CLASS 9.—*Choreic.*

CLASS 10.—*Cataleptic.*

CLASS 11.—*Epileptic.*

CLASS 12.—*Tetanic.*

Other types of uterine disease are the asthmatic, the choreic, the cataleptic, the epileptic, and the tetanic. As
VOL. XXXV, NO. CXXXIX.—JANUARY, 1877. c

they do not differ in kind from the same disorders arising from centric causes I need not inflict a description on you. It will serve to distinguish them from organic neuroses to note—

1st. That the attacks are not so frequent nor so periodic.

2ndly. That the symptoms are usually milder than in those cases where the explosion depends on organic lesion.

3rdly. That the phænomena rapidly disappear on removing the eccentric source of irritation.

CLASS 13.—*Special Sensory.*

This class includes those cases where we see some peculiar perversion of the special senses, notably of the sight and hearing, occupying a prominent place in the patient's mind, the primary symptoms having either fallen into abeyance or tolerance having been set up.

The affection of the sight is congestive in character, it is usually choroidal* at the outset, but in process of time the other structures will become involved, and sight be gravely imperiled. The fact that some of the best eye-remedies have also a marked uterine action may explain how a lucky hit may be made in all innocence by the homœopathic practitioner.

Tinnitus, which does not yield to ordinary treatment, should always draw our attention to the pelvic organs.

Should these sensory symptoms be attacked in the right way, when they have existed for two or three years only, there is fair ground for holding forth a hope of their total disappearance with the removal of their remote cause. But nature will not hold up the warning finger for ever: established amaurosis and confirmed deafness may be benefited, but will not be entirely removed even by complete cure of the predisposing condition.

CLASS 14.—*Mental.*

Memory is often much impaired. Undoubtedly long-

* Dr. Cooper narrates a case, *M. H. E.*, v. xv, p. 622, where apparently a congenital tendency to choroiditis is lighted up by pelvic congestion, probably cervical ulceration *plus* hypertrophy.

protracted uterine disease may, especially at the climacteric, gravely disturb the balance of the mental faculties. Excepting where there is a family tendency, I do not think the menopause will induce insanity, unless the way be paved by pre-existing pelvic disease.

Hallucination is by no means uncommon.

Primary mental disease is not, I should judge, commonly seen in women.

CLASS 15.—*Moral.*

Undefined apprehension, groundless terror, a distressing feeling of dread, especially felt during the night, which is either haunted by dreams, or long, dreary and sleepless, characterise some cases. In others the most painful pelvic symptom is marked irritability: utterly inadequate causes disturb the delicate equilibrium which we call "temper," marring domestic peace, embarrassing social intercourse. Moral principle and courtesy may conceal, but cannot efface this sad result. Many an unfortunate sufferer earns the reputation of being a vixen when, perhaps, a physical condition underlies all her accredited waspishness.

Not to swell my paper to too great a size, I omit a great variety of convulsive neuroses, as well as a number of cerebral and spinal congestions—apoplexy, para- and hemiplegia, general paralysis, febrile delirium, meningitis, &c.

I will content myself with reminding you that there is one other group; the possibility that a case may be relegated to this class must always be borne in mind.

CLASS 16.—*Mechanical.*

There is, then, another group of cases which we occasionally encounter: here the disturbing cause is the presence of a foreign body; most of us have witnessed cases of this kind. A curious example is that of E. C—, Case 12, where a large barrel-cork was found lodged on the posterior *cul-de-sac* of the vagina. Similar conditions have been induced by badly-fitting or displaced pessaries.

It is unnecessary to tell you that the preceding classes, arranged, for facility of reference, according to the leading

clinical features, are to a certain extent artificial and arbitrary. The divisions are rather diagrammatic than absolute, because in practice we should not be surprised if we encountered two or more combined in one subject. We could of course multiply their number, giving "hysterical," "spinal," "renal," &c., but I think I have included the typical varieties, most liable to mistaken diagnosis, the reflex condition being erroneously elevated to the post which should be occupied by the primary lesion. I think they are sufficient to show that in pelvic disease we encounter a curious and characteristic feature, viz. *that one and the same affection of the same organ shall give rise in different persons, and in the same person at different times, to dissimilar effects.* Hence, pure symptomatic treatment would involve us in a palpable absurdity.

I suppose that it has occurred to most in this room, to ask why a fixed, definite, morbid condition should present itself under such protean forms and should give rise to groups of symptoms so widely divergent in character in different subjects? I have little doubt that this curious fact is to be explained in the following way.

Given a disturbing element in the lower abdominal circulation; then, should neither diathesis nor hereditary predisposition exist, the patient will have ordinary pelvic congestion. This hyperæmia may be fostered with favouring circumstances into fundal metritis, cervicitis, abrasion, hypertrophy and the remainder of the classic pathological series. Should there be, on the other hand, a family tendency; we may look for a deviation of the secondary or tertiary symptoms into that special channel. This is illustrated by the instance with which you are already familiar. The subject of papillary hypertrophy may get in time a "cauliflower cervix;" but should that patient be the unfortunate descendant of carcinomatous ancestors, we may justly dread the accession of true cancer of the cervix.

A question of grave importance here presents itself. Does the healing of a chronic sore tend to develop a latent diathesis? This point I should desire to approach with

great diffidence, and, as far as possible, with a mind divested of bias. I will not give you my opinion on this subject ; opinions are of little worth. My experience is this. I have healed a great number of abrasions in cases bearing marked strumous characters : in not one of these has chest-disease manifested itself to my knowledge. In two instances I have healed uterine sores where persistent apex-crepitation, &c., &c., gave the usual evidence of active tuberculisation. In both the general health has been decidedly benefited. There is certainly no increase in the area of crepitation in the one, whilst in the other it entirely disappeared during the local treatment. An interesting point concerning the former patient is that she had been prone, before the topical treatment, to temporary attacks of mental aberration. These always occurred in the morning ; they ceased suddenly with the cessation of cervical symptoms.

With regard to cancer, the only case I can adduce is the following. A lady, aged 43, consulted me five years ago for very troublesome pelvic symptoms. Besides these there was a growing nodule in the outer border of the left breast, the size of an almond ; two hardened glands, the size of peas, were found in the left axilla. Sir James Paget agreed with me that the mammary tumour was malignant and of scirrhus character. On examination I found extensive denudation of the cervix, whose circumference was enlarged to the size of a crown piece and was dotted with the hard, yellow nodules said to be characteristic of incipient cancer. I have occasionally touched these with carbolic acid with great benefit to the patient's general health, and certainly without any aggravation of the mammary tumour, which is scarcely larger than it was in 1871 (5 years).

TREATMENT.

Though I commence the consideration of treatment with the estimation of the relative value of drugs, and their appropriate selection, this is not because I consider that the

introduction of medicaments into the stomach plays the most important rôle in the drama of pelvic disease. Yet neither should we desire to undervalue the potent yet plastic means which the law of similars has placed at our disposal. Probably most uterine lesions are constitutional in their earliest stages; then they may be treated successfully by internal remedies alone; but it is notorious that our aid is very frequently not sought till other methods have been tried in vain, or the evil day is put off for merely secondary considerations, and thus a number of elements are one by one introduced, some of them essentially local in their nature, and mechanical in their action.

It is our wisdom to encounter mechanical disorders by mechanical measures, constitutional diseases by constitutional remedies. If we tilt at a windmill with the fine lance of Similia, our ludicrous failure will be evident enough to others, if not to our own *amour propre*.

The earlier adherents to the cause of homœopathy, had a strong leaning to the Physiological method. This is not surprising when we call to mind that they had witnessed, on the one hand, the abuse of mechanical measures, on the other, the remarkable results of specific medication. But now there is more danger of our lapsing into *laissez fairism*. The medical mind is as prone as any other to swing, pendulum-like, to extremes. Doubtless, truth lies in a middle course. For example, it is more than questionable if a healthy uterus ever were dislocated by pure violence; its levity; its remarkable mobility, the resiliency of its environments when normal, render this a feat almost impossible to our understanding. Yet, given a disturbance in itself or its surroundings, the delicate equilibrium is upset, and what was so hard a task becomes the easiest affair in the world. The error lies in supposing that the proximate cause is the only factor. Just as erroneous is it to think that the methods of production of proclivitas are of one kind, obviously they will be as numerous as the conditions that determine equilibrium.

Typical pelvic congestion.—The remedy whose symptoms correspond most closely with those of passive pelvic con-

gestion, appears to me to be *Actæa racemosa*; I use 1^x to 3^x. Here the various appliances of hydropathy are of marked value. Arranged according to frequency of use, the other medicines are *Nux. vom.*, *Podoph.*, *Hamam.*, *Aloë*, *Sulph.*, *Collinsonia*.

Ulceration.—If abrasion be present then the king of remedies is *Corrosive sublimate*. It not only has a specific relation to the genital sphere, but it meets the pathological process of ulceration arising from over-stimulated, then broken down glandular structure. It also covers many of the secondary remote symptoms.

If hypochondriasis be marked, *Actæa* is indicated; fretfulness, *Chamomilla*; debility, *Phos. acid*; debility from excessive leucorrhœa. *China*; insomnia, *Gelsem.*, or one of the *stramoniaceæ* according to the minute indications; vertical burning, *Cuprum*; vertical burning with vertigo, *Actæa*; vertical burning with flushing, *Lach.*; supra-orbital neuralgia, for the attack, *Chelid.*, for the tendency, *K. bich.*, *Arg. nit.*; facial neuralgia, *Plat.*, *Cham.*

Eye: Retinal disease, *Phos.*; muscular disease, *Arn.*, *Gels.*; choroidal disease, *Act.*, *Bell.*

Ear: Not much can be expected here from internal medication. *Quinine*, *Arn.*, and *Hydrastis* may be tried.

Laryngeal and pharyngeal affections, *Nux vom.* and the *Iodides of Mercury* and *Potassium*; flatulence, *Lach.*; flatulence, with abdominal distension, *Nux mosch.*; flatulence with borborygmus, *Arg. nit.*; flushing, *Lach.*, *Amyl. nit.*, *Glon.*; palpitation, *Lach.*; epigastric sinking, *Lach.*, *Act.*; hæmatemesis and ovarian pain, *Hamam.*; hypogastric sinking, *Bell.*; stitch in ovary; *Lach.*; lumbar aching, *Act.*; acute lumbar pain, *Bell.*; pain in hips, *Coloc.*; pain in thighs, *Xanthox.*; "bearing down" pain, *Secale*; pressure without pain, *Stannum*; fierce straining down, *Plat.*; irritable bladder, *Nux*; irritable kidney, *Verat. alb.*, *Act.*; irritable rectum, *Aloe.*; piles with itching, *Nux vom.*; piles with congestion, *Hamam.*; piles with tenesmus and engorged liver, *Podoph.*; piles with tic, *Verbasc.*, *Merc. corr.*; piles, chronic, *Sulph.*, *Collins.*;

pruritus vulvæ, *Ars. Calad.*; yellow leucorrhœa, *Nux vom.*; sacral pain, *Sepia*; itching of skin, *Sep. Sulph.*; alopecia, *Sep., Phos., Calc.*; paraplegia,* *Bell., Ars., Con., Cocc.*; fainting, *Lach.*; fainting with pallor, diuresis, or diarrhœa, *Verat. alb.*; fainting with muscular relaxation, palpitation, and nausea, *Tabac.*; dementia, *Actæa, Secale*; dementia, acute, *Hyosc., Bell., Mercuric methide.*

Hypertrophic Cervicitis.—If the amount of hypertrophy be slight, it disappears on curing the sore whose irritation gives rise to it, without any special treatment directed against it.

An organ so freely supplied with the lymphatics and possessing such large lacunæ as the uterus, is likely to become œdematous if any obstruction occur in the course of its circulation. With œdema is often seen a truncated appearance of the cervix, which becomes cylindrical, making it resemble in shape the upper part of a silk hat.

I then apply strong *Carbolic acid*, giving internally *Apis* or *Arsenicum*.

Sometimes the hypertrophy is chiefly vascular; then it readily bleeds and is extremely sensitive to the touch. I once saw this condition in a lady whose husband had forsaken her, possibly this was the cause of separation; if so, had the disease been recognised earlier and removed, on her part, much social misery might have been averted; on the other side, perhaps moral wrong prevented.

If the enlargement be due to true fibroid development from effused lymph, rare in my experience, it resembles in character the horny tonsils of strumous children, which we know too well in dispensary practice. This fibroid tissue becomes practically a foreign body, the contracting lymph strangles the vessels which would have carried away the mass by interstitial absorption. They yield to no medication (except in manuals), even let the remedies be selected by a Hahnemann, and persevered in with the patience of the patriarch of Uz! I treat both conditions in the

* *Sulpho-cyanide of potassium, Practitioner, vol. i, p. 199.*

same way, melting them down with Morell Mackenzie's *London paste*.

Perhaps of all the diseases of women, none more imperatively demands complete physical, as well as physiological, rest than the villous hypertrophy. Excepting in this instance, and in actual inflammatory conditions, I do not dream of keeping my patient *absque marito*. In ordinary cases, not only is this morally indefensible, but patients are not the better, some even the worse. It is as well too not to interfere readily with a relationship so intimate and delicate as that implied by the married state.

My rule with regard to physical rest is to make it absolute as long as there be active inflammation or any extra-cervical excoriation, which might be aggravated by friction against the adjacent vaginal wall. When the external sore is healed, I relax a little and allow moderate carriage exercise.

I cordially agree with Dr. Moore, of Liverpool, in urging the operator not to finally dismiss his patient till he has cured the last trace of abrasion. If so much as a scratch be left all the symptoms may return; and much discredit come on the medical attendant.

A long probe or forceps armed with a light pad of Van Brun's wool (cotton-wool freed from all trace of oily material) passed very gently up to the *ostium internum* and revolved two or three times, should return with no trace of red discoloration.

Perhaps the best of all specula is Neugebauer's, or one of its modifications. Most gynæcologists employ, I believe, a bivalve. Cusco's speculum, with the right hand or anterior blade made much shorter, is a very useful instrument; for operations I use the double duck-bill of Marion Sims; for other purposes I prefer a tubular "Fergusson," galeated for easy introduction, and that a displaced cervix may be caught by the hood and brought into range; thus the use of the sound for preliminary reduction in cases complicated with displacement is dispensed with. The external rim being rendered greasy by the necessary lubrication, it is prone to slip suddenly from the hand; and because a slip under such

circumstances inflicts a good deal of pain, Mr. Weiss has devised for me a handle which projects from the posterior side of the rim; this acts also as a lever to assist in tilting a dislocated cervix into the line of vision. This instrument gives a good clear light, no small advantage; but it must be remembered that specula, coated with organic material, are prone, especially when they wear rough at the edge, to carry the germs of disease. They should therefore be carefully carbolized after use. This and their frangibility are certainly serious objections to their employment. To diminish, as far as possible, the suffering entailed by introduction, the vaginal orifice should be slowly and carefully dilated by means of the well-oiled index-finger. Then the coccyx should be pressed firmly back, and the instrument introduced with a screw-action as the left hand is withdrawn. Great care should be taken to dilate at the expense of the coccygeal side, and to avoid pressure forwards towards the pubic arch. I always request the patient to empty the lower bowel and to thoroughly douche the cervix previous to operation. The sore *and the cervical canal* should now be very carefully dried, and the paint applied from within out, commencing well above the seat of ulceration. One inch inside the *ostium exterum* will make sure of this in ordinary cases; to dress above this point will inflict severe pain with no benefit. Of course, if cervical hypertrophy be present, we must extend this limit in proportion to the amount of enlargement. If the patient be a nullipara, bearing in mind the deep sulci between the branches of the *arbor vitæ*, the operator will rapidly revolve his brush as a housemaid handles her mop. The most internal part of the sore must be first attacked, for after dressing the outer portions the cervix may convulsively close; it must be taken by surprise or the operator will be defeated. If the patient come to my consulting room, and especially if the sore be extra-cervical, I make a point of leaving some dressing between the lips of the cervix, bringing it over the external sore. This is very conveniently done in the following way. A spindle-shaped slip of lint* is

* I employ 'Ellesmere' lint, previously soaked in a hot solution of borax

attached to one end of a piece of twine, to the other a pad of cotton-wool. One point of the lint is introduced into the *os tincae*, and the cotton-wool pad is applied to keep the lint *in situ*, a loop being left outside the vagina that the patient may easily withdraw the dressing before the evening injection. I never cauterise the cervix within seventy-two hours of the advent or disappearance of the menstrual flow.

I am sure that many cases are dismissed with the intra-cervical portion of the sore unhealed, and just as some careless diagnosticians cannot credit the existence of an excoriation which they cannot see, so others think that when they have healed the extra-cervical abrasion the case is cured.

Of course, patients are prone to worry and tease the medical attendant to dismiss them before they are completely cured, but for his own sake he must be obdurate, for if the smallest raw place be left, especially if the patient be no longer young, all will recur.

Injecting the cavity of the uterus, I consider to be a mischievous and dangerous practice, which should only be resorted to under the most extraordinary circumstances. Should it ever be necessary to make applications to the endometrium, it is best done by swabbing.

Dislocation.—Displacement of the uterus is a subject of itself; I cannot here do more than notice those forms which are associated usually with cervical disease.

No one will be inclined to doubt that the most important element of displacement is the great variation under different circumstances, of its blood-supply, which not only greatly modifies its relations of gravity, but also those of size and of shape. Nature seems to have taken a great deal more care that this organ should have blood enough than that it should not have too much, when physiological inactivity converts its hyperæmic tendency into a source of inconvenience and even acute suffering.

There is one characteristic of the mechanics of uterine circulation to which I do not think any writer has drawn to remove any trace of grease. This lint is entirely made from flax, instead of having cotton one way.

attention. I speak of the syphon arrangement of the uterine arteries. In the vertical posture, the column of blood pressing on the uterine arterioles, forms a curve with a long ascending branch reaching as high as the transverse aorta. This is peculiar to the pelvic organs, it adds another to the many liabilities of the uterus to hyperæmia.

As the pressure of blood is greatest at the highest point of the distal arm, this may explain the causation of Routh's fundal metritis. Of course, the effects of this syphon-action are much modified by the sinuosities of the uterine vessels. This action of a syphon shows too a subsidiary reason for the existence of the tortuosities besides that usually quoted. Again, it furnishes us with another explanation of the benefit derived from a recumbent posture.

General procidentia is probably the result of general congestion often induced by the irritation of a cervical sore acting in a reflex way, just as, in the male, urethral disease will induce orchitis.

Cervical ulceration is usually associated in *multiparæ* with hypertrophy of the neck. This descends in proportion to its weight and to the relaxation of the tissues beneath and around it, sometimes dragging the fundus after it, more frequently, I think, than is commonly supposed. If the tissues around be not relaxed the cervix may descend at its own expense by elongation.

Ante and retroversion.—I have shown elsewhere that the action of *coitus* on a hypertrophied cervix, especially if the broad ligaments be contracted by previous parametritis, and the vagina be lax, is to induce anteversion. If the extra-vaginal cervix be flexible, and yet inelastic, retroversion may be the result.

Hypertrophy by its mechanical pressure interferes with the functions of the lower bowel, a packed rectum, especially if the bladder be irritable and frequently emptied, will tend to induce and maintain anteversion. On the other hand,

a chronically distended bladder, especially if constipation be absent, will assist in the production of retroversion.

ULCERATION.

We come, now, to the consideration of the third and most important section of our subject, the treatment of ulceration of the cervix, and taking up first the diathetic groups, we will attack

CLASS I.—*Strumous ulceration.*

I chiefly administer *Actæa*, *Ars. Iodid.*, *Calc.*, *Ferrum*, *Helonias*, *Puls.*, and *Sulph.*

Dr. Bayes has found good results from *Origanum* in those cases where masturbation is suspected. The helminthiatic diathesis must, of course, be treated on its own merits. I paint the sore in these cases with weak carbolic acid, and order *Hydrastis* as an injection.

CLASS 2.—*Venereal.*

Gonorrhæal.—I need not enter on the treatment of gonorrhœa as such, suffice it to say that frequent injections of tepid carbolised water are followed by capital results in the earlier stages, doubtless, in part, by destroying the trichomonads. I wish I could tell you a remedy which will neutralise the after effects—alas, I cannot; I fear *Thuja* has scarcely the virtues that are attributed to it.

Syphilitic.—I must leave the various phases of this diathesis to be treated at your discretion according to special indications. I find that the rapidly curative power of the bichloride ceases near the first centesimal dilution for primary syphilis. The higher potencies will certainly touch some primary cases, but very slowly. They are preferable in most cases of hereditary and secondary disease.

Calendula suits these patients best as an injection, and strong *Carbolic acid* as a topical application.

This is the only class of case where I have seen denudation extending actually into the uterine cavity, hence they require unusually high swabbing.

CLASS 3.—*Gouty.*

Here, the grand remedy is *Berberis*. A perusal of its pathogenesis will show its remarkable correspondence with the duplex pathological condition of gout and pelvic congestion. *Berberis* must be administered low, one to ten drops of the matrix tincture.

A cardiac sedative may be tried for the insomnia of these cases, but it will not be found much under the control of medication. I depend more on copious draughts at bed-time and during the night, of some slightly nutritious diluent as milk-and-water, barley water, &c.

Other remedies to be thought of for the diathesis are *Nux*, *Nitric acid*, *Lycopodium*, *Benzoic acid*, *Pulsatilla*, *Sulphur*. The local application I employ is *Carbolic acid*, whilst the patient injects *Calendula*.

I may here draw your attention to the capital little ivory urethral dilator recently invented by Mr. Bryant to facilitate the removal of vascular growths from the urethra. The best proceeding is to snip them close with scissors, then sear the peduncle with the galvanic or actual cautery. I may add that I have tried all sorts of escharotics and acids, including the chromic, recommended by Dr. Edis, without success.

The so-called "herpetic diathesis" is best met by *Thuja* locally and internally; *Arsenic* in a similar way, or *Sulphur* by mouth, with the topical application of *Carbolic acid* or *Liquor carbonis detergens* freely diluted.

CLASS 4.—*Rheumatic Gout.*

Sulphur exerts a greater influence over these cases than of any other drug with which I am acquainted.

In a patient of 50, who had been doubled at right angles from contraction of knee-joints for sixteen years, a remarkable change was induced by persevering with *Sulphur*. 6 and 30 for nine months; with occasional friction of knees with sublimed *Sulphur*. At the end of that time she could walk upright and without the aid of her crutches, upon which she had been quite dependent. *Sulphur* 8^ʳ, which I

first gave, had to be abandoned because it would always induce an attack of facial acne.

Actæa, especially if combined with the *Muriate of Iron*, is useful in more recent cases. I cannot say that I have seen decided effects from *Sabina*, *Ruta*, or *Caulophyllum*. But the state of the uterus must be ascertained to do any lasting good.

CLASS 5.—*Hepatic.*

Here *Merc. corr.* at once suggests itself, add to this *Nux v.*, *Berberis*, *Podoph.*, *Cham.*, *Sulph.*, *Hepar*, *Iodine*, *Lach.*, *Agar.*, *Hydrast.*, *Nitric acid*, *Lycopod.* Here we have a tough enemy and *pro consuetudine* a wealth of weapons to fight with! It may be borne in mind that Sundelin* attributes to *Sabina* a powerful hepatic action, he says it stimulates the flow of bile. Generally these cases yield better to *Carbolic acid* than *Lunar caustic* for topical application.

A capital local treatment for the piles is to sit in cold water at night, carefully dry the pile and apply an ointment made by boiling the leaf of the great mullein (*Verbascum Thapsus*) in pure lard carefully freed from salt. This gives great relief. There should be no alcohol in any anal dressings, its presence gives great pain.

CLASS 6.—*Mammary.*

In the mammary cases we think of *Conium*, *Ham.*, *Bell.*, *Graphites*, and *Mercury*. But on healing the cervix the ovary dwindles away, and the mammary pains disappear spontaneously.

CLASS 7.—*Cardiac.*

The hepatic usually involves this class, therefore its remedies will probably be found in the hepatic list. For palpitation or irregular action of the heart I give *Cactus*. Palpitation with severe flushing, *Amyl.* Violent palpitation with pain, *Spigelia*. Palpitation with flatulence and flushing, *Lach.* Palp., flatulence, profuse urination and frontal head-

* *Heilmittellehre*, bd. ii, s. 180, auf. 3te. Mohrenheim relates a case of savine abortion where vomiting was present, and the gall-bladder was found ruptured after death (*Murray, App. Med.*, v. i, p. 59).

ache, *Lycopodium*. Palp. with nausea—*Digitalis*. Palp. with gastralgia—*Hydrocyanic acid*. Palp. with pains in medulla oblongata—*Tabacum*. With pains radiating from medulla—*Naja*. Palp. with hysterical dyspnoea, *Moschus*. Palp. flushing of frontal ceph., *Sanguinaria*.

Local treatment same as in the hepatic class.

CLASS 8.—*Asthmatic.*

As a palliative, till the case be cured by removal of the cause, *Moschus* stands at the head of the list. Should this fail *Bell.*, *Con.* and *Cuprum* may be thought of.

CLASS 9.—*Choreic.*

Actæa if its symptoms be present. Mr. Arthur Clifton's indication for *Agaricus* is certainly a good and reliable one, the cessation of the movements during sleep.

Other remedies are *Ign.*, *Cauloph.* Passive exercises, tonic baths, and diet must never be neglected in these cases. Active out-door exercise I sacrifice entirely till the local cause be removed. This I find the best rule, for it is astonishing how soon patients recover from the bad effects of confinement and inaction, once their local trouble is removed. Plenty of eggs, fish, and milk, with bread made of Chapman's "whole-wheat flour." *Cod-oil* if it can be tolerated.

CLASS 10.—*Cataleptic.*

For this rare condition I agree with Dr. Richard Hughes, the similimum is *Cannabis*. Some students of Sir R. Christison after taking freely of *new* tincture of Indian hemp fell into a condition precisely resembling catalepsy. Added to this we know the hemp to have an elective affinity for the genital organs.

CLASS 11.—*Epileptic.*

Bell. begins the list both for theoretic and practical reasons.* Next perhaps comes *Prussic acid*, I prefer the salt formed by combination with *Potassium* as being a more

* *Vide* Dr. Rutherford Russell's *Clinique*.

stable preparation and not so evanescent in its action. *Arg. nit.*, *Ars.* or *Cuprum* may be used both locally and internally.

CLASS 12.—*Tetanic.*

Here *Strychnine* would be our sheet anchor, failing it we should recur to *Aconite*, *Prussic acid*.

CLASS 13.—*Special Sensory.* { eye,
ear.

I have already given the indications for the selection of the eye remedies. Though little can be done by medicine for the affections of the ear, I should give a trial to *Quinine*. The Americans speak highly of *Hydrastis*; it might be employed locally and by administration. *Arnica*, with *Ferrum redact.*, sometimes gives temporary relief.

CLASS 14.—*Mental.*

Here I have seen very hopeful results from general treatment, local lesions having been removed. I have seen the memory steadily mend under *Anacardium*. *Phosphoric acid* and its ferric salts are valuable as nervous pabulum.

CLASS 15.—*Moral.*

Here too medicines are very valuable. A pelvic patient, who could not travel by train without being tempted to commit suicide by leaping from the carriage at speed, was entirely cured of the desire for self-destruction by *Actæa*. *Actæa* I find clinically the best remedy for "undefined dread of impending evil." Hypochondriasis is most marked in the subjects of extreme cervical hypertrophy, perhaps because they are so prone to constipation. Here *Merc. corr.* attacks both the cause and its effects. If it be an old-established case, and prolapsus be marked, *Secale** corresponds with both the mental and the physical conditions.

* Gereleitschenko cured twenty-two out of twenty-nine cases of uterine catarrh by the application of *Ergot* to the cervical canal.—St. Petersburg Med. Week.

Hypochondriasis with burning pains and pruritus demands *Arsenic*. Hysterical depression *Ign*. The religious element calls for *Aurum*. The sleeplessness is difficult to overcome by medicines. *Acon.*, *Bell.*, *Gels.*, *Coff.*, *K. Brom.*, *Ign.*, *Cannab.*, *Camphor monobrom.*, *Secale*, *Sulph.*, *Glon.*, are not too many strings to have to our bow.

Besides medicines, much may be done to relieve the sufferings of the sleepless by certain manœuvres. In some cases sponging the feet with cold water is enough; in others a hot-bottle of water in the bed. If the patient be anæmic, an extra high pillow is sometimes all that is required to empty the brain of blood sufficiently for sleep. Above all, many persons lie awake when a little food would induce sleep. These patients should never retire without laying in a supply for the long and tedious nocturnal hours. A tumbler of milk, with whisky or rum if prostration be marked, and the symptoms of nervous waste present. If the liver be active, there is no better hypnotic than a glass of stout. When pelvic patients are cured, I make a point of absolutely forbidding alcoholic stimuli. Thus one of the great benefits of radically curing these patients is, that you render them independent of a treacherous ally, ever too ready to be metamorphosed into a deadly enemy.

CASES.

CASE 1. *Simple epithelial denudation of the cervix.*—Mrs. G. V—, æt. 25, slight, pale, vivacious, the daughter of a well-known author, herself not entirely unknown in literary circles, is naturally of mercurial temperament, of bright and cheerful disposition. Has been married five years, but has never been *enceinte*. Has gradually got out of health, her naturally happy temperament is replaced by alternate fits of excitement and depression; she finds that whereas she could formerly produce page after page of original writing without effort, her brain now refuses to generate ideas, let her lash it never so cruelly! There are loss of hair, slight vertical headache, and milky leucorrhœa; but

the most troublesome symptom of all is an incessant "sinking away" in the hypogastric region; now and then she is seized with an insane desire to "fly down stairs." I am called to her aid occasionally for an attack of clonic spasm of the diaphragm, which soon yields to the use of *Moschus*. This is varied by temporary trismus, for which she gets *Cicuta*.

Actea greatly relieved the supra-pubic sinking, and under *Cocculus*, *Ignatia*, *Nux vomica*, and mild chalybeates, accompanied by the shower-bath, this patient improved very markedly in general health, and I took my leave of the case.

Alas! I was soon summoned again. This time I asked for a local examination and found a cervical sore. Every seventh day I painted the cervix with a saturated aqueous solution of carbolic acid. At the end of a few weeks this patient lost all her symptoms, regained her mental powers and good spirits, and has remained well since that time, a period of two years.

CASE 2. Ulceration with hypertrophy.—Mrs. E. L—, æt. 33, tall, and clear skin, florid colour, dark hair and eyes, inclined to be stout. Has been married thirteen years; had seven children, no miscarriage. Is pregnant at the present time; has piles and a cough without expectoration. Was weak and ailing in childhood; remembers that she had threadworms. Catamenia commenced between seventeen and eighteen, and have never been arrested except by natural causes. Has always suffered during menstruation from vertical headache, nausea, colic, and flatulence. The period is followed for some days by yellow leucorrhœa. Five years ago she had some inflammatory affection of left lung, which has left a good deal of emphysema. Has always lost blood freely at her labours. Has been, for the past six years, prone to attacks of excruciating pain over the left eye. Has taken, under allopathic advice, immense quantities of quinine and port wine, unfortunately without benefit. She wakes with the tic and lachrymation of left eye; the pain steadily increases till midday, then slowly subsides.

Physical examination revealed a sore, the size of a shilling, surrounding the *os tincae*. There was so much hypertrophy of the posterior lip that it overhung and completely concealed the cervical orifice. I painted the abrasion half-a-dozen times with carbolic acid; in three months she was perfectly cured of all her symptoms; and has had hitherto no recurrence (two years). This patient took internally *Nux v.*, *Bry.*, *Ars.*, *Puls.*, *Kali bich.*, and *Ferrum redact.* *Sulphur* ϕ gave remarkable relief during the attack of tic: happily she had but one opportunity of testing its efficacy.

CASE 3. *Strumous ulceration (ascarides)*.—Miss H. B—, æt. 24 , is tall and slight, with white skin and black hair, prone, from early childhood, to threadworm; has latterly had persistent lumbar aching, unusual pallor of skin, indifference, depression of mind, fugitive frontal headache, brownish tongue, poor appetite, leucorrhœa, and occasional vulvar *pruritus*. Is sometimes constipated. There is a superficial abrasion on the cervix. This I healed, taught the patient how to remedy the anal and vulvar itching, and having warned her mother against the grave consequences of manual counter-irritation of the external genitalia, I dismissed the patient sound in body and with steadily returning cheerfulness of mind. The remedies employed internally—*Act.*, *Bap.*, *Ign.*, *Sulph.*, *Fer. red.* After the local treatment, *Rhus tox.* was very beneficial to general health.

CASE 4. *Gouty*.—Lady R—, æt. 58 , had been some years resident in a hot climate. Came home suffering of course from "engorged liver," and has been actively treated for it ever since. The use of strong cholagogues followed by full doses of bark, administered by her allopathic advisers, relieved but failed to cure.

There was a chronic proctitis, with frequent discharge of mucus. This, I have no doubt, depended purely upon local irritation of an adjacent uterine sore. She passed daily large quantities of uric acid.

This case was benefited by general treatment, and would,

I have no doubt, have been cured entirely by local attention. I had no opportunity of remedying the local origin of disease.

CASE 5. Hepatic.—Mrs. G. R—, æt. 28, has suffered since girlhood from “biliousness,” with now and then an attack of true jaundice. Has borne no children. She is naturally strong and muscular, but is worn down by constant backache.

I found, I think, the most extensive simple sore I have ever seen ; it extended from the cervical canal to the extreme circumference of the neck, where the cervical epithelium is reflected on the vaginal wall.

This excoriation was healed by the local application of carbolic acid ; the patient lost both her “backache” and “biliousness.” She feels better than she can ever remember doing before.

CASE 6. Hepatic.—Mrs. Q—, æt. 44, is tall, spare, very dark hair, and dry parchment-like skin. She says her family are all “bilious ;” has a valetudinarian brother, who is very bilious indeed. Has always been regular except during her three pregnancies. For some years has suffered from extreme constipation, piles, loss of hair, backache, great depression of mind, irritability, and sleeplessness. There is also bad appetite, and religious hypochondriasis varied by attacks of hysterical crying. No decided uterine symptoms.

Here was a case with a family tendency to portal congestion, and everything to point to primary liver disturbance. She was accordingly treated on the liver tack for two years, and with a most humiliating absence of success. She then sought, by my wish, the advice of one of our leading consultants, who recommended courses of *Nitric acid*, *Lycopodium* and *Hepar*, then a resort to Benrhydding. These directions were religiously carried out, with the same amount of improvement as had attended my own discouraging efforts. I then proposed an examination of the uterus. I found abrasion with slight hypertrophy ; the

spot of soreness was not larger than the little finger-nail. I painted it six or seven times with *Arg. nit.* (gr. v ad ʒj). Her symptoms all passed away, and her life became a pleasure instead of an infliction. Whereas she had been constantly under my care she has not required to consult me since the operations, now more than a year ago.

CASE 7. *Hepatic.*—R. D—, æt. 51, spare and dark, catamenia commenced at twelve, was regular but always accompanied by much pain, which was relieved by vomiting. At the age of twenty-eight began to suffer from “rheumatism” (osteo-arthritis) and “blind boils;” the latter continued till the age of forty-five. These were always worse in the autumn. Then she was much tortured with severe vulvar *pruritus*, to which, when I saw her, she was still prone. This alternates with numbness of internal genitalia. She had, too, considerable external piles, and could not digest her food.

In 1863 she occupied a damp room (age now being forty), and her symptoms grew worse; had vertigo, and more pains in arms and shoulders, which were aggravated by the warmth of bed. The periodic flow grew scanty, was dark and treacly. She consulted a homœopathic physician at Hastings for three months; no examination was made, and no benefit accrued. Returning to Reigate she steadily grew worse with attacks of pubic pain and flatulence varied by occasional vomitings till 1869 (age forty-six), when she had jaundice, which left her very depressed in mind and sour in temper. Now the period began to intermit, and the symptoms one by one disappeared, with the exception of the piles, the peppery temper and the *pruritus pudendi*. About this time she was troubled with a sore navel (eczema); and a vesicular rash (eczema) broke out on the arms and in the scalp. Insomnia also was added to the list of her misfortunes. The period ceased in 1873 at the age of forty-eight. Since that date she has had throbbing headaches, piles, vulvar *pruritus*, and successive crops of eczema.

On examining the patient, 3rd Oct., 1876, I found no

organic disease present, but the cervix presented an extensive abrasion. I gave it as my opinion that on the disappearance of this sore she would be free from piles. The event justified the prediction. With the use of astringent dressings the sore soon scarred over, the piles and *pruritus* disappeared. She sleeps quietly, and is now restored to health and cheerfulness.

Here is an interesting case commencing very early with, we may safely predicate, cervical stenosis, then abrasion; afterwards the case assumes the osteo-arthritic type, general nutrition being impaired. In process of time reflex irritation of the liver is set up, then some latent gouty tendencies are fanned into a flame formed by the continued pelvic irritation.

How much misery would have been spared this wretched creature had her pelvic symptoms been grasped at an early date, and with a firm hand crushed out of existence!

CASE 8. *Cardiac*.—Mrs. T—, æt. 60, has suffered for some years with palpitation and irregular action of the heart. Was much relieved by Dr. Guinness, "who did something to the neck of the womb;" this was some years ago, and, though she has since been under many homœopathic practitioners, she has experienced no decided relief from any.

I removed from this patient's cervix a very vascular little polypus measuring three centimètres in circumference. The cervix was large, covered with herpes; a narrow annular sore surrounded the *os tincæ*. There was present also a large bunch of purple piles. I touched the sore occasionally with *Arg. nit. gr. x ad ʒj*, and ordered injections of *Thuja*. Gave *Aloë* 1 night and morning. *Ferrum redactum* 1^x after luncheon daily as food, the patient being anæmic, with lower lids puffy and ankles swollen. After the *Aloë*, *Lycopod.* 6 and 80 were given. For the sympathetic heart-symptoms *Aconite* and *Tabacum* were found useful.

Under this treatment the local symptoms passed away, and the heart became firm and regular in action. The insomnia, which was a prominent and distressing symptom

in this case, diminished *pari passu* with the pelvic improvement.

CASE 9. *Mammary*.—Miss S—, æt. 40, a stout, lethargic patient, unmarried, complained of severe pains in both breasts, which were very large and tender, but not discoloured in any way. The pains were always worse at the period, and were also aggravated by cold and damp weather. I saw this case many years ago, and did not realise that the mammary symptoms were entirely dependent on some latent pelvic mischief. I can understand now why no treatment directed to the breast ever did her the slightest good.

CASE 10. *Mammary*.—Mrs. T. C—, æt. 20, slight and fair, with strumous teeth, had recurrent mammary abscesses, appearing regularly in spring and autumn from thirteen to sixteen years of age. The illness dated from a certain Christmas day, when the menses made their appearance for the first time, and were arrested by cold, wet feet. Then came tenderness and swelling of the abdomen and acute pain in the left ovarian region. No attention was paid to this, but in February one breast became hard and tense, with throbbing pain, and the advice of several medical men was sought. The breast was invariably treated as the *fons et origo mali*, and so the disease recurred again and again, and remedies seemed futile. Happily the active measures adopted, necessitated confinement to bed, this gave the primary morbid condition a chance of healing itself. The patient married at nineteen, and came under my professional care at twenty.

I found on examination immobility of uterus, which was in itself normal; there was marked left lateral deviation. The patient suffered severely from dysmenorrhœa.

This is a very instructive case. Undoubtedly after the arrest of the first period acute, primary ovaritis set in. This was followed by secondary parametritis from extension. Contracting lymph on or between the layer of the broad ligament had caused the immobility and left lateral dislocation of the womb. The mammary abscesses, from their com-

parative painlessness, were probably strumous in character, but certainly ovarian in origin. This patient bore a child ten years after, when twenty-nine. The cervix was sound before delivery. She had a good time, but was troubled afterwards with a persistent, florid discharge for two months. I found a superficial abrasion, and on healing this the drain ceased with no untoward symptoms.

CASE 11. *Mammary*.—An illustration that affections of the breast may be related to the cervix, as well as to the ovaries, is afforded by the following case occurring to Dr. Barnes :—“A single lady came to me from the country, suffering so much from dysmenorrhœa that her health was breaking down. She had, besides, a suspicious, hard tumour in the left breast, for which she consulted the late Mr. C. H. Moore, surgeon to the Middlesex Hospital. The dysmenorrhœa I concluded was due to extreme narrowing of the os uteri. I dilated this by incision, and almost complete relief from dysmenorrhœa ensued; and whereas the tumour of the breast had been progressing unfavourably under monthly exacerbations of pain and swelling, it now became quiescent and scarcely gave any distress. Several years have now elapsed and the tumour is still dormant.”*

CASE 12. *Mechanical*.—E. C—, æt. 17, is a pale, reserved-looking girl, has always been considered delicate. Passed a lumbricus at the age of three. Became unwell at fourteen; the flow is pale and scanty. Has been living at Croydon for two years; whilst there suffered from constant leucorrhœa, bearing-down, backache, “biliousness,” with foul breath and constipation. The last symptom was attributed to lime† in the water she drank.

On examination I found a beer-bung (cork) four centimètres in diameter, embedded in the posterior *cul-de-sac*, surrounded by free granulations, from which oozed a fœtid and

* Barnes on *Diseases of Women*, 1873, p. 275.

† Professor Tyndall says that Croydon water is remarkably free from lime, being, in fact, purified by Clarke's process.

purulent discharge. I tried in vain to remove this with strong vulsellum forceps, the cork breaking down with each attempt at withdrawal. The feat had to be performed with circumspection for fear of producing a recto-vaginal fistula. The cork being eroded was extremely rough and would not travel. It was too large to pass through the largest speculum. I finally delivered her of her curious progeny, by means of a pair of Simpson's short forceps, at the same time gently "shelling out" with the left index in the rectum, to prevent too much pressure that way.

With injections of *Calendula* she made a speedy recovery.

AXIOMS.

1. Piles in women point to *pelvic* rather than *portal* congestion.

2. Portal congestion may be present, but it is usually superadded.

3. The presence of piles or of *prolapsus ani* is a pathological indication of cervical hypertrophy rather than of retrorse displacement of the fundus.

4. Complete retroflexion may exist without either rectal or anal symptoms.

5. Ulceration leads to *prolapsus via cervical hypertrophy*.

6. Procidentia is commonly caused by the weight of the hypertrophied neck dragging down the fundus, not by the fundus thrusting down the neck.

7. Uncomplicated fundal congestion predisposes to version rather than to flexion.

8. Fundal congestion *plus* cervical hypertrophy lead to general procidentia, accelerated by flaccid vaginal walls and a ruptured perinæum.

9. Stenosis of the cervical canal [dysmenorrhœa] will lead to hypertrophy of the uterus, corresponding with eccentric hypertrophy of the heart from aortic obstruction; thus predisposing the womb to procidentia.

10. Systematic, puerperal flooders and *post-partum*

drainers are, if there be no hæmorrhagic diathesis, probably the subjects of neglected uterine ulceration.

11. If a sore be aggravated by the topical use of nitrate of silver, it is probably diathetic in origin, *i.e.* either gouty, strumous or syphilitic.

12. Extensive abrasions which yield readily to the local application of carbolic acid, combined with the internal administration of mercurials, are usually syphilitic.

13. Supra-orbital neuralgia (especially left), coexistent with symptoms of pelvic congestion, is pathognomonic of ulceration.

14. Pain at the vertex and enlargement of the ovary are seldom significant of primary ovarian disease; in the great majority of cases the ovarian irritation is secondary to long-standing cervical disease.

15. Uterine disease is aggravated by exertion—standing, walking and lifting.

16. Ovarian disease is aggravated by vibration—driving, railway travelling.

CLINICAL LECTURE.—No. 2.

By ROBERT T. COOPER, M.D., Dublin.

Ulcer of the Stomach (continued).

GENTLEMEN,—It will be readily seen that throughout the concluding paragraphs of our last lecture we laid particular stress upon “the condition of system” present in the case last reported, that of gastric ulcer. What we wish to impress upon all who would successfully prescribe for disease is the necessity for endeavouring to become conversant with the prevailing condition in which the system at large may be thrown along with a given abnormality in a particular part of it; we may be, and often are, successful in arriving at the indicated remedy by merely taking cognisance of the existing condition of system, and without

inquiring into what are the local symptoms. Not that I by any means advocate an insufficient, in preference to a full, inquiry into the entire circumstances of the case; not at all, but I do most decidedly advocate the taking into account the prevailing condition as the first and most important feature towards the right understanding of the required remedy for the majority of, at all events, chronic cases.

I must protest, and with all the power I can, against our resting satisfied with a contracted and a really microscopical inquiry into drug action, to the exclusion of a preliminary inquiry into the condition of system that necessarily attends upon the local manifestation, and which condition is before everything else indicative of the remedy. The recognition of this—I say it from practical experience—will very often lead us to a successful selection, where in default of the observance of it a catalogue of symptoms would be entirely insufficient. How often have we all known this to hold good of our *Aconite*, our *Ignatia*, our *Belladonna*, and our *Bryonia*; how often have we, with the greatest accuracy, been enabled to prescribe for a sciatica with *Aconite* by keeping this principle in view, when perhaps a repertory would have led to a far different selection. And, however opposed to such generalising Hahnemann's teachings may seem, in practice he followed a like course, as seems evident enough from his well-known nosological classification of chronic disease.

I have shown in the pages of this Journal (*vide* vol. xxxii, pp. 409-442), I think plainly enough, that a condition of system characterised by a painless form of irritability is producible by, and consequently subordinate in treatment to, the preparations of *Iron*.

Now, no one can have attentively studied the actions of (*Nitrate of*) *Silver* and of *Iron* without being impressed with a resemblance between them; you will see this plainly enough if you remember that in their irritant action they are much alike, and both are remedial in anæmic diseases. Taking *Iron* and *Silver* as they come to us from allopathy there is this singular difference, that *Silver* has been em-

ployed by the allopaths almost exclusively upon homœopathic principles, *Iron* upon principles that can hardly be said to be rigidly either homœopathic or allopathic. And this arises mainly from the fact that I have so often insisted upon, that *Iron* owing to the painlessness of the irritability produced by it can be administered in doses that would be absolutely prohibitive in the case of *Silver*, owing to the very sharp and painful irritability set up by the metal *Silver* and its preparations. By giving *Iron* as allopaths have done in such large doses in disregard of its aggravations, which are more plentiful than apparent, they have come to confine its utility to one only of its "conditions of system," that of anæmia, and have ignored its appropriateness for that of irritability. They thus deprive themselves of a large department of its therapeutic sphere. But while this contrast holds good as between *Silver* and *Iron*, the therapeutic contrast between *Silver* and *Arsenic* shows a great preponderance in the irritating and consequently aggravation producing properties in the latter, and it is in this way explicable why allopaths are still more benighted in respect to the curative action of *Arsenic* in irritable conditions of the system. Were this otherwise, were salts of *Silver* as often followed by aggravation as are those of *Arsenic*—allopathy would never have retained *Silver* as remedial in painful sub-inflammatory affections.

Following up the subject in hand we append this case illustrative of the deficiency in curative power of *Iron* in painful anæmia, and also illustrative of the pathology of the form of *ulcer of the stomach* treated of in our last lecture.

Kate W—, æt. 19, a lady's maid, a delicate anæmic girl, the treatment of whose case began at the Southampton Homœopathic Dispensary the 18th January, 1871, and terminated in the middle of August in the same year. She has been out of health for eight months, and her symptoms are rapidly becoming more developed.

There is much feeling of sickness after meals, with fainting on attempting movement, and very acute pain in the left submammary region on drawing a deep breath, with pain shooting through to between her shoulders.

These symptoms began, and I would lay particular stress upon this, by cessation of a monthly illness, since which time the catamenia have come on pretty regularly as to time, but increasingly scantily, and at last period there was complete cessation.

Appetite good, but feels very sick and in pain in the region of the stomach after eating. Is in least pain when lying on her right side. Bowels regular.

It would be tedious to give each week's treatment in detail of this case; we shall therefore take a hurried review of the results.

During the first three weeks she was under *Nitrate of Uranium*, and, as I thought, at first with benefit, but really without improvement. At the end of this time reports that it is now two months since the last monthly period.

For the next fortnight was on *Ferrum phosphoricum*, in the 1st decimal, with *Conium* 2nd decimal at night; for a time apparently better, but not so in reality. Tongue is fissured transversely.

For the next four weeks gets *Hydrastis* 1st dec., and at the end of each week expressed satisfaction, and her tongue lost its fissured appearance. Her appetite improved, and the stomach pains changed to one that is "worse before she begins to eat." During the last week of this interval, though feeling otherwise better, she had much increase of pains in the stomach.

For the next week *Sulphur* in the 30th was given, with improvement in the pain through to the back, and reappearance of the catamenia.

Then *Hydrastis* for a week was repeated, but it now disagreed and "phlegm kept constantly rising."

Sulphur 30 was again given, but the bowels became confined, and subsequent weeks were passed under *Hydrastis*, followed by *Phosphate of Iron*, and then *Phosphate of Iron* by day, with *Hydrastis* at night. The *Hydrastis* evidently acted somewhat upon the bowels; and she kept on with these, improving in general health from week to week, from the 26th April till the middle of June, the monthly

period during this interval coming on at the proper times. One symptom we must particularise as occurring during this interval and throughout the former period of her illness, namely, occasional attacks of epistaxis.

We must notice that up to this time no real improvement had resulted in the symptoms referable to the ulcer of the stomach.

We now put her upon *Phosphorus* in the 30th during the day, and *Cactus grand.* in the 1st decimal at bedtime; and from the moment she began taking these the obstinate ulcer pains ceased, and after steady improvement she left the dispensary quite well, having been under these two remedies from the 5th July to the 16th of August.

The above report is wanting in fulness and distinctiveness of description, and gives an altogether inadequate idea of the severity of the case. Still much may be learned from it.

There is, firstly, the lesson taught of the protracted duration of a case so long as the indicated remedy is withheld. Then there is the interesting fact of an exacerbation of symptom from a decubitus upon the side opposite to that in the case of gastric ulcer in our former lecture, pointing to the seat of ulceration as occupying a position in the cardiac extremity of the stomach, and inferentially testifying to the necessity for a treatment of such cases that enjoins the maintenance of a position recumbent upon the side opposite to the seat of disease. While then, again, there is the important etiological feature of a simultaneous accession of stomach and uterine symptoms.

Brinton, who has written so ably upon ulcer of the stomach, and whose opinion must necessarily carry much weight, gives us in his treatise* two cases, very similar to the ones we have reported, and among the remarks upon the first of these, he thus states his opinion:—"The symptoms of this case are of especial interest, because they illustrate what I believe to be the true relation of the amenorrhœa to the ulcer in the above group (the gastric

* *Ulcer of Stomach.* William Brinton, M.D. Pp. 154—155. Reports i and ii. London, John Churchill, 1857.

ulcer complicated with amenorrhœa). The priority of the gastric symptoms in this particular instance, as well as in others of the same kind which have come under my notice, seems to prove that in these cases the amenorrhœa is the result of the ulcer, and is not in any way concerned in the production of the lesion;—that, in fact, the suspension of this periodic hæmorrhage is a result of the same law as that which often gives rise to its cessation in even the earlier stages of phthisis and other constitutional disorders, and which normally suspends it during pregnancy and lactation.”

The intimate connection, then, of the gastric ulcer with the amenorrhœa is established beyond the possibility of a doubt. In some instances the menstrual flux has had a specific influence in provoking and increasing the ordinary pain of gastric ulcer, and this pain has recurred at the menstrual periods, long after every symptom of the gastric malady had disappeared (Brinton).

The inter-connection between gastric ulcer and amenorrhœa may be as Brinton says the result of the same law as that which gives rise to amenorrhœa in phthisis. This we repeat may be quite true; but so far as my observations go there is this peculiarity in the amenorrhœa of gastric ulcer, that it is more frequently dysmenorrhœic than that of phthisis. More than this, we have in phthisis nothing analogous to the specific influence of the menstrual flux in provoking and increasing the pain of gastric ulcer, save the altogether exceptional, certainly comparatively exceptional, amelioration of phthisical symptoms simultaneously with an artificial induction of the catamenial flow. No, I believe—and I have many observations in proof of it—that that condition of ovary which announces itself by subcardiac pain is extremely liable to lead on to gastric ulcer, probably from irritating the pneumogastric twigs distributed to the coats of the stomach, and that therefore an ovarian weakness may have been actually though not noticeably in precedence of the ulcer.

In considering this question we would confine attention more to the existing structural alteration in the womb and

ovaries than, as Brinton has done in the passage quoted to the symptomatic amenorrhœa or dysmenorrhœa. The question will resolve itself into whether, prior to the onset of gastric ulcer, there exists a structural change in the womb and ovaries like to that existing in the coats of the stomach and predisposing the coats of this viscus to the ulcerative process.

Then, further, our case, gentlemen, shows us that, with the aid of remedial agents, it is possible to amend the general state of the system without improving the specific condition accompanying it. For while we found that *Sulphur* induced a return of the catamenia, and that *Phosphate of Iron* exhibited, along with *Hydrastis*, as well as when given by itself, improved the general tone of the system, we also found that no real benefit accrued in the condition of the ulcer until the *Phosphorus* was given by day and the *Cactus* at night.

Phosphorus is known to exert a very decided effect upon the stomach, the lesion most characteristic of it being gastritis. We have no data in the progress of the case upon which to found an opinion as to whether it or the *Cactus* was the curative agent. Both of these remedies produce dysmenorrhœa, both produce epistaxis (which was present with our patient), both would meet the pain after food. But with *Phosphorus*, "delay of the menses is a secondary effect," with *Cactus* it appears to be primary; *Cactus* would probably better meet the sympathetic palpitation of the heart that exists in cases of gastric ulcer, and it certainly would be more appropriate for the dysmenorrhœa. *Cactus* produces two symptoms that bring it into relationship with ulcer of the stomach, namely, "bad digestion; all food causes weight in the stomach, and so much suffering that he prefers to remain fasting," and "copious vomiting of blood." In one case of œdema of the hands, reported in our first lecture, *Cactus* seemed to induce "a distressing sinking and gnawing at the chest, with pains under the shoulders, coming on at different times, especially after eating, with a sense of fulness in the abdomen." Now this sinking and gnawing at (the pit of)

the chest, with pains shooting through to the shoulders, is, as we all know, symptomatic of gastric distress, and as such particularly likely to be present in cases of gastric ulcer. "A dorsal pain, first described by Cruveilhier, is also subsequently established, generally in a few weeks or months after the epigastric pain" (Aitken, *Practice of Medicine*, vol. ii, p. 903).

It is obvious that dyspeptic symptoms are a necessary accompaniment of gastric ulcer of whatever kind it may be, so that, in reliance upon gastric symptoms only, it would be easy to point out many likely remedies for it, but gastric ulcer is just one of those affections in which clinical experience is indispensably necessary to confirm any recommendation; and any clinical experience bearing upon this subject ought to give as full a description as possible of the local and the concomitant symptoms, in the hope that with these before us we may be able to ascertain the variety of gastric ulcers that has been cured.

A CASE OF ADDISON'S DISEASE.

By J. GIBBS BLAKE, B.A. M.D. Lond., Physician to the Birmingham Homœopathic Hospital.

C. M—, æt. 55, the mother of five children, the youngest aged ten years. Three years ago she had a long illness, irregular scanty menstruation, attended by much mental distress little short of melancholia, but in four months she recovered her usual health, and she passed through the climacteric period without further disturbance of health, and the last appearance of catamenia was about twelve months ago.

On May 12th, 1876, I was called to see her on account of great prostration, nausea, and vomiting of mucus; her appetite was very bad, amounting to disgust for food. I

found her in bed lying on her back. The pulse was very feeble, scarcely perceptible at the wrist, but the heart was beating regularly and, though weak, was not so feeble as the absence of pulse at the wrist would indicate. The tongue was tolerably clean and moist, no tumour was discoverable in the abdomen, for carcinoma of the stomach was suggested by the cachectic look of the patient. There was no œdema of the feet or eyelids, no albumen in the urine, no leucorrhœa, and a subsequent examination of the uterus excluded disease or malposition of that organ as a cause of the vomiting.

I gave her *Arsenicum* 3^x, two drops every three hours, and continued it for a week without any benefit. Then *Ipecac.* 1^x, followed by *Pulsatilla* 3^x, but the whole of the symptoms were so suggestive of *Arsenic* that I returned to it again, but without any benefit. The wall paper of the bedroom was partly coloured with emerald green, and, when examined, was found to contain arsenic in large quantity. This paper had been on the wall for three years, and the wallpaper of a sitting room usually occupied by the patient also contained arsenic. Both papers were removed and the *Arsenicum* 3^x discontinued, but the symptoms remained unchanged.

Shortly after this the complexion of the patient began to alter. At all times in health the tint of the skin had been sallow without any fresh colour, but the tint became darker on the hands. The pigment appeared in irregular spots like large freckles on the dorsum of the hands, and the patient assured me that these spots were recent. The creases of the palms of the hands were much darker than the rest of the palm, and had the appearance of a hand imperfectly washed after being stained with the juice of fresh walnuts.

June 14th.—Some slight improvement took place and she was able to go and stay with a friend two miles off, and bore a careful drive in an easy carriage well. The nausea was distinctly worse on first rising in the morning; dislike to all exertion, and actual disgust for all food, still not much emaciation; considerable sacral pain, with infrequent

stools, but not more than the small amount of food would account for.

27th.—No material change. I prescribed *Apomorphia* 2^ʳ, one grain to be taken dry on the tongue three times a day.

July 1st.—For the first time the patient attributed benefit to medicine. The nausea and vomiting improved after the first day of taking the *Apomorphia*, and she was sitting up, feeling much better and able to take more food. I mentioned that I was going out of town for a month, and that I should leave her under the care of my colleague, Dr. Wynne Thomas. To this she answered that she felt so well that she thought she should be able to do without treatment. The discoloration of the skin of the hands improved at the same time, and this marked change I feared might be only part of the natural history of the disease. I therefore communicated my fears both of the nature of the disease and of the improvement to my colleague, for I did not feel sufficiently confident of the diagnosis to tell the friends of the patient that the case was one of hopeless prognosis. She continued to improve for three weeks, but on July 26th Dr. Thomas found her suffering from the same symptoms as in the middle of May. The *Apomorphia* now failed, and it is probable that the improvement attending the first administration was only accidental. It is worthy of trial, however, in similar cases.

August 1st.—After the interval of a month the increase of the coloration of the skin of the face and hands was very marked, especially the dorsal surface of the fingers and the creases of the palms. There was no pain except in the left flank, and this was dull generally, but sometimes more severe, and was referred to the course of the ureter, but not so violent as that of nephritic colic. The prostration was intense, and the patient lay on her back with perfect disregard of appearances, not caring to have her hair brushed or the bedclothes put straight. I then told the friends that the patient had Addison's disease, and that the prognosis was most grave. She remained in much the same state under my care till August 17th, and then was placed under an allopathic physician.

I am informed that her state varied little at first. The prostration and nausea remained till within a few days of her death, the nausea was then better. Cerebral symptoms were noted two or three days before death; delirium, with much incoherent talking, but during the intervals consciousness was perfect. The day before her death I was asked to see her again. She was quite conscious; more feeble than ever; her lips and teeth were covered with sordes, and on September 6th, at 8 a.m., after a restless night, delirious doings, and conscious wakefulness, death came suddenly.

Observations on the autopsy performed thirty-two hours post mortem.—Permission having been obtained to examine the adrenals, an opening was made in the usual manner in the middle line of the abdomen. In the abdominal parietes was an inch and a quarter of yellow adipose tissue, the omentum laden with fat, and the organs of the abdomen well covered, and a large rounded mass of granular fat under the xiphoid cartilage.

The right suprarenal capsule was removed first and was surrounded with fat. Although carefully handled, the larger portion being converted into an ovoid mass one inch and a quarter in the long, and an inch in the short diameter; the cavity was filled with caseous matter, which escaped as the capsule gave way under the pressure of the hand.

The left capsule was removed entire.

No other organs were examined.

The body was not much emaciated, and no more discoloration existed than had been observed during life.

The result of a careful examination of the supra-renal capsules is subjoined.

“ Report on the supra-renal Capsules from a case of Addison’s Disease.

“ Left capsule divided longitudinally a little to one side of the median line. Much granular fat adherent to the exterior. The true substance of the organ appeared to be converted into a yellowish mass (Plate, a) an inch and a quarter long and five eighths of an inch broad. The

section is yellowish in colour, mottled, surface uneven. In consistence soft, but unequally so, some parts being firmer, while others are softening down. No proper distinction of medulla and cortex, but the outer portion is somewhat darker and firmer, and just at its junction with the fibrous capsule is decidedly pigmented (Plate, *b*) for a layer about one line in breadth. The outer fibrous capsule apparently normal and healthy, its inner surface pale and covered with fatty matter.

“*Right capsule* considerably torn in its removal, so that it now presents a mere cavity, from which, during the examination, there fell out a small pultaceous mass, oblong in shape, the size of two peas. This cavity is now empty, and none of the true organ is left. The shape, as far as it can be now observed, is rounded, and nearly an inch in diameter. The inner wall of the remaining capsule is soft to the touch, pale in colour, with fatty matter adherent. The fibrous capsule is tough; much granular fat adherent to the outer surface. No signs of calcareous deposit.

“*Microscopical examination.*—Specimens taken from the pultaceous mass of the right capsule, and from the lighter and darker portions of the left.

“In all the specimens the prominent characters are oil globules of various sizes and molecular *débris*. Some blood discs and a very few leucocytes are seen. Absence of ‘compound granular corpuscles.’ One or two dark irregular, crystalline masses, apparently pigmentary. In a specimen treated with ether some irregular fibrillation was seen. No definite structure could be made out, but the organ was evidently utterly degenerated. The specimens were mounted in glycerine jelly.”

The foregoing case unfortunately presents few points of interest when looked at from a therapeutic standpoint. Our *Materia Medica* contains no reference to any symptoms obviously connected with the adrenals, nor hitherto have the ardent and laborious physiologists given us any information as to the production of disease of the supra-renal capsules by drugs.

We may hope, however, that the numerous physiological laboratories now in active work will ere long enable us, on *à priori* grounds, by the law of similars, to give some medicine which will modify and perhaps arrest the morbid process.*

ON THE TRANSLATIONS OF HAHNEMANN'S
PATHOGENESIES: WITH A PLEA FOR A NEW
ENGLISH VERSION.

By Dr. RICHARD HUGHES.

WHEN Hahnemann first (in 1805) issued a collection of provings, he clothed it—as its name *Fragmenta de viribus medicamentorum positivis* indicates—in a Latin dress. It thus became the property of every educated physician throughout the world, and needed no translation. But when (in 1811) he began to reissue these provings in a more enlarged form, he saw good to depart from his former practice. From this time forward all his pathogenesies were published in the German tongue: we have them as the *Reine Arzneimittellehre* and the *Chronische Krankheiten*.

Consequently, as his method came to be practised in other countries, it became necessary to render the pathogenetic materials he had furnished into the vernacular of each. This has been done in France, America (for the English-speaking peoples), Spain, and Russia. Of the two latter versions I can say nothing; nor have they any direct interest for the readers of this paper. But an estimate of our English translation, with a view to inquiry whether we should be content with it, or should endeavour to compass another, is a matter of considerable importance. And, as most of us read French, it is

* Explanation of Plate, showing section of left supra-renal capsule. *a.* The cheesy nodule. *b.* Pigmentary deposit at various points of outer portion of nodule.

worth knowing what sort of reproduction of the Hahnemannian pathogenesises we have extant in that language.

1. But, before I speak of the French and English versions, I must say something about a work very little known, viz. a rendering of part of the *Reine Arzneimittellehre* into Latin. In 1826 there appeared at Dresden a volume having on its title-page—

“*Samuelis Hahnemanni Materia Medica Pura, sive doctrina de medicamentorum viribus in corpore humano sano observatis, e Germanico sermone in Latinum conversa.*” Its joint editors were Drs. Stapf and Gross, Hahnemann's well-known and cherished disciples, and Ernest George von Brunnow. It contained the medicines of the first volume of the original work, as they stand in the second edition, viz. *Aconite, Arnica, Belladonna, Cannabis, Cocculus, Cyna* (sic), *Dulcamara, Mercurius, Moschus, Nux vomica, Oleander, Opium*. In 1828 appeared a second volume of the same kind, including medicines from the second and third volumes of the original, viz. *Arsenicum, Bryonia, Ferrum, Helleborus, Ignatia, Magnes, Pulsatilla, Rheum, Rhus, Scilla*. With this, unhappily, the undertaking came to an end.

I have examined these volumes (they are in the library of the British Museum) with much interest. The translation seems accurate and perspicuous. A vocabulary of the German terms used by Hahnemann to denote the various shades of sensation, with the Latin equivalents chosen or invented for them, is prefixed. As an explanation is also given by these well-informed disciples of what the master exactly meant by each term, this table is of great value, both to students and to intending translators. The editors have rendered Hahnemann as he stands, with one exception. His practice, in the first and second editions of the *Reine Arzneimittellehre*, was to arrange his own symptoms first, and then the “observations of others,” including in the latter both the provings furnished to him and the citations he collected from authors. In the Latin version it seems to have been considered that the provings of the master's pupils, made under his direction, were

worthy of being incorporated with his own, as homogeneous in character therewith; while the symptoms taken from recorded observations of poisoning and over-dosing might stand by themselves.

2. I will now speak of the French translations. These have all been made by a Mons. A. J. L. Jourdan, membre d'Académie Royale de Médecine. From his prefaces it would appear that he was not a homœopathist himself, but did his work in the interests of general literature and science. He began with the first edition of the *Chronische Krankheiten*, his version of which appeared in Paris in 1832. In 1834 followed the *Reine Arzneimittellehre*, translated from the third edition of the first two volumes and the second of the rest. In 1846 he published his rendering into French of the second edition of the *Chronische Krankheiten*, thereby completing his work. The first and third are reproductions of the original just as it stands; but his "Traité de Matière Médicale, ou de l'action pure des médicaments homœopathiques" rearranges the medicines after the alphabetical order of their French names. In all three the prefaces and notes are given in full; each symptom has a paragraph to itself, and the authorities are affixed. The references, however, for the symptoms cited from authors are—save in the few earlier medicines of the *Reine Arzneimittellehre*—omitted.

I do not know what is thought by experts in the French and German languages of the accuracy of this translation. So far as my own knowledge enables me to speak, I can say that it has not disappointed me when I have consulted it. The omission of the references of the cited symptoms is of little consequence, as any one who wished to follow them up would consult the original. On the other hand, the reproduction of the whole series of medicines of each work, and the full presentation of the prefaces and notes, are features of great value, as will be better understood when we come to speak of the deficiencies of our English version in these respects.

3. There had been no translation of Hahnemann's pathogenesis into English until 1846, when there appeared in

New York, from the pen of Dr. Hempel, five volumes of the *Materia Medica Pura*, and five of the *Chronic Diseases*. This version has preoccupied the field, and has continued to be the only one whereby English students could read the master in their own language.

The medicines of the *Materia Medica Pura* are herein rearranged according to the alphabetical order of their Latin names, beginning with *Aconite* and ending with *Veratrum*. The third edition of the original has been used for those of Hahnemann's first volume, but not, as might have been expected, for those of his second also. All names of authorities are omitted, so that for the medicines where the symptoms from all sources are thrown together we have no clue whatever to their origin, and in no case can we distinguish between the results of provings and the observations cited from authors. The pathogenesies in which Hahnemann has separated his own symptoms from those contributed by others are variously treated. Sometimes (as with *Bryonia*) the latter are made to follow the former in each division of the schema, enclosed in square brackets for distinctness. Sometimes (as with *Bismuth*) the two sets of symptoms are rendered successively, as in the original. Sometimes (as with *Argentum* and *Camphor*) they are thrown together in one series without distinction. The symptoms are printed continuously, and divided into paragraphs according to Dr. Hempel's classification of the schema.

From the list as thus presented to us we miss a number of medicines belonging to the original, and receive in explanation the following note:

“Several of the antipsorics had been originally introduced by Hahnemann into the *Materia Medica Pura*; at that time Hahnemann had not yet discovered the antipsoric nature of those remedies. Afterwards, when this discovery had been made, those antipsorics were tried more minutely, and together with the other antipsorics were published as a separate collection under the name of ‘Chronic Diseases.’ The first proving of these remedies contained in the *Materia*

Medica Pura has been omitted in the translation, and only the results of the second proving have been given to the American reader, which are much more complete. The medicines which have been thus proved over again are the following :—*Dulcamara*, *Causticum*, *Arsenic*, *Digitalis*, *Aurum*, *Guaiacum*, *Sarsaparilla*, *Sulphur*, *Calcare acetata*, *Muriatic acid*, *Phosphoric acid*, *Manganum*, *Carbo*, *Coccyntus*, *Stannum*.”

I give this passage just as it stands, though it does not raise our expectations as to Dr. Hempel's power of writing English. It has, however, graver faults than this. Its list of medicines omitted because of their reappearance in the *Chronic Diseases* is imperfect ; it should have included *Conium* and *Hepar sulphuris*. Its statement that these medicines had been “ tried more minutely,” “ proved over again,” is very incorrect. Two of them (*Dulcamara* and *Guaiacum*) have but a dozen or so more symptoms in the *Chronic Diseases* than in the *Materia Medica Pura* ; and one (*Stannum*) has as many less. *Calcare acetica* was not “ proved over again,” but its symptoms were incorporated with those obtained from *Calcare carbonica*, and distinguished by a sign, which Dr. Hempel quite as often omits as inserts. Nor is it true of the remaining medicines that they have been re-proved, so that their previous pathogenesies could be considered obsolete. The great majority of the additional symptoms given to them in the *Chronic Diseases* were furnished by Hahnemann himself, from his observation of their (supposed) effects on the patients who were taking them. He included them in the latter work for the sake of completeness ; but he obviously meant it to be used by those who already had the *Reine Arzneimittelehre* in their hands, for he shortens his prefaces, omits his notes and (very frequently) his references to the observations cited from authors, and even (as Dr. Wilson has shown)* sometimes leaves out those notes of time after taking the dose and day of proving which he elsewhere affirms to be so important as *data*.

I must think, then, that Dr. Hempel establishes no

* *Monthly Hom. Review*, vii, 671.

justification for omitting these medicines from his translation of the *Materia Medica Pura*; and that his work is materially injured by their removal. English readers have little notion of what *Sulphur* and *Stannum* (to mention no others) were in their original form.

Besides these omissions, which are intentional, the pathogenesis of *Ferrum* has dropped out, doubtless by accident.

But I have now to speak of graver defects, compared with which those already mentioned are insignificant. The duty of a translator varies according to the work on which he is engaged. If the latter be a poem or other artistic composition, his aim must be to give to the foreign reader as nearly as possible the same æsthetic impression as would be received by the author's own countrymen. Hence he is justified in taking a good deal of liberty with the words and structure of the original, so long as he preserves its actual meaning. It is otherwise, however, with such a work as the *Materia Medica*. Here everything depends upon exactness of expression and fulness of detail. Style is (comparatively) no object; the one thing the student needs is the faithful reproduction of the words of the original, so that he may be at no disadvantage as compared with those who read the latter. The two, original and translation, ought to appear if placed side by side as doubles one of another.

The question whether Dr. Hempel has carried out these obvious principles was raised by Dr. Wilson in the *Monthly Homœopathic Review* for 1862-3, and answered in the negative. I think that any who read his papers and the controversy they provoked, together with the comments of this Journal in the corresponding volumes, must admit that his case is abundantly made out. The most serious blot he has hit is Dr. Hempel's wholesale omissions. Fourteen medicines are mentioned in which the number of symptoms left out has been ascertained; they range from 13 in the case of *Aconite* to 472 in that of *Phosphorus*. Considerable evidence is moreover adduced in proof of carelessness in the rendering of those symptoms which are preserved.

These omissions and errors are indeed mainly discoverable in the later medicines of the *Chronic Diseases*, when the translator may presumably have become weary of his gigantic task, and yet have been under publishers' pressure to complete it. But though such explanation may palliate his fault, it does not repair our loss.

My own sense of the deficiency of Dr. Hempel's translation has been mainly excited by the renderings of Hahnemann's introductions and notes to the several medicines, for which I have often consulted his volumes when the original has presented difficulties to me. I have so often been disappointed by the curtailment, omissions, and obvious mistranslations I have encountered that I have ceased to have any reliance on his version being a faithful exponent of the original, and never venture now to quote Hahnemann as given by Hempel lest I should misrepresent him. When I put this together with the omissions and errors noted by Dr. Wilson, and the faults of the whole presentation of the work I have already mentioned, I cannot but come to the conclusion that we do not really possess Hahnemann's *Materia Medica Pura* and *Chronic Diseases* in the English tongue.

The inference must surely be that a new translation is imperatively needed, and that forthwith. Some dozen years ago a good deal was said about a new version from Dr. Quin's pen as being in preparation, and it was even advertised as to be published shortly. Nothing more has been heard of it; and the long retirement of Dr. Quin from public duties gives little hope of its accomplishment. Again, it is true that the pathogenesies of Hahnemann are being translated afresh by Dr. Allen for his *Encyclopædia*; and any one who desires to have a faithful rendering of any given symptom may depend on finding it there. But Hahnemann's pathogenesies are necessarily in this work incorporated with others; and its plan excludes his prefaces and introductions, and (to a great extent) his notes. Since, therefore, we can neither expect from the former quarter nor receive from the latter the thing we want, there is nothing for us but to undertake a new version for ourselves.

For such a work I earnestly plead; and think that England and America—as equally concerned—might well co-operate in the task. There are on both sides of the Atlantic masters alike of German and of English from whom any translation would be received with implicit confidence. I myself have no place among these; but there is one element of the work which I could and would gladly supply. Some five thousand of Hahnemann's symptoms are quotations from authors—English, Latin, French and Italian as well as German. It is easy to see what confusion is made when these are retranslated into English from Hahnemann's rendering of them into German. The examination of their originals which I am carrying out for Dr. Allen will enable me to supply all these quotations, if in English, in their own words, if in Latin, French, or Italian, in direct translation; besides the verification, illumination, and correction which I can give them from the same sources. I should be ready to perform this part of the work; and if two or three competent scholars from England and America would sustain the main undertaking, we might have in a year or two an English version of at least the *Materia Medica Pura* of which both countries would be proud.

I should feel grateful if any of the American journals would reproduce so much of this statement and appeal as they might think necessary.

REVIEWS.

The Encyclopedia of Pure Materia Medica : a record of the positive effects of drugs upon the healthy human organism.
 Edited by TIMOTHY F. ALLEN, A.M., M.D., with contributions from others. Vol. iv. Boericke and Tafel. 1876.

WITH most praiseworthy rapidity and punctuality this great work progresses. The present volume contains the medicines from *Cundurango* to *Hydrocotyle*. The publishers' original estimate that five or six volumes would complete the work, and that 1876 would see it finished, has indeed proved inadequate; but there is every reason to expect that in two years four more volumes will appear, and terminate the series. We shall then have, in eight manageable volumes, the most complete collection of the pathogenetic effects of drugs which has ever been seen, the sum and substance of all endeavours which have ever been made to ascertain the actions of medicines on the healthy human body, an indispensable and invaluable instrument for the working of the homoeopathic law.

The growing excellence of the workmanship of the successive volumes, which we have already noticed, is again manifest here. Every source is laid under contribution, and all information that can be wished for given. Among the pathogenesies which are practically new we may mention those of *Cuprum arsenicosum*, *Digitaline*, *Equisetum*, *Eupion*, *Fagopyrum*, and *Ferrum iodatum*. Those of *Cyclamen* and *Euphrasia* are greatly enlarged from Hahnemann's original draught by later provings, and that of *Dioscorea* from Dr. Cushing's monograph on the drug. Watzke's and Buch-

ner's provings of *Gentiana cruciata* and *lutea* we have here for the first time in the English tongue, as also Lembke's of *Ginseng*. The pathogenesies of *Digitalis* and of *Gelsemium* (as Dr. Allen maintains that the plant should be called) are illustrated by sphygmographic tracings.

In the midst of this precious addition to our working material we have but one fault to notice. Hahnemann's pathogenesis of *Cuprum* contains symptoms obtained from provings of and poisoning by the metal, its acetate, and its sulphate. Dr. Allen, in a note (whose first sentence, however, is rather incoherent), shows his recognition of this fact. He thinks it best to arrange his own pathogenesis in three categories, headed *Cuprum*, *Cuprum aceticum*, and *Cuprum sulphuricum* respectively. In the two latter he places all Hahnemann's cited symptoms which belong to them, and he gives to the last the symptoms of the *Fragmenta de viribus* obtained from the sulphate. But those produced by the acetate he places, not under *Cuprum aceticum*, but under *Cuprum* itself. This seems inconsistent, and rather spoils the integrity of the rearrangement.

Those who have seen Dr. Allen's volumes must sometimes have wondered how the enormous mass of work it involves can be got through. It may interest our readers to have a glimpse at the workshop of the great undertaking, which the present writer, having been behind the scenes, is able to give. Dr. Allen has two assistants, one a medical man disabled from practice, another of the gentler sex. The former copies out the pathogenetic effects of the various drugs from the English volumes given him for the purpose, and, being a good French scholar, translates the provings and poisonings recorded in that language. The latter is scribe and amanuensis; to her also belongs the preparation of the material for press and the correction of the proofs. The editor is thus spared a good deal of mechanical labour; but after all the lion's share of the work is his. He has, besides superintending the work of his coadjutors, to find out and bring together the sources of the pathogenesis of each medicine; to translate the German provings (including those of Hahnemann, which are all newly rendered from the

original); and to arrange the symptoms, when complete, in their proper categories and order of succession. The labour is indeed great; but the result repays it, and its appreciation by his colleagues is steadily growing. Dr. Allen is earning the thanks of English-reading homœopathists all over the world; and erecting a *monumentum ære perennius* to his own fame and honour.

A Treatise on Diseases of the Skin. By S. LILIENTHAL, M.D. New York and Philadelphia: Boericke and Tafel, 1876.

THIS is the treatise which we have several times mentioned as appearing by way of appendix to the *Hahnemannian Monthly*. It is now published as a handsome volume of 492 pages. Nearly half of it, however, consists of a Repertory; and for this the author acknowledges his indebtedness to Dr. Clarence Conant, of Middletown, N.Y.

We have hitherto had no special manual of the homœopathic therapeutics of cutaneous disease, and Dr. Lilienthal deserves our best thanks for having (at the instance, he says, of Messrs. Boericke and Tafel) provided us with one. In his preface he speaks very modestly of his "perfect knowledge of the imperfection" of his work; and looks forward to a new and enlarged edition (the present being a small issue), to which he invites the contributions of homœopathic practitioners in all parts of the world. At the same time he can conscientiously assert that he has gleaned critically and carefully from the best authorities in regard to the pathology and therapeutics of these forms of disease. His book, indeed, bears evidence of the utmost industry in this respect. His plan is first to give an account of the features, clinical history, and pathology of each cutaneous disorder, drawing mainly from Hebra. Then, after a glance at the measures (chiefly local) adopted in the old school for its treatment, he cites the recommendations of homœopathic

remedies as given by Kafka, Bähr, and other systematic writers, with any occasional experience of the malady which he may find recorded in our literature. The result is a very useful compendium of knowledge on the subject, to which reference may often be made with advantage when we have diseases of the skin to treat. It will not supersede (and should not) for the student the mastery of more elaborate works on the pathology of the subject, but for the busy practitioner it will be just the thing he needs.

We are sorry that Dr. Lilienthal has included the febrile exanthemata among cutaneous diseases. At the outset of his work he acknowledges the incongruity of so doing, and states that he shall omit all such diseases. But when he comes to the point he thinks that, "for the sake of completeness, and for the purpose of diagnosis, it may be advisable to describe the eruptions themselves." If he had done nothing more than this we should not object, not even when he includes typhus and typhoid fever and erysipelas among the "acute eruptive diseases." But, having once got upon the subject, he cannot refrain from the therapeutics of these familiar affections, and so we have some forty pages of matter quite foreign to the true scope of the book; and, while scarlatina is fully discussed, erythema nodosum is simply mentioned among the varieties of erythema, and nothing is said of its peculiar clinical history and its special therapeutics.

Nevertheless, as we have said, Dr. Lilienthal's work is good, and likely to be very useful. We wish we could say as much for that of his coadjutor in the preparation of the volume. Dr. Conant's *Repertory* is an example of a kind of thing for which there seems much demand in America at present, but which to our mind is very displeasing. It is divided into two parts. The first is entitled *Remedies*. Here, under the head of each constituent of the *Materia Medica*, is given a confused list of morbid conditions—nosological, objective, and subjective, with aggravations, ameliorations, and accompaniments. These are supposed to have been observed, either as effects of the drug or as having been cured by it, and are given without distinction as its

"characteristics." One has only to read the very first, however, to see that half the symptoms mentioned are hypothetical and half of the rest irrelevant, while the mixture of pathogenetic and curative actions produces a most incongruous result. We cannot speak better of the second or "nosological" portion. To find, on its initial pages abscesses, adenitis and bed-sores reckoned among diseases of the skin is not inviting to further progress, and the divisions of the several forms of the diseases are conformable neither to science nor to observation. We do not think that the *Repertory* at all enhances the value of the book, and wish it could be replaced in the second edition of the work by a simple index to the skin symptoms of our proved medicines as they appear in Allen's *Encyclopædia*, which by that time may have reached its completion.

Therapeutics of Diphtheritis: a compilation and critical review of the German and American Homœopathic Literature. By F. GUST. OEHME, M.D. Boericke and Tafel, 1876.

THIS pamphlet of sixty-eight pages is an excellently conceived and excellently executed work. It is a collection, after the manner of Rückert, of the therapeutic experience of diphtheria recorded in German and American homœopathic journals up to April, 1876. The cases are recorded under the headings of the several medicines used; and after each section of importance, and again at the end of the whole, the editor sums up and comments on the results. He excludes "all cures with medicines in alternation, or by the use of one drug internally and another locally." "Although," he says, "such a mixed treatment may be justified in many cases, yet, as there can be nothing learned from them, it seemed useless to mention such."

For most English practitioners knowledge of the literature of diphtheria is limited to the journals of their own

country and to the American monographs of Helmuth, Ludlam, and Neidhard. To such many of the facts here recorded will be novel and interesting. They will find that the single remedies which have proved most important are not *Belladonna*, *Iodium*, *Muriatic acid*, or the mercurial iodides, but *Apis*, *Carbolic acid*, *Lachesis*, and the *Cyanide of Mercury*. The facts about the latter drug are little known in this country, and are of great interest and importance. Its homœopathicity to diphtheria was first perceived by Dr. Beck, of Monthey en Valais. When the son of Dr. Villers, of St. Petersburg, was hopelessly ill with the disease, Dr. Beck suggested the remedy to him. The astonishing result he obtained led him to use it largely in his practice. He now reports that he has treated, during ten years, over a hundred cases under three different latitudes (Dresden, St. Petersburg, and another city in Russia); that he has found the disease always the same, and the *Cyanide of Mercury* the only suitable and quickly operating drug. He has not, during this time, lost a single case. He began by using the 6th dilution, but now considers the 30th most efficacious (he is speaking of the centesimal scale). "After using this drug," Dr. Oehme makes him say "the further extent and degeneration of the exudate is stopped at once; the improvement is very striking even after twelve hours; after twenty-four hours no vestige of exudate is generally to be seen, and after two or three days the disease is so far removed that the remedy is no longer necessary, as the patient is well. * * Paralysis and other after-diseases have not been observed after the use of this drug." Some of his cases are given: they could hardly have been more severe, or the improvement more rapid.

Dr. Oehme's little book will be worth many times its price to any one who has to treat this terrible disease.

Fifth Annual Report of the State Homœopathic Asylum for the Insane at Middletown, N. Y. Jan., 1876.

We have several times noticed the progress of this important institution. At the time of the report it had been open nineteen months for the receipt of patients; and from the statement of the medical superintendent, Dr. Henry A. Stiles, we learn that during that time 168 had been admitted. Of these 40 had been discharged cured and 17 improved—surely a very fair percentage. The statistics given by Dr. Stiles will enable any one who desires to analyse his cases to do so fully. His most interesting statement is the following :

“Our medical treatment continues to be purely according to the homœopathic law of *similia similibus curantur*, and entirely without resort to any of the forms of anodyne, sedative or palliative treatment so generally in use (even among physicians of our own school) in cases of mental disturbance. Not a grain of chloral, morphine, the bromides, &c., has ever been allowed in our pharmacy or given in our prescriptions, nor do we feel the need of them even in our most violent cases of acute mania. A careful study of the mental and physical symptoms, together with a rigid adherence to the Hahnemannian principles of selection and administration of remedies, has enabled us to meet the requirements of each individual case with comfort and success.

“On the mooted question of dilution, which divides the homœopathic school of medicine, we endeavour to preserve a strict impartiality, using both the lowest and highest, as circumstances seem to indicate, and with that regard to exactness of detail in prescription which shall secure for the aggregate results of our asylum practice the value of a scientific experiment. Our case-book shows a brief but complete daily record of the mental and physical symptoms; the medicine, dilution, and form of administration; restraint used and transfers made in each case from the date of admission.”

We hope that ere long we shall have some Wurmb and Caspar-like clinical studies of mental disease and its homœopathic treatment from the large field of experience here open.

Essay on the All-sufficiency of Constitutional Treatment in the Special Diseases of Women. By THOMAS SKINNER, M.D.

THIS paper was read before the Hahnemann Academy of Medicine of New York on June 21st, 1876, while the author and the other representatives of this country were there on their way to the World's Convention. It has been reprinted for the Academy from the *United States Medical Investigator* for October 1st, where it originally appeared. We have already welcomed Dr. Skinner to our ranks, though he compelled us to do so in an attitude of defence by the polemical front with which he first advanced. On the present occasion we have nothing but appreciation to express. Dr. Skinner has acquired the right to speak upon what is sufficient and what is insufficient treatment for the diseases of women; and when he testifies that he finds homœopathic constitutional medication all-sufficient for them, without the aid of local measures, we must listen to him with respect. When, moreover, he insists that homœopathic medication, to be such in the fullest sense, requires the closest individualisation, we go entirely with him, and commend the thought to those of our colleagues who do not find internal remedies to suffice in these cases.

CLINICAL RECORD.

Hysteralgia cured with Secale cornutum.

By J. C. BURNETT, M.D.

Mrs. A—, æt. 25 or thereabouts, came under observation on May 9th, 1876, complaining of great distress in the hypogastric region.

Anamnesis.—Eight years ago, while on a tour in Switzerland, she overwalked herself, she thinks. After returning to England she felt a fearful bearing-down in the hypogastrium; the sensation she describes as “ghastly, worse than any ordinary pain.” At the same time irritation of neck of bladder at night only, which still continues, but only slightly. She bore this condition for three years, and then went to London and consulted the eminent ladies’ doctor, Dr. P—, who said it was slight congestion of the womb. She subsequently consulted various other physicians and surgeons, but all with like negative curative results. She was to get married, and the marriage state, it was hoped, would bring relief. She got married, but the hoped-for relief did not come. Then it was suggested that child-bearing would cure her. She became *enceinte* and got relief during the later months of gestation, but parturition brought back her old misery. Has since borne a second child, but she still continues unrelieved.

Has never been under homœopathic treatment; does not believe in homœopathy, and also does not expect to be cured by its aid; she seeks it merely as a *dernier ressort*.

Status præsens.—Most dreadful bearing-down, dragging-out feeling in the lower abdomen, so very dreadful that her life is almost unbearable; an ordinary labour, she says, is nothing to it. No piles. Every four or five days there comes quite a little

torrent of thick yellow discharge from the vagina. When she goes to urinate in the morning she cannot pass anything for a short time.

She is a martyr to rheumatism ever since she was fifteen. Is always rheumatic.

Is this neuralgia, rheumatism, congestion, spasm, or what? Hahnemann's law helps one over the bridge and spoils the diagnosis. Unhappy nosology! I had more than once observed this fearful bearing-down, dragging-out sensation in parturient women after a full dose of *Ergot*, and hence prescribed *Secale corn.* ʒʳ, one drop on Sugar of Milk night and morning.

May 20th.—Patient called, and came into my room beaming with delight, and exclaimed, "You have hit it, doctor, you have hit it; after taking the second powder I felt so much better, and in seven days I was quite well; I am going away for a month, but I dare not be without these powders for fear it should come on again; may I get another box? Shall I go on taking them for fear it come back again? Oh, *do* you think it will come back again?"

I said I do not know; I do not wish you to take any more unless it returns; get another box and take it with you in case.

Oct. 10th.—I was seeing her little boy, when she said in answer to my question as to how she was faring, "I have had no return of it whatever, but I keep the second box of powders there (pointing to a drawer) in case it return. How grateful I am for what you have done for me; what I had for eight years you cured in seven days." And a lot more grateful talk about homœopathy and abuse of allopathy and her old doctors.

Paraplegia and Incontinence of Urine, with Bronchitis and old-standing Emphysema. By Dr. T. SKINNER.

MR. —, a widower, æt. 67, has been for the last ten or twelve years subject to winter cough with emphysema. He took a fresh cold after travelling from Matlock, in the spring of 1875, and was rather suddenly taken with the following alarming symptoms:—

I found him heavy, stupid, and shivering, and not at all aware of the serious nature of his case. He was always talking of getting up in half an hour. He had lost count of time, and mistook day for night, and evening for morning. I found the bed saturated with urine. On asking him how his bed was so, he said "he thought he must have upset the chamber utensil during the night." Nothing of the kind could have occurred, as he was powerless in the lower extremities, and the urine was still passing from him unawares. There was partial loss of sensation in both limbs. He could draw the right one slightly upwards, at most three inches slowly and with great effort. He could not separate his knees in the least, not even to admit the bed-pan. His breathing was difficult and laboured, and at short intervals day and night (with nocturnal aggravation) he had a copious expectoration of balls of greenish-yellow mucus; no rusty-coloured sputa. No dulness on percussion anywhere, but increased resonance; loud bronchial râles with coarse crepitus everywhere, and wheezing respiration. He was propped up in bed with his head high to relieve breathing and cough. Pulse 100, full but not strong.

On reviewing the case, the most urgent symptom seemed to be the incontinence of urine, the result of exposure to cold and night travelling. *Nux vomica* 30 every hour after 1 p.m. On visiting the patient at 8 p.m. I found that he had retained his water ever since the first dose of the *Nux*.—S.L.

Next morning (24th March, 1875) the head symptoms and the paraplegia were *in statu quo*. *Belladonna* 30 every two hours. At 8 p.m. I found his head clearer than it had been for months. All drowsiness and incoherence of ideas and speech left him soon after the first dose of the medicine. Urine less high in colour; and what I least expected, he was able to move both limbs a little.

On the 25th, or third day after the attack, the paraplegia and incontinence with cerebral paresis were all cured, and never again returned.

The bronchitis alone remained to be treated, and as my patient was advanced in years, as he was a martyr to bronchial catarrh and asthma with old-standing emphysema, I could not have had a more unpromising subject to deal with; more especially when we consider the serious state of the cerebro-spinal

centres he had just escaped from, and cold damp spring weather. Hot poultices over the chest or breast plates as I call them, and *Phosphorus* C. M. (Fincke), every two or four hours, followed by *Pulsatilla* 30, because he is a *noted miser*, soon put him all right; and what is most remarkable is, that he has never again suffered from bronchitis, from winter cough, from asthma or difficulty of breathing, and for aught I know to the contrary, the emphysema may also be *non est inventus*. As soon as he was capable of facing the weather I sent him to Southport, where he took a fresh lease of his life. He had long thought himself a dying man.

On inquiring of his niece the other day how he is, she told me that "he has had no return of his winter cough or of any difficulty in breathing, and that he is a perfect cure and a wonder to himself and all who know him."

Remarks.—What will our allopathic *confrères* say to this? Emphysema of the lungs of old standing *cured!* I have known and treated the patient's family as an allopathic physician for at least fifteen years; and if there is any faith to be placed in physical signs with functional disturbance of the respiration, this was one of the most aggravated and allopathically hopeless cases of emphysema I have met with in thirty years of practice.

OBITUARY.

DR. LIEDBECK, OF STOCKHOLM.

DR. P. J. LIEDBECK, known all over Scandinavia and by large circles abroad, departed this life, at Stockholm, in his seventy-fifth year, on the 5th of October last. He had hardly arrived home, late in the evening, from his daily round of visits to his patients, when he suddenly died from paralysis of the heart; thus he actually died in harness as he often had wished. His life throughout was full of unceasing activity and struggle. From the first he was, by a stern father, destined to the clerical profession; but his own taste was early bent towards medicine, in which, having already as a schoolboy read Hufeland's *Art of Prolonging Life*, he saw in his youthful imagination a grand and glorious object.

He was born 1802, admitted as a student at the University of

Upsala 1821, became a licentiate of medicine 1831, and graduated as M.D. in 1835. He commenced, in 1831, to officiate as Professor of Anatomy at the University, and continued in this capacity till 1846, lecturing on Anatomy for several terms, instead of the then professor at the University. The professorship, notwithstanding, at the vacancy, passed him by, evidently from no other cause than his medical heterodoxy. He removed to Stockholm, devoting himself henceforth exclusively to the practice of homœopathy. He had already as a medical student become a convert to homœopathy, of which he had first heard mention during a course of lectures on *Materia Medica* by the learned occupier of the Chair of Linnæus, Professor G. Wahlenburg, who, though not practising himself, was a great admirer of Hahnemann and his doctrine. In selecting as a motto for the inaugural thesis for his medical diploma, "*Qualis sit quantumque valeat methodus specifica in medicina,*" Liedbeck had already shaken off the fetters of the old school, and became, with a warm, living conviction a faithful and zealous pupil of Hahnemann and expounder of homœopathy. He had twice visited the Continent in 1832, principally in order to see Hahnemann, and he used often to speak of his conversations with and the teachings of his great master; in 1844 his continental tour was more extensive, undertaken for special anatomical studies at the expense of the University.

An indefatigable inquirer, a constant and studious reader, he kept himself *au courant* with the literature of the different medical schools. He thus became acquainted with Rademacher's writings, which no doubt exercised a considerable influence on his practice in late years. The traditional medicine, as living amongst the people, was also a subject in which he took great interest, and he even published two essays on the subject, of which that under the title *Popular Medicine in contra-distinction to Medicine and Quackery* (1858), ought to be mentioned. Among his other writings bearing more directly on homœopathy may be mentioned:

- (a). 'On the Influence of Alcohol on Man,' 1831.
- (b). 'On Homœopathic Medicine and its Literature,' 1832.
- (c). 'Hahnemann's Organon Translated,' 1835.
- (d). 'Is there a Remedy for Consumption,' 1841.
- (e). 'De Cerebello Humano,' 1845.

(f). 'De Veneficio Phosphoreo Acuto,' 1846.

(g). 'A Short Account of the Present State and Development of Homœopathy in Foreign Countries,' 1846.

(h). 'Directions for the Use of some Homœopathic Medicine in Cholera,' 1848.

(i). 'How to Cure Frostbites and Burns,' 1850.

(k). 'Homœopathic Information for the Swedish People:' a Monthly Periodical, 1855-56.

(l). 'On the Different Schools of Medicine at the Present Time, and their Principal Distinctions,' 1862.

(m). 'On the Spirit of Camphor alone as a Remedy for Cholera,' 1866, &c.

He was at one time a frequent contributor to the German homœopathic periodicals; also in this country interesting contributions from his pen have appeared. In his practice of homœopathy, he leaned more towards Hahnemann's early practice, as known by his *Lesser Writings*, than towards his later teachings as to the exclusive use of the higher dilutions.

By studying the question of diet and regimen in a country where the eating of salted food is very prevalent, he came to the conclusion that salt-eating was a cause of many ailments, thus confirming an old observation of Linnæus, who called a form of pyrosis from salt-eating *Pyrosis Sussæica*. Liedbeck's papers on Haliphagismus are, if not exhaustive, at any rate interesting as an incentive to further investigation on the subject. Pursuing the subject of dietetics still further he recommended the use of what has lately been called *food-medicines*, and gave special indications for their use. Thus originated with him what he called the *homœoplastic treatment*, which he meant to be used as a complement to homœopathy, thus annexing what will remain true in physiological medicine to the central truth of homœopathy, *similia similibus curantur*.

Notwithstanding the most indefatigable work for more than forty-five years there is none at present in Sweden who can take Liedbeck's practice. This can only be explained by the compact opposition of an organised state medicine which all these years has met the single-handed champion of homœopathy in Sweden whose loss we now record.

DR. WILLIAM HERING.

DR. HERING, who died on the 10th of October last, at Reigate, after repeated attacks of an apopleptic character, was one of the older race of homœopathic practitioners. He was born in 1803 and took out his licence to practise from the Apothecaries' Company, in 1826. Early in his career he became a convert to Hahnemann's doctrines, and continued steadily to practise homœopathically until the end of his professional life. Failing health compelled him to withdraw himself from the active duties of practice a few years ago, and he vainly sought renewed vigour in several of the most renowned German baths. Though a careful and successful practitioner Dr. Hering added little to the development of our art. A few practical papers scattered among our periodical literature are all that he has done in this way. But his death has created a more profound sorrow among his colleagues, and among an immense circle of friends than that of many a more conspicuous apostle of the cause. His popularity was greatly owing to his inexhaustible humour, his kindness of disposition, and his affectionate nature. These qualities served to gain him the friendship of many beyond the mere circle of patients and colleagues. Indeed he enjoyed the intimacy of many of the most distinguished men of his time, D'Orsay, E. Landseer, Theodore Hook, the Chalons, Etty, and indeed almost all those conspicuous in art were among his friends and acquaintances. His social qualities recommended him to the tables of wits and patrons of wit of the last generation, and no one could better entertain a company, or "keep the table in a roar" than our departed colleague. But the mere possession of a ready wit and uncommon powers of mimicry would not alone have sufficed to render him so beloved as he was by all who knew him. His heart was as warm as his wit was sprightly, and he was singularly free from the meaner passions of envy and spite, too often found in alliance with a turn for jesting. While broadly humourous there was never anything ill-natured about his stories. Of German descent he abounded in the German quality of *Gemüthlichkeit* or playful good humour. He has left a void in our little world it will be hard to fill.

TO OUR READERS.

It is with great regret that we announce the retirement of Dr. Drysdale from the editorial staff of the *British Journal of Homœopathy*. Dr. Drysdale, as our readers know, was one of the original founders of the *Journal*, and he has laboured incessantly at the editorial work up to the publication of the last number. We need hardly remind our readers of the valuable essays he has contributed to its columns in his own name, but we may say that in the proper editorial work of this periodical his active co-operation has always been exercised in the most careful and judicious manner, and to this constant and untiring supervision we feel that the high scientific character of the *Journal* is mainly owing. Dr. Drysdale now wishes to be relieved from the work and responsibility of editor, in order that he may be enabled to give more time to the scientific pursuits which he has long been cultivating with such success. We felt that we were not justified in seeking to retain him at a task which he has so long and so ably performed, when it interfered with other pursuits that demanded his constant and close attention. At the same time we feel that all our readers will share our regret at losing the editorial co-operation of one who has always been identified with the *Journal* and with the history of homœopathy in this country. We are the more reconciled to our great loss by the knowledge that our late distinguished colleague will always retain his interest in the *Journal*, and that his sphere of usefulness in the advancement of the scientific development of homœopathy will suffer no diminution, but will rather be increased by his cessation from active editorial work.

We have felt that the retirement of our esteemed colleague and the altered circumstances of homœopathy in this country rendered it necessary to make some changes in the mode of conducting this periodical. When homœopathy was young in Britain, and when the *British Journal* was its sole organ in this country, the wants of the practitioners of homœopathy required a periodical of such a size as to be able to publish all the essays and contributions on theoretical and practical subjects, not only of a strictly scientific but also of a more

popular character. But since the establishment of our able and excellent monthly contemporaries, many of the articles which in former times would naturally have come to our Journal have been diverted to those periodicals, so that we have found it impossible to fill our sheets with the original contributions of British practitioners; consequently we have been obliged to rely to a greater extent than we altogether liked on translations from foreign periodicals. In short, the necessity for such a large quarterly organ as the *British Journal* has hitherto been no longer exists, and indeed the propriety of discontinuing our publication altogether presented itself to us. But we found that such a resolution was extremely distasteful to many of our most esteemed colleagues, so we resolved to go on with our publication in somewhat diminished size, and with some modifications of the original plan which will be apparent to the reader. We have on various occasions altered the size and even the periods of publication of the *Journal* as circumstances seemed to require, and as present circumstances demand another alteration, we trust that the modifications we have introduced will meet with the approbation of our readers and contributors. With the reduced size we have also effected a proportional reduction in the price of the *Journal*, which no doubt will be welcomed by our subscribers.

Of course we hold ourselves free to increase the size of the Journal again should circumstances seem to require it.

In conclusion, we hope that our valued contributors will assist us to maintain the high repute of the *Journal* by their zealous and active co-operation.

BOOKS RECEIVED.

The Travellers' Medical Repertory. By WILLIAM J. GUERNSEY, M.D. New York: Boericke, 1876.

Ophthalmic Therapeutics. By T. F. ALLEN, M.D., and G. S. NORTON, M.D. New York: Boericke, 1876.

Homœopathy and other Medical Systems contrasted with Allopathy. By JOSEPH HANDS, M.B.C.S. London: Leath and Ross.
Corso Teoretico-pratico-alfabetico di Medicina Omeopatica. Pel Prof. CATALDO CAVALLARO. Palermo, 1874.

The Philosophy of Homœopathy. By WILLIAM MORGAN, M.D. Third edition. London: Longmans, 1876.

The Scientific Basis of Homœopathy. By A. C. POPE, M.D. London: Gould, 1876.

A Glimpse at Homœopathy in the United States. By A. C. CLIFTON, M.B.C.S.

The All-sufficiency of Constitutional Treatment in the Special Diseases of Women. By T. SKINNER, M.D.

Fifth Annual Report of the State Homœopathic Asylum for the Insane at Middletown. New York: Albany, 1876.

The Medical World; its Parties, its Opinions, and their Tendencies. By T. HAYLE, M.D. London: Gould, 1876.

On a New and Convenient Form of Urecometer for Clinical Use. By J. G. BLACKLEY, M.B.

Datta's Homœopathic Series.

La Revolution Médicale.

Revue Homœopathique Belge.

The Monthly Homœopathic Review.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The United States Medical Investigator.

The North American Journal of Homœopathy.

The New England Medical Gazette.

The American Journal of Homœopathic Materia Medica.

El Criterio Medico.

Bibliothèque Homœopathique.

L'Art Médical.

Bulletin de la Société Méd. Hom. de France.

The Calcutta Journal of Medicine.

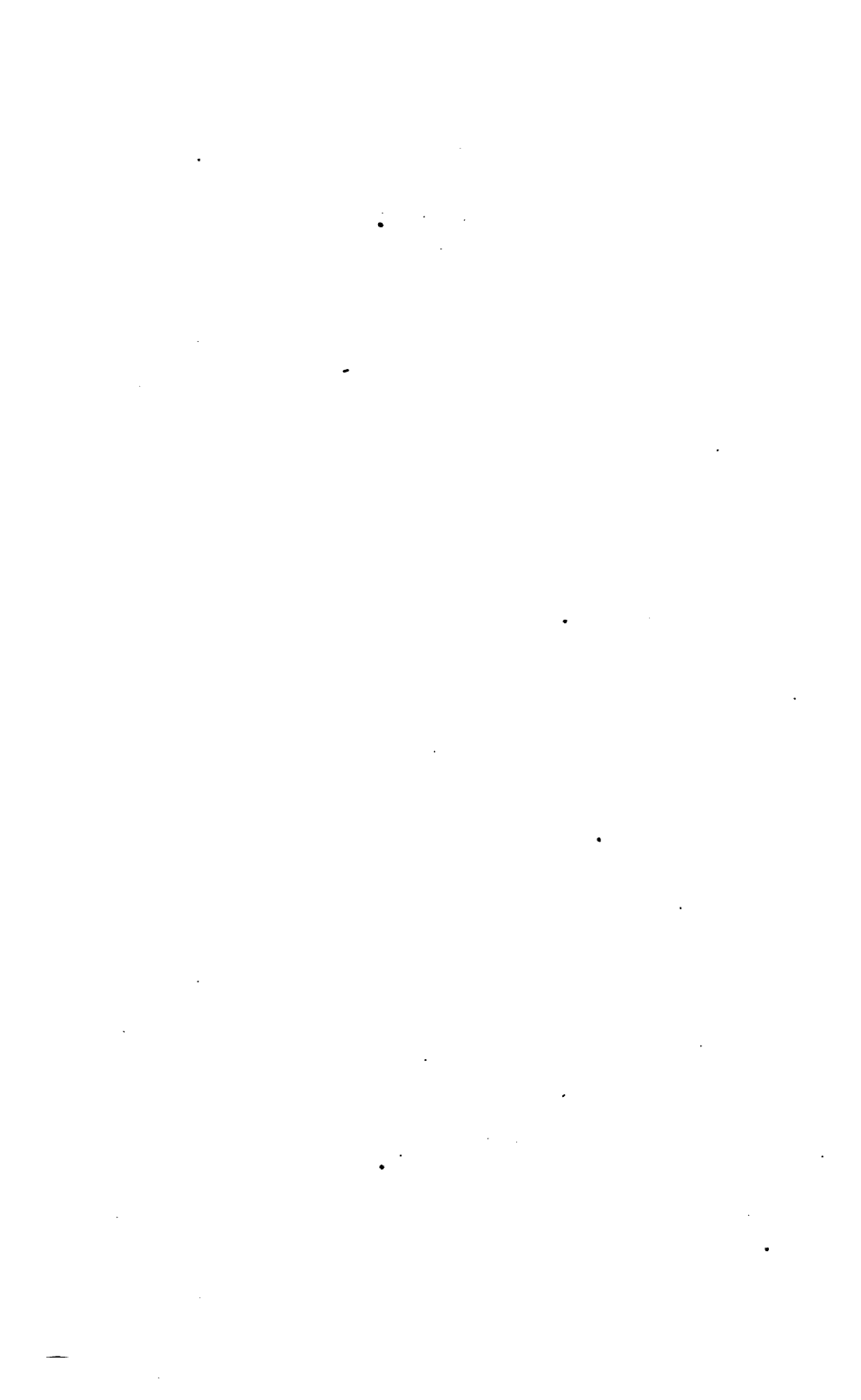
The Chemist and Druggist.

The Homœopathic Times.

Allgemeine homöopathische Zeitung.



Left Supra-renal Capsule
in Dr Gibbs Blake's case of Addison's disease.



THE
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OF
HOMŒOPATHY.

THE OBLIGATIONS WE INCUR BY THE
ESTABLISHMENT OF THE SCHOOL.

THE foundation and getting into working order of the new School of Homœopathy have caused a little flutter and excitement among the partisans of homœopathy both in and out of the profession, and we anticipate much good to the cause of practical medicine from its operations. It is not of course, as our readers know, the first or only attempt to establish a School of Homœopathy in the metropolis, but it seems to rest on a sounder foundation and has received a more general support from medical practitioners and the public than any previous efforts. The character it assumes from the first is not that of a sectarian school, but the complement of existing schools of medicine. It is intended to afford instruction in scientific and rational therapeutics to students and graduates of the ordinary medical schools. This they cannot obtain at their respective alma maters, for with a strange perversity the constituted authorities of medicine in the various schools have one and all conspired to taboo from their institutions all mention of treatment that is founded on the one sole therapeutic law the history of medicine can show that bears the character of a general law and the truth of which experience has affirmed. By

the course they are taking the supporters of the new school of homœopathy, so far from widening the breach between themselves and the partisans of old physic, so far from acknowledging the sectarian character that their opponents have sought to affix to them, do indeed assert that the therapeutics they profess are the true therapeutics of medicine, that they are the logical deduction from the teachings of science, that they alone agree on all points with the modern discoveries in physiology and pathology, that, in short, the homœopathic treatment is the practical application of the true teachings of the collateral branches of science bearing on medicine. They say in effect to medical students: Our colleagues of the established schools teach you in a perfectly satisfactory manner all branches of medical science it is desirable for you to know excepting therapeutics, which are not taught on any scientific principle in these schools. We offer to supply the omission and to teach you scientific and rational therapeutics, which will form the natural and logical inference from the rational and scientific physiology and pathology taught you at your schools. Of course we do not mean to say that all the physiology and pathology taught in the schools is of this character, but there is much of it that is, and as true science in these departments leads up to homœopathic therapeutics, so on the other hand homœopathy will often serve to enable us to discriminate the true from the false in pathology.

Our position with respect to the orthodox school is pretty much what we imagine that of the Copernican astronomers was at first to the Ptolemaists. The Ptolemaic astronomy was taught in the established schools, while the Copernican astronomy was still extra-academical. The Copernicans would have no fault to find with the mathematics and natural sciences taught in the existing schools, but they would say, like us, that their system was the true outcome of the true science taught in the schools, and would not seek to set up other schools to teach a different science, except in astronomy alone.

The simple and rational Copernican system soon elbowed

the confused and irrational Ptolemaic out of the universities, so we may hope our simple and rational homœopathy will speedily oust the confused and irrational Galenism from its academic chairs.

But we should be very wrong to suppose that our work is done in establishing a School for the teaching of homœopathic therapeutics. So far from that, the very setting up of this school imposes on its medical promoters and supporters additional and novel duties which they dare not shirk without running the risk of seeing the progress of homœopathic truth more impeded than advanced by their school. We "pose" before the world as the possessors of scientific truth in therapeutics which we assert our teachers of the chartered schools have failed to grasp, so *noblesse oblige*, and we must prove that we possess that science we lay claim to. Our work henceforth must be distinguished by greater earnestness and thoroughness. We must not be content with slop-work compilations formed by the facile scissors-and-paste process of adapting the last allopathic treatise on disease to the repertory of the immortal Jahr, after the manner of the illustrious Mr. Jingle's celebrated essay on *Chinese metaphysics*. We have already a surfeit of appeals *ad populum* showing the defects of the old-school treatment and the immeasurable superiority of homœopathy.

There is plenty of serious work still to be done. The proving of new remedies and the reproofing of old ones; working up of single medicines in the style of the *Hahnemann Materia Medica*; the completion of the *Cypher Repertory*. Then all who have had large experience and opportunities for the treatment of special maladies should impart to their colleagues the knowledge which that experience and those opportunities have revealed to them. It is a dereliction of duty in those who possess this knowledge to keep to themselves what would be of benefit to mankind.

Thus there is work and plenty of it cut out for both older and younger practitioners, and we may depend upon it that, now we have assumed the aggressive and challenged the medical world by setting up a School of Homœopathy,

our work will be subjected to a more searching scrutiny than it has hitherto received from our professional brethren. The rising generation, who have not imbibed the prejudices of the earlier opponents of homœopathy, will judge for themselves whether our claims to the possession of the truth in therapeutics are justified by our practical results. It will fare ill for those claims should we fail to offer them papers of real practical value or show work not up to the mark in a scientific point of view.

That there are many of our colleagues well qualified to write useful monographs on medicines and diseases, we are convinced. Some have already distinguished themselves by their valuable contributions to practical medicine. Some possibly equally well qualified have hitherto kept their knowledge to themselves and silently profited by the labours of their colleagues without giving aught in return; we would point out to these colleagues the unfairness of their conduct. Give and take should be the maxim of all who are qualified to give as well as disposed to take, and we trust that we may yet see good work done by those who are so well able to do it.

As for those who without the ability to contribute anything of value to practical medicine content themselves with sneering at and disparaging the labours of those who have contributed to the actual development of our art, in the vain hope that by depreciating their neighbours they will increase in others' eyes their own importance, we trust they will continue in the future to act as they have in the past, for as the cause of scientific medicine could derive no advantage from their co-operation, they do the minimum of harm by indulging in their captious railing at those who do the real work of the profession, and who are not likely to be influenced by the croakings of envious incompetence.

We would not be thought to deprecate honest criticism by competent persons of anything we do or propose; on the contrary we would invite it, as we know how important it is that every scheme for the advancement of homœopathy should be subjected to the most thorough scrutiny of the ablest intellects amongst us.

THE EXTRA-HAHNEMANNIAN SOURCES OF
THE HOMŒOPATHIC MATERIA MEDICA.

Jörg—Hartlaub and Trinks—Stapf—the Austrian Provings—Hering—Hale—Allen.

A Lecture delivered at the London Homœopathic Hospital,
on Thursday, January 25th, 1877,

By Dr. RICHARD HUGHES.

[THIS lecture was the third and last of a series on "The Sources of the Homœopathic Materia Medica." Much of the matter contained in the first and second has already appeared in the pages of this Journal (see vol. xxxii, p. 631; vol. xxxiii, p. 103; vol. xxxv, p. 71); and it is not thought well to reproduce it here. The following summary of the two lectures taken from the report of them in the *Monthly Homœopathic Review* will suffice to introduce the present one.

"I. The first lecture was devoted to HAHNEMANN'S *Fragmenta de viribus medicamentorum positivis* and *Materia Medica Pura*.

The earlier of these two publications appeared in a single volume in 1805; it contained pathogenesies of twenty-seven drugs, each consisting of symptoms obtained by proving on the author himself and others, with observations of poisoning and over-dosing cited from authors. The provings were mostly made with single full doses of the several drugs.

The *Reine Arzneimittellehre* or *Materia Medica Pura* began to appear in 1811. Its first edition was completed by the publication of a sixth volume in 1821; by which time the pathogenesies of 61 medicines had been presented, 22 of which had already appeared in the *Fragmenta*. From the second volume onwards Hahnemann was assisted in proving by a band of disciples who had gathered round him, whose contributions henceforth form a large part of

his symptom-lists. A second and augmented edition of these six volumes appeared in the years between 1822 and 1827; and a third was commenced in 1830, which, however, terminated with the second volume in 1833.

The lecturer gave a full account of the contents and character of the *Materia Medica Pura* in its several editions, illustrating his statements by the volumes themselves, and by tables prepared to show the medicines they contained, and the number of symptoms obtained from each. He adduced evidence to show the great care and circumspection exercised in the provings, which were ordinarily made, he said, with the first triturations of insoluble substances, and the mother tincture of the vegetable drugs, repeated small doses being taken until some effect was produced. He was unable to speak so favourably of the citations from authors, when taken from observations made upon sick persons. He showed by a number of instances in which he had followed up the references, that the principles on which Hahnemann selected the true medicinal symptoms from among those of the disease are not such as we can approve at this day. All citations of this character must therefore be taken provisionally only, until verified from purer sources. He mentioned that in Dr. Allen's *Encyclopedia* the student is, for the first time, enabled to distinguish symptoms so obtained from those which surround them, and to learn all that can be known of the circumstances under which the observations were made.

Dr. Hughes concluded by a high eulogy of the wisdom and industry displayed by Hahnemann in his first contribution made on any large scale to the knowledge of the physiological actions of drugs.

II. In the second lecture Hahnemann's *Chronic Diseases* was discussed. The first edition of this work, published 1828-30, consisted mainly of pathogenesies of a series of new medicines, 17 in number, introduced to combat the mischief wrought (according to his theory of chronic disease now promulgated) by the "psoric" miasm. These pathogenesies appear without a word of explanation

as to how they were obtained, and no fellow-observers are mentioned. Coupling this with the advanced age of Hahnemann and his isolated position at the time, and many hints afforded in his prefaces to the several medicines, he came to the conclusion that the symptoms were not obtained by provings on the healthy, but were the (supposed) effects of over-doses (that is, of attenuations so low as from the third to the twelfth) taken by the chronic sufferers who resorted to him for relief.

The second edition of the *Chronic Diseases* was published in 1838-9. Besides the 22 medicines of the first edition it contained 25 others, of which 13 were new, and 12 had already appeared in the *Materia Medica Pura*. The new material of this edition was taken from several sources, such as the provings of Jörg, Hartlaub and Trinks, and Stapf, of which an account would be given hereafter. A large part of it, however, consisted of contributions from fellow-observers, which may fairly be presumed to have come from provings on the healthy, but all (as contemporary evidence showed) instituted with globules of the 30th dilution.

The lecturer then discussed the value of provings with infinitesimal doses, observing that their power to affect the healthy body was another question from that of their efficacy in disease. From a survey of the evidence on the point, he concluded that we had no right to reject symptoms so obtained; that at the utmost they needed clinical verification. The pathogenesies of the *Chronic Diseases* should not, he said, on this account be discredited. On the other hand, the new symptoms of the first edition had the additional feature of having been observed on the sick instead of on the healthy; and this, after the evidence presented in the first lecture of Hahnemann's unsatisfactory mode of choosing symptoms so obtained, he admitted to be a grave impeachment of their validity. They needed, he said, pathogenetic verification—their reproduction in the healthy, ere they could be admitted as genuine drug-effects into the *Materia Medica*.

Dr. Hughes concluded with an account of the transla-

tions of Hahnemann's pathogenesies suitable for the student, which was a recapitulation of his statements on the subject contained in the current number of the *British Journal of Homæopathy*.]

In my two previous lectures on the Sources of the Homœopathic Materia Medica I have given a full account of our chief mines of knowledge on this subject—the *Fragmenta de viribus, Reine Arzneimittellehre, and Chronischen Krankheiten* of Hahnemann. On the present occasion I have to speak somewhat more briefly of the other and later contributions to the pathogenesis of drugs which go to make up our wealth.

1. The first to appear in the field of drug-proving after Hahnemann had led the way was no follower of his, but a professor of the University of Leipsic, Dr. Johann Christian Gottfried Jörg. His academical position gave him pupils to assist him; and twenty-one of these, with himself, his two young sons, and three females (aged forty-five, eighteen, and twelve respectively), formed his company of provers. He published at Leipsic in 1825 a first volume of the results obtained, under the title of *Materialien zu einer künftigen Heilmittellehre durch Versuche des Arzneyen an gesunden Menschen*. It contained experiments with the following drugs:

<i>Acidum hydrocyanicum</i> (with aqua laurocerasi and aqua amygdalarum amararum).	<i>Ignatia.</i>
<i>Arnica</i> (flowers and root).	<i>Iodium.</i>
<i>Asafœtida.</i>	<i>Moschus.</i>
<i>Camphor.</i>	<i>Nitrum.</i>
<i>Castoreum.</i>	<i>Opium.</i>
<i>Digitalis.</i>	<i>Serpentaria.</i>
	<i>Valerian.</i>

All these substances were taken in moderate doses, repeated (and if necessary increased) until a decided impression was made. The experiments of each prover are related in full, just as they were made and as the symptoms occurred. In the preface a description is given of the age, temperament, and constitution of those engaged in the

task, and the assurance afforded that all were in good health.

You will see at once that in the mode of giving these provings to the world, Professor Jörg has greatly improved upon Hahnemann. While the latter leaves us in darkness as to the subjects of the provings, the doses taken, and the order and connection in which the symptoms appeared, here all is clear daylight. Of the intrinsic value of the provings the best evidence is that Hahnemann was glad to incorporate them in his own pathogenesies. He seems to have been ignorant of them up to 1833; for in the second volume of the third edition of his *Reine Arzneimittellehre*, then published, he credits Jörg's symptoms of *Ignatia* to Hartlaub and Trinks, who had simply copied them into the collection of theirs of which I shall speak next. But in the second edition of the *Chronischen Krankheiten* (1835-9) he uses Jörg's pathogenesies of *Digitalis*, *Iodium*, and *Nitrum*, referring them to him by name and work.

You have only, I think, to examine these provings to come to the same opinion of their value. You may see the original work in the library of the College of Surgeons; or may read its experiments in the fourth volume of Frank's *Magazin*, from which, moreover, many of them have been translated by Dr. Hempel in his *Materia Medica*. It is a pity that a volume so rich in instruction and usefulness has not long ago been rendered into English as it stands; and I commend the work to any competent person who desires to do service to his fellow-homœopaths of the English speech.

2. The next to take up the work of instituting and publishing drug-provings were two distinguished members of the homœopathic school—Drs. Hartlaub and Trinks. They also named their collection *Reine Arzneimittellehre*, evidently intending it to be a sequel to Hahnemann's work. It was published at Leipsic in three volumes, dated 1828, 1829, and 1831 respectively. Each contains an elaborate pathogenesis of certain new medicines, and shorter contributions to the knowledge of others already

familiar to homœopaths. The former, like Hahnemann's, are made up of original provings instituted by them and of citations from authors; the latter are chiefly single provings or cases of poisoning. All are arranged in the usual schematic order; and there is a great, though not entire, lack of information as to the circumstances of the experiments.

The first volume contains full pathogenesies of *Plumbum*, *Cantharis*, *Laurocerasus*, *Phosphorus*, and *Antimonium crudum*, and shorter additions to the symptomatology of eighteen other drugs.

The second volume gives us, in the first category, *Gratiola*, *Oleum animale*, *Alumina*, *Phellandrium*, and fourteen medicines in the second.

The third volume introduces to us *Bovista*, *Kali hydriodicum*, *Ratanhia*, *Strontian*, and *Tabacum*, and adds to our knowledge of no less than thirty other substances.

As these volumes came into existence between 1828 and 1831, it was obviously open to Hahnemann to avail himself of them for the third edition of his *Reine Arzneimittellehre* (1830-3), and the second of his *Chronischen Krankheiten* (1835-9). This he has done to the fullest possible extent. He has not only used their new provings, but has transferred to his pages the symptoms they have extracted from authors, and in doing so has frequently omitted the references to the work and page, leaving those curious in the matter to refer to Hartlaub and Trinks. I was much hindered in my work of examining the originals of some of his citations until I discovered this practice of his.

I come now to an important and much-questioned feature of Hartlaub and Trinks' pathogenesies—I mean the provings furnished by the person designated as "Ng." On the first occasion of Hahnemann's using their work in his *Chronischen Krankheiten*, viz. in the section on *Alumina*, he makes in his preface the following remarks:—"With merely these two letters (anonymousness indeed!) Drs. Hartlaub and Trinks designate a man who has furnished the greatest number of symptoms for their *Annals*, but

these often expressed in a careless, diffuse, and indefinite manner." He goes on to say that he has extracted that which was useful from his contributions, believing that he was a truthful and careful person; but that it was not to be expected that in so delicate and difficult a matter as drug-proving, the homœopathic public would place confidence in an unknown person designated simply as "Ng." This note of Hahnemann's has led to a good deal of mistrust of the symptoms of the anonymous observer in question, which has been increased by their excessive number,—Dr. Roth having counted more than eleven thousand in the several contributions to the *Materia Medica* furnished by him between 1828 and 1836. So far has confidence been lacking, that the compilers of the *Cypher Repertory* have felt themselves warranted in omitting "Ng.'s" symptoms from the materials they have indexed. But there are important considerations on the other side. Dr. Hering has satisfactorily explained the anonymousness. "Ng.," he writes,* "was a surgeon near Budweis in Bohemia, a candid, upright, well-meaning man, not very learned: his name was Nenning, and everybody knew it. According to the laws of his country he had no right to practise except as a surgeon. A lameness of the right arm disabled him from following his calling. His wife commenced a school and instructed girls in millinery; she supported the family by this. Nenning became acquainted with homœopathy, and soon was an ardent admirer. He had the grand idea to aid the cause by making provings on the girls in his wife's millinery shop. He succeeded in persuading them. Unluckily enough he came in connection with Hartlaub in Leipzig, instead of with Hahnemann himself. All Austrians were forbidden by a strict law to send anything outside of Austria to be printed; hence not only Nenning, but all other Austrians, appeared in our literature with only initials." Nenning himself has given, in the *Allgemeine Hom. Zeitung* for 1839 a similar account, to explain the number of his symptoms. "If I have perchance," so he writes, "made too many provings, for it is remarked

* See Allen's *Encyclopædia*, III, 640.

that I have furnished too many symptoms, that should, in my opinion, deserve sympathy rather than ridicule. The exhortation of Hahnemann not only to enjoy but to put our hand to the work animated my zeal, and the active support of Hartlaub rendered it possible for me to do that which perhaps strikes Hahnemann as surprising. A number of persons, partly related to me, and partly friendly, were gathered together by me, and, in consideration of board and payment, made experiments. Along with them were also my two daughters, and with complete reliance on the honesty of them all, I gave one medicine to one and another to another, writing down all that they reported. It was a matter of conscience on my part also not to omit the smallest particular; and that thereby frequent repetitions have arisen I grant readily, but I thought that just in that way the sphere of action of the medicine could be best recognised."

It seems, then, that Nenning's symptoms were obtained in the true way, viz. by provings on the healthy body; but that the payment of the provers and the want of discrimination exercised in receiving their reports throw some share of doubt upon the results. I cannot think, however, that they warrant their entire rejection. The only thing which such symptoms need is "clinical verification," testing, that is, by being used as materials wherewith to work the rule *similia similibus curantur*. If, when submitted to this test, they (as a rule) prove trustworthy, we may safely assume them to be genuine, and admissible into the *Materia Medica*. Now, we have the testimony of three of the most industrious symptomatologists of our school—Bönninghausen, Hering, and Wilson—that they have found no reason to distrust Nenning's symptoms, and use them as satisfactorily as those of other observers. No statement to the reverse of this has come from the other side; so that we may accept Nenning's contributions as at least provisionally established to be good and sound additions to our pathogenetic material.

3. The next name on our list is that of Dr. Ernst Stapf. This physician, one of Hahnemann's oldest and most valued

disciples, began in 1822 to publish a journal devoted to the interests of the new method. He called it *Archiv für die homöopathische Heilkunst*; but it is generally known simply as the *Archiv* or—very often—Stapf's *Archiv*. To this journal the contributions most urgently called for and most largely furnished were provings of medicines. By the time that fifteen volumes had been published a considerable number of these had accumulated; and it became desirable to give them a separate form for practical use. Some of them—notably those of *Anacardium*, *Cuprum*, *Mezereum*, and *Platina*—Hahnemann (who had himself taken part in many of the experiments) designed to use for the second edition of his *Chronic Diseases*; and these Stapf left alone. But the rest—in all containing twelve medicines—he published in 1836 in a volume entitled *Beiträge zur reinen Arzneimittellehre, i. e.* Additions to the *Materia Medica Pura*. The medicines are—

<i>Agnus castus.</i>	<i>Ranunculus</i>	<i>Sabina.</i>
<i>Clematis.</i>	(bulbosus and sceleratus).	<i>Senega.</i>
<i>Coffea.</i>	<i>Rhododendron.</i>	<i>Teucrium.</i>
<i>Crocus.</i>	<i>Sabadilla.</i>	<i>Valerian.</i>

All those as to which any information is given on the point were proved in Hahnemann's earlier manner, *i. e.* in moderate but substantial doses, generally taken singly. The results are presented in the usual schema form, but with copious reference to the separate experiments of the provers, when these are specified. The introductions to the several medicines are full and interesting, and contain much information about their former uses and about such homœopathic experience as had been gained with them. The whole makes a very valuable volume, and, as it has been rendered into English by Dr. Hempel, it is available for all students.

4. I have next to speak of the Austrian provings. By the year 1842 homœopathy had come to number many able and active representatives in Vienna; and it seemed to them (in the words of one of their number) "a shame to be stretching their indolent limbs and lolling lazily upon the couch prepared for them by the laborious toil of the

master ;” they determined to have “ courage to tread bravely in his footsteps, and to pursue, with untiring patience, the path he had opened up to them.” They considered the most serious obstacle to the practice and advance of the homœopathic method to be the form in which Hahnemann had given his provings to the world, *i. e.* as a schema of detached symptoms, without information as to how, or in what order and sequence, they were obtained. They set therefore before themselves, as their main task, the re-proving of medicines, without excluding occasional original experiments.

In pursuance of this object they gave us reprovings of *Aconite*, *Bryonia*, *Colocynth*, *Natrum muriaticum*, *Sulphur*, and *Thuja* ; and primary provings of *Argentum nitricum*, *Coccus cacti*, and *Kali bichromicum*. Each drug was entrusted to one member of the society into which they formed themselves, who undertook and superintended the experiments, and published them in full detail, with an elaborate account of all that was known of the medicines up to the time of writing. From twenty to thirty persons took part in every proving ; and, though trials of the attenuations were not neglected, the great aim of the experimenters seems to have been the development of the full physiological action of drugs from repeated and increasing doses of the mother-tincture, which (in the case of *Thuja*) even reached as much as 1000 drops at a time.

The monographs containing these most valuable provings were chiefly published in the *Österreichische Zeitschrift für Homöopathie*, a journal conducted by the Austrian Society, which runs through four years. Wurmb’s re-proving of *Sulphur* is contained in a later periodical, the *Zeitschrift des Vereins der homöopathischen Aerzte Österreichs* (vols. i and ii). Most of them have been translated into English* with more or less completeness. They will always be ranked among the chief materials we possess for the construction

* *Colocynth*, *Coccus cacti*, and *Thuja*, in Metcalf’s *Homœopathic Provings*, *Sulphur* in the *British Journal of Homœopathy* (vols. xv and xvi), and *Argentum nitricum* as an appendix to Hempel’s translation of Stapf’s *Beiträge*.

of the *Materia Medica* of the future; and the labourers at them, of whom we may mention as pre-eminent Watzke, Huber, Mayerhofer, Wachtel, Wurmb, Arneth, Gerstel, and von Zlatarovich, have written their names indelibly on the roll of the heroes of the homœopathic history.

While thus giving prerogative rank to the Austrian provings, it must be added that they are but one instance of the activity of German homœopathy in this field down almost to the present day. Not only Stapf's *Archiv*, but the other journals published in that country, as Hartlaub and Trinks' *Annalen*, Griesselich's *Hygea*, and, later, the *Allgemeine homöopathische Zeitung* and *Vierteljahrschrift*, teem with provings and reprovings. Among the former may be mentioned those of *Berberis*, *Coca*, *Colchicum*, *Hypericum*, *Kreasote*, and *Nux moschata*; among the latter those of *Agaricus*, *Chamomilla*, *Cyclamen*, *Chelidonium*, and *Euphrasia*. The men whose names stand out most prominently as conductors of these experiments are Buchmann, Buchner, Helbig, Hencke, Hoppe, Koch, Lembke, and Reil. The last great contribution to the *Materia Medica* we have received from this source has been Buchmann's *Chelidonium*; but an endeavour to have a thorough reprovving of *Cuprum* has recently been set on foot by the Central Verein, and we hope it may bear good fruit.

Nor has the old school of medicine in Germany been altogether insensible to the exhortations and example of Jörg. Professor Martin, of the University of Jena, has occasionally proved medicines on his students, and published the results obtained; to this source we owe the pathogenesis of *Kali chloricum*. In 1848 the Vienna Society of Physicians set itself—in emulation of its homœopathic “double”—to make provings. The medicines selected were *Arnica*, *Belladonna*, *Chamomilla*, and *Chelidonium*; and each was tested by from five to twelve persons, taking the drugs after the manner of Jörg. Unfortunately, “the committee” (I quote from Dr. Dudgeon's account) “who had the drawing-up of the report of the results of the trial cut down the symptoms of each prover in a most arbitrary manner, and only recorded such symptoms as were common

to all or most of the experimenters." One of these, however—Schneller by name—has given a detailed account of his provings of the above-named drugs, and also of some additional experiments instituted on himself with *Aconite*, *Conium*, *Hyoscyamus*, *Rheum*, and *Stramonium*. You will find his communication translated in the sixth volume of the *British Journal of Homœopathy*. Besides these, the followers of Rademacher have made a few provings; their experiments with *Ferrum* have been translated in the ninth volume of the same journal. More recently Professor Schroff, though giving his attention mainly to experiments with drugs on animals, has not been unmindful of the value of occasionally instituting them on the human subject, and has given us (especially from *Aconite*) some valuable provings.

Before passing to the other chief scene of homœopathic provings—the United States of America—let me say a few words as to what has been done of the kind in the rest of the countries into which the method of Hahnemann has penetrated.

The only original pathogenesis of note which *France* has given us is that of *Quinine* by Dr. Alphonse Noack; and the two great compilers of *Materia Medica* in that country have been Drs. Roth and Jahr. All these three names point plainly to the German extraction of their bearers. Some indigenous proving, however, has been done by Pétroz, Teste, Molin, and Imbert-Gourbeyre; and published in the French homœopathic journals.

England has contributed little more to our pathogenetic treasury. The *Kali bichromicum* of Drysdale, the *Naja* of Russell, the *Cedron* of Casanova, the *Cotyledon umbilicus* of Craig, and the *Uranium nitricum* of Edward Blake—these are all the provings of any note of which we can boast during the forty years in which homœopathy has been practised in this country.

Still less can be said of *Spain* and *Italy*, which have only given us (so far as I know) one medicine each—the *Tarantula* of Nuñez from the former and the *Cactus* of Rubini

from the latter. From *Brazil* we have received a collection of provings of the plants and animal venoms indigenous to that country instituted by Dr. Mure, of Rio. They are of obscure origin and doubtful value; and hardly one of the substances tested has come into general use. Still more dubious are the *Nouvelles Donneés* of Dr. Houat, of the French island of *Réunion*. If you will read the review of his first volume in the twenty-seventh volume of the *British Journal of Homœopathy*, and will then verify the suspicions expressed by looking through a few of his pathogenesies as given by Dr. Allen in his *Encyclopædia*, you will not wonder that the latter places them in an appendix by themselves, as unworthy to rank with the *bonâ fide* experiments derived from other quarters.

5. I come now to the American sources of the Homœopathic Materia Medica; and the first and most illustrious name on the record is that of Dr. Constantine Hering. I should suppose that the number of medicines in whose proving this physician has taken a more or less principal part is hardly less than that which we owe to Hahnemann; and though the latter, being first in the field, has given us most of our greatest remedies, yet we cannot forget our debt to Hering for *Lachesis*, for *Apis*, and for *Glonoin*.

I believe that a good many of Dr. Hering's provings remain in manuscript to this day; and I hope that, in spite of his already venerable age, he may live to publish them. Those which have already seen the light are contained in the *Transactions of the American Institute* or the *American Homœopathic Review*, or they appear in one or other of his two separate publications—the *Amerikanische Arzneiprüfungen* and the first (and as yet only) volume of his *Materia Medica*. The former is written, as its name imports, in the German tongue, Dr. Hering having originally come from that country. He began to issue it, in parts, in 1852; and, when discontinued, it had come to contain monographs on twelve medicines—most of them new to homœopathy—embracing clinical observations as well as pathogenetic effects. Among the drugs included I may mention *Benzoic acid*, *Aloes*, *Apis*, *Allium cepa*, *Glonoin*, and *Millefolium*.

The greater number of these have been translated in one or other of our journals. In 1869 Dr. Hering set on foot the *American Journal of Homœopathic Materia Medica*, with the design of appending thereto another series of monographs on medicines. He ceased to do so when sixteen of these had been completed, and then published them separately as the volume of *Materia Medica* which I have mentioned. Besides elaborate arrangements of several of our old remedies—as *Cuprum*, *Spongia*, and *Stramonium*—it gives us the *Biniiodide of Mercury*, *Natrum sulphuricum*, and *Osmium*.

I have omitted to mention Dr. Hering's first publication, which dates as far back as 1837. It is his *Wirkungen des Schlangengiftes*—a full collection of the observed phenomena of snake-bites, together with provings on the healthy subject mainly instituted with *Lachesis*, which great remedy he thus introduced to medicine.

But, while all would give the precedence to this honoured name among the American contributors to our *Materia Medica*, it is far from standing alone. In the earlier period those of Neidhard, Jeanes, Williamson, and Joslin may be named in association with it: in later times those of Dunham, Allen, and Conrad Wesselhoeft—not to mention Dr. E. M. Hale, of whose work I must speak separately. The chief instigation and collection of the provings of the United States has proceeded from the American Institute of Homœopathy. This association, at its first meeting (under Dr. Hering's presidency) in 1866, appointed a "bureau" (or committee, as we should call it) for the augmentation and improvement of the *Materia Medica*. The first fruit of its labours was the volume entitled *Materia Medica of American Provings*, whose third edition I now lay before you. It contains the original provings of the *Benzoic*, *Fluoric*, and *Oxalic acids*, of *Kalmia*, *Podophyllum*, *Eupatorium*, *Sanguinaria*, and several other important drugs. From that time to this, the *Transactions* of the Annual Assembly of the Institute have rarely failed to contain fresh provings furnished by its Bureau of *Materia Medica*, down to those of *Physostigma* and *Sepia* which

constitute its chief labours for 1874 and 1875 respectively. Provings have also formed a prominent feature in many of the American journals. Excellent material for them is now afforded by the students of both sexes who flock to the homœopathic colleges of the States; and the teachers of *Materia Medica* therein have not been slack in availing themselves of their opportunities.

6. A new fountain of *Materia Medica* was opened in 1866 by Dr. E. M. Hale, of Chicago. For some years previously his attention had been drawn to the mine of remedial wealth which existed in the indigenous plants of his country. A few only had been proved and employed in the homœopathic school, but all around him he found them in constant use by the common people, and by the "botanic" and "eclectic" practitioners—cures often resulting from them where both allopathy and homœopathy had failed. He determined to collect into one volume all pertinent information regarding the principal medicines thus obtained, to reproduce old and institute new provings, and to present all trustworthy recommendations and experiences as to their use. The result was the volume entitled *New Remedies in Homœopathic Practice*. It obtained great success, so that in two years a second edition was demanded. This appeared in 1867, following the same order as the first, but incorporating all fresh facts that had come to light, and adding thirty-five more medicines to the forty-five previously published. In 1873 a third edition was issued, in which (very unwisely, as I think) the materials previously collected were boiled down to a list of (so-called) "characteristic" symptoms." But in the fourth and latest form which the work has assumed this error has been retrieved. The first volume, indeed—entitled *Special Symptomatology*—is of the same character as the third edition. But in the second volume, or *Special Therapeutics*, history, account of provings, testimonies of authors, and narratives of cases have been restored. We only want the detailed provings of the second edition to make the work complete.

I do not hesitate to say that by these publications Dr. Hale has rendered an inestimable service to homœopathy,

and thereby to the art of medicine. There has been plenty of severe criticism on his indiscriminate collection of material, his too fond estimates of his new treasures, and the assumptions in which he has sometimes indulged. But these are small matters compared with the actual enrichment of our remedial treasury which has been effected by his means. We really owe to him *Actæa*, *Æsculus*, *Apocynum*, *Baptisia*, *Caulophyllum*, *Chimaphila*, *Collinsonia*, *Dioscorea*, *Eupatorium purpureum*, *Gelsemium* (as Dr. Allen will have us call it), *Hamamelis*, *Helonias*, *Hydrastis*, *Iris*, *Phytolacca*, *Sanguinaria*, *Senecio*, and *Veratrum viride*. It is no abatement of this obligation to say that some of these had been known previously, and that none have been actually proved by Dr. Hale himself. It was his book that made them current coin, wherever they had been minted before; and it was he who incited the new provings, though he acted only as their promulgator and expositor. The school of Hahnemann in every country owes him hearty thanks for all this; and allopathy is beginning to share our gain.

I would advise students, until they can obtain the fifth edition (which I have reason to believe will meet every requirement), to endeavour to procure a copy of the second, supplementing it, if possible, by a perusal of the second volume of the fourth.

7. I have now mentioned all the primary sources of the special *Materia Medica* of Homœopathy. In so doing I have had to bring before you more than a score of separate volumes, besides referring to whole series of Journals and Transactions. You will naturally ask whether no attempt has been made to bring these multitudinous and scattered provings into one collection, so that they may be accessible to the student and available for use by the practitioner. This brings me to the last name in my list to-day, that of Dr. Allen of New York.

Our only *codices* of symptomatology hitherto had been those of Jahr and of Noack and Trinks. Both date from thirty years ago; and were at the best abridgements. They were of great use in their time, but have long been superannuated. In 1874, however, a work was commenced

which it will take many decades to make obsolete, and which gives us our whole pathogenetic treasury in full. I speak of the *Encyclopædia of Pure Materia Medica*, of which the first four volumes, containing the medicines from *Abies* to *Hydrocotyle*, lie now before you. Here, under the head of each drug, are collected all the symptoms obtained from it by every prover who has tested it, from Hahnemann down to the latest student of the American colleges. All are copied, translated, and arranged afresh; and every available information is given regarding the circumstances under which they occurred. Nor is this all. Dr. Allen has made a new collection of symptoms observed from poisoning and overdosing, as recorded in medical literature since Hahnemann's day; and has thereby greatly enriched many of our old pathogenesies, and originated no small number of fresh ones. The work has been improving as it has gone on; and when the seven or eight volumes to which it must extend have been completed, it will be a treasury upon which the homœopathic practitioner will thankfully draw for many years to come.

I earnestly recommend all students of homœopathy to possess themselves of Dr. Allen's *Encyclopædia*; but I do not advise them to content themselves therewith. No collections of symptoms, however thoughtfully made, can convey the same instruction to the mind as the original records of provings. Procure, then (I would say), or seek access to as many as possible of the primary sources of our knowledge which I have characterised, and to which Dr. Allen's book will refer you in the case of each drug. Read the day-books of the provers, and (where we have them) such narratives of poisoning as are collected in Frank's *Magazin*, in Dr. Hempel's *Materia Medica*, and in the "Pathogenetic Record" which the industry of Dr. Berridge is now giving us as an appendix to the *British Journal of Homœopathy*. You will thus obtain that enlightened general knowledge of the action of medicines which, and which alone, will enable you to use the *Symptomen-Codex* aright.

CYCLOPÆDIA OF THE PRACTICE OF MEDICINE.

Edited by Dr. H. VON ZIEMSEN.

Vol. VII.—*Diseases of the Chylopoietic System &c.*

THE volumes of this great work are issued with such frequency that we can hardly keep pace with them in our brief notices. We shall not therefore take the trouble to review them in the exact order in which they appear, nor is this necessary, as their publication is extremely irregular as regards the numerical sequence of the volumes. The volume at present before us is the latest issued, though by no means the highest numbered, for vol. xi was published some months since. This irregularity of issue is of no importance, as each volume is complete in itself.

The title on the back of the present volume does not give an adequate idea of its contents. The actual contents are: diseases of the naso-pharyngeal cavity and pharynx, diseases of the stomach and intestines, constrictions, occlusions and displacements of the intestines, intestinal parasites, disease of the larynx and spasm of the glottis. Thus it does not comprise all diseases of the chylopoietic system and does include other diseases not referable to this system.

It will not be expected that with the small space at our command we should attempt a review of all the subjects contained in this large volume of over 1000 pages. We shall select for notice some of the subjects that are particularly interesting to us, at the same time admitting that the chapters we select are not better or more exhaustively treated than the others. In fact, the fault we are disposed to find with the work is that every article is too exhaustively treated. Each author seems anxious to show that he knows everything that has been written on this particular subject, and the chapters in many cases, on account of this conscientious fulness, are apt to be slightly tedious. We do not so much wish to know what this or that or the other author

has written about a disease, its pathology, etiology, and so on, as what are the author's own conclusions on these points and his reasons for forming them. However, the encyclopædic form of the work and the large number of writers who have been employed upon it render this diffuseness perhaps inevitable.

The "Affections of the Stomach" are preceded by some preliminary remarks on the anatomy and physiology of the stomach which are well worth reading, and form a fitting introduction to the diseases of that organ. The gastric glands, we are informed, pour out their specific secretion, the so-called *gastric juice*, when an alkali is introduced into the stomach, as when the alkaline saliva is swallowed. A solution of soda gives rise to a particularly persistent secretion of gastric juice. This physiological fact may, we think, be of use in practice. Thus, if we find the saliva acid, we shall most likely find also a defective secretion of gastric juice. And, again, the fact that soda causes an extremely persistent secretion of gastric juice would lead us to infer, even if experience had not sufficiently proved it, that acidity of the stomach is only aggravated by the common mode of treatment of it by soda in all forms and combinations.

The author is of opinion that *hydrochloric acid* is the true acid of the gastric juice, though some French physiologists contend that the acid of the gastric juice is lactic acid. Our author (Dr. Leube) asserts that the lactic acid found in the stomach is produced during the act of digestion, by metamorphosis of starch in the stomach. One would think it would be easy to set this question at rest by a few careful experiments.

Pepsin is another constituent of the gastric juice necessary to digestion. Neither pepsin nor hydrochloric acid singly can effect the transformation of albuminous substances observed in digestion. It requires the presence of both constituents in a certain relative proportion in order to induce energetic digestive action. Different kinds of food require different proportions of the acid and pepsin for their digestion. Various acids in combination with pepsin are

capable of effecting the digestion of food, or rather its transformation into chyme; but none so effectually as hydrochloric acid. Ten times as much lactic acid, for instance, is required, which would seem to settle the question of the claims of lactic or hydrochloric acid to be considered the acid of the gastric juice.

The peptones, *i.e.*, the dissolved or digested albuminous matters, must be constantly removed from the stomach as they are formed, otherwise their presence will prevent the further peptonising of other portions of albuminous material. This circumstance will account for the frequent undigested condition of food long retained in the stomach from whatever cause.

About thirty pounds of gastric juice are daily poured out. Of course the greater proportion of this is again absorbed. Bernard has shown that acid as well as simple solutions of peptones are precipitated by bile, the pepsin being thrown down at the same time as the albuminous bodies. This explains how the presence of bile in the stomach causes a stoppage of the digestive process.

The section on *Acute Gastritis* by Dr. Leube is hardly satisfactory. The author seems to be in doubt as to whether this is gastric catarrh or acute dyspepsia. It seems to be anything but what is commonly, or at least used to be, considered acute inflammation of one or other of the coats of the stomach. If his pathology is hazy so also is his etiology. The chief cause he seems to ascribe to too long retention of ingesta in the stomach, and the cause of this prolonged retention is a deficient production of gastric juice. This seems like putting the cart before the horse, or rather confusing cause and effect, for we opine that the morbid gastric process, whatever its name, is the cause of the deficient supply of gastric juice whereon the retention of ingesta depends.

The treatment is as confused as the pathology and etiology are vague. In severe cases "treatment must be directed chiefly against the *exciting cause*." Now, as we were told that prolonged retention of ingesta was the chief exciting cause, our efforts should be directed to getting rid of the

ingesta. This may be done either by purgatives or emetics. As, however, by the employment of purgatives "the undigested fermented masses have to pass through the outer intestine before they are removed, they may irritate its mucous membrane also." So it is best to resort to emetics. *Apomorphia* is the best medicinal emetic, but a still better means of clearing the stomach is the stomach-pump, which is "in every way preferable." After removing the contents of the stomach by the pump, the mucous membranes may be advantageously cleansed by the introduction of a solution of soda to neutralise the remaining acid. We fail to see the relevancy of this acid-neutralising treatment, as we were told just before that the cause of the long retention of the ingesta (which again was the cause of the gastritis) was a deficiency of acid in the gastric secretion. If Dr. Leube had remembered what he said in the physiological part, he would rather have said that the soda acted by promoting an increased secretion of the deficient gastric juice. Indeed, in the very next paragraph he again contradicts himself by advising the administration of dilute hydrochloric acid for acute affections. A few lines further on he advises the administration of bicarbonate of soda—the very substance that at p. 121 he told us gives rise to a "particularly persistent secretion" of the acid gastric juice—in acid eructations and heartburn! But the charming part of this scientific and rational treatment of dyspepsia is the use of the stomach-pump to evacuate the contents of the stomach and the subsequent washing it well out with soda. Evidently he has learnt his therapeutics in the kitchen, for is not this precisely the way the cook treats her foul pots and pans? She first empties out their contents and then scours them well out with carbonate of soda in order to get rid of all acids and make them sweet and clean for the next meal. We can picture to ourselves the consternation of a patient suffering from an attack of indigestion were we to produce a stomach-pump from our coat-pocket, and insist on there and then emptying his stomach of its contents and scrubbing it out with soda. On the whole we imagine it would be more satisfactory to all parties were we to give him a small dose

of nux vomica and recommend him to be careful not to overload his stomach for a day or two.

The chapter on *ulcer of the stomach* by the same author is altogether superior to the one on "acute gastritis." The pathology, etiology, symptomatology, and diagnosis are excellent. The author mentions a mode of distinguishing between cardialgia and ulcer which is new to us. If, he says, the pain disappears within a few minutes after the application of a constant current from a battery of from 20 to 40 cells, he regards this fact as indicative of cardialgia; in gastric ulcer he has never yet been able to produce a cessation of the pain by the use of the constant current. The increase or production of pain by pressure is not such a certain mode of ascertaining the existence of ulcer, for cases are occasionally met with where pressure causes relief to the pain.

With regard to the treatment we cannot give so much praise. The dietetic and hygienic rules are excellent, but the medicinal treatment is beneath contempt, or, we should rather say, is nil. The cause of the ulcer, or at least of its persistence and extension, being held to be the corrosive action of the gastric juice, the aim of the doctor is to lessen this corrosive action either by neutralising the acid secretion by alkalies, or by securing the expulsion of the contents of the stomach as speedily as possible. As we do not know the amount of acid in the stomach at any given time we cannot tell the quantity of alkalies to administer, so Leube does not recommend this plan. Remains the other remedy, viz. to get rid of the contents of the stomach as speedily as possible. Here the stomach-pump is evidently the author's favourite method, but as an alternative measure for such patients as might object to that admirable instrument, he proposes to hasten the expulsion of the contents of the stomach in a more natural direction by means of salines, especially Carlsbad salts. In an otherwise admirable essay on ulcer of the stomach by the editor of this *Cyclopædia*, in Volkmann's collection of clinical lectures published by the New Sydenham Society, we find precisely the same treatment recommended. Carlsbad salts

and, when stricture of the pylorus is a consequence of ulceration, leading to dilatation of the stomach, the daily use of the stomach-pump ("every day in the early morning"), and subsequent scouring of the human pot with soda *à la cuisinière*. This mechanico-chemical treatment seems to be the last outcome of scientific therapeutics. We should mention that with becoming modesty Leube ascribes the invention of this stomach-pump and soda treatment to Schliep, while v. Ziemssen credits Kussmaul with its discovery, otherwise they agree as completely as Ananias and Sapphira. For our own part we have already hinted our belief that the idea of the manœuvre may be traced to a much humbler source.

The most important part of Dr. Leube's treatment of ulcer of the stomach seems to be the employment of what he calls "meat solution" as an article of diet. This meat solution is actually partially chymified meat, and is made by digesting meat with a strongly acid solution of pepsin in hermetically sealed vessels and at a temperature much higher than that of the human stomach. The meat is thereby reduced to a very fine emulsion containing a considerable quantity of peptones. This looks highly rational treatment, for if we save the stomach the trouble of converting the albuminous matter of the food into peptones, we give it rest and so allow the ulcer to heal up. Dr. Leube says he has uniformly met with good results from this treatment. We have been told that when a great man in China can no longer masticate his food satisfactorily he hires a person to chew it for him. In this case the starches of the food will be converted into glucose and the alkaline saliva of the chewer will excite the gastric glands of his patron to pour forth their gastric juice, thus saving considerable digestive labour to the great man. So perhaps Dr. Leube's plan of half digesting the food before he puts it in the stomach is suggested by the old Chinese procedure, just as our compass, fireworks and competitive examinations all come to us from the Flowery Land. However that may be, we think Dr. Leube's suggestion one worth bearing in mind in all cases where the stomach

is unable to digest the food introduced into it. We should not *à priori* have thought that this solution of beef prepared with "a strongly acid solution of pepsin" was so suitable for ulcer of the stomach, which according to our author is caused or kept up by the acid secretion of the gastric glands, but perhaps by the time the emulsion reaches the stomach its strongly acid character is gone, or, maybe, as the introduction of an alkali causes a great flow of the natural gastric acid, the ingestion of another acid may rather suppress the natural acid secretion. In cases where the power of digesting both starch and albumen was entirely gone how would it do to combine the Chinese and Leubean methods, and employ a chewer (a mechanical one supplied with ptyalin would do) to *glucosise* the farinaceous and a Leube's digester to *peptonise* the albuminous constituents of the food? In this way a patient "sans teeth, sans taste, sans everything" almost, might be able to enjoy and assimilate a varied meal of meat and vegetables. We merely throw this out as a hint to Dr. Leube, for as medicine is, as we all acknowledge, a progressive science, and as modern rational medicine seems more an affair of diet and machinery than of pharmacy, it is not likely that our progressive doctors will stop short at finding a substitute out of the body for the gastric juice. When the physiology of digestion in the bowels is sufficiently understood, some ingenious doctor will doubtless invent some machine for performing their functions when defective. This is an eminently scientific and mechanical age, and as we have machines for performing all the operations for which men in less enlightened ages employed their muscular system, and sometimes for doing many intellectual operations, such as writing, calculating and speaking, we see no reason why there should not be machines for performing all our animal functions, at all events such of them as we are disinclined or incompetent to perform for ourselves. When that happy epoch arrives, when not only our muscular actions and our intellectual operations, but also our animal functions, are carried out for us by external machinery, the unembarrassed human soul will be able to devote

itself wholly to the cultivation of Sweetness and Light, and the millennium will have come.

Let us, however, leave "the medicine of the future," and inquire what is the treatment of ulcer of the stomach actually recommended by the author. It is briefly this:—The patient is kept in bed during the course of treatment; hot poultices applied to the abdomen (for how long not stated) if hæmorrhage threaten, a compress or ice to the stomach at night (why not by day?); active movements of the body to be avoided. During the first few days Carlsbad salt, one tablespoonful to a pint of warm water, every morning. If the salt do not evacuate the stomach, then the pump is to be used, and the stomach afterwards washed with warm water (the soda seems somehow to be forgotten). The diet consists of one pot of beef solution per diem = half a pound of beef, with a little milk and a few rusks. All food should be warm. After two or three weeks (is the patient all this time in bed?) the patient is allowed pigeon, chicken, mashed potatoes, chicken soup, wheaten bread, &c., and after eight days more coarser food.

As for medicines Dr. Leube talks contemptuously of them. A dose of *Morphia* may be given to soothe the cardialgia, but *Subnitrate of Bismuth* and *Nitrate of Silver*, the only other medicines he alludes to, he thinks little of, apparently, on account of "the impossibility of explaining their action."

"When perforation occurs, the only treatment in most cases is to induce euthanasia." A year or two ago some gentleman—we forget his name, but he was not a doctor—advocated euthanasia as the best mode of treating some cases, but this is the first time we have seen it openly recommended in a medical book, so we are progressing.

However, Dr. Leube goes a little too fast, we think, for he immediately afterwards alludes to some cases where recovery took place even after perforation, by the employment of "energetic measures," among which is his favourite stomach-pump. Throughout Dr. Leube's articles the stomach-pump plays a most conspicuous part, and seems to be his most important and most cherished

therapeutic agent for almost all stomach diseases. Indeed, when he comes to treat of dilatation of the stomach his enthusiasm for his beloved instrument culminates in presenting his readers with an exquisite portrait of his great remedial machine. Somehow, Dr. Leube with his stomach-pump irresistibly reminds us of "*M. Fleurant, une seringue à la main*" in Molière's *Malade Imaginaire*; as that illustrious apothecary never appears without his squirt, so Dr. Leube is ever ready with his stomach-pump for almost every form of gastric disease, from simple gastralgia up to cancer and even rupture of the stomach. This constant resort to one machine in all these various affections betrays a remarkable poverty of therapeutic means, and, indeed, the therapeutics throughout are utterly insignificant, in most cases purely negative.

The article on softening of the stomach is interesting, but rather unsatisfactory. Dr. Leube says that the most recent pathologists are agreed that softening of the stomach is a post-mortem change. But he adds, that "no evidence has been adduced to show that the inception of gastromalacia during the last period of life is absolutely impossible," and he gives a case from his own practice to show that this actually occurred. So we are left in a rather uncertain frame of mind as to whether we are to hold with Rokitansky, Jaeger, and others that gastromalacia is a vital process, or with Oppolzer, Virchow, and most recent writers (following J. Hunter) that it is a cadaveric change. Practically the question is of little moment, as the only way in which the disease can be recognised in life is by the occurrence of perforation—for which euthanasia is the most approved remedy.

In the article on hæmorrhage from the stomach we find mention of the sudden and hitherto incurable double amaurosis that sometimes accompanies this disease. The ophthalmoscopic appearances are not very decided, showing only whiteness of the papillæ and thinning of the retinal arteries, in short, differing in no way from the state of the retina in anæmia. But amaurosis from anæmia produced by other causes and even by other hæmorrhages goes off

when the anæmia is removed. This amaurosis from hæmatemesis, however, remains after the anæmia is gone. We have not as yet met with a case of the sort in our practice, but the number of instances recorded is too great to allow us to doubt the causal relation of this amaurosis to hæmorrhage from the stomach, though as yet no satisfactory explanation of its pathology has been afforded.

The article on *Intestinal Parasites* by Heller is particularly interesting and important. It contains the natural history of all kinds of intestinal parasites hitherto found in man, as far at least as their natural history has as yet been made out. We have not space to do more than mention some points with regard to the natural history, but especially to the treatment of the more common forms of intestinal worms, viz. the *Tænia solium*, the *Tænia saginata* (*mediocanellata* of Küchenmeister), *Bothriocephalus latus*, *Ascaris lumbricoides*, and *Oxyuris vermicularis*. The cysticercus or embryonic form of the *T. solium* is found only in the pig, and the perfect animal is only met with where pork forms an article of diet. The cysticercus of the *T. saginata* has its habitat in the flesh of ruminants, and is more widely distributed. People—like the Abyssinians—who live on raw beef are very subject to this species. The *T. solium*, as all know, attaches itself to the small intestine by a circlet of hooks and four suction disks; the *T. saginata* has no hooks, but only suction disks. The *Bothriocephalus latus* is chiefly confined to certain parts of Europe, of which the British Isles do not seem to be one. The *T. solium* is the most important of these worms, as its embryo may under certain circumstances infest the body of its host. They have even been found in the eye; Mr. Pridgen Teale's case of a cysticercus in the anterior chamber is familiar to all ophthalmological students; and a case is given in Mackenzie's work.

The treatment of all these tapeworms is the same. As there are no certain pathognomonic signs of the presence of a tapeworm, no anthelmintic treatment should be resorted to unless segments of the worm are observed to be discharged in the fæces. The object of the treatment is to sicken the

worm, cause it to lose its hold of the intestine, and expel it quickly from the bowels. *Imprimis*, the way is to be made clear for the expulsion of the animal by clearing out the bowels by the exhibition of "the very mildest purgatives" for two days before commencing the cure. During this time the patient should only take food that furnishes the smallest amount of residuum, such as meat, white bread, milk, coffee, tea, beer, wine, &c. Then the evening before the cure he should take a supper of things known to be unpleasant to his unbidden guest, such as a herring salad, made of finely cut raw salt herring flavoured with onions or garlic. In the morning the patient may take a breakfast of coffee and white bread previous to swallowing the anthelmintic—the best is *Koussou*. The quantity of this substance necessary for the expulsion of *T. solium* is five drachms; the *T. saginata* requires seven and a half drachms. The best way to administer it is in Rosenthal's balls or discs coated with gelatin. The patient should take the whole quantity at intervals within an hour. Two hours after the last dose he should get an ounce of *Castor oil*, and in from one to several hours the worm is expelled. *Koussin*, an alcoholic extract of *Koussou*, is equally efficacious in the dose of thirty grains. Various other remedies are mentioned for the expulsion of tapeworm, but *Koussou* is said to be the best. We have succeeded in expelling the worm by the bark of *Pomegranate root*, but its effects are generally more unpleasant than those of *Koussou*. *Felix mas* is said to be particularly efficacious in expelling the *Bothriocephalus*.

The round worms (*Ascaris lumbricoides*), "when present in small numbers, do not as a rule give rise to any phenomena." In large numbers they cause itching of nose, colicky pains round navel, boring and tearing pains in abdomen, inflation in region of stomach, changeable appetite and diarrhoea, with expulsion of mucus occasionally tinged with blood, swelling of face, darkness of eyelids, unequal dilatation of pupils, foul breath, and general wasting; irregular pulse, unpleasant dreams, grinding of teeth in sleep, starting from sleep in a fright, and pains in

limbs. We think we have found most of these symptoms in cases where there was no reason to suspect the presence of many worms, but of very few or even of one only, and there is another symptom of round worm which we have often observed, and that is ephemeral attacks of fever from time to time lasting only a few hours.

“The most favourite and never-failing remedy is *Santonica*.” The active constituent *Santonine* is most generally used. It should be given in doses of one third to one and a half grain three or four times a day, and followed by a purgative.

The most common, most troublesome, and most difficult to get rid of, of the worm tribe, is the threadworm or *Oxyuris vermicularis*. The natural history of this little pest shows us why it is so difficult to exterminate. The eggs when introduced into the stomach rapidly develop an embryo in from four to six hours, which escapes by a spot on the egg softened by the gastric juice. The small worm makes its way into the small intestines, where it rapidly increases in size, and, after impregnation, the females collect in the cœcum, where they remain till their eggs are fit for laying, when they slowly descend the large intestines and deposit their eggs in the rectum. By their wriggling movements in the rectum they occasion the characteristic and intolerable itching. The time required for their full development from the egg is not more than five weeks. It is a mistake so suppose that threadworms inhabit the rectum; they only frequent it for the purpose of depositing their eggs, otherwise they chiefly live in the cœcum; i.e., the pregnant and mature females do so; the males (and the young animals) are mostly in the small intestines. The eggs are not hatched in the rectum, but are expelled from the bowel with the fæces. As their life is not very prolonged the intestines would soon be clear of them were they not always receiving fresh relays by the ingestion of more eggs into the stomach. However the child may have originally got eggs of the threadworm into its stomach, whether by the dirty hands of a threadwormy mother or nurse, there can be no doubt but that when once it has a colony of

worms in its bowels it keeps up the supply by constantly bringing more eggs into its stomach. The itching, especially at night, makes it bore its fingers into the anus; these fingers, loaded with the minute eggs, go to the mouth, and thus we have a "vicious circle" of ever renewed infection carried on until effectual measures can be taken to break it. The fingers of a child affected with threadworms may readily convey the eggs into the mouths of companions. Merely touching food with these egg-laden fingers may infect with worms another who eats this food.

The eggs of the oxyuris cannot be conveyed in drinking water, as they rapidly perish in water, and Heller states that a person cannot be infected by salads, as the vinegar always destroys the eggs. But as many persons eat lettuce and other salads without vinegar, this remark is not very relevant.

As regards treatment, since the chief habitat of the worm is the cœcum, the common expedient of throwing injections into the rectum will evidently only remove those worms which may be at the time in that locality, but will leave the main colony intact. *Santonine* is, Heller says, of little use, and the other anthelmintics of none. His treatment consists in washing out the intestine by Hegar's method, with a solution of Castile soap in distilled water from one to two and a half grains to the ounce. This quickly destroys the worms and their eggs without irritating the mucous membrane. Hegar's apparatus consists of an enema tube with an olive-shaped point, a piece of gutta percha tubing about eighteen inches long, and a glass funnel. With this simple instrument, the patient lying on his back with thighs flexed, we may fill the large intestine as far as the ileo-cœcal valve. If there are hardened fœces in the bowel these should first be removed by lukewarm water injections. When the bowel is empty it can be washed out with from three to four quarts of the soap solution. A caution is to introduce the solution slowly, taking about a quarter of an hour or twenty minutes to do it. We can in this way destroy all the worms in the large intestine except those which may be lodged in the appendix vermiformis. The

prophylaxis consists in preventing the patient conveying his fingers to the anus and then to the mouth, which must be a difficult matter, especially with children, as this is chiefly done at night.

This treatment is, Heller says, the most rational and successful, but it will be difficult to persuade any one not very seriously inconvenienced by the parasites to submit to it, when he knows that a few doses of a purgative will often give him temporary relief. We were assured by a thoroughly good and accurately observing practitioner only a few days ago that he had cured two cases of very annoying threadworms in a brother and sister by a few doses of *Cina* 30. The worms came away in vast numbers and the patients had perfect and abiding relief from their very troublesome symptoms. At all events we can try *Cina* first before we resort to the extreme measures recommended by our author.

We have no space left to give even a brief notice of the excellent article on *Diseases of the Larynx* by v. Ziemssen, nor of Steffen's paper on *Spasm of the Glottis*. Perhaps at a future period we may return to this interesting volume.

DR. HILBERS ON HOMŒOPATHY.*

WHEN a veteran adherent of homœopathy, one who, as Dr. Hilbers himself informs us, has had "over thirty years' practical experience with these medicines, during which time I have treated thousands upon thousands of cases of disease, comprehending every known form of malady to which British flesh is heir, from Asiatic cholera to common cold," finally appears as the author of a work on "Homœopathy," his colleagues naturally look forward to a rich treat of practical counsels and maxims derived from such a vast experience. "Thousands upon thousands of cases!" "every known form

* *Homœopathy: a Letter addressed to a Friend.* By George Hilbers, M.D. London: Smith, Elder, & Co., 1876.

of malady . . . from Asiatic cholera to common cold !” here is the very man we want to enlighten us on the difficult points of practice that perpetually occur. We are rather disappointed on finding that the work produced after such a long incubation is only a tractate of twenty-five pages. Somehow we think of the parturient mountain of old Æsop, but we dismiss the comparison thus involuntarily suggested, and reflect instead on the aphorism that the most precious things are often in smallest bulk, and we recall to our mind the saying of the sage that “a big book is a great evil.” Why should we not have the knowledge derived during over thirty years’ practical experience in thousands upon thousands of cases in a concentrated form within the limits of a thin pamphlet, just as we have the essence of twenty beeves in a small potful of Liebig’s famous extract? So once again we turn with hope to Dr. Hilbers’ work. The title is enticing—*Homœopathy: a Letter addressed to a Friend*. Had it merely been addressed to the public, the great public for whom no one can have a very definite affection, the letter might contain mere platitudes and “padding,” for of course all we want of the “P. T. Publikum” is that they should buy our book and little reck we what they think of it provided only they will buy it. But when we address our work particularly and individually to “a friend” we intend to give him something that will please him; we would be ashamed to offer him trite platitudes which would bore him; we mean to present him with something that it shall be worth his while to read, and if we publish our work so addressed, we hope that the public will also find it worth their while to read it. So we turn once more to the book with eager anticipations of delight.

Alas for the vanity of human hopes! What does this work on homœopathy addressed to a “dear friend” amount to? What is the outcome of these thirty years’ brooding over “thousands upon thousands of cases of disease?” A laboured effort to induce this dear friend to stick to homœopathy, and not to be badgered by other dear friends into going over to allopathy. A few of the stock commonplaces in proof of the superiority of homœopathy to allopathy are

given, but not an original argument or an original idea in the whole twenty-five pages, unless it be the suggestion at p. 18 that when patients are worried about dismissing their homœopathic attendant, they should go and consult two, three, or four doctors of repute separately, when they will find that no two of them agree, unless in the prescription of the last fashionable novelty in medicine. It was hardly worth while to write a pamphlet for the sake of making such a suggestion, and we are curious to know what the dear friend thought of the proposal. After reading Dr. Hilbers' letter he would probably think that he would not find greater unanimity of opinion among two, three, or four homœopaths than among a like number of allopaths. For in an appendix Dr. Hilbers asserts that there are divergencies of opinion and practice among practitioners of the homœopathic school fully as important as those among partisans of orthodox medicine. As for himself he tells us at page 10 that he belongs to that class of medical practitioners "who for many years past have been treating all their patients entirely on the homœopathic principle." This hardly agrees with his statement in Appendix I, p. 21, respecting the course which he has "for many years adopted. If on any occasion I have felt it desirable to prescribe any other than the usual homœopathic remedies, I have taken the precaution of writing a prescription in the most orthodox form, signing it with my name in full instead of the customary initials, and directing it to be sent to the allopathic chemist. By this course I not only avoid any mistake as to the non-homœopathic nature of the prescription, but I also vindicate my perfect freedom of prescribing whatever I think best for my patient—a right I would not part with for any advantage the world could give me." And yet he denounces in the strongest language those who act precisely as he claims for himself the right to do, as laying themselves "open to a plausible imputation of dishonesty and duplicity." "No honourable man who realises his responsibility as a practitioner of medicine," he says, "can have a moment's hesitation in prescribing for a patient any remedy which at the time he believes to be most desirable, never mind under

what 'pathy' it is recognised." But those who do this are reviled as practising "homœopathised allopathy or allopathised homœopathy." The sole difference between "dishonesty and duplicity" and honourable conduct is, that you sign your name in full and send your prescription to an allopathic shop. If you do this you may take the credit of "treating all your patients entirely on the homœopathic principle." But again we read that those who thus mingle allopathy and homœopathy should say "that they do not believe in the uniform (*sic*) applicability of our law of healing, in which case they should discard the appellation of homœopath." Well, apply this to Dr. Hilbers' own confession that he occasionally prescribes allopathic remedies, thereby acknowledging that he himself does not believe in the "uniform"—universal we presume he means—applicability of the homœopathic law, and we see no reason why Dr. Hilbers himself should retain the name of homœopath. The mere signing of his name in full instead of the customary initials and sending the prescription to an allopathic chemist can make no difference as to the fact of this being what he calls "hybrid practice." Indeed, it would in most cases be necessary to send a prescription for an allopathic medicine to an allopathic shop, as homœopathic chemists do not usually keep in stock the preparations of the British Pharmacopœia, so that the difference between honesty and duplicity would consist, according to our author, in the signing of one's name in full or in initials, which, after all, is a mere matter of professional etiquette, the rule being, as we have been informed by the highest authority, that physicians should sign their initials to a prescription, while surgeons put their names in full. By his own confession Dr. Hilbers stands convicted of practising himself what he denounces in others. He might have the charity to credit those who act as he does with equal honesty of intention, and an equal sense of their responsibility as practitioners of medicine. But this would hardly answer the purpose he seems to have in view in this pamphlet, which is, apparently, to discredit those who "vindicate their perfect freedom of prescribing whatever they think

best for their patient," and to claim for himself all the honesty and all the consistency of one who treats all his patients "entirely on the homœopathic principle." Had Dr. Hilbers contented himself with merely giving his "dear friend" reasons for sticking to homœopathic treatment, we would have had nothing to say against this "letter," and we might have even overlooked the bounce about the "thousands upon thousands of cases of disease, comprehending every known form of malady to which British human flesh is heir, from Asiatic cholera to common cold," which reminds us of the common boast of juvenile swashbucklers, that they are ready for anything, "from a pinch of snuff to manslaughter." But it is different when we find, from the tenor of his Appendix I, that he seeks to discredit an unknown number of his colleagues, and to enforce his own pretensions to be considered as *par excellence* the honest representative of true homœopathy. This style of thing reminds us of the assertion of an advertising tailor in days gone by, that "many have adopted the name, but none are genuine save those made by" so and so. This letter with its appendix may be thus epitomised: "Homœopathy is the best method of treatment, but distrust others who call themselves homœopaths; none are genuine save and except yours ever, George Hilbers." Surely not a very edifying exhibition of the fruits of "over thirty years' practical experience." After all those years and all those enormous opportunities Dr. Hilbers has enjoyed of observing the effects of his treatment on "every known form of malady to which British human flesh is heir," has he nothing better to communicate to the world than this appeal to his patients not to give him up? Is the be-all and end-all of homœopathy (as it almost appears to be in Dr. Hilbers' view, from his giving the title "Homœopathy" to his pamphlet) to formulate a new shibboleth: "There is no true physic but homœopathy, and Dr. Hilbers is its prophet?" Is "Homœopathy" only an elaborate form of giving utterance to the not very elevated sentiment "Codlin's your friend, remember, not Short?"

A statement made by Dr. Hilbers in a note at page 18

requires some comment. Talking of *Nux vomica*, "Phosphorus and the phosphates," and Bromide of Potassium, he says, "all these are excellent remedies, and they are all cribs from us." Now, some of the modern uses of *Nux vomica* and Phosphorus by the orthodox sect may be truly said to be borrowed from homœopathy. But what are "the phosphates" that, to use Dr. Hilbers' elegant expression, are "cribs from us?" The only phosphate that can claim a place in our *Materia Medica* in virtue of a proving is the *Phosphate of Lime*, and in no sense can the allopathic use of that substance be said to be a crib from us. What the other phosphates are to which Dr. Hilbers refers we are at a loss to conceive. The *Phosphate of Strychnine* has been prescribed by homœopathic practitioners, and the *Phosphates of Iron* and of *Soda* will be found in our *Pharmacopœia*, but as no proving has been made of any of these substances we can hardly claim them as among our remedies. Again, the use of *Bromide of Potassium* by the allopaths is not borrowed from us, as all who are acquainted with its history in the treatment of epilepsy are well aware. On the contrary, some of our own school have borrowed from orthodox writers the employment of *Bromide of Potassium* in convulsive diseases, about its utility in which we knew nothing before Sir C. Locock directed attention to its use in hysterical epilepsy. Such provings as have been made with it give no indication of its applicability to epileptic cases. As Dr. Hilbers says "we have been in the constant habit of using them [i. e. *Nux v.*, Phos., "the phosphates," and Bromide of Potassium] very largely for these many many years past," if this is not mere "tall talk," like his boast of having treated all the diseases British human flesh is heir to, we should like him to tell us especially all about these unknown and mysteriously indefinite "phosphates," what they are and what they are good for.

We hope that when Dr. Hilbers next appears in print it will not be to sow distrust of his colleagues, but to give some of the fruits of the experience of which he can boast, which have never yet seen the light to smooth the path of the beginner, or to benefit other patients besides his own.

OUR FOREIGN CONTEMPORARIES.

GERMANY.—*Internationale homöopathische Presse*. Resuming our review of this periodical from where we left off last October, we come to the sixth number of the seventh volume. Here we find the commencement of an essay by Dr. von Villers, which gained the prize offered by the Hahnemann Society. This is the second Spanish prize carried off by our German colleagues, a former one having been taken by Dr. Goullon, junr. This number also contains Dr. Cl. Müller's speech at the anniversary commemoration of Hahnemann's birthday, from which we quoted in our last. In vol. viii, No. 1, is a striking paper by Dr. Huber on the relation of mercury to albuminuria and acute Bright's disease. He first gives the pathogenesis of various preparations of mercury as far as these bear on the kidney affection, and then quotes the observations of a number of our colleagues illustrative of the good effects they have observed from the employment of mercurials in nephritis and albuminuria.

Dr. Koeck, of Munich, contributes some cases of interest. The first is that of a Polish nobleman who was taken ill at the establishment of a quack doctress with violent headache, continual vomiting of everything, even of a drop of water. These symptoms had lasted for three days and frightened the medical lady to such a degree that she sent for Dr. Koeck, believing the patient was going to die. He had been sent eleven weeks previously to Kissingen for an affection of the bladder and had got pretty well then, but had been complaining of headache for about a fortnight. His appearance was lamentable—dirty grey complexion, deep sunken dull eyes, face swollen, hands and feet slightly œdematous. Stools frequent, loose and scanty. Very little urine passed, and that of a bright colour and highly ammoniacal odour. *Nitr. ac.* caused it to effervesce like champagne. The doctor suspected uræmic poisoning. He gave *Cupr. ac.* ʒ. a dose every hour. This very speedily stopped the vomiting and the patient eventually recovered. Another case of incessant vomiting in a pregnant lady, where the physicians had declared that abortion was the only

way of saving the mother's life, was rapidly cured by *Cuprum ammoniato-sulphuricum*, half a grain in an ounce of distilled water, five drops every quarter of an hour. A third case is that of a railway employé who had a very disagreeable affection. When the doctor came near him he perceived a most horrible stench, which the patient accounted for with a smiling countenance by saying that he had the unfortunate habit of always letting fly in his breeches without being aware of it himself. This caused him to be an outcast among his fellows, and he had serious thoughts of putting a bullet through his head. He said that ever since the war with France he had had looseness of the bowels, but for the last two months he never knew when the motions came away. The doctor was at a loss for a medicine for this complaint. He searched all the books at his command in vain, until at last he found in Trinks's *Materia Medica*, under *Secale cornutum*, "involuntary discharge of thin liquid excrement." (We may remark, by the way, that we are not strongly impressed with the diligent character of Dr. Koeck's search, for had he looked a little more carefully through the same work he would have found precisely the same symptom under *Ant. tart.*, *Calc. carb.*, *Hell.*, *Ign.*, *Merc. sol.*, *Rhus tox.*, and *Staph.*, and almost the identical symptom under several other medicines. It was lucky, however, as the result shows, that he happened to light upon the one medicine only). He gave it in the form of *Ergotine* 2, a drop every three hours, and after taking the remedy for three days the patient was completely cured.

In No. 2 Dr. Huber has another of his interesting papers on the pathogenetic and curative effects of *Mercury*—this time in the cutaneous sphere. It is a masterly *résumé* of all our knowledge on this subject and will, we hope, soon appear in an English translation.

In an account of the Congress of Homœopathic Practitioners held last year at Pesth we see that Dr. Kafka read a paper combating Jürgensen's views on the origin of pneumonia, which we discussed in last volume, p. 302. Dr. Szontagh, on the contrary, defended Jürgensen's theories regarding the disease.

In No. 3 we have the presidential address delivered at the Homœopathic Congress, at Pesth, in August last by Dr. von Bakody, who our readers will remember is the University Professor of homœopathy and the physician of St. Rochus' Hospital. This address, which, for scientific and logical clearness and brilliancy of language, deserves a place beside Dr. Carroll Dunham's address at the Centennial Congress in Philadelphia, is devoted to the task of showing that the reform begun by Hahnemann is the true scientific method of advancing therapeutics, and that the recent advances in physiology and pathology all lead up to the specific therapeutics of Hahnemann. He shows further, not only by reasoning but by the confession of so great an authority as Virchow, that the method instituted by Hahnemann for ascertaining the pathogenetic effects of remedies gave the impulse to the modern minute investigations of the orthodox school; and he stimulates his audience to advance ever farther in the way opened out by Hahnemann, as far as that way consists in the observation of real natural phenomena, while they may leave on one side the ideal and fanciful and unimportant in the doctrines of the master and in the subjects often discussed and quarrelled over by his disciples, among which he reckons the dispute about posology. On the whole it is a remarkable address, and is rather to be regarded as a manifesto addressed to the whole scientific world of medicine than to adherents of the homœopathic school only; and this was to be expected from a man placed in the remarkable position of Dr. v. Bakody. Alone (for his fellow homœopathic professor Dr. Hausmann is dead, a martyr to the science he so zealously cultivated) in the University of Pesth as the representative of the Hahnemannic reform, he has to bear the whole brunt of the open assaults and secret machinations of his allopathic colleagues, who take every opportunity of showing their dislike to having a homœopathist occupying a chair among them. It was therefore most natural and proper that he should embrace this opportunity of showing the consistency of the great principles of Hahnemann's doctrine with the general progress of medical science, and to our mind he has done

this in a most masterly manner. But he has not pleased every one, and in the fifth number Dr. von Villers attacks him in no measured turns, and tries to make out that Dr. v. Bakody has misrepresented homœopathy, and has proved false to the teachings of Hahnemann. To him Dr. von Bakody replies in the first number of vol. ix, and defends the position he took up in his address in a clear, forcible, and convincing manner.

Dr. Cl. Müller gives the historical statistical sketch of the homœopathic Poliklinik of Leipzig which he prepared for the Centennial Homœopathic Congress in Philadelphia, which is at the same time a history of the progress of homœopathy in Germany, and is a valuable contribution to the great work undertaken by the American Congress under the direction of the lamented Dr. Carrol Durham.

Dr. Müller also contributes an article on the state of homœopathy in America and the proceedings of the Congress in Philadelphia.

No 4 contains the conclusion of Dr. Gerstel's able study of *Zinc*. A case of croup by Dr. Fielitz is related with much dramatic force. The patient was a fat apopleptic-looking boy of four years of age, in whom the disease came on with great violence and suddenness after exposure to a cold north-east wind. There was high fever (temperature not given), horrible sawing respiration, bloated copper-coloured face, harsh cough, dyspnœa to a frightful extent, almost inaudible voice. *Aconite*, *Spongia*, and *Hepar* did nothing. The dyspnœa increased, threatening suffocation; the respiration was so harsh and sawing and the cough so loud and rough, it could be heard forty-eight paces from the house. No sleep. This state of things went on for three days. The parents begged the doctor to employ allopathic remedies which he had in former days employed successfully in the case of another child similarly affected. So he applied leeches to the throat, a blister to the chest, and gave *Cupr. sulph.* as an emetic, but all in vain. The disease seemed rather to be aggravated. So on the fourth day, when the child seemed at the point of death, paralysis of the lungs being imminent, he gave a drop of *Sambucus* ϕ

in water, repeating the dose every hour. In five hours the child was out of danger. The cough became loose, perspiration and sleep came on, and a few doses of the third dilution removed all the disease excepting a hoarseness which yielded to *Carbo veg.*

No 6 contains a paper by Dr. Minor, of New York, on the internal treatment of varicose veins and hæmorrhoids. The therapeutics of varices is as simple as the celebrated chapter on snakes in Iceland. "There are no snakes in Iceland." "There is," says Dr. Minor, "no cure, either medical or surgical, for varices, with the exception of those few cases that depend on suppressed menses." He could hardly have said less. In regard to the therapeutics of hæmorrhoids he is somewhat more cheerful. "In venous hæmorrhoids," he says (for he alleges there are arterial hæmorrhoids which require surgical means for their cure), "the following remedies have proved useful in my hands:—*Æsc. hip.*, *Collinson.*, *Aloes*, *Ac. mur.*, *Nux v.*, and *Sulph.*" He then goes on to give the indications for each.

Æsculus.—Absence of constipation and constant feeling of dryness in rectum. There is also the sensation of a foreign body, such as a splinter of wood, in the rectum, and fulness, as if the mucous membrane was swollen and obstructed the passage. In the rectum raw feeling, and in anus soreness, burning, pressing, and itching. Many of these symptoms are common to other remedies, but there are characteristic differences to guide our selection. *Collinsonia* has the same feeling of a foreign body, a splinter, sand, &c., in rectum, but the presence or absence of constipation determines our choice. *Aloes* has the same burning in the anus, but this is generally the consequence of a hot liquid stool, and it lasts some time. The burning, too, extends into the rectum, which is not the case with *Æsc.* The burning of *Æsc.* is not dependent on diarrhœa, is transient and limited to the piles; that of *Aloes* is owing to the action of the diarrhœa on the piles, which otherwise are painless. *Acid. mur.* has burning in the piles and raw feeling like *Aloes*, but there is also generally bleeding, which is not the case with *Æsc.*, and in addition a

peculiar sensitiveness of the anus, which distinguishes it from all other remedies.

Collinsonia.—Constipation is a constant accompaniment of the piles, which are chronic, with or without bleeding. At the same time there is a tendency to flatulent colic, and frequently an alternation of the hæmorrhoidal sufferings with brain or heart affection. The only pronounced local pain is a sensation of sand, grittiness, or piece of wood in rectum, with the usual pressing, fulness, &c. It is one of the most reliable remedies of its kind, and in its symptoms indicates an extensive employment in this disease. It does not offer the peculiarity of the symptoms which point to *Æsc.*, *Aloes*, and *Ac. mur.* as special remedies for particular cases. It is rather indicated by the absence of peculiar symptoms, and corresponds to the more ordinary hæmorrhoidal states. It most nearly resembles *Nux vom.*, but is a much more reliable remedy for hæmorrhoids.

Aloes.—The most important symptoms are, feeling of heat and burning in rectum and anus, aggravated or produced by thin watery stools, and lasting long; the anus feels sore, and the patient dreads going to stool, but is unable to close the sphincter, for he has not only the feeling of soreness but also of weakness and paralysis of the muscle; the piles come out, and are sore and sensitive; they seem raw, are given to bleed, and are relieved by cold water. The hæmorrhoids for which *Aloes* is indicated are irritated by a characteristic easily recognisable diarrhœa. It occurs in the morning, drives the patient out of bed, not from pain, but from the fear that the motion will come way involuntarily. At the moment when he opens the sphincter of anus or bladder there rushes out a windy stream of thin, hot, burning motion. A kind of tenesmus remains as if more would come, and he is afraid to pass water or flatus lest fœces should come away at the same time. In this way he loses all confidence in his anus. So when the patient has piles, these are irritated by the diarrhœa and participate in the burning pain in anus and rectum. As a consequence of the laxness of the sphincter which they cause, and of the local limitation of the blood, of which the tenesmus is a sign, bleeding occurs. Without this complication with diarrhœa I would be unable to characterise the kind of hæmorrhoids for which *Aloes* is suitable, not because the diarrhœa is an invariable accompaniment, but because it shows the essential condition of irritation of the piles.

Acid. muriaticum.—The peculiarity of the hæmorrhoids here, as in the case of *Aloes*, lies in their great size and sensitiveness, only they do not bleed so much or so often. They are attended by intolerable itching and a marked tenderness of anus. These anus symptoms are the most reliable indication for *Hydrochloric acid*. The tenderness is so great that the part can hardly be touched, and bad as the other symptoms may be they are completely overshadowed by this one. It does not extend far into the rectum like the *Aloes* pain, but seems to be confined to the anus. The piles themselves share in this tenderness, and are excessively irritable and painful. In this they are not dependent on diarrhœa as with *Aloes*, nor on constipation as with *Collins.*, but they most nearly resemble the painful piles of *Æscul.*, from which, however, they differ by the predominant characteristics of the anus pain, the absence of rectum symptoms, and the disposition to bleed.

Nux vomica.—A great likeness of this remedy to *Collins.* is found in respect to the symptoms of headache, constipation, belly-ache, and hæmorrhoidal swellings. But the character of the constipation is different, for *Nux vom.* has a large, hard, and very dark stool, which comes away in small quantities after much ineffectual straining. The evacuations of *Collins.* are light coloured and lumpy, and without the great straining of *Nux vom.* *Collinsonia* is most useful in hæmorrhoidal affections which alternate with cerebral and cardiac suffering, whereas in the case of *Nux vom.* the hæmorrhoidal sufferings are more frequently accompanied by other derangements than alternate with these. *Nux vom.* has most of the ordinary symptoms of hæmorrhoids, but the local indications are not so valuable as those belonging to the general state of the patient. A sad, complaining, irritable disposition, a bilious temperament, a dyspeptic condition and general laziness, speak more for the remedy than any local symptom.

Sulphur.—This remedy also is more indicated by the general than the local symptoms. It is not a remedy for acute states, but for cases that have gone through acute attacks, have got out of the sphere of other remedies, and have become chronic. Its clinical reputation is not confined to homœopathic practice. It generally completes the cure in the medicinal treatment of hæmorrhoids, because it corresponds so accurately to the symptoms of chronic cases.

With these six remedies I have cured some and much benefited other cases. Some cases, however, resist all medicinal treatment, therefore we cannot yet dispense altogether with surgical means. It will be observed that several reputed remedies are omitted from my list. The reason is that I have not seen any effect from their administration. *Hamamelis* has proved useful as an external but not as an internal remedy. *Acid. nit.*, *Pulsat.*, and several other remedies that are good for other affections of the rectum, gave me only negative results in hæmorrhoids.

Goullon, in continuation of his practical retrospect of homœopathic literature, collects the cases of restoration of defective milk in nursing women by *Asafœtida*.

Dr. Abe recommends *Kali chloricum* (*Chloride of Potassium*) as the best remedy for burns; two parts of the salt to ninety parts of warm rain-water applied externally.

A lecture by Jürgensen (in *Volkmann's Clinical Lectures*) entitled "Scientific Medicine and its Opponents," at present exercises the mind of our German colleagues, and has given rise to several replies, one of which appears in No. 1 of vol. ix, by Dr. Zwingenberg. The lecture seems to be an attack on homœopathy in the Simpsonian style. Unfortunately we have not seen the attack, for the New Sydenham Society, which has published two volumes of *Volkmann's Clinical Lectures*, has omitted to give us this one of Jürgensen. It has thereby saved us a little trouble, for we might have felt bound to reply to it had it appeared in an English dress, and we have no great inclination to enter on the field of controversy and give a *rechauffé* of the arguments that were so serviceable in past years.

Dr. Haupt has an elaborate paper "On the Fungi as Disease Producers." Under the term fungi (*Pilze*) he includes all the minute organisms met with in morbid conditions, not only of the mycetes properly so called and their various species, but also sarcina, bacteria, and all their varieties.

Dr. Huber furnishes another of his masterly essays on the physiological effects of *Mercury* and their application to diseased states, this time in the sphere of the digestive organs.

A memoir of Dr. Veith by Gerstel closes the No.

Hirschel's Zeitschrift für Homöopathische Klinik.—We resume our review of this journal with No. 22 of vol. xx. In this and the following Nos. we find a continuation of Dr. Publmann's Prize Essay "On Bright's Disease."

Dr. Hirsch gives a case of neuralgia of the trigeminus, which offers some points of interest. A lady, aged 45, of delicate constitution, but in other respects perfectly healthy, had suffered for a length of time from neuralgia of the trifacial nerve. The pain was seated in the right side of the face one and a half centimètres from the ala nasi, and was excited by talking, sneezing, and rubbing the face during washing. The pain came on suddenly, was of the most violent description, darting with lightning-like rapidity to the upper lip. It never occurred when at rest; even the nights were always free from pain. Examination showed that it first occurred when after having lost two molar teeth the patient, in order to supply their place and to prevent the falling-in of the cheek on that side, had resorted to an expedient for preventing the deformity of the cheek by stuffing the gap with a piece of paper rolled up, and afterwards with a piece of sponge, the pressure of which on the inside of the cheek had developed a tenderness of the mucous membrane on that spot whence the pain proceeded through the alveolar nerve when the affected part was moved or rubbed by the operation of talking, chewing, or rubbing the cheek. At first she got *Arnica* 1^x, two drops mixed with a tumblerful of water, and held in the mouth for a minute or two. This treatment did no good. She then got *Ruta grav.* 6 in watery solution, a tablespoonful every three hours. Under this remedy the sensitiveness of the inside of the cheek went off, and the neuralgia was somewhat relieved, but as after a while the amelioration came to an end, *Conium* 6 was given. Under this remedy, which was given in the same manner as the last, the pain was much diminished in five days and in five days more was completely cured.

Dr. Herzberger gives his experience of an epidemic of variola in the south of Bohemia. The epidemic lasted

from February to the end of June. The character of the disease was inflammatory synochal fever; gastric and typhoid fevers were rarer, but there was often a tendency to the putrid character. The complications were mostly pleuritic and pneumonic affections; sometimes bad sore throats with croupy symptoms. *Thuja* was the chief remedy employed. Under its use the disease was rendered very mild, its whole course shortened, the various stages abbreviated, the suppurative stage altogether suppressed, and the whole disease diminished as to danger. Sometimes *Thuja* alone sufficed for the cure, but occasionally the fever ran so high that *Aconite* in alternation was required during the first stage. In the typhoid and putrid fevers *Acid. sulph.* in alternation with *Thuja* was of service. When the irritation of the pocks was considerable, olive oil was applied externally with benefit. The pneumonic complications demanded *Phos.* and *Acon.* The dreaded sore throat was amenable to *Merc.* and *Bell.* in alternation. After these symptoms were removed *Thuja* was continued. Under this treatment convalescence was hastened and sequelæ were absent. The average duration of the disease was from ten to fourteen days. Of 75 cases so treated 5 died; of these 1 was an infant two months old, there were 3 men and 1 woman; the woman and 1 of the men came under treatment too late, and 1 of the men committed a grave dietetic excess. *Thuja* 1 and 3 were given as a prophylactic to upwards of 300. Of these only 14 took the disease, and in a very mild and modified form. *Thuja* cannot be regarded as a substitute for vaccination, but it is useful as a preservative during epidemics of smallpox.

An essay by Dr. Sorge on *Iodine*, read before the Berlin Homœopathic Society, is worthy of reproduction here.

Iodine was discovered in 1812 by Courtois of Paris, and soon afterwards its combinations with soda and potash were discovered. Soluble in spirits of wine in the proportion of 1 to 10, it is discernible to the naked eye in the 6th decimal dilution. It is soluble in water in the proportion of 1 to 5000. A few drops of the pure tincture in a cup of

water make a clear solution. It is supposed that in the stomach and in the blood iodine combines with potash and soda, so that the action of those salts is not distinguishable from that of pure iodine. When taken by the mouth it is speedily found in the urine and perspiration, and also in all other physiological and pathological excretions of the body. Its presence can be demonstrated after adding a little muriatic or nitric acid by starch, which produces a blue colour. It has a great affinity for albumen, pus, &c. ; a strip of paper coloured blue with iodized starch soon loses its colour in albuminous fluids.

Its physiological effects were first investigated by Joerg, of Leipzig, afterwards by Schroff, of Vienna. Its employment in the cure of goitre, in otherwise healthy individuals, has elicited more of its physiological effects. The proving by v. Gersdorff and Gross in the second edition of Hahnemann's *Chronic Diseases* was probably only made with high dilutions, and is not of much value. Hahnemann directs that it should be prepared like the antipsoric medicines, three triturations and afterwards alcoholic dilutions. All are now agreed that on account of its volatility this is an inappropriate method, and we therefore now prepare it from the alcoholic solution. Joerg dissolved forty-eight grains in an ounce of strong spirit, and with this he made his provings. He and his disciples proved it in doses of one and two drops up to eighteen drops for a dose once a day, and with a few drops often obtained marked effects, of which the following were the chief:—Confusion and pain in head, pain sometimes in the whole forehead, sometimes semilateral, sometimes in the temples or occiput, the pain often changing its locality several times in one day, ameliorated by rest, increased by motion, combined with congestion of the head and uneasy sleep. Scraping in the pharynx to the nasal orifices, roughness in the larynx and trachea, along with rough, dry cough, in some with increased secretion of the mucous membrane of nose and windpipe; pain in thoracic cavity, increased by deep breathing, occasionally dyspnoea and increased quickness of pulse, pressure in cardiac region, with feeling as if warmth

spread thence to the skin with rapid pulse; frequently increased urinary secretion, more frequent call to urinate, with scanty discharge; in Joerg himself tickling in penis with pressure down into the testicles. In the mouth salt taste, increased flow of saliva, gnawing hunger, increased appetite, rumbling and griping in bowels with increased and thin evacuations.

Schroff observed after small doses increased appetite, increased secretion of urine and sweat, and slight acceleration of pulse. These small doses continued for a long time occasioned ravenous appetite, feverish disturbance, ebullitions of blood, *hæmorrhage from lungs and uterus*,* sleeplessness, diminished size of the female mammæ, rarely of the testicles, general emaciation. After a lengthened use of *Iod.*, Sorge saw in a strong man scraping in the throat, acne-like eruption on the face, especially on the forehead, and violent beating of the heart, with pulse from 120 to 180.

As a consequence of chronic poisoning by iodine, Schroff repeatedly saw considerable salivation, even in cases where there had been no previous mercurial treatment, impaired digestion, tendency to diarrhœa, urticaria, eczema, and especially acne, various chest affections, cough, hoarseness, pains in chest; in many predominant nervous symptoms, great restlessness, anxiety, fearfulness, headaches, vertigo, confusion of head, roaring in ears, dimness of sight, a peculiar trembling of the hands, arms, and legs, even convulsive twitchings.

I take the following physiological observations from Frank's *Magazin*. Greatly increased sensitiveness of the retina, so that in the daytime objects appear as if in a fiery, red, brilliant light, and in the evening artificial light cannot be borne (vol. i, s. 65, in a hysterical woman of 32). In the same place in a girl of 11 years, stomachache, vomituration, headache, febrile disturbance (vol. i, p. 515). In a single woman of 28, palpitation of heart, vertigo, twitching of facial

* A case was recently observed by the reviewer in which small and large doses of *Iod. of Pot.* invariably occasioned hæmorrhage from the lungs. The patient was of phthisical habitus with syphilitic taint.

muscles, incessant call to make water (p. 516). In a girl of 20, aching and shooting pains in hepatic region; in another woman wasting of the mammæ (p. 518). In a captain, aching in the frontal sinus; on trying to read he saw straight in front of him nothing but white paper; it was only when looking at the end of the line that he saw its beginning sideways (p. 527). Aching in supra-orbital region, rheumatic symptoms, pain along the right spermatic cord (p. 531). Excitement of sexual desire (p. 517). Asmus saw several times puckering up of the gums, with scorbutic smell from the mouth. (P. 524): In a scrofulous girl of 17, who took from five to eight drops three times daily, of a solution of 3 oz. *Iodine* in one drachm of spirit (*sic*), aching in the chest, violent palpitation of heart, indescribable confusion of the head, trembling of hands, small rapid pulse, expression of great anxiety in eyes, afterwards commencing evacuation.

(In vol. ii, p. 120): A single woman of 24, menstruating regularly without phthisical trembling or habitus, took for an indurated gland in the neck *Iodine* internally for two months. Towards the end of this time there came on a dry cough, which soon increased, was accompanied by expectoration and a feeling of tightness and weight in the chest, and disturbance of the night's rest; the expectoration inconsiderable, sometimes mixed with fine streaks of blood; pulse quick and feverish; nothing did any good; complete pulmonary phthisis developed itself, which proved fatal in four months (From Horn's *Archiv*, vol. xlvi, Toel).

(P. 757): In a young man there occurred feeling of numbness in the upper and lower extremities, and marked trembling of hands (Hufeland's *Journal*).

(P. 758): In a woman, fever with delirium and subsultus tendinum, floccitation, &c. (P. 759): In a strong man of 25, after a lengthened course of *Iodine*, paleness of face, cold sweat, trembling of limbs, constriction of chest, constant retching without vomiting, anxiety, headache, fainting, for two years afterwards slight indigestion, with headache that often took away his senses. (P. 760): A young woman of 25, with induration of the os uteri, after twenty-eight drops

of *Tinct. Iodii*, frequent faintings, violent ebullition of blood, heat, sleeplessness, and extraordinary excitement of the nervous system; afterwards with vertigo, and labour-like cramps in the abdomen. (P. 120, No. 2): Impotence with wasting of the testicles was caused by the application of *Iodine*.

(Vol. iii, p. 533): Courtois had repeated violent colic after breathing the vapour of *Iodine*. (P. 534): Gairdner saw trembling like chorea, often lasting a long time, great and continued anxiety, depression of spirits.

Herrman's *Toxicology* gives, as the general effects of *Iodine*, catarrhal inflammation of various mucous membranes, especially of the nose and its adnexa (sinus frontalis), the so-called iodine catarrh of the conjunctiva, of the mouth, of the pharynx (salivation, angina), of the larynx, of the stomach (vomiting of fluid containing *Iodine* with throwing-off of the epithelium), of the bowels, &c., besides exanthematic inflammation of the skin. From its prolonged use, wasting of the fat and muscles, disappearance of the breasts, testicles, and thyroid gland, feebleness of heart's beats, increased contraction of arteries, elevation of the temperature, iodine fever.

This short summary of Herrman's indicates only a portion of the sphere of action of this great remedy. The various kinds of headache, not only in the frontal sinuses, accompanied by congestions, the confusion, empty feeling denote iodine intoxication, sleeplessness, delirium, show a marked action on the brain.

The headaches combined with congestion are ameliorated by rest, aggravated by motion. The twitching of the facial muscles in one case points to affection of the facialis nerve. The trembling of the limbs in a young man accompanied by a feeling of numbness in upper and lower extremities, points to implication of the spinal cord.

Several observations show affection of the optic nerves, not merely of the conjunctiva; the roaring in the ears, combined with the angina, indicates affection of the Eustachian tubes.

In the organs of respiration, besides the larynx, the

lungs were especially acted on ; the occurrence of dry cough with pains in chest and hæmoptysis, the development of complete pulmonary phthisis in a young woman afford striking proof of this.

The palpitation of the heart so often noticed, the increased rapidity of the pulse, anxiety, oppression, &c., along with weakening of the pulse, show the close affinity of the drug to the heart. I am unable to say if the iodine fever proceeds from the heart.

Copious secretion of urine points to the kidneys ; frequent urging to urinate, with scanty discharge, to the neck of the bladder. That *Iodine* has a marked action on the womb is proved by the copious metrorrhagia and the labour-like pains in the abdomen of the young woman of 25.

Noteworthy is the action on the skin ; according to Schroff various kinds of furuncular eruptions and papular exanthemata were observed. *Iodine* causes a wasting of mammæ, thyroid gland, and testicles. Its action on the liver is indicated by the aching and shooting pains in the hepatic region in the girl of ten years old. The marked emaciation of the muscles and the disappearance of the fat, with increased appetite amounting to ravenous hunger, can best be explained by its injurious action on the lymphatic glands.

From these data, if we now inquire what is the homœopathic foundation of the great number of cures by *Iodine*, I must first confess that the diminution of goitres, of swollen mammæ and testicles, and also of inflamed lymphatic glands, is not effected by homœopathic power. Its frequent employment in general scrofulosis, and its frequent successful use in scrofulous affections of the bones and periosteum, cannot be referred to our therapeutic principle. Its employment in constitutional syphilis is purely empirical and can only be explained by the antagonism that exists between *Iodine* and *Mercury*, for *Iodine* is seldom of use in syphilis that has not already undergone a mercurial treatment. The cure of mercurial ptyalism by *Iodine* is homœopathic and well known ; one would have thought

that *Iodine* would be the best remedy and prophylactic of mercurial trembling, as *Iodine* causes much trembling of the limbs and muscles apparently proceeding from the spinal cord like the mercurial trembling; but trials on a large scale on the workers in the quicksilver mines of Idria, undertaken by order of the Austrian government, did not bear out this opinion.

Acute hydrocephalus has repeatedly been cured by large doses of *Iodide of Potassium*, and the same remedy has proved successful in paralyses, in one case after apoplexy, in another after a fall on the head (Frank's *Magazine*, vol. ii, p. 763, and vol. iii, p. 204). These cures could only be explained by the power of *Iodine* to cause absorption, but on what does this power depend? On its action on all the lymphatic glands or vessels of the body, or on those only of particular organs? At all events the explanation is doubtful, considering the great affinity of iodine to the brain.

A very considerable swelling of the liver accompanied by consensual vomiting and great emaciation was cured by *Iodine* enemata (Frank's *Mag.*, vol. i, p. 539). To assume a physiological action of *Iodine* on the liver would be going too far. Rademacher, after making numerous experiments, declares that *Iodine* is not a liver remedy.

A dropsy of the thoracic and cranial cavities after scarlatina in a boy aged nine years was cured by *Iod. of Pot.* (vol. ii, p. 136), copious diuresis ensuing, which is a physiological action of the drug.

In spite of the contradiction of almost all the above cases a great proportion of the remedial effects of *Iodine* is referable to the law *similia similibus curantur*.

George Schmid, of Vienna (*Gabengrösse*, p. 120), cured a meningitis cerebri rheumatica in a girl aged twelve suffering from acute articular rheumatism rapidly by means of *Iodine*; the severe inflammation of the hand suddenly subsided, the child was delirious, very restless, &c. After a few hours' use of *Iodine* consciousness and the inflammation of the hand returned.

Mrs. P— was suddenly, apparently in consequence of a chill from a draught of air, attacked by a rheumatic and

peripheral paralysis of the left facial nerve. Some days thereafter, on the 30th June, I found not only the facial muscles of the affected side immovable, but also the orbicularis palpebrarum incapable of contraction. Guided by the physiological observation, "twitching of the facial muscles," I gave the *Iod. pot.* 1^r, eight drops three times a day.

12th July.—The eye has wept much, the skin perspired profusely, the orbicularis is again active, but the eye cannot be closed completely; on smiling the mouth is drawn towards the left again. *Pergatur*, 10 drops three times a day.

27th.—Complains only of bad taste in mouth, all else is normal. To take 6 drops three times a day for eight days.

The physiological observation of photophobia and the loss of central vision in the captain point to an affection of the retina, and perhaps to the employment of *Iodine* in detachment of the retina. Its employment in chronic, especially scrofulous, conjunctivitis has a physiological foundation; in one case from five to eight grains in six ounces of water were successfully employed in a case of opacity of the cornea. Lobethal gave *Iodine* in affections of the hearing caused by catarrh of the Eustachian tube.

Chronic cases of coryza and ozæna narium, of angina faucium, of stomatitis catarrhalis, often find their homœopathic remedy in *Iodine*.

Two obstinate cases of great swelling of the gums, accompanied by profuse flow of saliva without previous employment of *Mercury*, I have cured with *Iod. pot.*

Its employment in croup and chronic hoarseness is truly homœopathic; so also in pulmonary complaints. Scudamore cured three cases of advanced phthisis pulmonalis, with pectoriloquy, &c. (*Rust's Magazine*).

A young villager with incipient phthisis, whose father had succumbed to that disease, was cured by *Iodine* (*Frank's Mag.*, vol. ii, p. 120).

Many years ago Lobethal drew attention in the *Allg. hom. Ztg.* to this curative power of *Iodine*, and made extensive use of it; and of late Kafka recommended *Iodine* in pneumonia on the principle of *similia similibus curantur*.

It exerts an extraordinary power over the heart; it deserves more attention than it has received, not only in debility of the heart, but also in endocarditis and thickening of the valves.

George Schmid was treating a pregnant woman, aged 30, for high fever with great weakness; for some days a slight eruption appeared, but it could not be distinctly characterised. Frequent attacks of anxiety and oppression of breathing, with faintness, especially in the night; the weakness always increased, so that fatal paralysis of the heart was apprehended. In this dire extremity *Cupr. acet.* was of no use, nor *Arsenic*, but *Tinct. iod.* (1 to 24), two drops every half hour, was of use. Twenty-four hours afterwards smallpox was developed, and the danger was over. The woman was confined of her ninth child in due course (*Gabengrösse*, p. 128).

Its vitalising action on the heart makes it of great use in inflammation of the lungs.

As a gastric remedy it deserves to be used, especially in violent pains accompanied by frequent flow of water from the stomach (water-brash).

It cured two cases of puerperal metritis, in doses of one quarter of a grain of the *Kal. iod.* every three hours (Frank's *Mag.*, vol. ii, p. 121, from Horu's *Archiv*).

The excellent cure of two cases of severe hysteria (Frank's *Mag.*, vol. i, p. 85) must be attributed to its action on the uterus. Leucorrhœa, not only of syphilitic origin, has frequently been cured; it is especially adapted for fluor uterinus, not vaginalis.

The allopaths caution us against using this remedy during pregnancy; we have reason to recommend it in threatened miscarriage in small doses. Menostasia has frequently been cured by large doses on the principle *contraria contrariis*.

Experience has proved its efficacy in many cases of stricture of the urethra and in gonorrhœa. Our therapeutic principle indicates its utility in male impotence with commencing wasting of the testicles.

The marked affinity of the drug to the cutaneous surface

has been but little utilised. I treated an illustrious diplomatist for eczema verum barbæ and auriculæ of the right side. *Mercury* aggravated, *Iodine* cured him rapidly. The patient had formerly taken much *Mercury* for syphilis, as I afterwards learnt. Its utility in acne, especially of young women with profuse menses, is referable to *similia similibus curantur*.

I have searched our records in vain for the employment of this remedy in chorea, although its physiological effects point distinctly to this employment.

This essay gave rise to a discussion. Träger and Windelband asserted that *Iodine* was a good remedy for primary syphilis without any preliminary mercurial treatment. Träger further remarked that he was treating a scrofulous boy for gonitis with *Iodine* 80, and that the patient became covered with a papulous exanthem all over the body, which lasted as long as he was taking the medicine; the knee affection was not benefited.

Windelband treated an actress for menostasia dolorifica of many years' standing with large doses of *Tinct. iodii* successfully; she had been under the care of many celebrated physicians without benefit.

Jacobi had often cured the morning diarrhœa of scrofulous children, and Mayländer had seen very good results from *Iodine* in the acute hydrocephalus of scrofulous children.

Weil had obtained excellent results from *Iodine* in chronic arthritis, rheumatism, and arthritis nodosa.

Fischer many years ago, when he was an allopath, successfully treated gastromalacia in a child of two years with one drop of *Tincture of Iodine* in a cup of water, given in doses of a teaspoonful. He had seen fatal phthisis follow the dispersion of a goitre by *Iodine* inunction in a woman. Jacobi considered *Iodine* a dangerous remedy when there was tubercular predisposition. Syphilis in tuberculous subjects treated with *Iodine* was often followed by phthisis. Mayländer remarked that *Kal. iod.* in homœopathic doses was of little use, but *Iodine* was efficacious in small doses. Ameke recommended *Iodine* in parenchymatous nephritis with albuminuria. Sulzer said he had

often employed *Iodine* with success in pneumonia, &c. Windelband had cured the abnormal appetite of scrofulous children with the 2nd dil. of *Iodine*.

Windelband cured a case of nephritis parenchymatosa with albuminuria by the sole administration of *Kal. chlorat.* 2 dec., two cases after scarlatina in from two to three weeks, two true chronic cases in from five to six weeks. He had cured a case of tic douloureux that had lasted for years, and always occurred at the menstrual period, with *Magn. phos.* 3rd trit.

FRANCE.—*L'Art Médical*, July—December, 1876.—Three more of Dr. Jousset's excellent clinical lectures are contained in these numbers, the first being on typhoid fever, the second on pneumonia, the third on rheumatism. We observe that he speaks of three forms of continued fever as observed at Paris (where true typhus is unknown) "l'éphémère, la synoque, et la fièvre typhoïde." This "synoque" must be the "gastric fever" in which some of us believe as an independent malady, and the "simple continued fever" of the Nomenclature of the College of Physicians, "l'éphémère" being its "febricula." His chief remedies for typhoid are *Belladonna* alternated with *Muriatic* or *Phosphoric acid* in the early period of the disease, and *Arsenicum* when it is at its height. When speaking of pneumonia he has a word for the reported success of expectant treatment, when used as an argument against the reality of homœopathic cures. He points out one important difference in the termination of the two classes—that pneumonias abandoned to nature show a sudden and rapid defervescence, while under homœopathic medication there is habitually a gradual decrease of the symptoms till complete recovery is attained. He shows, moreover, with regard to Dietl's statistics, that his 7·4 per cent. of deaths in his first year of expectancy (1849) was a lucky accident, for in 1852 his mortality under the same treatment was 9·2 per cent., and in 1854 20·7. Still less satisfactory results have been obtained by others. He then turns to the late Dr. Hughes Bennett's statistics, which on the sur-

face are more favourable even than Dietl's at the outset, as he claims only 3·10 per cent. of deaths in 129 cases. He charges the Edinburgh professor with ignorance of auscultation, with arranging his figures, and with being far from treating his patients by expectation alone. The last objection is certainly just, but no adequate support is given to the first, which is exceedingly unlikely to be true. The second is the most important point; and Dr. Jousset shows that in other parts of his communication Dr. Bennett speaks of 13 more deaths of complicated cases which he has not reckoned, and of "some patients" brought moribund to the hospital; while he entirely excludes cases whose treatment was commenced or terminated by his colleagues. Dr. Jousset concludes that it would be a moderate estimate to put down Dr. Bennett's mortality at 25 instead of 3·10 per cent.

The July number contains Dr. Molin's report of his "trimestre" at the Hôpital Saint Jacques, ending August 31st, 1875, which is not only late, but has already appeared in the *Bulletin*. This is waste of valuable space. In the same number Dr. Ravel communicates some important facts regarding the action of *Arsenic*, *Plumbum*, *Mercury*, and *Phosphorus* on the spinal cord.

In that for August Dr. Guérin-Meneville begins a series of papers in which he translates for French readers the new features of the third edition of Dr. Hughes' *Manual of Pharmacodynamics*,—he having already rendered the second edition for them. In September we have an account of some remarkable researches on diabetes, conducted by Dr. Cantani, of Naples. He has established two important facts; the first, that if a patient be put upon "diète absolue" (*i. e.* the absence of all ingesta save water) for a few days, the sugar entirely disappears from the urine; the second, that the diabetic sugar is not glucose, but a substance having no action of a polarised light which Dr. Cantani would call "paraglycose," and which is incombustible in the organism. The bearing of these facts upon the pathology and dietetics of the disease is obvious. In October, Dr. Jousset records a case of paralysis (with

wasting) of the muscles of the neck and of those of deglutition, occurring in connection with acute rheumatism, and caused—as he considers—by an acute myelitis of the anterior grey substance, rapidly cured by *Plumbum* 30. The same number follows our own example in giving to its readers Dr. Carroll Dunham's Presidential Address delivered at the late Convention at Philadelphia.

In December, Dr. Frédault, long honourably known as a philosophic writer on medical subjects, commences an article entitled "De la mort par ataxie." He discusses in a very interesting manner the distinction between this condition and that of adynamia, algidity, gravity, irregularity or anomalousness, perniciosity, and malignity. Adynamia is not an independent state, but a symptom accompanying other states; the same is to be said of algidity and also of stupor. Gravity is opposed to benignity; it simply means that the disease is severe, extensive, or intense. Dr. Frédault points to a leaden tint of the countenance as a frequent sign of the gravity of any disease; later, this becomes the *facies hippocratica*. Irregularity or anomalousness is a departure from the typical course of a malady, and need not be of any serious moment. Perniciosity is a grave and menacing quality which is liable to imprint itself on intermittents and other malarious diseases. Malignity is explained as "a certain kind of gravity in which there are no gleams of true amendment, no crises which give a respite, no signs of relief which encourage hope, and where there seems an utter absence of amenability to treatment." Having thus cleared his way, he reserves the account of ataxy itself to the next number.

Bibliothèque homœopathique, July—Dec., 1876.—More than three fourths of the matter contained in these six numbers are furnished by two writers—Drs. Chargé and Chauvet. The former is giving us a series of instructive studies of the pathogenetic and curative symptomatology of drugs; he treats here of the ammoniacal preparations, of *Sepia*, and of *Ipecacuanha*. The latter carries on the compilations and translations which are appended to the journal under the name of "Pathogénésies nouvelles," finishing

Coca, disposing of *Chromic acid* in one number, and beginning on *Baptisia*. He also contributes to most numbers a "Clinique," consisting of cases and practical observations rendered into French from the journals of other countries. Useful as is the material thus furnished to its readers, we wonder that the Hahnemannian school of France, which the *Bibliothèque* represents, does not produce more original work.

It is a pleasure to find, however, that (unlike many of its prominent characters elsewhere) it is good tempered. Irritated by the animadversions of its literary organ upon his criticisms of Hahnemann, and by the unwillingness of the editors to admit a reply from him, Dr. Jousset has, in the December number of *L'Art Médical*, expressed himself rather severely upon the school, describing it as "founding journals without readers, and scientific societies—for drinking tea," and designating the *Société Hahnemannienne Fédérative* here alluded to as *un salon des refusés*. The *Bibliothèque* hereupon has an article headed with the phrase last cited, and begins, "The *Société Hahnemannienne Fédérative* had terminated its last meeting, when—after tea—there reached it the number of the *Art Médical*" containing the article in question.

But, seriously, we are sorry to see these quarrels. Let the moot points of our system be discussed fully and freely, but do not let us divide into parties, or adopt the tones of rancour or condemnation.

In the October number Dr. Ozanam calls attention to a mistake into which Dr. Guérin-Meneville in *L'Art Médical*, and Dr. Hughes following him in his *Pharmacodynamics*, have fallen, in citing the observations of Révillout on *Ambra*, as if it were ambergris of which he is speaking. His remarks really belong to amber, the "succinum" of the Pharmacopœia, whose preparations were in repute of old as antispasmodics. In November, Dr. Turrel contributes several cases of warts occurring in crops, and disappearing under *Natrum carbonicum* 24 and 30; also five instances in which ganglia of the wrist have been dispersed by *Benzoic acid*, not locally applied (as recommended

by Dr. Bayes), but given internally in the same high dilutions.

Bulletin de la Société Médicale Homœopathique de France.
—We regret that no numbers of this journal have reached us since April last, though our own has been sent regularly in exchange.*

BELGIUM.—*Revue Homœopathique Belge*, July—Dec., 1876.—Translations continue to form the chief feature of this periodical, and they are doubtless of much value to its readers. As, however, we notice the originals whenever they are of moment, their reproductions need not detain us here. One of them—the chapter of Dr. Kafka's *Therapie* on pneumonia—has given rise to a lively discussion among the Belgian homœopaths, some of whom cannot endure the German writer's rejection of *Aconite*, *Phosphorus*, and *Sulphur* in croupal pneumonia in favour of the preparations of *Iodine* and *Bromine*.

The December number announces the formation of our new school under the high-sounding title of *Une Université Homœopathique à Londres*. It is not quite this; but we thank our contemporary for its felicitations.

La Révolution Médicale, August 15th, 1876.—This is the only number of Dr. Flasschoen's journal which has reached us since we last noticed it. There is nothing in it of note.

INDIA.—*Calcutta Journal of Medicine*, Oct.—Dec., 1874. July—Oct., 1876.—We had received no number of this journal since that of Aug.—Sept., 1874, and had feared that Dr. Sircar had been unable to carry on his laborious undertaking. Since then, however, the seventh volume has been completed by a triple number referred to Oct.—Dec., 1874, and an eighth has begun with July, 1876, the intervening year and a half being ignored as time which cannot be made up.

Dr. Sircar continues to be almost single-handed in his

* Since writing the above, we have received the numbers for June, October, November, and December. The rest are still wanting.

task of supplying matter for the *Calcutta Journal of Medicine*; and we regret to observe, from some controversial articles appearing therein, that he is not likely to be supported by the other representative of our system in Calcutta, Dr. Salzer, whose communication to the World's Convention showed a competent and well-informed physician. If he and Dr. Sircar could stand side by side, homœopathy would make a good show in the capital of British India.

The recently published numbers of the journal show that Dr. Sircar is as earnest in the cultivation of general as he is in that of medical science. The idea of a Science Association for the Natives of India was first mooted in his journal in 1869, and in the number for August, 1876, we have an account of the inaugural meeting of "The Indian Association for the Cultivation of Science," under the presidency of Sir R. Temple, Lieut.-Governor of Bengal. That Dr. Sircar should be a Trustee of this Association and Secretary to its Committee of Management, and that he should have been chosen to give its Introductory Lecture, sufficiently shows the active and appreciated part he must have taken in its formation. We hope that the other scheme he is advocating—the establishment of a homœopathic hospital and dispensary in Calcutta—may have equal success.

In the numbers before us Dr. Sircar has provided plenty of wholesome medical food for his readers; but, as it consists mainly of translations or cuttings from foreign medical literature, it does not come within the range of our notice.

AMERICA.—The periodicals of this country we must reserve for our next issue.

HYOSCYAMUS AND ITS ALKALOID IN MANIA.

IN the *Practitioner* for July, 1876, Dr. Lawson describes the therapeutic effects of *Hyoscyamus* in some cases of insanity, and in the number of that journal for March of this year Dr. Ringer gives the history of a case of mania treated by *Hyoscyamus* among other things. That the effect of *Hyoscyamus* in cerebral derangement is not unknown to the homœopathic school is evident from Dr. Chapman's remarks on the subject in our eighth volume, p. 229. Recently too, the drug has been used by Dr. Hayward in chronic monomania with success, and now Dr. Blake has found its alkaloid entirely successful in a case of acute mania following scarlatina. We subjoin Dr. Hayward's and Dr. Blake's cases.

HYOSCYAMUS IN INSANITY. By JOHN W. HAYWARD, M.D.

The cases of cure of insanity, marked by symptoms resembling those of poisoning by *Hyoscyamus*, by the administration of *Hyoscyamin*, related in the *Practitioner* of July, 1876, illustrate rudely the operation of the homœopathic law just as do the cures of syphilis by large doses of *Mercury*.

But as it is not necessary to salivate in order to cure syphilis in cases where *Mercury* is the appropriate remedy, so it is not necessary to produce the poisoning effects of *Hyoscyamus* for the cure of cases of insanity for which *Hyoscyamus* is the appropriate remedy. *Hyoscyamus* will cure its own proper cases of insanity without the production of any of its physiological symptoms. Of the truth of this there are many illustrations to be found in homœopathic literature, and the following case which has just occurred in my practice is another.

Mr. J. G—, æt. about 50; for some years he had

entertained groundless suspicions that he was being watched by the members of a family with which he had had some little misunderstanding. This perversion gradually increased into a monomania, so that he dressed himself in different clothes every day, that he might avoid being recognised by them, and lately he would scarcely leave his house for fear of being seen by them; and finally, about the middle of September, 1876, he left the country, taking steamer for Bordeaux. His son accompanied him. On board the steamer he behaved so strangely that the captain told off two men to take charge of him. On arrival at Bordeaux he was taken to the hotel and a doctor sent for; leeches were applied to his feet and cold lotions to his head, and draughts containing *Morphia* and *Chloral* were given, and it was recommended that he should be taken to an asylum. His friends were communicated with. A second physician was called in, and he agreed that it was a case for an asylum. His friends, however, procured two keepers and brought him home, keeping him under the influence of the *Morphia* and *Chloral* draughts all the way.

He arrived at home about 3 a.m. on October 14th. I did not see him until evening, as it was a railway journey into the country, but I remained in the house two nights and a day. I found his keeper had put him to bed. He recognised me, but immediately went off again into delusions. I mixed *Hyoscyamus*, 1 dec., in water, and gave him half a drop every hour. During the night he had very little sleep, and kept uncovering and exposing himself and committing many other insane acts, but he was not unmanageable. Next morning and forenoon the medicine was administered only every two hours. During the day and evening he committed many insane acts and made many insane observations; he was continually counting, at one time in French at another in English and at another in both; he was continually fixing himself to correspond with the points of the compass and looking through his fingers; also tracing the pattern of the carpet with his feet and twisting his legs till he nearly fell down; also grasping at imaginary objects; watching his relations suspiciously and

imagining he might be poisoned ; talking to himſelf, &c.,—markedly ſymptoms correſponding with thoſe of *Hyoſcyamus*.

After a midday dinner he was perſuaded to go to bed, and he ſlept quietly for three hours ; after this the medicine was given only every three hours. During the next night he ſlept well at intervals and did not uncover himſelf, and on the following morning he was evidently much leſs insane. The medicine was continued five times a day. He ſlept tolerably well during the next night, and after the third day of treatment he was not ſo insane as he was two months previously, and his keeper was diſmiſſed.

The amendment has gone on rapidly, ſo that now, November 2nd, he is almoſt fit to return to buſineſs.

HYOSCYAMUS AND ITS ALKALOID IN MANIA. By EDWARD T. BLAKE, M.D., M.R.C.S.

W. K.—, æt. 15, is tall and manly, with a muscular figure and very fair complexion. Is gentle and refined in manner. There is no definite hiſtory of insanity on either ſide. His mother, who is paſſing through the climacteric epoch, ſuffers from hypochondriasis. But as this is chiefly during the molimen, it does not count for much. Beſides, with pelvic congeſtion and in ſocial circumſtances of a peculiarly ſad and depressing character, we have more than enough to account for her lowneſs of ſpirits. A maternal grandfather was epileptic late in life. This was after the birth of his children, and the diſeaſe appeared to be traumatic in origin.

Medical hiſtory.—Born April, 1861 ; firſt illneſs was in 1863 ; he had been eating freely of ſome indigeſtible food, was then expoſed to a hot ſun ; he became unconſcious for a ſhort time ; in a few days the ſymptoms all paſſed away. He is ſaid to have had after this two attacks of gaſtric fever, in both of them he “wandered,” one was in 1865. In 1868 he had mumps. He was attacked by measles in

1871, and was again delirious. In April, 1873, I saw him for piles and ascarides; this was my first attendance. When he had been cured of these he enjoyed good health, (living then at the sea-side) until the present year, when he came to reside in the house which he now occupies.

November 3rd, 1876, I was consulted for anorexia and languor. I found the tongue slightly coated, the tonsils greatly hypertrophied and covered with discrete aphthous patches. The patient looked pale and seemed generally below par. The case not yielding to treatment, I suspected sewage-poisoning. I found the following state of things to exist. The house stood on the side of a hill at a point where the ground was freely supplied by springs; the sewage passed into a cess, which had no upcast shaft, was indeed hermetically sealed; no ventilating-shaft to soil-pipe, no gully-trap under sink-pipe, which ran continuously with the house-drain into the cess. With such an arrangement the autumn rains, filling the surface springs, would flush the cess and its supply-pipe, and constantly force upwards any gases that might generate in the sewage. These having no other outlet would pass up the sink- and soil-pipes into the house. Rising by dint of their rarity they would seek the upper rooms, which were, of course, bedrooms. Four persons occupied the house; of these, two were adults; they, as usual, escaped. My patient was affected in the way described. His sister was rendered dyspeptic, and slowly passed into a chronic anæmic condition. I at once ordered the family to the sea-side, where the younger members soon recovered.

Spite of my earnest protestations, the house remained unaltered. I was not, therefore, surprised at being summoned on the evening of the 5th of December to go and see my former patient, who had been ill two days with "a sore throat." As I approached the bed a peculiar factor came from the mouth of its occupant; the tongue was white and, on examining the pharynx, I found the tonsils in apposition. The aphthous patches were reproduced in an aggravated form; the superficial vessels were deeply injected; the submaxillary glands tense and tender. There was a hard globular swelling over the right mastoid cells.

On removing the bed-clothes I found that everywhere the skin was covered with a florid papular rash like acne. Each pimple stood in an area of clear skin about two inches in diameter. Pyrexia was present, but not marked. Pulse 84; temp. 101.4°. To have his hair cut. Thick, cold compress on mastoid swelling and cervical glands. *Bell.* 3^x every hour. I diagnosed Rough Scarlatina.

December 6th.—Mastoid abscess larger and more tense. Throat slightly better; itching of skin. Repeat *Bell.* 3^x. Gargle with Condyl's fluid; hot sponging of entire body and scalp, followed by inunction of carbolised oil twice a day; a.m., pulse 76, temp. 98.6°; p.m., pulse 72, temp. 99.5.

7th.—Throat better; mastoid tumour smaller. Repeat *Bell.*; a.m., pulse 60, temp. 98.4°; p.m., pulse 60, temp. 98.8°.

8th.—Better; rash is fading away. Repeat *Bell.*; a.m., pulse 64, temp. 98.2°; p.m., pulse 60, temp. 98°.

9th.—Rash gone, but no desquamation. Better in every way except the mastoid abscess, which remains *in statu quo*. *Merc. corr.* 3^x die, *Bell.* 3^x nocte; a.m., pulse 64, temp. 97.7°; p.m., pulse 52, temp. 97.6°.

10th.—Progressing well; talks a little in his sleep; mastoid abscess better. Repeat medicine; a.m., pulse 56, temp. 98°; p.m., pulse 50, temp. 97.7°.

11th.—Better in every way. Repeat medicine; a.m., pulse 56, temp. 98°; p.m., pulse 56; temp. 97.6°.

12th.—Steadily improving in all ways. Repeat medicine; a.m., pulse 60, temp. 98.4°; p.m., pulse 60, temp. 98°.

18th.—Still better. Repeat medicine; p.m., pulse 60, temp. 99°.

14th.—The patient now appeared to be perfectly well; so that temperature and pulse being normal, they were not taken after this date. The urine, which had been tested daily, revealed no trace of albumen. Repeat medicine; p.m., pulse 64, temp. 98.4°.

15th.—At this time the patient began to be very communicative. On inquiry I found that he would have talked all night to his attendant had it been permitted.

Albumen appeared for the first time in the urine. The mastoid abscess is gone. Pupils dilated; tongue dry and yellow; bowels confined. Head to be shaved; cold compress to scalp; warm soap-enema. *Apis* 2^x die, *Hyosc.* θ gtt. xx at bedtime.

16th.—Albumen disappeared from urine and recurred no more during this attack; phosphates plentiful. Bad night; very talkative and excited; no sleep; *subsultus tendinum*. His face is flushed; his mien eager; pupils dilated; tongue dry and yellow; bowels confined. His ordinary quiet and correct conversation is now replaced by noisy, florid utterances freely garnished with oaths and slang expressions. He has "put in" moustaches and an imperial by means of burnt cork; and now, sitting up in bed and gesticulating with his arms, he roars out a verse of some comic song; now he quotes a passage from the Liturgy; anon he recites, in that curious way only heard upon the stage, a line or two from one of the plays of Shakespeare. *Ign.* 1^x die, *Hyosc.* θ gtt. xxv, at bedtime, in a half-glass of stout. Repeat enema.

17th.—Sleepless night; volubility the same. *Ign.* 1^x die, *Stram.* θ gtt. xx at bedtime in a little stout.

18th.—No better. *Phos.* 3 die, *Stram.* θ gtt. xxv at bedtime in stout. Repeat enema.

19th.—Much the same. Repeat *Phos.* die, *Ext. Hyosc.* P.B. gr. j nocte.

With the *Extract of Hyosc.* we obtained sleep, so the treatment was only varied by gradually increasing the quantity of the *Henbane* to gr. iij. By the 23rd all mental symptoms had disappeared, the functions of the body were regular, and, with the exception of slight depression, the patient was well. From this time things went on quietly till the last day of the old year, when there was a trifling reappearance of albumen.

Alas! this proved to be the precursor of a mental relapse, and the first day of the new year found him noisy and more unmanageable than ever. I was suddenly summoned, to find my patient trying to make his escape into the open air in his night-shirt. He was violent, even

dangerous. I ordered a blanket to be wrung out of hot water and placed upon half a dozen dry ones, then by a sudden movement I managed to get the patient on the top, and tightly imbricating the blankets one by one around him I successfully prevented his injuring either himself or his attendants. The face was sponged with hot water, an evaporating lotion placed on the head, and in a couple of hours he fell into a quiet sleep.

Though we resorted each night to this excellent means of restraint, feeling that we should at the same time benefit the tendency to albuminuria, after the first evening it quite failed to induce sleep.

Obstinate insomnia now formed the most distinctive feature of the case. Specific remedies in small dose had already failed us in the lighter previous attack. Now *Morphia* and the *Bromide* in full adult doses failed to bring us

“Respite, respite, and nepenthe.”

The P.B. extract, too, now lost its efficacy. Thinking of Lawson's success with “*Hyoscyamine*,”* Mr. Steward, the homœopathic chemist of Reigate, procured from Harvey and Reynolds, of Leeds, some of the alkaloid “as supplied to Dr. Lawson.” Feeling my way up, I gave as much as gr. *vij* for a dose without any physiological effect.

I now obtained some *Merck's Hyoscyamine* from Martindale (£72 per ounce!), and, misled by my experience of the Leeds alkaloid, said also to be Merck's, I administered two grains, and, to my dismay, very nearly obviated

* The reason why Dr. Lawson specially selected *Hyoscyamine* is rather curious. He says, “The effect on man of the administration of sufficient quantities of the drug was shown to be the production of a subdued form of mania, accompanied by almost complete paralysis of the voluntary muscles and ending in quiet and refreshing sleep. The consideration of the character of the phenomena produced, led to the hypothesis that therapeutically *Hyoscyamine* might be useful in substituting for the extreme forms of excitement which accompany or result from many brain diseases a quieter form of mania, which, on disappearing in its turn, might leave the patient in a state of quiescence.” Here Dr. Lawson comments on the value of this hypothesis as a guide in the treatment of insanity. Is this the “*médecine substitutive*” of Trousseau or the “*homœopathy*” of Hahnemann?

the necessity of any further treatment! I was recalled in two hours, and found my patient opisthotonic, face deeply flushed, pupils greatly dilated, the heart's action tumultuous, the pulse innumerable. I gave immediately *Sodæ bicarb.* ʒss, dissolved in warm water, to neutralise any of the alkaloid that might remain unabsorbed in the stomach.

He was soon relieved, and in twenty minutes dropped into a sleep, which lasted nineteen hours, and woke none the worse for his dose.

I need not say that after this I restricted myself to a single grain, as recommended by Dr. Lawson. We found we could always depend on this dose to give the patient a quiet night; and that the action was truly homœopathic is evidenced by the fact that he always woke without mental haziness, and feeling better in every way. At this time there were no periods of suspended insanity.

The patient, unless under the influence of a sedative, remained noisy and loquacious, this condition being varied only by a slight exacerbation in the morning and by a severe accession of violence in the evening. As an example of the state of things I will give one incident which may, with propriety, be termed "striking."

I was awaiting one evening the arrival of the attendants with materials for the blanket-pack, when the patient suddenly leaped from his bed, and catching a chair by its back rushed at me in a fit of maniacal fury. Before the awkward weapon had time to descend, quickly dropping my head to the level of my assailant's epigastrium, I bore him back by the weight of my body to the bed, and the chair dropped harmlessly behind me. Of course the whole episode was instantaneous, and before the patient recovered from his temporary surprise I caught his left wrist across the right arm and purposely burst into a fit of laughter, in which he heartily joined on finding that I looked upon the matter as a sort of practical joke!

It would prove tedious to give the daily detail of the progress of the case from this point. Phosphates appeared in considerable quantity in the urine, with now and then a trace of albumen. *Phosphorus* was administered by day, but

rather as brain-food than as physic. When albumen appeared in the urine, the *Phosphorus* was replaced by *Apis* and *Ferrum muriaticum*. *Hyoscyamine* was given, usually on alternate nights, for sleep. Under this treatment, reason by degrees re-asserted her sway, and by the middle of January, the patient being quite rational, I was able to take my leave of the case.

Acute mania, consecutive on scarlatina, is sufficiently uncommon to render the preceding case worthy of record. This is not, however, my chief reason for bringing it before the readers of this Journal. It is with the hope of eliciting, especially from our senior practitioners, experience with regard to the use of *Henbane* in similar cases. Hitherto I had always administered *Hyoscyamus* in its dilutions to mental patients. I think, without exception, the violent cases drifted either into allopathic hands or into that "country from whose bourne no traveller returns" —sequels of treatment nearly equally objectionable!

In the *Materia Medica Pura*, HAHNEMANN, writing on the use of *Henbane* in mental disease, says—"It is a real crime (*ein wahres Verbrechen*) not to give very small doses, indeed as small doses as possible," &c.

Now, it is curious that whilst in 1818 (1st edition) it was criminal to give *Hyoscyamus* lower than 12, in 1825 (2nd ed.) it became a misdemeanour to administer even the 12th dilution, the use of any stronger form than the 15th cent. being stigmatised in the same way as a criminal offence!

Deep as is the veneration in which we all hold the greatest Light that has ever shone on applied medicine, we cannot be blind to the suspicion that such language borders on the intemperate.

When we reflect on the variety of causes with which we are acquainted, on the enormous number which probably exist, but of which we know nothing, as modifying the effects of a remedy, we recognise the impropriety of dogmatizing on the question of dose.

When we consider too that, as a class, maniacs show such striking insensibility to ordinary influences as cold, hunger,

fatigue, and mechanical violence, we certainly should on *à priori* grounds expect them to be equally callous to drug-influence. Experience confirms this anticipation.

Undoubtedly we had here a case very strongly calling for the use of *Hyoscyamus*. Whether we consider the "anxious sleeplessness," s. 92 H; the "headache alternating with exalted fancy," s. 31; the simulation of intoxication, ss. 4, 5, 6, 7; the "sparkling eyes" (dilated pupil), ss. 42, 52; the "dry throat" and "impeded deglutition," ss. 113, 114 to 130; "costiveness," s. 207, with "hæmorrhoids," s. 211; subsultus tendinum, s. 91 H, s. 361; or the accurate picture of acute mania contained in ss. 403 to 463 all were present as prominent symptoms in this patient.

Impaired accommodation appears to be a strong indication for *Hyoscyamus*; it is recorded by Hahnemann amongst his "Observations of Others:"—"They exclaimed that the objects near them would fall, and grasped at them;" "they ran with wild, open eyes against all those things that were in their way." Dr. Lawson especially noticed this symptom as following full doses of *Hyoscyamine*.*

The homœopathic literature of insanity is very limited; knowing how prone we are ourselves to rush into print with a "brilliantly successful" case, this very paucity must be, we are led to fear, like the celebrated nod of Lord Burleigh, eloquent in its silence!

We can join the Editors of this Journal in expecting valuable experience from the State Homœopathic Asylum at Middletown, N.Y., and we are bound to give full weight to the evidence of its medical superintendent when he says—"A careful study of the mental and physical symptoms, together with a rigid adherence to the Hahnemannian principles of selection and administration of remedies, has enabled us to meet the requirements of such individual cases with comfort and success." It is odd after this to find that "the lowest" as well as "the highest" dilutions are given † But asylum observations are not

* *Practitioner*, vol. xvi, p. 18.

† *Vide, Fifth Annual Report of State Hom. Asylum at Middletown, N.Y. Jan., 1876.*

like private practice. In the former adjuncts are at hand and a good staff of attendants to apply them ; besides, it is nearly impossible to carry out an experiment in a private house.

For example, in a lunatic asylum one might keep a patient a fortnight under a carefully selected specific remedy in the 200th dilution absolutely without sleep. I will venture to say that in private practice after the second night one would keep neither patient nor keepers !

In vol. v of *Notes of a New Truth* there are recorded nineteen cases including various forms of mental alienation, all treated with *Tarus erecta* and all attended with such marvellous success that one can only wonder that any other drug has since been employed in cases of this kind !

The *British Journal of Homœopathy* in its first thirty years of existence tells us of cases of mania treated by *Gels.*, *Dig.*, *Prussic acid*, *Nux.*, and *Opium*, not one of them with the exception perhaps of *Gels.* very homœopathic to mania.

In vol. xxix, p. 21, I have pointed out the homœopathicity of *Mercuric methide* and of *Chloral* to different forms of dementia ; but the whole subject demands urgently very careful collaboration and weeding by some writer skilled in mental disease.

CLINICAL LECTURE.—No. 8.

By ROBERT T. COOPER, M.D., Dublin.

Nitrate of Silver and Gastralgia. The same and Causation of Cataract. Cherry Brandy an Analeptic.

GENTLEMEN,—We have now concluded our remarks upon ulceration of the stomach and its remedies. Before we pass on a word or two is necessary as explanatory of our reasons for reverting to the subject of *Nitrate of Silver*.

We began without any intention of dwelling upon the action of any one remedy to the exclusion of others, and intended more to confine our record to scattered observations as they suggested themselves to us. It is not the first time I have experienced the same difficulty, for if in discursive lectures like these one draws attention to a property belonging to a drug that has hitherto remained unobserved it is obviously desirable to substantiate this by every available means, while if we confine ourselves to the illustration of medicinal action already well known even this may prove suggestive and so lead us into collateral disquisitions. Besides, the nature of the disease no less than the curative agent may call for remark. The difficulty, then; is to do justice to the disease and its remedial agent at one and the same time; the one cannot be efficiently considered in the absence of the other.

Hartmann, whose practical observations we all find so true to nature; gives testimony in favour of *Nitrate of Silver* in ulceration of the stomach; and Baehr quotes him to this purpose, but not without, as is too much Baehr's wont when Hartmann is referred to, invidious comment, Baehr; however, freely acknowledging its relationship. While Müller, the prover of *Argentum nitricum*, indicates its utility for *gastralgia*, and tells us that "it is particularly suitable to delicate nervous females when the affection arises from depressing causes, nightly watching, &c.; a troublesome feeling of malaise in the region of the stomach, relieved by pressure, *the patients frequently press their clenched fists into the region of their stomach*; feeling of emptiness in the stomach," &c. (Hempel); in cases, therefore, of *gastralgia*, whether ulcerative or not, with great physical, principally nervous, exhaustion, where the patient involuntarily clutches her side, we may exhibit with unerring accuracy the *Nitrate of Silver*.

In an old dispensary-book of mine I find the following :
—E. S—, a girl of seven. Both eyes inflamed. *Left eye*.
—A soft lenticular cataract, inflammatory redness of sclerotic; the cataract has existed since she was six months old, and came on after she had had drops applied to it to

reduce a slight inflammation at an allopathic dispensary. The sight of this eye is quite gone. *Right eye*.—Zonular redness, adherent iris, intense photophobia, corneal opacity. *Calcarea phosphorica* decidedly improved the case for the first fortnight (she was scrofulous); then she got a dry cough, worse during the day. *Euphrasia* met this, and followed up with a week of *Calcarea phosphorica* left the little patient decidedly better; the inflammatory redness had gone from both eyes, and she could keep them exposed to the light with comparative ease. Her mother at this stage neglected to bring her.

We can learn a lesson, though we would hardly be justified in drawing a positive inference, from this as to the causation of the cataract. Allowing that her mother's statement is correct, and that it came on from the application of some irritating solution to the conjunctiva for slight inflammation, it will follow that, inasmuch as *Nitrate of Silver* and *Atropin* (or *Belladonna*) are the two principal remedies now resorted to in the allopathic school for the subdual of conjunctival inflammation, in all probability it was either of these that was used. This, we are fully aware, is not by a long way a legitimate inference, though it is an undoubted possibility.

Leaving *Atropin* aside for the present, it leads us to ask, is it possible that a strongly irritant substance applied to the delicate conjunctiva of a child may give rise to alteration in structure, not only of the superficial, but of the deeper seated tissues of the eyeball, or is this property of influencing the nutrition of the deeper structures a specific effect of the *Nitrate of Silver*?

To these considerations we must now apply ourselves. "The ocular conjunctiva is supplied with a superficial and deep set of vessels, the former being derived from branches of the palpebral and lachrymal arteries, and the latter from the muscular and ciliary; these anastomose with one another, forming a zone of vessels round the circumference of the cornea, and from this circle small branches pierce the sclerotic and anastomose with vessels of the iris and choroid. In consequence of this arrangement,

when the latter structure is congested, the zone of vessels round the cornea becomes turgid also, forming the sclerotic zone of vessels," the "arthritic ring" of which we shall have to speak so frequently as a most important "indication of disorder in the intra-ocular circulation."* The vessels of the conjunctiva, then, anastomose with those of the ciliary body and choroid; and when we remember that it is from the latter that the lens and vitreous are principally supplied, it is easy to understand the anatomical possibility, even though the occurrence be necessarily an exceptional one, of involvement of the deeper structures through the medium of the conjunctiva.

Then as to *Nitrate of Silver's* action. "The symptoms of *Nitrate of Silver*, which we owe to the industry of Dr. Müller, afford a remarkable corroboration of the long credited specific action of *Silver* upon the eye, and, he (Müller) believes, prove the employment of eye-washes containing *Lunar Caustic* to be efficacious in virtue of their homœopathic action. They teach us, moreover, that in *Nitrate of Silver* we possess a remedy of remarkable powers in some very important and dangerous inflammations of the eye; a remedy which, to judge *à priori*, is second to none in affections of the mucous membrane of the eye, especially in those of a blennorrhagic character" (Dudgeon, *vide* this Journal, vol. vi, p. 218, taken from Peters' *Treatise on Diseases of the Eyes*).

As hinted at, we refer to the case of this child to raise the question whether the cataract could have really been the result of an irritant applied to the delicate conjunctiva of a child; anything interfering with the nutrition of the lens may, of course, induce degenerate changes in its structure. Should it be as we suggest, it will follow that direct application of our remedies to the conjunctiva will be more likely to effect a curative change in a cataractous lens than when given by the mouth, at least this is the legitimate inference should it prove more easy to produce a cataract by acting directly upon the conjunctival mucous mem-

* MacNamara, *Diseases of the Eye*, second edition, p. 4. Churchills, London.

brane than upon the digestive tract. Also our case raises the question as to whether or not *Nitrate of Silver* has any specific influence in producing cataract.

That *Nitrate of Silver*, given by the mouth, exerts a very decided effect upon the deeper seated structures of the eye—ball is fairly presumptive from a case of myopia reported by me in this Journal, No. cxxxv, at p. 174. See as well a case by Dr. Woodyatt, taken from the *United States Medical and Surgical Journal*, at p. 789 of vol. xxxii of this Journal. As bearing upon the same subject I have found *Argent nitr.* in a case of subacute plastic iritis, after complete failure with the usual remedies, of great use in diminishing inflammation and restoring vision.

Cases of medicinal cures of cataract have certainly been reported in medical journals; however, in practice we find it extremely difficult to make any impression upon a cataract, be it of what variety it may, and senile cataract is positively incurable (Bæhr). Such is the common experience of, I believe; by far the majority of practitioners. It behoves us, therefore, to cast about for some addition to treatment that may render our remedial agents increasedly efficacious. We incline to advise, for the reason given, the local application to the conjunctiva of a wash containing a dilution of the selected drug. While, lastly; the case serves as a caution against applying strongly irritant substances to a delicate conjunctiva where there is present but slight inflammatory action.

It is not, nor do I profess it to be, within the bounds of my experience to say whether cataract produced in this way is of common occurrence, nor is this the information we would expect from a solitary case; it is enough to record the fact and to make legitimate suggestions.

As we have mentioned *Atropin*, perhaps it may be as well to quote what Dr. MacNamara says as to its local action upon the conjunctiva:

“It is a remarkable fact,” writes MacNamara, “that a prolonged application of *Atropin* to the surface of the conjunctiva appears to give rise to granular conjunctivitis; at any rate, one sees this form of disease arising after the long-continued instillation of *Atropin*. Unless, however, it were

positively ascertained that the neoplastic growths peculiar to this affection had no existence prior to the instillation of the alkaloid, I should not be disposed to admit the connection of cause and effect."

And he proceeds to say:—"Before, therefore, ascribing to *Atropia* any peculiar property of developing granular conjunctivitis, I should like to watch its effects upon a perfectly healthy eye;" in which desire he has our fullest sympathy, while we, as homœopaths, would add, as proof of the same relationship, its curative properties in cases of ordinary granular conjunctivitis.

I will conclude this lecture by referring to a case, while I write, under treatment. When away for my summer holidays, a patient of mine, a married lady about thirty-seven years old, met with a severe burn from the accidental ignition of benzoline, the flames of which caught her night-dress. The flames getting upon the front of both thighs and abdomen, extensive burns leaving suppurating surfaces were the result, and this with the shock induced great physical prostration. In the midst of the prostration she was seized with rheumatic fever, which assumed a typhoid character; and when I saw her some eighteen days after the accident the muscular action of the heart was at its lowest ebb, the characteristic typhoid beat described by Stokes forebode no good, there was constant diarrhoea, vomiting, raw meat tongue, high temperature (103°), with complete loss of sleep, save when under opium. Stimulants, chiefly brandy, were being given, but nothing, not even arrowroot, would remain on her stomach. The ulcerating surfaces, too, were most offensive, while as if to have made matters worse, up to a few days before, incredible as it may appear, the patient had been by "orthodox" orders allowed to suckle her babe.

For this state of affairs I began treatment with *Arsenicum* and *Bryonia*, alternating them, and certainly when taking these the swelling of the wrists, &c., disappeared very soon. But the same prostration remained. And here practical physicians will bear me out when I call attention to the difficulty in dealing with a patient in a typhoid condition to

whom nutritive enemata cannot be administered without causing pain, and whose stomach persists in refusing everything, even a farinaceous diet. It is in these cases, and I daresay many of you have had a like experience, that I have found cherry brandy help to pluck up the exhausted vital energies; it has often in my hands proved to be the one thing needful.

I gave this patient then the cherry brandy, while her medicine was changed to *Baptisia* given in small doses of the strong tincture, and used as well in lotion form to the sloughing sores. The cherry brandy proved of the greatest use, and remained comfortably on the stomach at a time when ordinary brandy had proved prejudicial; and the *Baptisia*, we must not forget to mention, also did its work, for after twenty-four hours the diarrhœa ceased, and the discharge from the ulcerating surfaces became inoffensive, and materially improved in character. It was obvious to those watching the case that the cherry brandy gave the first fillip to which the arrest of prostration was due.

I may mention as a caution that cherry brandies differ widely in composition and consequently in medicinal properties. Heering's celebrated Copenhagen cherry brandy, and which seems to be the most valued in the market, will not always answer our purpose. It is too spiced. Gilbey's seems to be made with gin, and therefore inadmissible in many cases. That made at home from the *Morella* cherry seems very frequently inefficacious. The kind I prefer is one made apparently from the merry, or perhaps—for I really am not sure—from the small black Norwegian cherry, and without any foreign admixture save sugar. This is much more agreeable to a sick person's palate than any other kind I have met with, and is certainly the most soothing to an inflamed mucous membrane.

CLINICAL RECORD.

Inflammation, Adhesion, and Retention of the Placenta, occurring twice in the same Patient. By J. HARMAR SMITH, L.R.C.P.E., M.R.C.S., Margate.

MRS. —, of —, near Blackheath, of thin, pale, and delicate appearance, but of very active habits. In fact, she was a true Dorcas, spending all her time (and much of her means) in visiting and ministering to the need of the poor people in her neighbourhood. She was aged about thirty at the period of her first confinement in 1866, and up to this time had enjoyed good health. During her pregnancy she suffered a good deal from pain in the upper hypogastric region, but otherwise appeared well.

The labour was severe and protracted, and there was copious flooding previous to the delivery of the placenta, which was firmly adherent to the fundus uteri, and was slowly and with great difficulty detached by breaking down the adhesions with the fingers. She, however, made a good recovery.

Mrs. — remained in a good state of health and was still very actively employed as before until 1875, when she again became pregnant. In this, as in the former time, the delivery was protracted to more than forty weeks after the last menstruation. The movement of the fœtus ceased on the day prior to the delivery. The labour was rapid and the pains scarcely absent, but I gave a dose of *Secale*, as she had flooded on the previous occasion. The uterus was extremely flaccid, however, after delivery, and this state of things continued even after the introduction of the hand, so that its presence in the uterine cavity failed to arrest the flooding—a circumstance quite unique in my experience. The maternal surface of the placenta was glued by fibrinous bands to the whole of the fundus, the hæmorrhage

seeming to take place chiefly from the cervix. Owing to the firmness of the adhesions and the flaccid state of the organ, I was very long (I should think more than half an hour) before I could make the slightest impression on the fibrinous bands. I now began to despair of saving my patient, and sent for my friend Dr. Pope (who kindly came at once, although it was five in the morning). I had continued to give *Scopale*, and at length, during the occurrence of a contraction of the muscular fibres of the fundus, I managed partially to rupture one of the fibrinous bands, but it was only by long and patient manipulation, in the manner recommended by the late Dr. F. Ramsbotham, that I was able at last to detach the whole of the adherent mass. The presence of the hand, together with the frequent exhibition of small doses of *Ergot*, having induced contraction of the uterus, the hæmorrhage ceased; brandy, of course, was freely given.

Dr. Pope and I carefully examined the placenta, and found large patches of fibrine upon its maternal surface, in fact, a considerable portion of the part which had been attached to the fundus uteri was thus coated. The adhesion and retention of the after-birth, the abdominal pain and tenderness during pregnancy, as well as the abnormal extension of the period of gestation, were all probably attributable to the inflammation of the placenta and its membranes.

This disease appears only to be slightly touched upon by obstetric writers. It is not referred to at all by Tyler Smith, though named cursorily by F. Ramsbotham and by Rigby, also described in Jones and Sieveking's work on pathological anatomy.

If I were consulted for another case of uterine pain and tenderness during pregnancy I would give *Arsenicum* and *Bryonia* (3) during the whole period of gestation. I have omitted to say that there was no movement of the fœtus during the labour, and that it had evidently been dead many hours before delivery.

My patient was equally unfortunate at her first confinement, the child only living a few hours. She herself made a better recovery than could have been looked for under the circumstances.

Case of obstinate Vomiting cured by Cuprum.

By DR. DUDGEON.

Mr. H—, æt. 64, a farmer, of large frame, and altogether what might be termed a "heavy" man as regards both physique and morale, consulted me first in September, 1874, for a complaint that had troubled him for many months, and which had been treated for a good while back by an intelligent lay homœopath, but without the slightest benefit. His amateur doctor advised him to come up to town and see me, as the case seemed to be beyond his skill. The patient, though a man of few words managed to explain his sufferings without excessive pumping, and I learnt that he had all his life enjoyed good and even robust health until some months—number of months uncertain—back, when he became subject to his present ailment, which had reduced him considerably in flesh and strength, and which he thought would soon "do for him" completely. About every ten days he has an attack of vomiting, preceded by headache in the forehead, heat of head, and soreness or pain in eyes. The attacks always came on when he awoke in the morning; he had no premonitory warnings of them the day before. As I said, the headache is the first indication of the attack, and as soon as he attempts to get up vomiting and retching with intense nausea set in. The slightest movement or the erect posture brings on the vomiting, which is only allayed by lying quite still. The attacks last one or sometimes two days, and during that time he can take no solid food and scarcely even any liquid. In the intervals of the attacks he has tenderness of epigastrium to pressure, and a creeping or fluttering sensation between the shoulders and at the back of the neck. I examined the urine and found it to contain a good many small crystals of oxalate of lime. There is also some difficulty in passing the urine, apparently owing to enlarged prostate. I should say that as his attacks of vomiting come on in the morning before he has eaten anything, the matter ejected consists only of frothy saliva. During the attack his sight is always bad.

I prescribed for him for nearly a year before I hit on the remedy for these troublesome attacks. During that period he

got *Ipec.*, *Arsen.*, *Bell.*, *Apomorph.*, *Kreos.*, *Ant. tart.*, and *Tabacum*, but he might as well have taken *Sacch. lact.* for all the benefit he obtained. Indeed, if anything, the attacks of sickness come on more frequently, the tenderness of the epigastrium was more pronounced and constant, and the whole appearance of the patient more woe-begone. In July, 1875, something—I forget what—led me to prescribe *Cuprum aceticum* ʒ, and as he did not reappear for three months I concluded that he had grown tired of the treatment, as I must confess I had of my apparently incurable patient. However, he turned up at the end of the three months and announced to me with a gratified grin that he had had no attack of sickness since my last prescription, and that he was now quite a different man, and was able to do all his farming work without those miserable interruptions that had formerly rendered his life a burden. Two months later I again saw him, and he was still free from his attacks of sickness; the epigastrium was no longer tender. He came to consult me about a difficulty in making water, but as to stomach he was all right, and I trust may remain so.

March, 1877.—I have seen him occasionally up to quite recently, and though he has had slight recurrences of his gastralgia, *Cupr. ac.* quickly puts a stop to the pain and discomfort, and he may now be considered a strong and healthy man.

MISCELLANEOUS.

THE LONDON SCHOOL OF HOMŒOPATHY.

“Nor do men light a candle and put it under a bushel, but on a candlestick.”

To the Editors of the ‘British Journal of Homœopathy.’

GENTLEMEN,—In the year 1825 Dr. Gram (a Danish physician) landed in New York and introduced the practice of homœopathy into the United States. In 1877, *fifty-two* years later, nearly 5000 physicians are practising the system in that country.

In the year 1827 Dr. Quin came to London in the suite of Prince Leopold, of Saxe Coburg, and introduced the practice of homœopathy into Great Britain. In 1877, *fifty* years later, less than 300 physicians are practising homœopathy in Great Britain.

What are the causes of this marvellous discrepancy between the rate of progress of the new medical science in the two great English-speaking nations? I have sought in vain for any other than this—that the policy of the pioneers of homœopathic medicine in the two countries has been diametrically opposite; while the introducers of the system into America, with true instinct, perceived that their “candle” must “be put on a candlestick,” and that schools, colleges, and universities, must be founded for the systematic teaching of the new art and science, our English homœopathic physicians (of the first decade) adopted the policy of expectation, and were ever waiting (as they are now) for professional recognition, trusting to the softening effect which they fondly hoped that the silent contemplation of their successful practice would at last have on the obdurate allopathic heart. For fifty years they have been watching and waiting, and what is the result? Less than 300 physicians, all told (being in the proportion of one homœopathic physician to every seventy of the old school), have followed the pioneers of the new science in

Great Britain. Yet these leaders of the new truth still say, "Wait; the time for action has not yet come, your movement is premature." For what are we to wait? When will the time for action come? Is it premature to found a school after fifty years' accumulated experience?

On the other hand, no such patient expectation of some miraculous conversion of their opponents kept back the early American homœopaths. With the activity, the perseverance, the clear foresight, and the go-aheadness of their race, they have provided means for culture, systematic education and self-increase, and already nearly 5000 physicians have adopted the homœopathic practice, the homœopaths being in the proportion of one to five or six of the whole medical practitioners in the United States.*

This is my answer to those excellent friends of mine who still adhere to the Fabian policy which has so hid our light under a "bushel," and who still advise the policy of masterly inaction. I advise all who are interested in the subject carefully to study a very interesting little book lately issued by the British Homœopathic Society, entitled *The World's Homœopathic Convention, Papers read by Representatives of the British Homœopathic Society* (published by the British Homœopathic Society 52, Great Ormond Street). The papers which were prepared for the *American World's Homœopathic Convention*, in answer to queries made by the promoters of that great gathering at Philadelphia, contain a succinct statement of the rise and progress of homœopathy in Great Britain. After seven years of silence (in 1834), two Latin translations of homœopathic works appeared, edited by Dr. Quin, one of which was dedicated in Latin to Sir Henry Halford, the President of the London College of Physicians. In the same year the Rev. Thomas Everest wrote his *Popular View of Homœopathy* and a *Letter to the Medical Practitioners of Great Britain*. Fortunately for the progress of our science other English works on the subject appeared from the pens of Drs. Curie, Luther, Dunsford and others, which drew the attention

* In New York (city), allopathic physicians 984, homœopathic 156. In Brooklyn, allopathic physicians 333, homœopathic 92. In Philadelphia, allopathic physicians 655, homœopathic 168. In Boston, allopathic physicians 333, homœopathic 54. In Newark, allopathic physicians 77, homœopathic 16. And the proportion of homœopathic physicians to those of the old school is increasing every year.

of many professional men to the subject. Then, in 1843, the *British Journal of Homœopathy*, under the able editorship of Drs. Drysdale, Russell and Black, commenced its sphere of usefulness, which it still so ably upholds under the care of Drs. Dudgeon and Hughes. The influence of this and of the other journals which have from time to time appeared (and which are now represented so admirably by the *Monthly Homœopathic Review* and by the *Homœopathic World*) are by no means to be undervalued as a means of spreading a knowledge of homœopathy, but no books or journals can take the place of a school or college for the systematic training of our students. Nor can societies, dispensaries, or hospitals, by their discussions, by their practical demonstrations, and by their clinical illustrations of disease, give all the instruction needed in our art and science. The British Homœopathic Society, founded by Dr. Quin in 1844, is an excellent institution of its kind, but it cannot in any sense be looked upon as a school of homœopathy. It forms a bond of union for our small phalanx, and its constitution makes its membership a certificate of professional character, while its discussions and the papers read before it make it possible for us to sustain interprofessional intercourse in spite of the ostracism which the narrow policy of the allopaths has forced upon us, but it does not teach our art and science to students. Our London Homœopathic Hospital, also founded by Dr. Quin, first opened its doors in 1850, that is, twenty-three years after the first introduction of homœopathy into England.

Two or three years after this date a few lectures were delivered at irregular intervals by its medical officers, Drs. Quin, Hamilton, Leadam, and Russell; while at the Hahnemann Hospital (which has ceased to exist) more complete courses of lectures were delivered by Drs. Dudgeon, John Epps, and Curie. But in neither case was a school (properly so called) provided, and the efforts were abandoned. Yet it is quite clear, from the partial success which was met with, that had a school then been formed we should have had no cause to complain of the rate of progress of our system at this day. When Drs. Russell and Black gave instruction at the dispensary in Edinburgh inquirers were attracted, and many excellent men studied and embraced homœopathy.

When John Epps gave his lectures of practical instruction he, too, made many converts. When Dyce Brown taught by lectures and practical instruction in Aberdeen he found no lack of in-

quiring students, and no man in our day has done so much towards the spread of a knowledge of our system among the rising generation of our practitioners. While he was in Aberdeen he almost wholly supplied our London hospital with house-surgeons from among his pupils. All that we need to ensure a like success in London is the active and cordial support of our own men, and in less than ten years, if we remove our "candle" from the "bushel" "and place it on a candlestick," homœopathy will become as popular among the real *students of medicine* as it is now, from their ignorance of its merits, looked down upon with distrust. It was only the other day a friend of mine, on the other side of medicine, congratulated me on the progress of the present movement in favour of our "school," for, said he, "When we see you *in earnest*, and attempting publicly to teach your system, we shall, at least, give you the credit of firmly believing in it yourselves." Half-heartedness in anything creates distrust, and we should probably have attained a far firmer and better position in the profession had a bolder and more manly policy been adopted from the beginning. So far from hesitation and want of self-assertion having conciliated the profession, it has done much to estrange them from us. They can only judge outwardly by what they see; and when they saw the supporters of the system content to practise it privately, without any public active exertions to spread a knowledge of its principles and practice, save attendance on dispensaries and at the hospital, it required little malevolence to make them believe in assertions sedulously made, that we were self-seeking medical adventurers. The time has arrived when it may be well to reverse the quiet mole-like burrowing in the professional earth and come to the light. Besides, it has become a necessity that we should, in some way, provide medical men, competent to practise homœopathy, to supply the demand made for them by the large homœopathic lay population. A few days ago I received a letter from a stranger residing in a large town in the west of England, telling me that a considerable number of the wealthy inhabitants were homœopaths, and that they were anxious to obtain a resident homœopathic practitioner, to whom they were willing to guarantee £400 a year. I have had applications from several other places couched in the same terms. But we cannot supply the demand, and then what happens? Either the thoroughly homœopathic

patients treat themselves and their families as well as they can with a book and a medicine chest, thereby running no little risk in acute cases, or they are obliged to call in some medical practitioner ignorant of homœopathic practice and probably opposed to it, and thus in their greatest need they cannot benefit by the system they believe in and trust. In a few years, if the school is well supported, we shall be able to correct all this and to place homœopathic physicians in every great centre in England, so that our method shall be as available in every district as it is at present in most of the larger cities. I have been asked in more than one quarter, "What kind of homœopathy will be taught in the school?" To this I answer that the school will not be made the means of advancing any special form of homœopathy, but that the endeavour of its promoters will be to proceed in a perfectly catholic spirit. We shall appoint the best and fittest teachers at our command, irrespective of parties. There are many points of homœopathic practice still "sub judice," but the public teaching of the system and the widening of the sphere of practical experiments within the walls of our enlarged hospital will tend to hasten the settlement of the points in dispute. Personally, I should be glad to see high, low, and medium dilutionists, each practising their own method in the hospital, and by a carefully recorded experience proving the points they are now too apt to dogmatise upon. It is to be hoped that neither the hospital nor the school will ever degenerate into the weapon of a party. The appointments made to the present time are such as will command the respect and approval of the great majority of the members of the homœopathic body.

Dr. RICHARD HUGHES, as teacher of *Materia' Medica* and Therapeutics, has already achieved a world-wide reputation through his work on *Pharmacodynamics*, and those who desire to know in what manner he is likely to teach can judge for themselves by a perusal of his writings.

Dr. DYCE BROWN is a man of culture and of wide experience; he, too, belongs to the broad school of homœopathy, and has written sufficiently in our journals (especially in the *Review*) to enable us to see the thoughtful, careful teacher in the papers and lectures there published.

Dr. J. GALLEY BLACKLEY is well known as an aspirant in the

field of scientific research, and will fill the post of Curator and Librarian well.

At present no clinical teachers have been appointed by the school, but there will be no difficulty in selecting good men from among the medical officers to the hospital. Before concluding this subject, and that there may be no doubt as to the catholic intentions of the founders and promoters of the school, I will quote a passage from a letter which I sent, in answer to this question, to one of the allopathic journals. "The *kind of homœopathy* which it is sought to teach is that art and science of medicine which is based upon upon two principles, viz.— (A) The knowledge of the physiological effects of medicinal drugs upon the animal economy. (B) The application of medicinal drugs to the cure of disease when administered in accordance with the rule of similars." "The advancement of the science and art of healing will, I hope, ever dominate over any sectarian prejudice or proclivity in the minds of the managers of our school. In demonstrating the behaviour of medicinal drugs as causes of drug diseases and as healers of idiopathic disease, our position is not that of defending a system, but of demonstrating how far that system proceeds in the direction of curative medicine. Experience alone can prove how far the method of Hahnemann, *i. e.* that of a negation of pathology and the treatment by a careful comparison of drug-symptoms and disease-symptoms, and the covering of the one by the other, will carry us towards the perfection of drug-treatment; or, on the other hand, how far a careful consideration of the pathology of each case is to be the indication for its treatment, by applying a drug which will induce a corresponding pathogenesis in the healthy body." "The modern school of homœopathic physicians incline to the adoption of the latter method so far as the pathology of disease is well marked and well known, while they fall back on the Hahnemannian method when the pathology of a disease is obscure." "With such aims we may fairly claim the support, not only of those members of the profession who have embraced homœopathy, but of all those who desire the advance of true science within the profession, since we bring the whole question of the action of homœopathic medicine into the broad light of day by its public teaching both in the lecture-room and in the wards of our hospital, where the freest criticism will be invited and

cordially welcomed. Our progress thus far is shown by the Constitution of the School, as appended.

The London School of Homœopathy (founded December 15th, 1876).

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Medical practitioners desiring to become Medical Governors are requested without delay to send their names to the Hon. Secretary.

The arrangements already made are as follows :

1st. An inaugural address will be given by Dr. J. GIBBS BLAKE, of Birmingham, on May 1st.

2nd. Two courses of lectures, one during the summer months and the second during the winter months, will be delivered by Dr. RICHARD HUGHES, of which the subjoined is the synopsis.

The lectures on *Materia Medica* will embrace the history of all known actions and uses of the substances employed in Medicine. They will have, however, for their special object the exposition of the provings which have been made with drugs on the healthy human body, and the application of the same to the treatment of disease according to the principle of similarity.

It is intended to devote the summer course to a dozen or so of the leading remedies used in homœopathic practice, and to discuss the remainder during the winter session.

3rd. Two courses of lectures on the Principles and Practice of Medicine (given concurrently with those on *Materia Medica*), by Dr. DYCE BROWN, one of the Physicians to the Hospital.

General aim of the courses.—Definition and explanation of what is meant by homœopathy, with sketch of the origin of the system. The scientific basis of homœopathy; the *à priori* argument in its favour, and the bearing upon it of modern scientific observations. The mode of selecting the remedy, and the bearing and value of symptomatology in guiding to the selection of the remedy. The question of the dose. What is a homœopathic dose? The single remedy, and alternation of medicines. What is disease? *Inflammation*, as a type of disease. Its pathology, course, terminations, symptoms; inflammatory fever. Treatment of inflammation and inflammatory fever. Analysis of allopathic treatment by way of contrast to the homœopathic; general aim and principle of the homœopathic treatment of acute disease; the action of *Aconite* and its relation to inflammatory fever and acute inflammation; the action of *Belladonna* and its relation to inflammation; the action of *Sulphur* and its relation to chronic inflammation; the “psora theory” and its bearing on the treatment of chronic disease. The use and abuse of external adjuvants to internal treatment; the action of heat, cold, counter-irritants, and “astringent” applications shown to be in accordance with the homœopathic principle; diseases of digestive organs; diseases of respiratory system; diseases of circulatory system; diseases of brain and nervous system; specific febrile diseases; diseases of urinary organs and male sexual organs; diseases of females; diseases of the skin; diseases of the eye; diseases of the ear.

N.B.—As much of this ground as possible will be gone over in summer, and the remainder in winter.

A *library* of medical works, both general and homœopathic, is to be formed in the room at the Hospital in Great Ormond Street devoted to the school, under the care of Dr. J. GALLEY BLACKLEY.

A *Museum of Materia Medica* is also in process of formation under Dr. J. GALLEY BLACKLEY'S care as Curator.

It is very earnestly requested that physicians having duplicate works on medicine will forward them to Dr. Blackley, 65, Guildford Street, Russell Square, W.C., and that chemists and others will supply him with specimens of crude drugs and substances used in the preparation of homœopathic medicines. This last will best be done by each homœopathic chemist offering to provide ten, twenty, or more crude drugs, dried plants or mother tinctures, in their alphabetical order, A to C, C to G, &c.

The subject of *Clinical Instruction* has also met the careful consideration of the Council and Committee of the School. Within the wards of the London Homœopathic Hospital the following physicians have agreed to associate themselves with the school and to deliver Clinical Lectures at stated intervals—Dr. JAMES JONES, Dr. J. GALLEY BLACKLEY, and Dr. DYCE BROWN.

Feeling the paramount necessity that a larger number of patients should be provided for clinical instruction than the hospital with its present limited means can afford to support, the committee of the school are making every effort to obtain funds by which more beds can be opened for the reception of patients. The committee have already been able, from the funds placed at their disposal, to give promise of an annual subscription of 350 guineas, which will add ten beds to the hospital. This is a small but useful beginning, and if the public come forward liberally we may soon find ourselves in a position to add a further like number. The accommodation of the present hospital is deficient in many ways, and Mr. Pite, the talented architect of the hospital, has prepared a plan by which the building, by the addition of a small adjoining property, can be enlarged so that 124 patients could be accommodated, at the cost of £8000 for the alterations and new erections. If this plan could be carried out our school might soon become one of great public importance. By the plan above indicated many cases which the authorities are obliged now to refuse, for want of appropriate accommodation, could be admitted, and a limited number of private wards (a want now greatly felt) could be arranged.

My letter has already far exceeded the limits I had intended, but I must ask you to allow me to state that up to the present time we have subscriptions promised to the amount of rather more than £500 a year, and donations reaching some £2700. This is very well for a beginning, but our lowest need is £700 a year subscriptions and £20,000 in donations. I very earnestly appeal to our medical practitioners for their earnest aid, and to all those homœopaths who have benefited by the advantages which our system affords to send appropriately large thank offerings for benefits received, in order that these same benefits may be extended to the poor and be continued increasingly to the generation following us. By supporting the school we shall be educating successors to carry on the work which we ourselves must in a few years delegate to others.

I have the offer of several sums of £100 on condition that this £20,000 is raised. I have a promise of £25 on condition that forty-nine others will subscribe a like or larger sum; twenty-three of this forty-nine already appear in our list of subscribers. I hope in a short time the remaining twenty-six will come forward with sums of £25 or upwards. When I see that sums of £1000 or upwards are frequently given to objects far less comprehensively beneficial and benevolent, I cannot doubt but that our wealthy clientèle will contribute largely of their wealth to our greatly needed enterprise, and to their self-denial and liberality I appeal with firm confidence, "Let your light so shine before men that they may see your good works."

WILLIAM BAYES, M.D.

4, Granville Place, Portman Square, W.

Letter to the Medical Profession on the proposed London School of Homœopathy.

WE, the undersigned, desire to draw your attention to the accompanying observations and resolutions, which should be carefully considered by those founding the Medical School at present known by the name of "The London School of Homœopathy." The acceptance of these we consider a matter of much importance, as we hope by them, not only to encourage the attendance of medical students, but also to be furnished with the opportunity of asserting our right position in medicine. To judge rightly of these resolutions and of the objections which may be urged against them we must carefully consider the history of the

homœopathic doctrine in Europe, and especially in England, for, as shown in the eighth clause, any argument drawn from American experience would not be a fair one.

We propose that the school should have no distinctive title other than an abstract or local one, such, for instance, as "The Ormond Street Medical School," and that Rule 2* should be altered to the following terms:—"The objects of this School shall be to afford teaching in *Materia Medica* and Therapeutics, in the Practice of Physic and in Clinical Medicine, and, in all these branches, to give due prominence to the Homœopathic law."

The objection to the terms of the accompanying preamble which we expect to meet with is, that the distinctive title is absolutely necessary, because the school is founded to teach homœopathy, which is not taught elsewhere in England, and therefore must have a distinctive designation; this designation is our *raison d'être*, and, without it no students will come; and, above all, without it the necessary funds could not be raised.

To these objections we reply that any distinctive teaching ought to be, not of homœopathy, but of the truth and general application of the homœopathic law.

The word homœopathy is one of vague significance, and is by no means that which it bore at first. Then it was the simple expression of a therapeutic law, a law which we all still recognise. Now the word applies to a system of medicine which embraces much more than is contained in the doctrine of similars.

Therapeutics includes many methods of treatment. One of those methods, that of drugs, does not constitute a third of the whole, and in that third there are not a few exceptions to the applicability of the homœopathic law. But if a teacher of the practice of physic confines himself to homœopathy, he is logically debarred from treating of such diseases as worms, scabies, &c., and of poisonings, if he recommends the use of vermifuges, insecticides, antiseptics, or antidotes. These and such as these must be excluded from the list of diseases he treats of, otherwise, *as a Homœopathist*, he is inconsistent. If consistent, his teaching is one-sided and consequently imperfect. The lecturer is, therefore, logi-

* The rule at present stands: "That the objects of the School shall be to afford sound teaching of the principles and practice of Homœopathy, of its *Materia Medica*, its Therapeutics, and of their application in Clinical Medicine, to such members and students of the medical profession as may desire to be instructed therein."

cally impelled to teach the wider subject of therapeutics in general, only giving the homœopathic law its due place. The attempt to restrict his teaching to the strict application of the homœopathic law, even though he proposed to do that and that only, would give rise to the impression that all else which was passed in silence had no practical existence, and that the law was all sufficient. If he attempts to point out where it is not applicable he is logically drawn on to the teaching of therapeutics as a whole.

A distinctive title is far from necessary. Hahnemann published not the *Organon of Homœopathy*, but the *Organon of Rational Medicine*; also the *Materia Medica Pura*, not *Homœopathica*. Bau, whose work had a great influence in its day, entitled it not a treatise on homœopathy, but on *Specific Medicine*. Professor Henderson and M. Tessier dwelt much on the importance of asserting our position in medicine, which they considered we had in a great measure lost by assuming a distinctive and sectarian designation. M. Tessier established not *L'Art Homœopathique*, but *L'Art Médical*. Dr. Sharp has bound his tracts together in a volume entitled *Essays on Medicine*. Dr. B. Hughes has published two works, which have been widely circulated. He entitles them *Manuals of Pharmacodynamics and Therapeutics*, not *Homœopathic Manuals*. In Boston, America, a college has been established at which homœopathy is taught, but, says Dr. Hughes, "the exclusive word is unmentioned either in the titles of the professors or diplomas of the students." Latest accounts show that the success of the Boston College is greater than that of any other in the United States.

The value of the homœopathic law has been often and well taught without a distinctive title, and there is no good reason why it should not be so in London.

The absence of a distinctive title cannot possibly affect subscriptions to the school if the medical men who influence the lay subscribers showed clearly that by the omission the interests of homœopathy were not injured, but benefited. If the scientific objections to the distinctive title are good no amount of money compensation can neutralise the harm done by adopting one.

The preamble is drawn out in the full assurance of the justice of our claim to recognition by the universities and licensing bodies, and thus to obtain the freedom of teaching on equal terms

with the dominant faction; and we must strain every nerve through the press and Parliament to obtain satisfaction of those claims. We may not be immediately successful, but the effort and the putting our school on a truly scientific basis cannot harm it as a school, even if not recognised.

We would therefore urge all true friends of homœopathy and scientific liberty to take these questions into consideration, so that we may be able to act as a united body. In the mean time let every effort be made to secure success to the teaching of the homœopathic law. We desire to receive communications on these resolutions.

FRANCIS BLACK.

JOHN J. DREYSDALE.

ROBERT E. DUDGEON.

CLAUDIUS B. KER.

*Preamble to the Rules and Laws of the London School of
Homœopathy.*

1. Two generations have now passed since the homœopathic theory of specifics was made known without its having been fairly weighed theoretically or tested practically in the already established medical schools and hospitals.

2. At present this neglect not only persists, but there is, superadded, a positive system of opposition to it, which, in Great Britain at least, is so fully organized that now no medical man, if he openly acts upon the opinion that this theory ought to be discussed and tested like any other theory in medicine, can obtain or keep a place on the staff of any hospital or medical institution already established; nor can he obtain any public medical appointment, nor admission into any medical society, nor can he hope for any of the honours or titles of eminence in medicine; nor can he publish any medical book at the ordinary medical booksellers, nor any paper in the medical journals, even in reply to misrepresentations of his opinions or practice; nor, if he writes anything and gets it into print despite the medical booksellers, will it be noticed or reviewed (hardly even advertised) in any medical review or newspaper; nay, even if he writes on a subject not medical his name is still tabooed, and the book will receive no notice from the medical journals, and as little from the literary and political journals, which have all their medical assessors chosen, doubtless, from the majority.

In private practice, also, the great majority of consulting physicians and specialists (with some honorable exceptions) refuse to him the benefit of their skill in difficult points of diagnosis and in operations, thus striking at the object of their hostility through the health and possibly even the life of the public, who are, at the same time, insulted by the implied accusation that they are employing a person deserving of a penalty hitherto known as that applicable to infamous conduct only.

The isolated position this prosecution forces us into is a disadvantage, not only to ourselves, but to medicine and to the public. Not exposed to proper and legitimate criticism, not seeing our work and writings as others see them, there is less chance of our freeing ourselves from many possible errors. And medicine suffers in so far as it excludes from its observation and thought a theory and practice which might (and certainly would, we believe) advance the science and art of therapeutics. It is a loss to the public also, who are very especially interested in this relationship between the schools. They are the sufferers as long as the present unhappy condition of things continues, and they will be among the first to benefit when the terms of that relationship are altered to the better.

3. While thus the most moderate approach to fairness and candour in respect to this theory on the part of any medical men is so strictly tabooed, it is not wonderful that the students of medicine, and especially those with talent and ambition, should feel no great desire to inquire into a theory which promises, in the first place, to shut up for each of them for life the avenues leading to professional honours, eminence and distinction. While the mind is thus biassed the student is easily induced to accept as truth the misrepresentations which the teachers in the common medical schools hold out to him as homœopathy.

4. For these reasons it has become necessary to found a special school, where the truth of the matter can be taught to students before their education is finished, for the great majority of medical men have little opportunity, even if they had the inclination, of making any great or important addition to their knowledge after leaving the medical schools.

The conversions to homœopathy in England among medical men in active practice during the last forty years have been few, and they do not promise to become more numerous; and this is

owing, not only to the conservative instinct which takes offence at a new thing, but to the risk of loss of practice, of loss of professional status, and even of social position, a man exposes himself to by the adoption of a new practice, novelties in practice almost invariably bringing with them the charge most odious to professional sensitiveness, that of quackery. If, therefore, the homœopathic law is to be something more than a slowly operating leaven in medicine, students must be instructed in its principles and practice before they leave school and hospital.

5. Within the last few years the necessity for a special school for students has become more pressing. For, lately, the system of repression has become more stringent than ever, from the strange reason that a number of remedies discovered through the homœopathic law have been adopted without acknowledgment into ordinary practice; their sponsors not daring to brave prosecution, the students are taught that the knowledge of these remedies was derived from any other source than the true one. It is essential that the truth should be told, and the homœopathic theory openly taught in connection with these medicines, and its infinitely wider scope in the discovery of other specifics be made fully known and be discussed with other theories.

6. It may be said that there is no need for a special school, as all truths must in the end prevail, and that what is true and useful in this therapeutic law will ultimately be accepted and incorporated into medicine. Doubtless, but the time would be very long, for the application of the homœopathic law to practice implies the building up of a vast structure of physiological knowledge of drugs, which can only be done by the united efforts of all the men of science capable of performing experiments picked out of the general body of the profession. The small minority of the profession willing to suffer persecution, of which the homœopathic school is now composed, are quite insufficient to furnish workers enough to complete the *Materia Medica*; unless, therefore, our ranks are recruited from the students the task must be postponed indefinitely.

Now that the proving of medicines upon the healthy body, which is the foundation of homœopathy, has become recognised and is beginning to be followed, we see the evils of an imperfect and unscientific method. If the principle is admitted that all therapeutic action of medicines on the living body must rest on

their action on the healthy body, in inquiring to find what the relation of the two is the man of science must study dispassionately all the possible relations the two may hold. Now, it is impossible to go beyond the dictum of Hahnemann, that the action must be either contrary or similar or some other than these two. Now, if the experimenter goes into the question with the foregone resolve not to look for the answer in one of these directions, viz. the similar, what title has he to the name of man of science, who, above all things, ought to be solely concerned with seeking after truth in any direction? But in the proving experiments published by our opponents we see indications of this foregone resolve. The experimenters fear to grapple with the difficulties of the subjective symptoms, and persistently ignore any possible therapeutic relation of similars in the scanty list of the effects published, and, when some such relation is found upon them too palpably to be ignored, the effect is explained away by disparaging remarks upon homœopathy.

7. We do not uphold any abstraction called "homœopathy," which is something outside of medicine and opposed to the true principles of science. What we uphold and propose to teach is medicine as influenced by the homœopathic law, when that is not only applicable but leads to the best modes of cure. We can give no other definition of "homœopathy" than "medicine plus the homœopathic law." What that is can only be known by bringing the whole resources of the science and art of medicine to the testing of the said law.

8. There are two modes in which the incorporation of the homœopathic principle into medicine can be hastened in spite of the hostility which has been shown by the majority of the profession to it in common with all great discoveries—*first*, that which is applicable to a new and rapidly expanding civilised community of self-governing people, such as the United States of America, viz. new complete schools of medicine granting licenses to practise can easily be founded, and thus an ever-increasing body of students indoctrinated with the truth. It is of little importance whether these bear a sectarian title or not, for the result must be that if the principle be true the number of disciples will gradually approach and then surpass that of the disciples of the ordinary schools. The name homœopathy will then be no longer required; it will have no meaning and will be abandoned. This

day may be not very far distant in America, where the number of qualified practitioners approaches four thousand.

9. The second mode applies to old and settled countries, where there is no call for new complete schools, and no possibility of their establishment by a small body of practitioners. Here the truth can only penetrate the general body of medical men slowly and imperfectly, and our only chance is by founding a few chairs from which may be taught the principles on which we act to students as a part of their ordinary medical education. It is essential that these chairs should obtain recognition from the licensing bodies, and therefore they must be so constituted as not to contravene the rules laid down by these bodies, in so far at least as these are in accordance with the true principles of science.

10. The question of a sectarian title is not here a matter of indifference as it is in the case of America. It is here of vital importance. There is no sectarianism in true science; and in medicine, as a whole, which all the medical schools profess to teach, there are no sectarian titles. We are not aware of any school which professes to teach, or any body which professes to license, "allopathy." It cannot, therefore, be expected that the lectures of a school bearing the sectarian title "School of Homœopathy" should be recognised. It is therefore essential that a non-sectarian title of a local or general character be chosen, while at the same time the homœopathic theory should be openly taught in the lectures themselves.

11. The lectureships should embrace those subjects more intimately connected with the influence of the homœopathic law, viz. *Materia Medica* and *Therapeutics*, *Clinical Medicine*, and *Practice of Physic*. These subjects should all be treated in their complete form, so that students should be able to stand the ordinary examination, and, in addition, the true place and predominance of the homœopathic method should be taught so that the student, before leaving school for ever, will be in a position to decide for himself; and if this is the case we have no fear but that our ranks will be rapidly and steadily recruited, and ere long the whole profession leavened with the knowledge of the homœopathic principle.

A sectarian title to the proposed school would be an anachronism. It might have been otherwise thirty years ago, but now

that the profession cannot declare ignorance as to what homœopathy is and do not betray any willingness to inquire into it the case is different. The willingness some might entertain to know the real state of the case would receive a shock when confronted with the fact that the information sought for could be gained only by attendance at the "School of Homœopathy." They would learn from us, however, that the caricature of medicine they have been in the habit of contemplating as homœopathy is not homœopathy after all, but something totally different—a something considered as extravagant and unscientific by our school as by the rest of the profession—a something which the majority of us would be quite ready to aid the profession in condemning. A medical school teaching *Materia Medica* and Therapeutics, Practice of Medicine and Clinical Medicine, would leave no excuse for this unwillingness to inquire into what homœopathy really is.

(Signed) F. BLACK.

J. J. DRYSDALE.

R. E. DUDGEON.

C. B. KER.

What the (so-called) Hahnemannism is bringing us to.

"A 'Homœopaths' College.—EDITOR INVESTIGATOR: I have a son whom I want to become, when of age, a homœopathic healer; in fact, I do not care to have him burdened with so much trash to become a physician. For years I have been a true follower of Hahnemann and I hate your mongrels worse than his Satanic majesty. I am glad that Dr. Berridge, of London, in your last number (188) comes out square against all false prophets and wants them to be read out and dismissed, and the thing ought to be done at once. Let us start, then, a Hahnemann Homœopathic College of our own, where nothing shall be taught but the *Organon*, the *Materia Medica Pura*, the Chronic Diseases, and for beginners, perhaps, Lippe's or Hering's Condensed *Materia Medica*, and if the student passes our examination, let him be granted a diploma of 'Homœopathic Healer.' Our legislatures are good enough to grant such a charter, and I do not see the reason why my son should rack his brain with Latin anatomy, be misguided by hypothetical physiology, misled by ever-changing pathological notions, or trouble his memory with chemical formulæ. What is necessary to become a homœopathic

healer? I seek information, and please let us have it. Accept the thanks beforehand of—AN INQUIRING PARENT.”—(From the *United States Medical Investigator*, February 15th, 1877.)

Increase of Drug Consumption.

The age of expectancy in medicine has apparently gone for the present, and we cease to hear the boasts that used to be so rife amongst orthodox practitioners that they gave no medicine. On the contrary, prescriptions are growing as complex as ever, and the quantity of powerful drugs poor patients are compelled or persuaded to swallow is something marvellous compared with the *fainéant* system of a few years back. A faith in physic, *i. e.* in drugs, is reviving, but whether the results to patients will be better than those of the do-nothing practice of former days time will tell. In the mean time the druggists are rejoicing in a brisk trade. That this revival of drug-faith is not confined to this country is evident from some figures lately presented to us by the *Medical Examiner* of the drug consumption in Parisian hospitals. In 1855 the central pharmaceutical establishment of the Parisian hospitals furnished 282 lb. of chloroform; in 1875 the quantity had risen to 616 lb. The increase of chloral from 1869 to 1875 was from 10 to 720 lb. Bromide of potassium 6 lb. in 1855; 1600 lb. in 1875. Morphine 1 lb. 6 oz. in 1855; 20 lb. in 1875. The progress of alcohol, considered as a therapeutical agent, is especially worthy of notice. Between 1865 and 1875 the consumption of alcohol in the hospital increased from 1270 to 40,000 quarts. Brandy does not appear on the list until 1862, when four quarts were supplied; in 1875 the quantity had risen to 4108 quarts. Rum followed nearly the same rate of progression during the same time, from 35 to 5682 quarts. The white and red wines, supplied in very moderate quantities, follow the same proportions as alcohol. Amongst the vegetable narcotics (opium, aconite, conium), opium remained stationary at 300 lb. to 400 lb. per annum; but aconite, a remedy of late so much employed, particularly in England, represents a figure altogether insignificant. A remarkable fact brought to light by these statistics is that in proportion as alcohol rose leeches fell. Up to the year 1830 1,000,000 of leeches were annually supplied to the Parisian hospitals; during the last twelve years the annual supply has been about 50,000.

Note.

In the February number of the *Homœopathic World* Dr. Berridge makes a comment on our editorial article for January entitled "Homœopathy in 1876," which demands some notice from us. It is marked by an acerbity of tone in which the writer too often indulges; and which neither becomes his position nor does justice to his true character. But, passing this by, we desire to call attention to two misunderstandings of our statements into which he has fallen, and which have led him to represent us in a very injurious light. When we said that "for the last ten or fifteen years we have made no converts of note," we used the last two words advisedly. We did not say "of mark" or "of value;" none prize more than ourselves the adhesion to our cause of Dr. Dyce Brown, and we hope for good things from Dr. Skinner. We said "of note" as meaning men whose names were so well known throughout the medical world as to make their adoption of homœopathy a notable event; we cited as examples Henderson and Horner, Tessier and Amador. It is most unfair to charge us with forgetfulness or ungenerous feeling towards the honourable colleagues whose names Dr. Berridge has dragged forward, because we do not put them in the front rank of fame with those just mentioned.

Again, Dr. Berridge quotes our statement that "our literature contains no new provings, Buchmann's *Ohelidonium* always excepted;" and charges us with hereby ignoring the recent American provings of *Sepia*, *Lilium*, *Picric acid*, *Physostigma*, &c., "charitably" (!) setting down our doing so to want of acquaintance with the current homœopathic literature. If Dr. Berridge had read our remarks with the least care, he would have seen that we were speaking of homœopathy as it is and has been in the *old world*, in which (as we said) it seemed to be running in a different groove from that which it occupies in the new. The full accounts we give from time to time of our foreign contemporaries ought surely to protect us from the suggestion that we are unacquainted with the current homœopathic literature.

Dr. Berridge's statement, that we give "a most gloomy view" of the state of "Homœopathy in 1876" can only be met by referring our readers to our article itself. We had no feeling of gloom in our minds when we wrote. The idea of reabsorption into the main body of the profession—of resuming our place

among our colleagues as recognised employers of a special method of practice, but otherwise in all respects on the same footing as themselves—may not be grateful to Dr. Berridge; but to us it is a bright and cherished hope. We repeat what we have already said,—that although thus homœopathy would cease to have an outward embodiment, it would not less flourish as a faith and a practice; and would eventually leaven the whole art of healing. No gloomy prospect this, we trow; and, if Dr. Berridge and those who think with him prefer the other solution of the situation which America offers, they have but to transfer their operations to that more congenial sphere, and leave us to fight the battle in our own way, untrammelled by carpings from those whose minds are cast in another mould from ours.

OBITUARY.

CARROLL DUNHAM, M.D.

It is with keen regret that we head our obituary notices with the name of this physician. Only fifteen months ago we congratulated the World's Convention on having made choice of him as its President: only six months ago, we reproduced in our pages the Address delivered by him in that capacity at Philadelphia. He had, indeed, thus attained his zenith; but we trusted it was only to shine for many a year yet, and bless with useful light. Alas! sudden night has quenched that radiance, and we are left to mourn its absence.

Carroll Dunham was born in New York in 1828, so that he was only in his forty-ninth year when he died. He became all but a convert to homœopathy while yet a medical student; and his faith was established when, after graduation, he compared the results of the old and new systems of treatment on a large scale. He did this in Europe, mainly in Dublin, Paris, and Vienna. He returned to the United States a convinced disciple of Hahnemann, and commenced practice accordingly. Unhappily, his health—already delicate from having passed through cholera while a child—became seriously impaired by a severe attack of acute rheumatism, involving the heart. From that time his life has been (in the words of a biographer in the *United States Medical Investigator*,* from whom we take these facts) “a record of brief periods of hard work, divided by long periods of

* Jan. 1 and 15, 1876.

illness and prostration, and compulsory retirements." But no man could have made better use of his capable times. In literature, in teaching, in promoting the associations and public interests of Homœopathy he was ever at work, and its American records are full of traces of his presence and activity. He was one of the editors of the *American Homœopathic Review*; and for some time officiated as Lecturer on *Materia Medica* and *Therapeutics* at the New York Homœopathic Medical College. He was one of the working members of the American Institute, which owes to him mainly its admirable code of ethics, and—as chairman of its Bureau of *Materia Medica*—the re-proving of *Sepia* which adorns its last volume of *Transactions*. He has actively co-operated with Dr. Allen in his great undertaking of compiling an *Encyclopædia of Homœopathic Materia Medica*, and most of the verifications of symptoms contained therein were contributed by him. Finally, he was the originator of the idea of the late World's Convention, and to make it a success he laboured with a zeal and devotion which have cost him his life. Exhausted by the long strain upon him, he was in no fit state to encounter the diphtheria which seized him after returning from a brief holiday. He recovered from the acute disease, but only to sink gradually under its *sequela*; and on February 18th of the present year he breathed his last.

The bare facts we have mentioned above give little idea of what Carroll Dunham was to American Homœopathy. He stood at its very central point; he was the life and soul of all good work that was done in connection with it, the friend and helper of all, alike the preacher and the example of the physician's highest duties. Himself of the (so-called) Hahnemannian school, he was free both from the extremes into which many of its members have run, and from the exclusive and antagonistic spirit so often manifested by them. When the American Institute was well-nigh rent asunder by the opposing parties, each wishing to exclude the other, the discourse he pronounced at Chicago in 1869 on "Liberty of Medical Opinion; a vital necessity and a great responsibility" charmed the combatants to peace, and made a *modus vivendi* possible for both henceforth. Dr. Hering well surnamed him "the peace-maker;" and he has had, even here, the blessing which rests upon such, in the love and honour with which his colleagues of every shade of opinion have long looked up to him. If our readers here, who know of

his worth but by hearsay, are surprised at the unwonted feeling which this obituary notice displays, they have only to see the American journals which appear since his death has been known. None of them have reached us as yet; but we venture to predict that nothing short of a wail will be found to have gone up from them at the loss which has fallen upon homœopathy and homœopathists in their country.

The writer of these lines had recently, for a brief space, the opportunity of knowing Dr. Dunham, not merely as a public character, but as he was in private, and amongst his family. No brighter or more gracious image is present to his memory than that which he then saw. You felt yourself in company with a mind gifted and cultured considerably beyond the average range, but joined to a heart which was richer still. There was something singularly winning about his manner; and this outward charm was but an index to the sunny sweetness and golden charity which pervaded his whole nature. There can be none who knew what he was to whom the world will not be somewhat darker for his departure from it.

And now one word more. We have lost the producer; but we must be able to reap the utmost benefit possible from such of his productions as remain. His writings are scattered through many a volume of journals and transactions; we must have them in a compact and accessible form. The discriminating studies of medicines; the closely reasoned and copiously illustrated arguments which make his views of homœopathy acceptable to those most prejudiced against them; the clear and high-toned Addresses delivered on public occasions—they must all be brought together, carefully edited and annotated, for the profit of the members of our school in every country. When such a volume comes before us, we shall endeavour to estimate Carroll Dunham as a thinker and writer. His grave is too fresh as yet for us to do more than stand about it, sighing his praises and lamenting our loss.

Since writing the above we are pleased to learn that Mrs. Dunham will at once take in hand the editing of her late husband's writings; that a volume containing his published studies in *Materia Medica*, with some manuscript work of the same kind, will shortly be issued; and that his miscellaneous writings will follow as soon as they can be brought together.

BOOKS RECEIVED.

Repertory to the New Remedies. By C. P. HART, M.D. New York: Boericke, 1876.

Cyclopædia of the Practice of Medicine. Edited by Dr. H. von ZIEMSEN. Vol. VII. Diseases of the Chylopoietic System. London: Sampson Low, 1877.

Homœopathic Domestic Practice. By E. GUERNSEY, M.D. Edited by H. THOMAS, M.D. Sixteenth Edition. London: Turner, 1877.

Popular Guide to Homœopathy. Seventh Edition. London: Turner, 1875.

Condensed Materia Medica. By C. HERING. Compiled with the assistance of Drs. A. KORNDORFER and E. A. FARRINGTON. New York: Boericke, 1877.

Taking Cold, the Cause of half our Diseases. By JOHN W. HAYWARD, M.D. Sixth Edition. London: Gould, 1877.

The Actions of One Dose. By W. SHARP, M.D., F.R.S. London: Turner, 1877.

Allen's Encyclopædia. Vol. V. New York: Boericke, 1877.

Zur Richtigestellung des Urtheils. Von Dr. CL. MÜLLER.

Datta's Homœopathic Series.

Revue Homœopathique Belge.

The Monthly Homœopathic Review.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The United States Medical Investigator.

The North American Journal of Homœopathy.

The New England Medical Gazette.

El Criterio Medico.

Bibliothèque Homœopathique.

L'Art Médical.

Bulletin de la Société Méd. Hom. de France.

The Calcutta Journal of Medicine.

The Chemist and Druggist.

Allgemeine homöopathische Zeitung.

Dublin Journal of Medical Science.

Ohio Medical and Surgical Reporter.

Cincinnati Medical Advance.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

THE PHYSIOLOGICAL SCHOOL AND ITS
INFLUENCE ON THERAPEUTICS.*

It is well known that about the thirtieth year of this century the foundation of the new development of medicine was laid by Rokitansky's pathologico-anatomical investigations, that, namely, this unbiassed observer founded the theory of crases, which was generally accepted, by his new humoral pathology. This doctrine, in spite of Rokitansky's strict adherence to the purely material relations of the organism, was of a very hypothetical character. He all his life expected with confidence its confirmation by chemistry, but hitherto in vain. Anything like real therapeutics was soon upset by the sceptical indifferentism inculcated by Skoda, Dietl, and others. In its youthful hot-blooded period this negative nihilistic tendency insisted on the most radical scientific character for medicine. Medicine was to become a science based on a mathematical foundation like every other physical science; but mathematics excludes art. "As long as medicine is an art it cannot be a science; as long as there are lucky physicians there can be no scientific physicians. The physician must be judged by the extent

* From Dr. Jul. Petersen's *Hauptmomente in der geschichtlichen Entwicklung der Med. Therapie*. Kopenhagen, 1877. (Reproduced in *Internationale hom. Presse*, Bd. ix, pt. 3.) We may mention that the author is a distinguished partisan of old physic, and a bitter opponent of homœopathy.

of his knowledge, not by the results of his treatment, for his power lies in his knowledge, not in his treatment" (Dietl). In this sense Hammernik was the most outspoken as to the office of the clinical physician. He set aside all idea of the positive utility of therapeutic interference, and laid down the negative indication: not to do harm to the patient by the remedies employed. In 1841 Wunderlich and Roser began the publication of their *Archives of Physiological Medicine*, and were thus, to some extent, the sponsors of the new school. They, too, entirely rejected all therapeutics based either on empiricism or indications and went in for the most radical scepticism. But they came to see that mere negation was not all-sufficient. They said, "The time has arrived to attempt to found on the existing material of careful experiments a positive science, which shall not rest on authority but on reason and empirical proof, which shall teach the meaning of phenomena and dispel the illusions of practice; in this way we shall attain to a reasonable certain therapeia—to 'physiological medicine.'" Thus the name was found; but how this therapeia was to be realised was not shown in the programme of the *Archives*, nor, in spite of the efforts of the learned editors, was this problem solved in the subsequent numbers of their periodical. On the contrary, Wunderlich himself seemed to become ever more conscious of the enormous difficulties of his task, whilst his opponents refused to be put off with plausible generalisation, but insisted on having positive detailed demonstration of how the rational therapeia, so pompously announced by the *Archives* in opposition to the old empirical method, was to be realised. In the fourth year of his periodical Wunderlich attempted to solve this problem in an essay entitled "The Relation of Physiological Medicine to Medical Practice," but neither in this article nor yet in one published in 1846 with the title "Rational Therapeutics" was he able to satisfy the just demand of his readers for facts. In the latter essay he propounds the maxim that the aim of rational *Materia Medica* is to discover the really active constituents of the compound substances furnished by nature, to ascertain their actions on

the tissues and functions of the organism in their normal as well as their abnormal states, and to refer these effects as far as possible to general physical and chemical relations. But in cases where a preponderance of experience as to the utility of a remedy even without sufficient rational justification forces us to employ it, or when, as in desperate cases, the slightest hope of advantage leads us to resort to it, and, setting aside all other considerations, it is desirable to make a trial of a medicine recommended to us, in such cases the rational therapist may be permitted to employ an empirical treatment. In short, the essay terminates with the confession that "rational therapeutics cannot be perfectly rational."

The editors of the *Archives* who succeeded Wunderlich, Griesinger, and afterwards Vierordt, felt themselves compelled to deviate still more from the radicalism originally enunciated. The editors of the *Journal of Rational Medicine*, Henle and Pfeifer, were found to diverge still further from the original absolute rationalism. Thus Henle propounds, as the main idea, the maxim that "to every development, to every advance in natural science, hypotheses must serve as the lodestars for investigation; that all treatment, including medical treatment, at every step, consciously or unconsciously, takes place as a consequence of a theory or a hypothesis." Against this proposition of Henle, Wunderlich spoke most decidedly in an exhaustive criticism; but, notwithstanding this, it was observed that even here, and still more in his *Handbook of Special Pathology and Therapeutics*, his original radical rationalistic confidence in the school of experience undergoes a severe shock, and that he resignedly approaches the modest empiricism which in his youth he thought so little of. Indeed, he acknowledges that the best foundation for a rational procedure in the treatment of patients is the exact observation of the influence of certain modes of treatment in similar cases; and he concludes with the dictum: "Statistical proof of the remedies alone can lead to a firm foundation of our knowledge respecting their efficacy and hence to a therapeia; moreover, investigations relative to their effects on healthy

human beings and on animals are only an auxiliary method, but can never be a substitute for the statistical proof at the bedside of the patient."

Thus he reverts here, as he had already done in his *Archives*, completely to Louis' absolute empirical standpoint, which this great investigator only adopted so decidedly for therapeutics because he was convinced that all rational inferences, all theoretical reasons, all indications, were so misleading and useless, that a solid *point d'appui* was absolutely unattainable. So, then, this conclusion had been already arrived at! Where now are all the proud dreams and bold hopes enunciated by Wunderlich at the beginning of the decennium?

Virchow, too, in his *Archives of Physiological Anatomy and Clinical Medicine*, edited by him in conjunction with Reinhardt, inveighs against the nihilism of the Vienna school, and expresses the wish that "therapeutics studied by practical physicians and hospital practitioners from the empirical standpoint might be elevated to the position of a science by their union with physiological pathology." But what he offers as a positive programme for the use of the practitioner is so meagre that Haller, the editor of the *Prague Quarterly Journal*, concludes his searching criticism of Virchow's article with the declaration that if Virchow himself can offer nothing of a more positive character, he is scarcely justified in condemning the Vienna school so unconditionally on account of its negative character.

Since the promulgation of physiological medicine to the present time the gentlemen just mentioned, that is, those of them who still survive, have been indefatigably pursuing the path they set out in, and they have been aided in their effort by a large number of equally zealous observers, some of whom are men of high renown. For all belonging to the German Universities who devote themselves to scientific work have united their efforts in the same direction; indeed, at the present moment there is no other medical school or science except the so-called physiological. So it is most certainly a large and superb phalanx this school can claim. Let us now see how far she has solved her problem, and

particularly how she has satisfied the requirements of a rational scientific therapeia; let us above all ascertain what is the practical result of this bold negation of all that had previously been said and done, and of the magnificent labours that have now been carried on for upwards of thirty years.

The efforts of these neo-therapeutists were directed particularly, indeed, in certain respects, almost exclusively to the foundation of a therapeia of *acute* diseases, and here again in an especial manner to the *treatment of fevers*. The statistical empirical investigation went here hand in hand with strict rational indications deduced from pathology. It must, therefore, be particularly safe and remunerative to illustrate and ascertain the positive fruits of this united endeavour of all the neo-physiologists.

The employment of *thermometry* as an integral part of the examination of fever patients first directed the general attention and investigation to this branch of therapeutic development. The old Hippocratic physicians had already recognised an increase of the vital heat as the essential symptom of fever, but had attached the greatest importance to the pulse in the examination of febrile disease, but it was only after Lavoisier's discovery of the oxydation-process as the sole source of heat, and by the later more exact investigations into the chief seat of combustion in the tissues of the body and into the undeniable influence of the nervous system on the relations of the corporeal heat, that new general points of view of a pathology of fevers and rational indications for antifebrile treatment were established. So then Virchow in the first volume of his *Pathology and Therapeutics* was able to announce and demonstrate the increased temperature as the pathognomonic symptom of fever, that this was caused by an increased decomposition of the constituents of the body, and that this again was effected by the febrile irritant causing a paralysis of the nervous centre that regulates the production of heat. When it was found that in fever there was an increased production of heat, and that this occasioned an increased process of consumption of the tissues of the body, the old teleological idea of fever

being a healthy operation fell into disrepute, and the most important indication seemed to be an energetic reduction of the fever. Hence, a vigorous search was made for remedies which could effect a constant diminution of the temperature, and the exact arithmetical results of the new thermometry furnished a sure basis for judging the effects of proposed fever remedies. Evidently a rare favourable conjunction of circumstances promising a good result.

It was confidently assumed then that the increased corporeal heat was the pathognomonic and exhaustive symptom of fever, and nothing more was wished from the antifebrile remedy under consideration but a diminution of the temperature, in the hope that an *antipyretic* was essentially an *antifebrile* treatment.

In this general search for efficacious fever remedies begun about 1860, Wunderlich, the father of the new clinical thermometry, naturally took the lead. This new art could and should prove itself not only the most important for diagnosis and prognosis, but at the same time a direct aid to therapeutics. Wunderlich, taking for granted that the typical course of the temperature in the disease was ascertained by his thermometry, believed that in the deviations from this course observed after the administration of remedies he had not only decided signs of their action, but the exact measure of the degree and extent of this action expressed in figures.

The first certain remedy Wunderlich imagined he had found was *Digitalis*, which Traube had, ten years before, pointed out as a remedy that reduced the temperature. On the strength of his analysis of forty-nine cases of typhoid fever, Wunderlich formulated twenty-eight maxims, the main points of which are that the infusion of *Digitalis* can be borne by typhoid cases without any untoward subsidiary effects, and that it has a decided influence upon both the pulse and the temperature, whilst it favourably modifies the subsequent course of the whole disease. When, shortly afterwards, Forbes corroborated Wunderlich's experience by an extensive series of trials, it could apparently be confidently asserted that the therapeutics of fever

were now much superior to the modest expectant do-nothing] system, and had entered on an entire curative phase much more satisfactory to the medical practitioner. But this new remedy fared no better than numerous infallible remedies that had preceded it. The antipyretic action of *Digitalis* had only been enjoyed for three years in undisturbed security when one of Wunderlich's most faithful and zealous disciples, Thomas, published a new series of observations on the *Digitalis*-treatment of fevers, from which it appeared that a diminution of temperature or a general action on the course of the disease could not actually be distinctly shown to result from this treatment. In short, already at that early period the antipyretic virtue of *Digitalis* received a blow from which it has never since completely recovered. It still, indeed, remained a favorite, especially in the treatment of pneumonia, on the authority of Traube; still, even in this disease it no longer enjoys much confidence, and it is not wholly without good reason that to its employment has been attributed many of those untoward cases of collapse which are observed to accompany rapid defervescence.

Several remedies were announced as rivals to *Digitalis* and as its successors on the antipyretic throne; thus, in the English and French schools *Alcohol*, in the German *Veratrin* and *Quinine*. The first-named remedy began to obtain a certain renown on the publication of Todd's *Clinical Lectures* in 1861, wherein it was announced as an extraordinarily useful remedy in all fevers, even in those of most conspicuously erethic character. The observations of several other practitioners soon showed that *Alcohol*, especially when given methodically in large (toxic) doses, as recommended by Todd, was capable of reducing the temperature in no small degree, the occurrence of which under physiological conditions was speedily verified. But in Germany, the country of exact thermometry, *Alcohol* was never able to obtain a firm footing, but was soon thrown into the shade by the two alkaloids just named, *Veratrin* and *Quinine*.

By the warm recommendations of Vogt and Kocher

Veratrin was extensively used in pneumonia and typhoid fever. But it became evident that the undeniable reduction of temperature that followed its use was so directly connected with cases of toxical collapse that this remedy fell into still more deserved discredit than *Digitalis*.

The reign of *Quinine* has been of longer duration, and more importance. Among the temperature-measuring therapeutists it was Wachsmuth who in 1863 proclaimed the striking antipyretic effects of large doses of *Quinine* in exanthematic typhus and typhoid; and after him Liebermeister in 1867 in the *German Archives of Clinical Medicine* published his important thermometric-statistical proof of the antipyretic action of *Quinine*. By means of the analysis combined with statistical computations of individual cases he showed the degree of the action of *Quinine* in fractional figures, and at the same time established the fact that the antipyretic effect of *Quinine* was most marked in proportionately large doses of one gramme and upwards. This kind of stringent statistical investigation was eminently congenial to the neo-therapeutists with their constant striving after exactness. Here was something to lay hold of very different from the mere opinions and guesses of medical art! The action was expressed in accurate figures going even to decimal fractions! Not only could the reality of the therapeutic interference be demonstrated, but the very degree of the influence could be indicated by figures. What more could scientific exigencies require?

Liebermeister's method of therapeutic investigation soon found followers, who corroborated the results he had obtained. By means of *Quinine* the treatment of fever seemed to have attained a position that left nothing more of an essential character to be desired and that, at the very least, raised the therapeutics of to-day high above the expectancy of the former generation. Only it almost seemed as if some practitioners in their enthusiasm respecting the influence of large doses of *Quinine* on the temperature had more or less left out of sight the capital question, whether this therapeutic operation really benefited the

patient. And even the striking antipyretic effect, especially in typhus, soon failed to be apparent to many practitioners. Thus Murchison in England, Rummel, who was thoroughly conversant with the new thermometric method of investigation, as also the physicians of the Wieden hospital with their extensive opportunities of observation, Baas and others, remained very sceptical as to the effects of *Quinine*. Other therapeutists, *e. g.* Niemeyer and Liebermeister, endeavoured to render the action of *Quinine* more certain by combining it with other febrifuges, such as *Digitalis*, and Binz and others endeavoured to support the waning credit of the *Quinine* treatment by teaching that *Quinine* was not merely a symptomatic remedy directed against the temperature, but that in fever it exactly fulfilled the *indicatio morbi* or even *causalis*, inasmuch as, being decidedly *antizymotic*, it acted on the pyrogenic elements which occasioned the fever.

In short, if *Quinine* seemed to promise more than most of the medicines said to be real febrifuges, yet it is not only uncertain in its action, but it shares with the other antipyretics mentioned, to some degree, the disagreeable attribute that the reduction of temperature it causes is only distinctly perceptible when it comes as the expression of a real toxical action on the organism, so that a prudent practitioner, who wishes above everything to avoid injuring his patient, may readily feel himself compelled in most cases of acute fever to resort to the expectant method, and henceforth to trust mainly to the *vis medicatrix nature*.

So then it was not to be wondered at that the therapeutists of the physiological school after their disenchantment on the subject of *Quinine*, zealously prosecuted their search for the true antipyretic; and thus they came to appreciate the *water cure* in fevers which had been developed in the previous decennia, and to adopt the method that had been recommended much earlier by the brothers Hahn, Currie, and others.

To Bartel's Clinic in Kiel is due the merit of securing a place in scientific medicine for the antipyretic cold-water treatment, as it was there that, by means of an extraordi-

nary exact thermometry, its undeniable cooling effect in typhoid fevers was first demonstrated. The *Clinical Studies* of the then first assistant physician Jürgensen published in 1866 was an epoch-making work in this direction. He proved that the cold-water treatment, which he employed in the form of the cold douche, reduces the temperature of the body, and at the same time alleviates other grave typhoid symptoms. It was, moreover, rendered probable that the duration of the disease was thereby abbreviated and the mortality diminished. The comparative typhus statistics published by Liebermeister in Basel, and the results he obtained by the employment of cold full baths, manifested in no small degree that this treatment energetically carried out, and constantly controlled by the use of the thermometer, is capable not only of temporarily reducing the temperature, but of exercising a wholesome influence on the course of serious cases of fever, and that it is perhaps therefore a real curative agent. Hence it is comprehensible and not without justification that this treatment met with much favour from hospital physicians, and that in other countries besides Germany, and to this day it is much employed in almost all febrile diseases.

But though some too sanguine practitioners in their boundless enthusiasm imagined they had in cold water a panacea for all febrile diseases and had thereby solved the problem of a fever therapeia, it is once more the duty of therapeutic criticism to recommend prudence. All sensible therapeutists can sympathise with the experienced Bouchut, when he sums up his account of Jürgensen's dashing cold-water treatment of pneumonia with the exclamation, "God forbid that I should ever get pneumonia in Kiel!" There has yet been no disproof offered of Liebermeister's assertion, made in 1860, on the data of experiments, that a cold bath, in the physiological state at least, is followed by an *increased* production of heat, so that there is some reason to fear that, by this treatment, the consumption of material which in typhoid fever is already considerable may be increased and that the rational indication laid down subsequently by Liebermeister, namely, the danger of the high temperature,

may perhaps not quite neutralize the inference to be drawn from the results of his earlier experiments. But serious doubts arise when we consider that the frequent immersion in cold baths must at all events constitute a very severe attack on an organism suffering from intense fever and serious local affections, and in many cases they can scarcely be borne without danger. Indeed, it is admitted by most of the antipyretic enthusiasts that the cold baths do now and then cause grave accidents, in fact Jürgensen admits that they may produce fatal collapse. Can it then be really indicated, *e.g.* in a disease like pneumonia in a robust person, which has such a marked tendency to spontaneous cure, without regard to the individual prognosis of the case and with regard only to a single symptom, the degree of temperature, to commence the attack at once with an energetic cold-water cure? It were perhaps preferable to resort to the chief remedial means of the Hippocratic physicians, venesection, which was already recommended in later times on account of its antipyretic effect. Considering the overflowing enthusiasm with which some German fever-therapeutists proclaim the marvellous healing power of water, considering the self-confidence wherewith, for example, Jürgensen announces his therapeutic views as infallible truth, whilst at the same time he contemptuously rejects older remedies for pneumonia which were formerly said to be just as infallible, there would certainly seem to be some grounds for expressing a doubt as to the unconditional and universal efficacy of this antipyretic also, which is claimed for it by the modern German fever therapeutists.

On the whole we cannot attribute to the modern antipyretic therapeutics anything like an absolute efficacy. It can at best possess only a relative efficacy in so far, namely, that the increased corporeal heat is an untoward symptom, which it is desirable to get rid of so far as this can be done by a safe and harmless method, so that the organism is not exposed to new dangers. Scruples of this character are certainly not very obvious in the treatment of our modern rational fever therapeutists. In rapid flight they have prosecuted their endeavours to initiate an energetic active

therapeia, and in proud self-consciousness they have disdainfully regarded the wretched nihilism to which the Viennese physicians and the original physiological school had resigned themselves, "elbowing their patients out of life by expectancy," as one of the self-sufficient apostles of the new active era, Professor Binz, on the strength of his infallible remedy *Quinine*, contemptuously said of the older generation.

RECENT CEREBRAL PHYSIOLOGY.

OF all organs in the body the brain has been most studied and most experimented on, and yet respecting the physiology of no other organ are opinions so vacillating. The phrenology of Gall, which mapped out the brain into a multitude of organs each having its own peculiar function, after exciting much attention and making some more or less distinguished converts among men of science, has been long rejected by modern physiologists and abandoned to mercenary pretenders who earn a precarious livelihood by characters drawn from an examination of the skulls, more or less numb, of credulous dupes. But since the decline of phrenology occasional attempts have been made by scientists of reputation to indicate certain localities of the brain and cerebellum as the organs of certain functions. We may briefly indicate some of the more commonly received views as to the connection of particular functions with particular parts of the brain. In general the functions of the right side were held to be under the influence of the left side of the brain. The cerebellum was considered the co-ordinator of muscular action. The faculty of speech was thought by some to be connected with the third convolution of the anterior lobe of the brain, by others with the isthmus of Reil. The optic thalamus was supposed to preside over the faculty of vision in this way, that owing to the decussation of fibres at the chiasma of the optic nerve, destruction of the right optic thalamus would paralyse the outer half of the right retina

and the inner half of the left, and *vice versa*. Then Fritsch, Hitzig, and Ferrier by means of galvanism and Faradaic electricity thought they were able to map out the brain into so many centres, each of which regulated a particular function or motion.

No doubt many facts cropped up here and there that militated more or less against each and all of these views. Still some if not all of them seemed to be gaining a tolerable amount of credence even among physiological investigators of repute, and among them Dr. Brown-Séguard advocated most of the views indicated above, and his researches served to add other views of the same character with respect to the functions of the spinal cord.

But now we have a course of three lectures* by Dr. Brown-Séguard himself, delivered in Dublin in November last, wherein all those cherished views which were thought to constitute such an important addition to our knowledge of the physiology of the brain are scattered to the winds, and where beauty and order seemed to obtain, we now have in their stead chaos and hideous uncertainty.

In these three lectures Dr. Brown-Séguard considers the phenomena of anæsthesia, amaurosis, and aphasia, and the conclusions he arrives at are, if correct, a death-blow to the localisers of function in various cerebral centres. "I shall establish," he says, "the two following series of proofs—first, that the parts which have been considered as the centres of sensation, of vision, and of the faculty of expressing ideas by speech can be destroyed without either anæsthesia, amaurosis, or aphasia occurring, and, secondly, that a lesion anywhere in the brain can produce all those symptoms, and, indeed, that a lesion anywhere in the system, in the bowels, the bladder or the kidneys, can also produce those very same symptoms and evidently by the same mechanism."

Dr. Brown-Séguard is far from denying that the centres of the faculties of sensation, vision, speech, &c., are in the brain, but he contends that they are not localised in any particular part of the brain, but distributed in cells scattered

* *Dublin Journal of Med. Science* for Jan., Feb., and March, 1877.

throughout the brain, cerebellum, and medulla oblongata and that the reason of the loss of any of these faculties by lesion of any part of the brain or system is that the irritation of the lesion is propagated to those cells of the brain which regulate the function destroyed. These views Dr. Brown-Séguard proceeds to enforce by physiological experiments and pathological data.

He declares to be "quite wrong" the view he had so long accepted which makes the left lateral half of the brain the centre for sensitive impressions that come from the right half of the body. On the contrary, he declares that each of the two sides of the brain is capable of receiving and appreciating the various qualities of the sensitive impressions that come from either side of the body. His proofs are chiefly derived from pathology. Thus he says there are many recorded cases of loss of sensibility of one side where the brain lesion was on the same side.

His experiments on the spinal cord years ago had led him to believe that the conductors of sensitive impressions decussate in the cord, so that those coming from the right side of the body pass to the left side of the cord and ascend to the brain on that side, and *vice versa*. But this conclusion is completely upset by some facts that have recently come to light. But the curious thing in the matter is that while Dr. Brown-Séguard denies the correctness of the conclusions he formerly arrived at, he is quite satisfied that the clinical value of these conclusions remains almost entire. We may well ask what would be the clinical value of these conclusions while the incorrectness of the conclusions themselves is demonstrated? Probably about equal to the clinical value of most pathological or physiological conclusions or speculations—*i. e.*, not much. Dr. Brown-Séguard now holds that the production of anæsthesia in injuries of the cord is owing to propagation of irritation from the seat of the lesion to the cells in the cord which are the centres of the sensibility.

"Irritation" is Dr. Brown-Séguard's *deus ex machina*, which he brings in to account for all the phenomena of paralysis, whether of sensation or motion. Unfortunately,

he does not explain to us what he means by "irritation," nor how it acts. Thus we are left uncomfortably in the dark, and as the phenomena of anæsthesia may be produced not only by irritation proceeding from anywhere in the brain and spinal cord, but also by irritation proceeding from remote organs to those hypothetical cerebral cells where the centre of sensation resides, it would have been very desirable to know all about the nature of the irritation and the character of the cells which, when irritated, produce such remarkable effects. From some hints Dr. Brown-Séguard lets drop we can fancy that he considers "irritation" as something akin to galvanism, but he nowhere says this distinctly, so perhaps we are wrong in our surmise.

But leaving out of the question what we may call the pathological speculations of the lecturer, we cannot fail to be struck by the cogency of the facts he adduces, considered as a refutation of the lately prevalent notion of distinct centres of sensibility in the brain and spinal cord. His cases of lesion of one side of the medulla oblongata, optic thalami, or cerebellum, being followed by loss of sensibility and motion on the same side of the body, are conclusive against the decussating theory. He adduces other facts which militate against the prevalent opinions—a case of disease of both corpora striata which produced anæsthesia on only one side of the body. The cerebellum is not usually credited with having anything to do with the perception of sensitive impressions, but injury of one side of it has been followed by loss of sensation, and that not always of the opposite side, but of the same side. Again, lesions of portions of the brain, recently considered as purely motor centres, sometimes occur without any paralysis, but only with anæsthesia, and that on the same side, or on the side opposite to the seat of the lesion, generally the latter. The optic thalamus—which many consider the centre of perception—may be wholly destroyed by disease on one side, and the result may be anæsthesia of only one limb, in one case an upper, in another a lower limb. Why, if the optic thalamus be a centre of perception, should its destruction not always produce the same result?

A portion of the brain, viz. "the posterior part of the internal capsule, and that part of the corona radiata which goes to the posterior lobes," is considered by Prof. Charcot to be not a centre of perception, but as the part affording passage to the conductors of sensitive impressions, for when that part is diseased, in eight cases out of ten there is anæsthesia of the opposite side, but the two cases where there is no anæsthesia, Dr. Brown-Séquard thinks, are sufficient to show that the fibres do not possess the functions attributed to them. Again, if the fibres are the conductors of sensitive impressions to the cells and grey matter in the posterior lobe to which they go, then it is obvious that this portion of the brain could not be destroyed without the occurrence of anæsthesia. But there are nine out of ten, perhaps nineteen out of twenty cases of considerable disease of the posterior lobe without anæsthesia.

Dr. Luys has put forward the idea that the optic thalamus is the centre for the sensitive impressions from the skin and other organs of the trunk, and also for those that come from the nerves of vision, hearing, and smell. And there are indeed cases of disease of one optic thalamus which are attended by loss of vision, hearing, taste, smell and touch, and general sensibility of skin and all other parts on the opposite side of the body. But, says Dr. Brown-Séquard, the fifth pair of nerves might with equal reason be credited with being the centre of perception for the nerves of sight, hearing, smell, taste and feeling in head and face, sections of it being followed by loss of all these senses. We do not see the cogency of this argument, but as it is the only one Dr. Brown-Séquard gives against Dr. Luys' idea, we presume he thinks it of importance.

Vèlpeau has found that the anæsthesia connected with cerebral disease may often be removed by passing a strong galvanic current over the anæsthetic parts. *Apropos* of this, we may allude to the recent experiments on hemianæsthetic patients at the Salpêtrière by Dr. Burq, where it was shown that sensibility could be restored by plates of gold, copper, zinc, or other metal. Some, among whom was Dr. Burq himself, have ascribed this restorative action

to the specific influence of the metal used, and there may be something in that, but M. Régnard* has shown that the same effect could be produced by very weak galvanic currents—currents so weak indeed as not to be perceptible by ordinary galvanometers. He further found that the metals applied to the skin à la Burq excited very feeble galvanic currents, and that some of those which were most powerful in restoring sensibility to the anæsthetic part, such as gold, excited the feeblest galvanic currents. Again, he found that stronger currents did not restore the sensibility, so that Velpeau's statement that strong galvanic currents restore the sensibility of anæsthetic parts dependent on brain disease, must not be considered as the invariable rule; indeed, Dr. Régnard's (and Dr. Burq's) observations would seem to show that the feebler and feeblest currents have most power over the sensibility. If, then, a galvanic current, whether feeble or strong, if even a plate of metal can restore sensibility in a part affected with anæsthesia from disease of the brain, it is obvious that the part of the brain diseased was not the percipient centre of sensitive impression.

Dr. Brown-Séquard now alleges that each half of the spinal cord conveys sensitive impressions to the brain from each of the two sides of the body. It is no doubt true that section of one half of the spinal cord will produce anæsthesia of the opposite side of the body, but so will a mere prick of the posterior column produce anæsthesia of the opposite side of the body. There are cases on record in which an alteration of a great part of a lateral half of the cord was present without anæsthesia, and, as before remarked, in a case of destruction of one of the lateral halves of the medulla oblongata, the anæsthesia was in the corresponding side of the body.

Amaurosis.—The common idea respecting the optic nerves and the destruction of their fibres is that known as Wollaston's. The fibres proceeding from the optic tracts meet at the chiasma, the outer half proceeds without decussating to the outer part of the eye on the same side, whilst the inner half crosses in the chiasma the inner bundle of

* Vide *Art Medical*, April, 1877.

fibres from the other optic tract, and is distributed on the inner side of the eye of the opposite side. According to this view, if the fibres on the right optic band or tract are destroyed there ought to be loss of vision on the internal half of the left eye and the external half of the right eye. Such cases undoubtedly occur corroborative of Wollaston's view. Disease of the external part of the optic band attended by loss of sight in the external half of the eye, and disease of both outer halves of the optic band accompanied by amaurosis of both external halves of the retina, are cases which have been observed and which are of course favourable to Wollaston's view. But there are many cases hostile to this view—cases of amaurosis where there has been disease of some part of the brain, but nothing wrong in the optic bands; cases where an optic band has been destroyed with complete amaurosis of one eye only; cases where disease of one half of the brain or in the tubercula quadrigemina, or the corpora geniculata, or the optic band on one side with loss of vision of the two halves of the retina either of the same or the opposite side. There are also many cases on record in which the optic band of the right side was destroyed, and yet instead of loss of sight of the outer half of right and inner half of left eye being produced, the loss of sight was on both halves of the left or right eye, which, were Wollaston's theory true, should never exist. Again, disease of the base of the brain on one side can produce amaurosis in both halves of the eye of the same side, amaurosis in both halves of the eye on the opposite side, and also amaurosis of both halves of both eyes. But that is not all. A number of cases have been recorded in which the optic band has been destroyed without any amaurosis at all. A case is recorded by Nélaton in which the greater part of the chiasma, its centres especially, was converted into a gelatinous mass without fibres, the only fibres remaining belong to the outside set, and yet there was no amaurosis at all—no diminution of sight.

In view of these and other similar facts we must admit that one half of the brain is sufficient for vision on the two

sides. We must admit, further, that when amaurosis appears from disease located in one half of the brain, in one optic band, or in one part of the chiasma, it results not from destruction of the conductors or of the centres, but from the irritation propagated from the seat of the disease to some distant and as yet unknown part or parts of the brain where the property of perceiving the visual impressions in the eye resides. We may excite this irritation artificially and cause amaurosis by pricking the medulla oblongata or corpus restiforme. Thus, in disease, lesion of the cerebellum on one side may occasion amaurosis of both sides, or of the eye of the same or of the opposite side. So also irritation of the bowels or of a carious tooth may cause amaurosis.

The corpora geniculata have been considered centres of perception of visual sensations. If we examine the course of the fibres of the optic band we find that a great many of the fibres of the external part go to the internal c. geniculatum of the same side, and a good deal of the external part goes to the external c. geniculatum of the same side. Now, both corpora geniculata have been found diseased, whilst the loss of sight was on the opposite side. And, again, they have been destroyed on one side without any marked diminution of the sight. These facts show that one side of the base of the brain is enough for the function of both eyes. Then the tubercula quadrigemina have been held to be centres, and yet they have been destroyed without any considerable diminution of the power of vision. In like manner cases have been observed of destruction of an optic thalamus—which has also been held to be a centre of vision—with loss of sight of one eye, sometimes on the same side, sometimes on the opposite. Dr. Ferrier thought his experiments proved that a part of the middle lobe near the posterior lobe is the centre of vision, but he has himself seen that destruction of that part on one side does not produce blindness. He had to destroy it on both sides and then blindness of both eyes was the result. But merely pricking the medulla oblongata will cause blindness, and yet we do not consider that part as the centre of

vision, nor yet the cerebellum, though disease of that part often occasions amaurosis.

Dr. Brown-Sequard's conclusions are that there is no part of the brain which, being the seat of a lesion, always produces amaurosis, especially amaurosis of the opposite eye, and, on the other hand, disease may exist anywhere without causing amaurosis. Then a lesion in one side of the brain can produce amaurosis in one eye or in the other, or in both eyes. There are many cases of alterations in either the anterior, the middle, or the posterior lobe destroying sight and many more cases of lesion of the same parts without amaurosis. There are also many cases on record in which amaurosis from brain disease shows itself, then disappears, many times in succession, the disease of the brain continuing all the while.

Aphasia.—Broca, as is well known, from a number of autopsies concluded that the seat of the brain lesion that produces this affection was in the left third parietal convolution. Others, from other autopsies, held that the seat of the faculty of expressing ideas by speech was in the left island of Reil, which is not very far from the third frontal convolution, whereas others have held both island and convolution to be the seat of the faculty in question. When disease or lesion of these parts exists in children before they have learned to speak, aphasia may not occur. This has been accounted for by alleging that, as a rule, it is only the left side of the brain that acts, while the right remains dormant throughout life; but when the left side is atrophic in early childhood the dormant activity of the right side is aroused which henceforth performs the functions usually carried on by the left hemisphere of the brain. It has been also seen that if a left-handed man becomes affected with aphasia it is usually the right hemisphere of his brain in the corresponding parts that is diseased. All these facts would seem to point to the indicated parts of the left hemisphere in ordinary mortals, and those of the right hemisphere in left-handed subjects as the centre of the faculty of speech. But there is an equal number of facts quite antagonistic to this view. An examination of the

recorded cases shows, on the one hand, that aphasia co-existed along with disease of the island of Reil, while the third frontal convolution was healthy; on the other, that it was present when the third frontal convolution was diseased and the island of Reil was healthy. Now, if both these parts are centres to the faculty in question, how is it that the faculty is completely lost when only one or other is affected? Of course it is quite obvious that neither part is of itself a centre of the faculty, otherwise we should invariably find that part diseased when the faculty is lost, which is not the case. Dr. Brown-Sequard's own idea is that when aphasia results from disease in one of those places it is not owing to the destruction of the organ of speech, but (as he conceives occurs in paralysis, anæsthesia, and amaurosis) is owing to an irritation propagated from those diseased places to the real centres—wherever they may be—whereby their activity is stopped. His notion is that each function of the brain is carried on by special organs composed of scattered cells diffused in many parts of the brain communicating with one another by fibres. In this way many—perhaps all—parts of the brain contain the elements endowed with each of the various functions we know to exist in the brain.

Another argument against the notion that the third frontal convolution or the island of Reil is the centre of the faculty of speech is that aphasia often depends on disease of the posterior cerebral lobes, which are very far removed from those supposed centres. In short, if the faculty of expressing ideas by speech were to be referred to every part of the brain which has been found to be the only seat of disease where this faculty was lost, we should have to say that the centre of this faculty is different in different individuals, in some being in the anterior lobe, in others in the posterior lobe, in others again at the top of the middle lobe, and in still others in the corpus striatum, the optic thalamus, or the pons Varolii. Again, it is not always on the left side that disease of the brain is accompanied by aphasia (except in cases of left-handed individuals) for Dr. Brown-Sequard has collated 42 cases in which there was aphasia

and disease only on the right side of the brain, and though, with the exception of two of those who were known to be right-handed, no mention is made of the fact, it is highly improbable that all the other forty were left-handed.

Then, again, aphasia may appear by fits though caused by organic disease, and that even of the third frontal convolution or the island of Reil. In one case mentioned by Foville the third convolution and island of Reil had both been destroyed and the patient had been aphasic, but after a time he recovered his speech completely, while the lesion persisted. This fact, of course, is explained by the localisers as being dependent on the power of the right cerebral lobe to become the centre of faculties lost by the left cerebral lobe. This may be so, but there are cases on record where the brain has been destroyed on both sides in the seat of those supposed centres without any accompanying aphasia. One case, indeed, is mentioned by Velpeau in which both anterior lobes were replaced by an enormous cancer extending back to the middle lobe without any loss of the faculty of expressing ideas by speech.

In cases of disease of the third left frontal convolution attended by aphasia it often happens that when the patient becomes delirious he will talk with the greatest loquacity. Does not this show that the faculty was not lost but only in abeyance, in other words, its cerebral centre was not the destroyed portion of the man? Again, aphasic patients have been heard to talk distinctly during sleep. Lastly, there are many instances on record in which the third frontal convolution or the island of Reil, or both, or the whole anterior lobe, or the whole middle lobe, have been destroyed without the occurrence of aphasia.

Irritation propagated to the unknown presumably diffused centres of the various faculties in the brain is, according to Dr. Brown-Séguard, the real factor in cases where these faculties are lost, and the irritation does not even require to be in the brain but may be external to it. "If you tickle the dura mater with your finger nail, the anterior limb will jump just as if you galvanised the pretended psycho-motor centres of the arm. If you tickle another part of the dura

mater the posterior limb will jump also." This fact, if it be one, and Dr. Brown-Séquard vouches for it, considerably detracts from the value of Fritsch and Hitzig's and Ferrier's galvanisations of the cerebral substance, by which they thought they had discovered certain motor and other centres.

The localisers are not daunted by Dr. Brown-Séquard's lectures, but are still seeking to verify by experiment the supposed centres of different functions and faculties in the brain. An important contribution in this direction is furnished by Drs. Charcot and Pitres, in a new French periodical, reviewed in the April and June numbers of the *London Medical Record*, by that eminent localiser Dr. D. Ferrier. The subject is by no means worked out yet, and it will require many experiments, and above all many careful observations of pathological facts, to settle definitely this most interesting question. In the mean time Dr. Brown-Séquard has contributed to the elucidation of the question much valuable information which will always be available data for forming a definite opinion.

Dr. Brown-Séquard gives us the inevitable ha'porth of therapeutic bread to the large quantity of pathological sack, and it is in our opinion a very sorry ha'porth indeed. His one remedy for brain disease is the actual cautery—not applied at a *red* heat, which would be very bad indeed, but at a *white* heat, which is most excellent. The next best remedy is the application of ice. We fear Dr. Brown-Séquard would have encountered the hostility of Æsop's satyr in thus blowing hot and cold, but that is his business. He does mention another remedy, viz., strychnine, but he says it must be pushed to the extent of producing stiffness. Well, at all events we may be thankful he stops short of opisthotonos.

SHINGLES.

By Dr. C. B. KER.

THIS disease is called by other names—cingulum, zona, zona ignea, and herpes zoster, but all of them imply belt or girdle (for shingles must be considered to be a corruption of cingulum), and so describe one of the characters of both the pain and the eruption, the fact that they encircle the body like a zone. Strictly speaking, however, these names give a false impression. A belt or girdle is that which is supposed to pass completely round the body it is fastened to. But the eruption of this disease passes only half-way round the body. The name, however, need not be quarrelled with on that account. It gives the correct idea that it goes round the body, and so, although the eruption may almost be said never to be seen on both sides at the same time, the nomenclature may stand. It has been called cutaneous or exanthematous angio-neurosis by those who maintain its relationship to exanthematous and neurotic diseases.

The following analysis of eight cases which have come under my care during the last twenty years presents some points of interest, even though none of the disputed questions connected with the disease can be said to be solved by them.

The patients were all women, and all of them old women but two. One was 30, another 50, another 82, and the rest between 60 and 70. One side only was attacked in them all. In five the left side was the seat of the disease, and in the remaining three the right. In four the chest was the region attacked, in three the abdomen, and in one the occiput, upper part of the nape, and the face. As to etiology, there was some difficulty in coming to a conclusion in some of the cases. A chill appeared to be the immediately exciting cause in most of them, the chill being caught when the body was at the same time overfatigued and depressed. I think I may say that in all the general

health at the time of the attack was in a low state, and that in most worry and anxiety had lessened the resisting power. In one case the exciting cause appeared to be a cold supper, which resulted in an acute attack of dyspepsia as well as of shingles. In most of the cases pains, sometimes very severe ones, preceded the appearance of the eruption, and the latter in all of them showed itself, when it did appear, on the line of pain. The interval between the first pains and the eruption varied a good deal in length. The longest interval was seven days; the shortest one day. The eruption varied greatly in its appearance and extent. In some it presented the appearance of mulberry-like clusters of vesicles on an inflamed base, the inflamed base scarcely extending beyond the eruption. In others the only appearance was that of circumscribed patches of red skin with a few vesicles in the centre of each. Sometimes a blush of redness covered the whole line of the disease. At other times there was redness only at the seat of eruption, the intervals between the clusters of vesicles being of normal colour. In some the eruption lasted from seven to ten days; in others from three to four weeks. In the latter case there was always some ulceration and discharge. In the worst cases the eruption was of a brownish-red or slate colour, and some of the clusters were confluent. In one case, from the spine to the sternum, the skin, in the line of the disease, presented the appearance of one long, narrow, continuous, purplish-red scab. As a rule, the less eruption the milder the case as far as duration and pain were concerned while the eruption lasted. But in such the subsequent pains were more severe and of longer continuance. One peculiarity noticed in these eight cases must not be passed over. There was no itching of the skin to speak of in any one of them in any stage of the disease.

As to the line of pain, its character, its severity, and its duration there were great differences. As a rule, the pain, whether it appeared before, during, or after the eruption, showed itself in the line of the eruption. This was not always the case, however. In some cases it was below, at other times above the seat of eruption. In one case, where

the eruption crossed the abdomen, the pain shot down through the hip to the thigh. This, however, was a case in which death took place four months afterwards from a scirrhus tumour near the sigmoid flexure of the colon. Such tumour, therefore, may perhaps be credited as the cause of those pains. The eruption and the pain, accordingly, may be confidently said to mark the course of certain spinal or cerebral nerves, the functional or structural derangement of which constitutes, in the opinion of most writers, the main fact of the disease. As to its character, the pain was generally shooting and knife-like, and stabbing. But it was often complained of as hot and burning, stinging and scalding, and aching and gnawing. It was more frequently described as superficial than deep-seated, and it was almost always relieved by pressure. In some, however, was noticed the fact of great aggravation of the pain by slight touch, though as great relief from strong pressure—a fact frequently observed with regard to facial and other descriptions of neuralgia. In one case there was the sensation of dead weight in the affected side on turning to the opposite side. Very great soreness was almost always complained of, to such an extent that means had sometimes to be taken to prevent the dress touching the skin. In all of the cases the pains were worse at night. In some the pain wholly ceased in the daytime. Generally, however, some pain and soreness were present, even long after all traces of eruption had disappeared. The duration of the pain varied more than any other fact of the disease. There was sometimes scarcely any, and that only while the eruption lasted. In other cases there was a week of pain before the appearance of the eruption; it lasted the ten days of the eruption, and it continued for many months, in two of the cases for many years, after its disappearance. In the case in which there was no pain to speak of there was no tenderness complained of nor soreness.

As to the general or constitutional condition, it also varied very much. Sometimes the patient felt that she was passing through a serious illness. Other patients declared that they did not feel ill at all, and so could not

reconcile themselves to the necessity of taking any precautions. These latter were, however, the exceptions. There was almost always a feeling of malaise and great weariness and lassitude. Sometimes, but rarely, there was fever. In three of the cases there was fever followed by sweating. In most the pulse was weak and fluctuating and irregular. The appetite did not fail in a single case, and the tongue, with two exceptions, was clear. In all of the cases the bowels were constipated, and the urine varied between high-coloured and of high specific gravity, and pale and copious and of low specific gravity. In the first stage of two cases the urine deposited a lateritious sediment. Insomnia was, like constipation, met with in all of the eight cases, and that caused, not only by the severity of the pains, for, in some, the pain was by no means great, as I have said, but by mere restlessness, which all had more or less. In some, constitutional disturbance betrayed itself only till the eruption broke out, when it ceased. It showed itself in the shape of severe aching pains all over the body, but especially in the legs, such as are experienced by many on the eve of an influenza cold; and, as in the case of influenza, much prostration of strength was experienced in the first stage. In one case there was a good deal of soreness on the unaffected side, corresponding very much to that felt on the affected side. A condition approaching the hysterical was observed in more than one case, as well as nausea, dyspepsia, and headache; and all complained of being very nervous. In one case there was anæsthesia of a considerable portion of the surrounding skin, which continued for some weeks after the disease had run its course. In the case involving the occiput and upper part of the nape the neck glands were swollen and tender. In one case the shingles was complicated with a scirrhus tumour in the abdomen; in another with diabetes and sciatica.

I cannot say that the *treatment* of these cases has enabled me to say decidedly that there is a specific against the disease; nor can I even say that the cases might not have recovered as well if no medicines had been prescribed. *Rhus* and *Arsenicum* were prescribed in them all, and,

according to circumstances, *Graphites*, *Bryonia*, *Lycopodium*, *Ferrum aceticum*, *Mercurius sol.*, and *Sulphur* were also prescribed. Those medicines were prescribed during the stage of the eruption. For the neuralgic pains were prescribed, with more or less success, the following medicines: —*Mezereon*, *Belladonna*, *Colocynth*, *Platinum*, *Phosphorus*, *Phosphoric acid*, *Spigelia*, *Verbascum*, *Aconite*, and *Dolichos pruriens*. In one case only did I give the *Acetate of Morphia*, in one *Camphor*, and in one only did I apply an Alcock's porous plaster. In those three exceptional cases great relief was gained by the exceptional means made use of, but relief only, not cure. Of the above-named remedies perhaps *Mezereon* did most good to the neuralgic pains. The *Dolichos pruriens* I gave only in one case, and with some good effect; not so much, however, as I had expected from the strong advocacy of some who have tried it. In all sponging with warm water was had recourse to, the part carefully dried afterwards with a soft towel and finally dusted with fine powder. Great relief was generally secured in this way. When the stage of eruption was over, after the washing with warm or hot water a cold-water sponging was applied if the neuralgic pains continued. Bed and rest and flannel were prescribed in most cases till the skin was free from eruption. As to diet, the appetite being good in all of the cases, little change was made from the usual habits of the patient. As a rule stimulants were forbidden, but in two of the cases, where the strength was reduced to a minimum and the urine pale and copious, champagne or port wine were given, and with advantage. In some the sinking and craving for food were very great, and in these cases small meals were given every two hours during the day and one or two in the middle of the night. For the constipation of the bowels, which all had in a greater or lesser degree, an injection of warm water was sometimes prescribed and sometimes a dose of *Castor oil*. The insomnia was a distressing symptom in all of the cases, as I have said, and it was for that purpose I prescribed *Morphia* in one case and *Camphor* in another, and both with good effect. In other cases I found *Mezereon* suffi-

cient or *Platinum* or one of the other drugs mentioned above. The Alcock's plaster was given in one case only, in which, after the skin was whole, the pains continued very severely. It certainly relieved the pains, but I cannot say it cured them.

Shingles is met with on the extremities as well as on the trunk and head and neck, but I have seen no such cases. When seen on the legs or arms the eruption itself presents no difference to that which is seen on the trunk of the body, but the line of eruption is longitudinal, not circular or transverse. Nevertheless, as on the trunk, the eruption on the extremities follows the course of certain nerves.

As to the pathology of this disease there is not much difference of opinion expressed by living writers. They agree that it is a neurosis, but disagree as to the parts affected and the causes. Niemeyer calls it an acute dermatitis dependent upon disease of the trophical fibres of the motor and sensory nerves supplying the part affected. What that disease is he does not say. Erb, in *Ziemssen's Cyclopædia of Medicine*, calls it a neuritis. The nerves, he says, are found on examination to be red, swollen, and indurated, with serous and purulent infiltration of the neurilemma. He says also that the eruption, in the shape of groups of vesicles, corresponds exactly to the region of distribution of a definite nerve or nerves, generally intercostal, though by no means necessarily so. Though a neurosis, however, it is not always accompanied by pain. There is no pain sometimes, even in adults, and in children it is exceptional when there is any at all. There is hyperæsthesia, in his experience, in the early stages, but anæsthesia of the surface afterwards, with anæmia. Jones and Sieveking go a little further than allowing it to be a neuritis or a morbid state of a cutaneous nerve. They say that congestive or inflammatory changes have been observed in the sympathetic ganglia connected with the nerves, and that the disease, in all probability, begins in the grey matter of the ganglia, and that it is from them peripherally transmitted, resulting in the cutaneous eruption. In their opinion there is both neuritis and dermatitis. Professor Charcot speaks in his

lectures of traumatic and non-traumatic zona. He says that tumours of the spine or brain, or caries of the vertebræ or of the bones of the skull, by the pressure which they exercise on certain nerves, may cause the disease along the course of their distribution. This experience is in accordance with that of Sir W. Gull and Sir T. Watson, both of whom mention necrosis of bone as one of the causes of this disease. Chronic spinal meningitis may also be a cause; and it is not unfrequently met with in hemiplegia and in locomotor ataxy, and upon the affected side. In all such cases the cause of the disease is evidently a trophic or nutritive disturbance or defect, the result of nerve pressure. Von Bärensprung, who has devoted much time to the study of the disease, comes to the same conclusion as M. Charcot as to its origin. He believes that there is inflammation of both ganglia and nerves. At the same time he maintains that the spinal cord itself is sound. There is always, he believes, disordered function of some internal organ. M. Rayer's theory is that a fatty state of the blood accounts for the disease; and M. Keller's that there is an increase in the chlorides of the blood, especially of the chloride of sodium, and also of the phosphoric acid salts, and a diminution in the proportion of sulphates and urates. Irritation of the nerves is caused by the blood's abnormal condition, and that irritation has its chief seat in the roots of the spinal nerves, especially the posterior one, and the neighbouring ganglion through which the sensitive nerve-fibres pass. M. Rayer also calls it, as far as the eruption is concerned, an intermediate link between the bullous and vesicular inflammations; he says that the seat is the corpus reticulare, the inflammation not going so deep as that of erysipelas, and that it rarely extends to the subcutaneous cellular tissue. He says also that lesions in the stomach and intestines are common in cases of shingles, and that it is not unusual to see inflamed glands in the groin and axilla.

Other opinions have been expressed as to the pathology of this disease. Wyss calls it a typical inflammation of the skin set up by inflammation of the Gasserian or a spinal

ganglion and of the nerve passing through it. J. Hutchinson believes it to be allied in some way to the exanthemata and that the root of the nerve involved is the seat of the disease. But Dr. Broadbent contests both of these positions, and maintains that the branches rather than the roots of the nerves are the chief seat. He (Hutchinson) believes that though the eruption and pain follow the course of nerves, they are not always cutaneous ones. This may account for the fact which has been noticed that the pain is not always at the seat of the eruption, as has been already mentioned, but sometimes above or below it. He has given cases where the disease has been caused by *Arsenic*; and his experience may be summed up thus:—it occurs at any age and in both sexes equally; it is non-contagious; it never occurs twice in the same person; it is never symmetrical, that is to say, it never occurs on both sides of the body at the same time; it occurs as often on the right side of the body as on the left; and it runs a definite course through certain stages—fever, eruption, maturation, and decline. The questions he suggests for solution are these:—Why are some nerves affected in this disease more than others? Why are some divisions of nerves more than others? Does the nervous irritation begin centrally or at some point external to the nerves? Has the vaso-motor nerve anything to do with it?

It is part of Mr. Hutchinson's experience that, like the exanthemata, the rule is that shingles never occurs twice in the same individual. But Mr. Tilbury Fox gives a case in which a man had the disease three years running. Again, it is usually said that it never appears on both sides of the body at the same time. But from the time of Pliny the elder to our own day it has been believed that it does occasionally show itself on both sides in the same attack, and that, when it does so, the patient runs a poor chance of recovery.

M. Trousseau has given us a chapter on this disease, and his experience is not unlike that of most other observers. He, like Mr. Hutchinson, believes that the chief pain is not always in the line of eruption, but above or below it, and

that generally only, not always, it follows the course of nerves. He says that some cases run their course without pain at all, and he gives a case which seems to contradict the common experience as to the non-contagiousness of the disease. It was that of a Jewish lady in whom shingles appeared on one side of the chest and ran the usual course. "Her son, aged thirty, who waited on her, took the disease at the commencement of his mother's convalescence." This is the only case I have met with bearing on the question of the contagion of this disease, and it is not sufficient to nullify the universal experience on the other side. M. Trousseau divides this malady into two classes, the gouty and herpetic, a rather singular classification, seeing that though every case may not be gouty, every case must, in accordance with the received opinion, be herpetic. It is singular also his observation as to these two classes. He says it is in the young that the gouty form shows itself, in the old the herpetic, and occasionally with jaundice as a complication.

M. Nothnagel's experience shows, unlike that of most others, that more than half the cases met with are unattended with pain. Neuritis, in his opinion, is the main feature of the disease—a conclusion established by post-mortem examination, either of the acute or chronic character, and often attended with ganglitis: "When along with an undoubted peripheral affection in the region supplied by a sensory or mixed nerve," he says, "there is a simultaneous occurrence of zoster and sensory disturbance, then we can infer the existence of an inflammatory process in this case."

Hebra's opinion as to the disease and its definition is not unlike those of most of the modern writers. He calls it herpetic, the groups of vesicles following the course of certain cutaneous nerves, and he agrees with those who say that it never is seen on both sides of the body at the same time. But he says that the case is not a normal one when there are acute pains. He goes too far, it appears to me, in saying this. The general experience is to the contrary. The exception is when there are not severe pains at some

stage or other of the attack. The word normal, therefore, should be applied rather to the cases characterised by sharp pain than to those where it is absent.

Enough has been said to show that there is not any great difference of opinion expressed as to the parts involved in the disease, though, as Mr. Hutchinson shows, there are many unsolved problems connected with it, and its specific character is still to be discovered. It cannot be doubted that further observation will throw light on some if not all of the problems that remain for solution.

As to the treatment there is as little difference of opinion as with regard to the pathology. There is no specific treatment. Most recommend bathing the eruption with warm water and powdering afterwards. Cauterising with strong acids is by some recommended but as strongly condemned by others. There is no narcotic which has not been tried for the neuralgic pains and none which have not failed to give permanent relief. *Arsenic* was first suggested by Dr. Bazin, and afterwards recommended by Trousseau. In many cases it has succeeded when all other means have failed. This is curious in connection with Mr. Hutchinson's observation that *Arsenic* causes zona. Plasters have done good in many cases. They should not, however, be applied till the skin is whole. By the support and warmth they secure they succeed in giving much relief, especially in the cases in which there is great sense of weight at the part after the eruption has healed. The plaster need not be a medicated one. The objection urged by some that local remedies are always bad scarcely applies to such a plaster as Alcock's, as it cannot be called medicated, like a *Belladonna* one, for instance. Its virtue consists solely in the warmth and support it gives to the part, and Hebra, who advocates the expectant treatment in this disease, even for the neuralgia, says that pressure and plasters may do good. Trousseau, however, whose treatment also is chiefly expectant, condemns external applications, because, he says, they may retard the development of the eruption. They are recommended here to be applied not till the eruption-stage is over, and when, consequently, the risk

mentioned is not in force. A. D. Chegoin, in spite of this risk, however, applies flying blisters with the experience of arresting the disease in the eruption-stage and preventing a continuance of the neuralgia; and Dr. Garth Wilkinson has a similar experience with the *Acetum cantharides*; it will, he says, "rapidly abolish the eruption of shingles with its accompanying pain and sloughing." Further observation is evidently required to settle this question.

The writers of our school are not so much advocates of the expectant treatment of this disease as those of the old school. Baehr follows Hartmann in recommending chiefly, *Mercurius, Rhus, Causticum, Graphites, Sulphur, Arsenic, Nitric acid, Euphorbium* and *Mezereon*. These are still the chief medicines made use of by us. *Rhus*, especially, is held in great respect, even as a prophylactic. Rutherford Russell says:—"Rhus is generally sufficient in itself to effect the cure, and even, we believe, to prevent the appearance of the eruption by curing the state of the nerves, which we may look upon as the incipient stage of the disease." We are not told how we are to recognise shingles before the appearance of the eruption, and are inclined to follow those who say that the disease cannot be diagnosed before the characteristic clusters of vesicles appear on the line of the nerves. Dr. E. Blake has also great faith in *Rhus*, which, he says, cures the rash quickly and prevents the neuralgia. Dr. Markwick says the same of *Ranunculus bulbosus*. Dr. Dudgeon recommends *Zinc*, when neuralgia is left behind after the disappearance of the eruption. *Dolichos pruriens* was first mentioned, I think, in the second volume of the *Hahnemannian Monthly* as a remedy in shingles. We have not as yet had much experience of it, but Dr. Barker and Dr. Lowder have both found it serviceable, and in a case in which I tried it the result was on the whole favourable. It is not a medicine which has yet been thoroughly proved, and all we know of it is through a partial proving given in the first volume of the *North American Journal of Homœopathy*. *Arsenic* should be more relied on than it is, considering the fact of its being, in the opinion of so good an authority as Mr.

Jonathan Hutchinson, capable of producing a disease in every way resembling shingles. External applications are approved of and recommended by some of our school. Dr. Leadam makes use of *Carbolic acid* lotions to paint the vesicles with, and Dr. Roth applies cold-water compresses, frequently changed, to the eruption. From the preceding it will be seen that there is no absolute treatment which either old or new school physicians recognise as the best in this disease; that the pathology is doubtful, and that the etiology is unknown.

CLINICAL LECTURE.—No. 4.

By ROBERT T. COOPER, M.D. Dublin.

GENTLEMEN,—I wish to direct your attention, previous to resuming the topics we have been discussing, to an occurrence that happened in my practice the other day, as illustrative of the action of *Arnica*. The patient was a lady who suffered five weeks after labour with an abscess of the left breast, accompanied with great weakness. I opened this breast at a time when there was just a threatening of similar mischief in the right, to wit, hardness and tenderness; and it discharged healthy purulent matter very freely. Soon after the right breast took on action it became swollen and red, pitted on pressure, and put on all the appearance of being the seat of a gathering. I opened it without any result, no matter came. I then waited three days, and now things had become so decisive in favour of again operating, that I no longer hesitated, but plunged a lancet freely into the most dependent part, and as expected, pus, mixed, however, with blood, came, though stiffly, away. This was at 6 o'clock p.m. Towards night the breast got painful, and by the middle of the night was swollen to a tremendous size, the opening I had made closed up completely, the angry bright redness of the

surrounding skin changed to a malignant purple hue, the patient became fearfully exhausted and shivered. Matters were getting more urgent every moment, and I have little doubt what the result would have been had not the person attending, one of those experienced domestic lady lay practitioners, of whom we meet with many in homœopathy, applied an *Arnica* lotion; this at once relieved the pain, caused the swelling to lessen, the purplish redness to disappear, and the abscess to discharge healthy pus very soon after.

The influence of the *Arnica* changed the whole complexion of the case; it proved itself to be in affinity with the morbid process then at work. It is very evident to my mind that there was setting in irritative fever induced by the absorption of purulent matter through the system. We frequently meet with conditions of the system where there seems to be an amount of vitality insufficient to effect a separation between purulent fluid and the healthy blood; the effete materials, instead therefore of being thrown off in the form of collections of healthy purulent matter, mingle with the stream and disarrange the equilibrium of the functions throughout the entire body. This is practically what in every-day experience we observe. The beauty of the action of *Arnica* was seen in its enabling the capillaries to accomplish what unaided they would have been incapable of effecting, and in this way snatching the patient from imminent danger. Let us now ask ourselves, in what feature or features of the case lay the indication for the *Arnica*? I can hardly venture upon a straightforward answer to this question; it is easy to be dogmatic, but not so easy to lay one's finger upon that one feature of a case which constitutes the true indication.

Our case shows this, that when the lancing of an abscess is not followed, even though pus be found, by relief, when the pus comes mingled with blood, and when instead of continuing to flow the opening made by the lancet closes up, and inflammation begins to spread from the seat of the abscess, the patient being extremely weak and the affected parts painful and swollen, the local application of *Arnica*

may alone avert the coming struggle. Its influence was too marked to admit of any doubt whatever.

There are some of Hahnemann's followers who would have us heap one dry symptom upon another, and in this way construct a *Materia Medica*; this, within limit, is reasonable enough, but when they proceed to lay down the law that none but the *ipsissima verba* of a symptom should be used as an indication, I am entirely at seas with them. On the contrary, I believe that our symptoms are but dry bones, which can and ought to be made to live, and that when we get hold of a really trustworthy symptom our care ought to be not merely to get it to form one among a symptom-collection, but to spread it out, to develop its true significance, and to make such deductions as we consider reasonable from it. This is the main principle actuating me in the course of these lectures.

Now, given *Arnica* acting as we found it do in the above case, the probability is very great that the use of an *Arnica* lotion after confinements tends to prevent threatened septic absorption. Dr. McLeod, of Ben Rhydding, in the *British Medical Journal*, describes how by injecting a solution of *Condy's Fluid* into the vagina after a confinement incipient purulent absorption was arrested; but I may mention that in this case of ours it was tried and failed completely either to prevent absorption or to maturate the suppuration process. It may be that the permanganates are more readily absorbed by mucous surfaces than by that of the skin; *Arnica* is notoriously very speedily absorbed by the skin.

You will find that very often when *Arnica* lotions are applied to the skin, whether abraded or not, inflammations, generally taking on an erysipelatous form, seize not only the actual part with which the *Arnica* is in contact, but also parts remote from it. Thus, from using a sponge that had been dipped in an *Arnica* wash, a patient of mine was seized with swelling and redness of the feet, passing on after a short time to an erysipelatous swelling of the head and face. The *Arnica* therefore entered the system through the absorbents of the skin; it showed its presence

in the general circulation by affecting parts remote from that at which it had entered, and it gave rise to erysipelatous swellings with great general prostration. In, therefore, entering the system through the skin, in causing erysipelatous inflammations of an erratic and migratory character, and in occasioning general sinking of strength, *Arnica* comes before us as in homœopathic relationship to many forms of purulent infection.

But while this is true we must also remember that the formation of purulent collections such as we find in pyæmia is no part of the inflammatory action of *Arnica* ;* hence in such cases it will have to give place to the carbolates ; and again it does not, like *Ferrum muriaticum* (vide paper by writer in this Journal, vol. xxxii, pp. 422, 423) and *Arsenicum*, send red streaks with swellings along the lymphatics. Its action probably is limited to cases where the areolar tissue engaged is very much swollen, and where, if matter forms, there is a preponderance of unhealthy blood mingled with it, and where, more especially, operative interference brings no relief. In these cases it may be prescribed internally as well as externally ; speaking generally, however, we may stand by the assertion that *Arnica* takes precedence as a local application to an undischarged abscess that threatens to affect the system.

And now let us revert for a few moments to the subject of gastrodynia as indicative of *Argentum nitricum*. You know that I quoted from Hempel Müller's observation that *Nitrate of Silver* was particularly suitable to delicate nervous females, when the affection (gastrodynia) arises from depressing causes, nightly watching, &c. ; where there is a troublesome feeling of malaise in the region of the stomach, relieved by pressure ; where the patients frequently press their clenched fists into the region of the stomach ; where there is a feeling of emptiness in the stomach, a desire for frequent food and drinks, insatiable hunger, depression of spirits, water-coloured urine.

Now, I do not wish to pass on until quite certain that

* That boils are producible by *Arnica* does not in any way affect the general truth of my statement.

we have got in our mind's eye this variety of gastrodynia for which *Nitrate of Silver* is indicated; do not fix your attention upon and endeavour to commit to memory one symptom alone, but from all symptoms given you form a picture for yourself, and gaze, gaze long and earnestly at this, until the impression of it is left indelibly imprinted upon the tablet of your memory. You cannot form any but a correct idea if the symptoms are accurately given, and if they are not, which in the present instance is far from the case, clinical experience will some day or other supply what is deficient, and alter what is inexact. This is the true way to lay down a foundation upon which real success in practice may be built. Avoid endeavouring, as our American cousins, supported to be sure by Shakspeare, have it, to memorise isolated symptoms; leave these stored up within the book and volume of your repertory, not of your brain. Many of these, almost unknown and unobserved by you, will force themselves upon your attention during your everyday work in such a way as to make it impossible for you to forget them, but on the contrary any endeavour to commit them to memory systematically would only end in discouragement and distrust of your own powers. More than this, the ideas you would form of the action of a remedy supposing you had merely committed all its symptoms to memory, and had not sought to ascertain their true physiological significance, would fall very far short of the requirements of practice.

With the above symptoms before you, keep in mind what we said as to the action of *Nitrate of Silver*; you know that it produces anæmia, you know also that anæmia was present in the case of gastric ulcer we cured with it. We told you that the tongue in such case is pale and anæmic, that taking this as an indication of the condition of the coats of the stomach, they too, and here the pathology of *Nitrate of Silver* is on our side, were anæmic, and that in all probability the dysotocia owed origin to an ovario-uterine anæmia. We can then picture to ourselves as accompanying these symptoms an ill-nourished anæmic frame, bending forwards while the side is grasped in pain,

we can picture the patient troubled with hawking of phlegm, and belching of wind; we can imagine the expression of the patient's countenance, and so we proceed, until, having formed our ideas, opportunity occurs for putting them in practice. This is the true way to study the homœopathic *Materia Medica*.

But there are many other forms of gastrodynia besides that which indicates *Argentum*. A lady told me the other day that she had suffered for five years with a violent burning pain which came on after eating "across the stomach" (the hypochondria probably) which used to be relieved only by applying a heated dinner plate to the pit of the chest, and prevented her taking food; it was cured by applying a few drops of chloroform to the painful part upon a wet flannel. Mr. Sanders Stephens, now of Cannes, was the prescriber. Patients almost invariably describe "the stomach" as the seat of pain, when any part of the abdomen other than the hepatic or nephritic regions are affected.

Bismuth has been put forward as the rival of *Argentum nitricum* in the treatment of ulcerative gastrodynia; I remember curing a case where the pain affected a small spot, and where it came on an hour after partaking of food. A short time since I treated a monthly nurse who had suffered off and on for years with a gastrodynia, described as extending from the stomach right round the waist. It came on two hours after eating, and troubled her at night, after walking about or taking any exertion. For this pain I gave *Arsenicum*, third decimal trituration, and *Carbo animalis*, first decimal trituration, a powder of five grains of the former twice a day, and of the latter, night and morning.

I mention this particularly, as we very often hear it said that *Bismuth* owes its efficacy to the *Arsenic* from which it is almost impossible to separate it; our case tends to disprove any such supposition. *Bismuth*, in the opinion of many, see Dr. Bayes' case in the *Monthly Homœopathic Review*, vol. xi, p. 158, is best given dry on the tongue.

There are many remedies whose gastric symptoms come

on after partaking of food; the symptoms of *Bismuth* are peculiar in having a definite interval always elapsing between the time of eating and the onset of the distress. *Bismuth* is not indicated where discomfort is felt immediately after food as with *Nux vomica*, but rather half an hour to two hours after, at least this is my experience with it.

AN HISTORICAL SKETCH.*

By H. BILLIG, M.D., of Stralsund.

In pretty well every biography of Hahnemann the discovery of homœopathy is narrated in these words. . . .
 "Unsatisfied with Cullen's explanation of the febrifugic action of *China* in intermittent fever Hahnemann experimented on himself with this remedy, and remarked that it produced an ague-like condition in his own person while in good health, and thus he discovered *similia similibus*."

I must confess that as often as I read this I also was "unsatisfied," just as Hahnemann was; that is, I felt I should like to know a little more of the details of this out-thinking of Hahnemann's, but its source, Cullen's *Materia Medica*, was not at my disposition.

Only last year I became possessed of this work, and, as many of my colleagues may not have it in their libraries, I will proceed to give them a few details from it that will satisfy the curiosity most of us must feel on the subject of how Hahnemann came to do the mighty deed.

The basis of my review, then, is *William Cullen's Abhandlung über die Materia Medica, übersetzt und mit Anmerkungen von Samuel Hahnemann, der Arzneikunde Doctor. Leipzig, im Schwickert'schen Verlage 1790*. The article on *China* is in the second volume, p. 107, et seq.

* Translated by Dr. Burnett from *Hirschel's Zeitschrift*, Nos. 16, 17, 18, vol. xxi.

Cullen regards the Peruvian bark, simply called bark, as a substance in which the *bitter* and the *astringent* properties are united together. He adds . . . "It may also possess something of an *aromatic property*, but certainly not much." But in a short remark to this Hahnemann exclaims, "How very refreshing the smell of a nicely prepared extract of bark is!"

As a combination of the *bitter* and of the *astringent*, Cullen further regards it as a *powerful tonic*; since an *amarum* and an *astringens* is each in itself a strengthening medicine, it must follow that the two combined must yield a much more powerful remedy than either by itself.

Its strengthening or tonic power is first shown in its action on the stomach; it is a *stomachic tonic*. It is likewise well known that the state of the stomach readily affects the rest of the body. "This," continues Cullen, "is in no case more evident than in the cure of ague." So here *it would operate by means of its strengthening action on the stomach* (by the way, a mere assumption of Cullen's), *and the exercise of this power on the stomach would sufficiently explain its modus operandi in preventing a recurrence of the ague fits*. Cullen sees no reason why its mode of action should be sought in a mysterious, unexplained, specific action, and considers it an undoubted fact that both astringent and bitter remedies, separately given, have often proved sufficient to prevent a recurrence of the paroxysms of fever, and that they *both combined* do so all the more certainly.

To this Hahnemann, in his remarks, thus replies "By combining the strongest bitter remedies with the most powerful astringents we can obtain a combination which, in even a very small dose, contains more of either property than the bark, and yet no fever specific will ever result from any such combination.

The principle which shall explain the action of the bark is still wanting, and will not be readily discovered. Still, let us consider this: "*Substances which produce a kind of fever* (very strong coffee, pepper, Arnica, Ignatia, Arsenic). *extinguish the types of intermittent fever.*"

And here Hahnemann relates his own first experiment on himself with the bark, which he made with a view of determining its ague-like action, and of this experiment he tells us in his *Materia Medica Pura*, sub. *China*, "That with this experiment the first dawn of a true healing art appeared and went on brightening until the full blaze of noon showed its whole glory."

For some days he took twice a day four quentchen of good *China*. All the usual symptoms of ague appeared one after another (obtuseness of the senses, stiffness of the limbs, but especially the dull aching sensation seemingly seated in the periosteum of all the bones of the body), yet without any real rigor. This paroxysm lasted each time two or three hours, and recurred only when he took the same dose of the drug. He left off taking it, and became well again.

Thus, while Cullen *assumes* a "strengthening action" for the bark, and denies that mysterious and unexplained specific power by means of which it heals ague," Hahnemann enters the arena of *pure experiment*, lets facts speak, and comes to the conclusion . . . "That the bark besides possessing the astringent and amaro-tonic power admitted by Cullen, possesses also the power of producing a peculiar kind of fever."

This we find expressed in a remark of Hahnemann's in Cullen's *Materia Medica*, p. 117. But even before this (p. 110) in another remark he gives expression to his views, that is to say, Cullen looks upon it as a settled question that both bitter and astringent remedies possess, separately, the power of preventing a return of the febrile paroxysm, and that they do so, *à fortiori*, when taken combined, and he then goes on to say, "I have both these facts not only from the testimony of the most credible authors, but also from experiments of my own instituted for the purpose. And if I nevertheless admit the objection often made on this subject that such remedies are frequently insufficient, yet I consider this an *insignificant* reason, for a different degree of power will not affect the general principle." This word "insignificant" affords Hahnemann an opportunity

to give utterance to the following somewhat ironical passage:

“ We clearly see that it goes against our author’s grain not to be able to demolish all his opponents’ objections. His zeal seems specially directed against those who always have the shaky word ‘specific’ in their mouths without really knowing what they mean thereby. But had he bethought himself that we can make a compound of the extract of quassia, and of gall apples, which is far more astringent and bitter than any *China*, but which, nevertheless, is incapable of curing a half-year old quartan ague; *had he suspected a power in the bark* which is capable of producing an artificial antagonistic fever, most certainly he would not have adhered so stubbornly to his mode of explaining its action.”

Hahnemann, however, clearly and decidedly defends this peculiar or specific power of the cinchona bark in the preface to its pathogenetic symptoms (*Reine Arzneimittelehre*, 3 Theil, S. 52, Dresden, 1817). He there says . . . “ Not only in the bitterness, in the astringent taste, and in the aroma of the cinchona bark, but also in its whole inner being dwells that invisible, non-material, inseparable, and unpreparable *dynamic active essence* by which it is more than any other drug distinguished in its power of altering the manner of feeling of a given human being.”

It may be worth while to follow Cullen’s train of thought yet a little further, if for no other reason than because we shall thereby get an opportunity of making a nearer acquaintance with Hahnemann as a thinker and a critic, and this will be best done from his own work, better than from any biographical description of Hahnemann’s living and doing.

After Cullen had determined the nature and mode of action of the bark, he goes on to investigate the different questions that had arisen with regard to its use in ague. While everybody admitted it to be a certain and powerful remedy, there still remained this point of dispute, viz. . . . How is it best given? and When?

Following in the wake of Sydenham, Boerhaave and his

commentators answered thus:—"After the disease had continued for a time."

But Sydenham, and also Van Swieten, had conceded exceptions to this general rule, *e. g.*, when ague attacks a very weak person, or when the paroxysms are accompanied with symptoms of a dangerous nature, in which cases every physician should seize the earliest opportunity for giving the bark.

Apart from these cases the question remains "Whether the bark might be given without waiting for a repetition of the attack?"

Cullen is of opinion that we may "generally" do so, and it seems to him that the bark may be given very soon in the course of the disease. But this question is complicated with yet another, *viz.* . . . "Whether the bark may be exhibited without previously preparing the body for its reception?"

Cullen very positively assumes that the bark may be taken in moderate doses without much disturbing the natural functions of the animal economy provided the latter be in a good condition, and that any preparation of the body for the reception of this drug is not necessary. Yet it might be 'advantageous' to free the stomach from an undigested food, and to excite it to greater activity for the reception of the bark by giving a mild emetic before the bark is exhibited."

To this Hahnemann remarks:—"If there is any bad stuff in the stomach or in the bowels, gall, or foul impurities, acting as the principal excitors of the intermittent fever, then it is not at all a matter of indifference whether it be got rid of or not. It *must* be got rid of before the bark can be of any service whatever. The fact that the bark in such cases is not directly hurtful does not render it a matter of indifference whether an evacuation be procured or not. The stuff in the stomach is the commonest cause of the ague with material (*Wechselfieber mit Materie*), hence an emetic before the administration of the bark is the very best treatment."

Cullen is further of opinion that it might be "advan-

tageous" to evacuate the bile by means of a gentle aperient, provided one has reason to fear an overflow of the same.

These conditions, however, not being present, no preparation was necessary, and under these circumstances no time should be lost, and it would be right to stop the disease by the immediate exhibition of the bark, *especially if the paroxysms appear before their periods, or when they continue longer and larger.*

Again, in another case Cullen waits with the administration of the bark, and defines how the body should be prepared for the reception of the drug, viz. . . . "When there are symptoms of internal inflammation, or of a general inflammatory disposition of the body, which could always be made worse by the tonic power of the bark. Here the bark might not only be hurtful, but also inoperative, until by bleeding or other antiphlogistic proceedings the inflammatory disposition be got rid of or very much lessened."

On the other hand, he will not admit of its being a general rule to postpone the administration of the bark in doses sufficient to stop the attacks when there are signs of obstructions in this or that viscus, provided there be no inflammation. For how could the bark be detrimental in making the obstruction worse, seeing that its astringent action is very insignificant, and, moreover, quite outweighed by its bitterness, to which bitter quality most physicians ascribe a solving and aperient action?

Against this theory Hahnemann again puts his *experience*, and says outright, "The author is wrong; he does not seem to have been acquainted with the stubborn ague of the tropics, or countries full of fens. I saw cases of ague in the lowlands of Hungary, especially in the Hungarian fortresses, that owed their incurability to the many surrounding marshes—Carlstadt, Raal, Komorn, Temeswar, Hermannstadt—in which an almost general cachexia was dominant, of which the simple double and therefore quartan ague seemed as it were to be only a symptom. The stubbornness of these agues, their frequent sudden transition to a quick and fatal course, or if their course be more slow, the

general cachexia brought about by them render it necessary to exercise a great deal of judgment in using the bark. In the former case *its heroic administration without further consideration is the only saving means*; but in the latter case, although its administration in large quantity must not be neglected; yet it is often found not only powerless for good but is often even *very hurtful*. The cachexia, after the fever has been suppressed, degenerates usually into dropsy or phthisis, and death is its certain issue.

Notwithstanding that the saying, "The bark might, without proper preparation, be hurtful, or even hasten death," is not exactly to the taste of the newest theory of drug action, yet experience corroborates it generally in such regions in which ague is eminently endemic. *These regions are the school in which one should learn how to use the bark in ague*. However, that this dictum may not remain a paradox admitting of no explanation, we must remember that in chronic agues nature herself seeks to cast off irritant morbid material from without, as also to dissipate the stases in her secretory and excretory organs, and that by means of violent and long-lasting paroxysms, and is even now and then able to quite rid herself of this enemy of life. Now, if we suppress the paroxysms in these long-lasting agues in damp regions we thereby disarm nature of her natural weapons and she then helplessly succumbs. That she is really in need of this remedial effort (the attacks) for the preservation of life may be seen from the fact that even after the use of the strongest doses of the bark these attacks readily recur, and then patients often feel themselves relieved. If we, however, remove those chronic cases in which the patients have already become cachectic, from their malarial atmosphere (the first indication), let them live well and enjoy the fresh air, and produce for some time a kind of artificial fever (by means of nauseating doses of *Ipec.*, given dry, continued for two or three hours before each attack), then the stases will gradually become dissipated, the body quickly returns to its natural functions and well-being, the febrile attacks become less, and the bark then may be called to our aid (although the cure would have been

effected without it) partly to destroy the vestiges of the type which had become habitual, and partly in order to quickly restore tone to the fibres. Thus I have cured cases of fever that had been thought incurable, while others had only done harm with the bark, and, if I may be permitted so to speak, killed with it."

Thus wrote Hahnemann in the year 1790! Verily we readily recognise the thinking and carefully observing physician in it. But what a change had taken place with him and in him by the time when he, nearly thirty years later, wrote *Reine Arzneimittellehre*, 3 Theil, S. 48 and 50:

"Hence the eternally repeated warnings in the so-called practical writings, that we must be sure not to give the cinchona bark in agues till all the (pretended) impurities and morbid stuffs be thoroughly and repeatedly swept out upwards and downwards, or, according to the milder expression of the modern ones (although with the same result), until we have properly and sufficiently long dissolved (*i. e.* loosened, and by means of many thin stools purged away); in fact, until the artificially produced abdominal complaint has outlived the natural duration of the ague, and so morbid debility as a substantive disease arising from the loss of the juices alone survives, and which can naturally be changed into health, after long suffering, with the help of the bark. This is what they used to call, and still call, methodical and rational treatment in many many cases of disease. Thus we might, with as much justice, rob widows and orphans in order to establish an institution for the care of the poor."

And page 50:

"An ague must be very similar to that which *China* is capable of causing in the healthy if *China* is its proper real remedy, and then one single dose in the above-mentioned small dose cures—but best given immediately after the end of the attack, before nature has begun to make preparations in the body for another paroxysm. To suppress an ague not curable by *China* with large doses of this powerful substance in the ordinary way, it is customary

to give it just before the attack, when it may be able to act perhaps with even greater violence and hurt."

I will now return to the text in Cullen's *Materia Medica*. The following considerations and views of both Cullen and Hahnemann with regard to the *time when* the bark should be given are very interesting.

Cullen settles the question in this wise :

"*When the interval consists of intermission and paroxysm, at what period of the interval is the bark best given?* When the use of the bark first came up it was customary to give a *large dose just before the expected paroxysm*, and that with good effect. Subsequently this did not seem to succeed so well, and this made some think that the bark used by the older physicians was of a better quality than that in subsequent use. But Cullen is of opinion that when eminent physicians set their faces against the old way of using the bark, they did so more from theory than from observation. And then he continues "And although I would not insist upon giving a single dose just before the beginning of the paroxysm, yet I am decidedly of opinion that the nearer the time of taking it is to the paroxysm, the more active and certain will it be in its effect." (This rule of our author, well understood and applied, is of the greatest importance, and I cannot sufficiently call attention to it. Only it should not be given so near to the commencement of the paroxysm that the time of its solution and action fall already in the time of the paroxysm itself, because it would obviously be then hurtful—Hahnemann.)

In explanation of this Cullen adds, that *the effects of the bark on the human body is not of long duration*. For he had often observed . . . "that a great quantity of the bark taken was not sufficient to prevent a recurrence a few days later."

This very observation causes Hahnemann to assume a "specific" curative action of the bark in ague, and he asks . . . "Were it not true that the bark contained not only the astringent and amaro-tonic qualities attributed to it by the authors, especially by Cullen, but also another

quality (viz., that of exciting a fever of a peculiar kind), otherwise how does it happen that the effects of the bark are of such short duration, as is indeed the case?"

Now I come to the end of my paper. Cullen goes on to discuss the use of the bark in agues, and what he says is recognised by Hahnemann himself as so important and so excellent, that I will give it as it stands. He says . . . "I have found in quartan fevers that a large dose given on the first day of the intermission has not so much power in preventing a fresh attack as a smaller quantity given on the second day. In tertian fevers I found, as I still thought, that a certain quantity must be given to prevent a fresh attack; and as I followed Sydenham's plan of refraining from giving the bark a few hours before the paroxysm, I found, I say, that even large quantities given to prevent an attack often failed, while, on the other hand, a smaller quantity given just before the paroxysm succeeded better.

"In many cases, when the paroxysm occurred in the morning, I found that a large quantity given the day before, unless it was given all night also, often failed, while, on the other hand, a smaller quantity given all night and in the morning succeeded better."

"When I had tertian fevers with morning or afternoon paroxysms, I did not deem it needful to bother my patients with taking medicine during the intermission of the day before, and always found that a smaller quantity given in the early morning, or during the forenoon, whereby the time of taking the medicine came nearer the paroxysm, was more efficient."

"By all these observations (excellent, and founded on experience—Hahnemann) I am convinced that a large quantity of the bark given just before the time of the paroxysm is the most serviceable way of using it; but that, as this quantity must be not less than two *quentchen* of the pale bark, there are some stomachs which cannot bear this quantity. It is therefore generally profitable to give smaller doses hourly for some hours before the time of the paroxysm."

"I have not had much opportunity of treating many

agues since the *red* bark has come more into use; but, as I am fully persuaded of the superiority of this variety of the bark, I think it favourable for our method of administering the bark, and likely to admit of a proper quantity being given as short a time as possible before the paroxysm."

Thus far Cullen on the use of the bark in agues. But there is one remark of Hahnemann's on the point which I will not pass by, as it affords further evidence of the then method of treatment of the founder of homœopathy.

He says . . . "We must further bear in mind that, inasmuch as a strong dose of good bark readily starts diarrhœa in irritable bowels, whereby it becomes almost powerless against the paroxysms, we do exceedingly well if we, *in such a case*, add some opium to it in agues sine materia, or after this materia has been got rid of."

REVIEWS.

The Actions of One Dose. By WILLIAM SHARP, M.D.,
F.R.S. Henry Turner and Co. 1877.

It is some time since we have noticed anything from Dr. Sharp's pen in this Journal. His views have generally found expression in the pages of our *Monthly* contemporary, where we were hardly justified in noticing them; and his collected volume of *Essays in Medicine* did not reach us for review. The receipt of the present pamphlet, however, which purports to be the last essay of the author, gives us an opportunity of expressing some estimate of his labours in the analysis of homœopathy. We have not been able to conceal our conviction that he has not been so successful here as in his earlier work of expounding and defending the method. But we entirely approve of the direction his studies have taken; we think that we are much indebted to him for the thought he has bestowed and the lucid way in which he has expressed his conclusions; and we appreciate, above all, the kindness of spirit in which he has met the (often severe) criticism he has encountered. If this indeed prove to be the last time that he shall write and we shall review him, we hope that in these relative capacities we shall "part friends."

Dr. Sharp says that "for twenty long years the *British Journal of Homœopathy* has condemned what he has written as neither new nor true." We were indeed compelled to do this with the "Organopathy" he propounded in 1868 as a substitute for Hahnemann's homœopathy. We had to point out that the idea of "organ-remedies" had been entirely anticipated by Paracelsus and Rademacher, and

that such a merely anatomical basis was quite insufficient for specific therapeutics. We showed that in many drug-actions, and still more in many diseased states, it is impossible to identify with certainty the organ primarily affected; and that, further, the several parts of the body were liable to various kinds of derangement, to which—as well as to the seat of disorder—a medicine must correspond if it is to be a specific remedy.

Again, when (in 1873) Dr. Sharp put forth the doctrine of the opposite action of large and small doses in health as explaining homœopathic cures, our comments were necessarily of the same tenor. We reminded him that theories of the real antipathy involved in what appeared to be *similia similibus* had been long current among homœopaths, and suggested that the (few) facts he brought forward showing an opposite action of various doses ought to have been presented in historical connection with the observations made as to the primary and secondary actions of drugs, and their dependence on the quantities administered. We also showed that, even supposing his doctrine to be true, it only applied to such functional derangements of a simple *plus* or *minus* character as drugs can induce and disease may present. “Beyond these,” we said, “there is a large field of practice in which the derangement is qualitative, or the alteration organic, and here no opposite action of differing doses will avail us.”

We do not find that, in his subsequent papers, Dr. Sharp has met these objections of ours to the originality or the validity of his views; and we cannot, therefore, but reiterate them. At the same time we desire to bear ungrudging testimony to the real service he has done to medical science in putting them forward. The local affinities of drugs constitute a very important class of facts, though they are far from embracing the whole of their action. The differing and often opposite phenomena which are manifested according to the dose of medicines which is given are of real significance and value, however we may differ about their explanation. Dr. Sharp has contributed both observation and experiment in these two spheres

of research, and every fresh student of the subjects must feel respectful acknowledgment for his labours.

This last Essay is written to add yet another clause to our author's thesis about the actions of different doses. Small doses, according to him, produce one effect; large doses another, precisely opposite to the former. This supposed general fact he calls "antipraxy." He now maintains that between these two extremities there is an intermediate region in which two effects are produced, the primary being that of the small, the secondary that of the large dose. This he would call "dipraxy." The sole instance he gives is that of *Opium*. Small quantities, as from one to five drops of the tincture, increase the action of the heart; larger doses, as from ten drops upwards, diminish it. But a friend of Dr. Sharp's, his pulse being 54, took six drops, and in twenty-five minutes his pulse had become 58; but in fifteen minutes more it had fallen to 52, whence it gradually returned to its original standard. Knowing, as we do, the normal variations of the pulse within certain limits, this would be a very narrow foundation on which to base a general law. The two observations cited from Crumpe are of more moment, and probably warrant Dr. Sharp in affirming "dipraxy" of *Opium*. But to affirm it of other medicines, and still more of all medicines, seems to us entirely without warrant.

If, then, we must take leave of Dr. Sharp as an author, we must still do it as those who are unable to accept his doctrines as in any way an adequate substitute for the homœopathy bequeathed to us by Hahnemann, as indeed anything more than a contribution to the philosophy of one portion of its sphere of operation. If the whole body were made of organs, having no vital operations but the performance of certain functions; if all disease consisted in simple *plus* or *minus* states of these functions, and all that drugs could do was to cause the one or the other according to the doses in which they were given, then Dr. Sharp's views, if true, might be an adequate account of what takes place. But since all these suppositions are obviously inadmissible, we must look much farther for the studies of drug

action which shall fit it to the facts of physiology and pathology, and explain the undoubted but as yet mysterious virtue of similarly-acting remedies.

The Liver and its Diseases, both functional and organic.

By WILLIAM MORGAN, M.D., M.R.C.S. The Homœopathic Publishing Company.

WE hardly know for what class of readers Dr. Morgan has published this volume. If for the laity, a great deal of the "history, anatomy, chemistry, pathology, and physiology" of liver diseases mentioned in his title page is quite superfluous. If for medical men, the preliminary account of homœopathic medicines, and the "glossarial index" of technical terms appended, are (to say the least) quite out of place.

Nor is it at all obvious who can be benefited by the perusal of this book. Its "history, anatomy, chemistry, pathology, and physiology" could be more profitably studied in the original works from which Dr. Morgan has compiled his own; and its contributions to the therapeutics of the subject are exceedingly meagre. Its "homœopathy" is of a very elastic character; as it includes the administration of *Podophyllum* and *Leptandra* for "torpor of the liver" in four, five, or six drops of the mother tincture three times a day (which is nothing but the old practice of giving cholagogues), and a remedy which plays a prominent part in it is a compound of Dr. Morgan's own which, with a bold defiance of Latin grammar, he calls "the *Ferri ammo-citratis c. Strychniæ c. Digitalis*."

Dr. Morgan puts on his title-page "First Edition." If his volume should, as he seems to expect, reach a second, we hope he will (for his own sake) expunge the very offensive paragraphs found at pp. 47 and 133-4, where mistakes in diagnosis made by his colleagues (the name of one being mentioned) are paraded, serving no other purpose but to exhibit the superior acumen displayed in his own.

Vital Statistics showing the increase of Smallpox, Erysipelas, &c., in connection with the extension of vaccination. By CHARLES J. PEARCE, M.D., M.R.C.S. Spottiswoode and Co.

WE much regret that any member of our small body should be found joining in the mischievous anti-vaccination movement now on foot. The old school can well spare a few of its many thousands to give a faint professional colouring to the agitation; but we cannot afford to have a single representative of homœopathy unsound on the subject. Our regret is increased, moreover, when we see the grounds on which Dr. Pearce bases his opposition to Jenner's beneficent discovery, and endeavours to prejudice others against it.

He first shows, from the Registrar-General's returns, that the death-rates of the three epidemics of smallpox which have occurred since vaccination was made compulsory are much greater than the increase of population would account for, thus suggesting that the operation, instead of diminishing the spread and mortality of the disease, rather adds fuel to the fire. The absurdity of this inference must be evident to every one who has treated a dozen variculous patients, and has seen the different behaviour of those who have been vaccinated and those who have not. That the protectiveness of vaccination against infection is less than it used to be is probable, just as we find many more persons having second attacks of measles and scarlatina than there were twenty years ago. But its influence in modifying the progress of the disease rarely fails; and the greater mortality of recent epidemics must obviously be accounted for by other causes, of which their greater area is one of the most obvious.

Again, Dr. Pearce adduces figures to show that infantile erysipelas has increased between 1860-4 and 1870-4 much more than it should have done in the ordinary course of things, and concludes that this must be the result of the spread of vaccination. But who that recalls the hundreds

of children he has vaccinated without knowing such an occurrence as erysipelas, still less a death from it, can do otherwise than laugh at such an unwarrantable inference ?

The same point is made about syphilis, and with equal injustice. There died of this disease in the years 1860-4 6425 persons, of whom 4504 were under one year old. During 1870-4, 9271 died, of whom 7009 were in that period of their existence. "In the first period, therefore," writes Dr. Pearce, "nearly two thirds of the whole number were under one year old (the year of vaccination), while in the second period, when the number of vaccinations had greatly increased, no less than seven ninths of the whole number of deaths were of infants not a year old." We fear that Dr. Pearce is laying a trap for an unwary reader in this sentence. Seven ninths sounds much more alarming than two thirds ; but when we reflect that the latter is equivalent to six ninths, the difference appears much smaller, and hardly in proportion to the "great increase" in the number of vaccinations. He moreover blinks the well-known fact that it is chiefly in its infantile (*i. e.* hereditary) form that syphilis is a dangerous disease, and that when thus occurring it nearly always appears before the third month of life. Thus—and not by the fact of the first year being the time of vaccination—is the larger proportion of deaths in this time to the whole to be explained.

We have not gone into the whole question at present ; but have confined ourselves to recording a protest against both the position Dr. Pearce takes up and the arguments by which he justifies it.

The Encyclopædia of Pure Materia Medica. A record of the positive effects of drugs upon the healthy human organism. Edited by TIMOTHY F. ALLEN, A.M., M.D. Vol. v. Boericke and Tafel: New York and Philadelphia. London: H. Turner & Co.

It is needless to repeat our satisfaction with the speed (not haste) with which this encyclopædia proceeds on its way,—half at least of which it must now have traversed,

as the present volume conducts us from *Hydrocyanic acid* to *Lycopersicum*. Like its predecessors, it brings many hitherto inaccessible treasures to our hands, and creates as many more. Of the former we may mention the provings of *Hypericum*, *Indigo*, *Kali chloricum*, *Kali nitricum*, *Kreosotum*, *Lachesis*, *Lilium tigrinum*, and *Lithium*; of the latter the pathogeneses here constructed of *Hydrocyanic acid*, *Iris versicolor*, *Jaborandi*, and *Kali bromatum*. *Iodum*, *Ipecacuanha*, and *Kali iodatum* have their symptom-lists much increased, though we regret that Houat's more than dubious contributions have been incorporated in the pathogenesis of the last named, instead of being (as in the two previous volumes) given by themselves in an appendix.

By the death of Dr. Carroll Dunham this Encyclopædia (like every other product of American homœopathy) will suffer loss. We shall no longer have his invaluable verifications of symptoms, which have been so numerous in all these five volumes. Dr. Lippe has now undertaken to go over the MS., and mark the symptoms he considers of clinical importance; but his conclusions will hardly be arrived at from so wide and catholic a survey of homœopathic literature as those of Dr. Dunham's were.

Dr. Allen desires attention to be called to a mistake under the head of *Iodum*. The authority numbered 14 is really a proving of *Indium*, which by accident has crept into the collection of material for the pathogenesis of its fellow of so similar a name.

We also have an error of our own to correct. In giving an account, in our January number, of the assistance Dr. Allen receives in the preparation of his work, we rather misappropriated the share taken by his masculine and feminine coadjutors. The copying out of the pathogenetic effects of the various drugs from the volumes given for the purpose should have been assigned to the assistant of the gentler sex; while the "medical man disabled from practice" not only does the translating from the French, but prepares the material for press, corrects the proofs, searches out the "conditions," and arranges the symptoms, when complete, in their proper categories and order of

succession. This last task we erroneously assigned to Dr. Allen himself. We are glad to make this reparatory explanation to the gentleman in question, Dr. Freeman, whose labours in connexion with Dr. Allen deserve to be gratefully remembered by all students of the great work now growing under their hands.

Condensed Materia Medica, by C. HERING, compiled with the assistance of Drs. A. KORNDORFER and E. A. FARRINGTON. Boericke and Tafel: New York and Philadelphia. London: H. Turner & Co.

DR. HERING'S object in preparing this work he states to have been "to give in a condensed form, to the student of homœopathy, such absolutely necessary material as would enable him, in a comparatively short time, to gain knowledge of such important leading symptoms and conditions as are characteristic of each remedy—knowledge which is imperatively necessary for every-day practice." It is not stated on what principle the condensation is conducted, though from some sentences in the preface we might infer that Dr. Hering wishes to give only such symptoms obtained through provings as have been clinically verified, and disapproves of including all that seems strange and characteristic without having undergone this test. No information, moreover, is given as to the sources whence the symptoms set down have been obtained; but a glance at the first few pages suffices to show that the so-called "curative symptoms," *i. e.*, those which have been observed to disappear under the action of a drug, have been freely mingled, and without mark of distinction, among those which it has produced on the healthy. The work is thus a series of articles upon the pathogenetic and therapeutic actions of 184 of the remedies in most frequent use in the school of Hahnemann—the information being conveyed in the form of a catalogue of symptoms attached to each.

Now, if American students like to learn their *Materia Medica* and *Therapeutics* in this way, it is not for us to

object to them. To make the plan consistent, however, their Practice of Medicine ought to be taught them in the same manner, and each disease should be presented to them in the form of a schema of the various symptoms by which it is made up, arranged in anatomical order. All attempt at a history of their order of appearance, at an account of the deeper morbid changes by which they are accompanied, at a discussion of the interdependence of each and all and of the *rationale* of the whole process should be excluded there as it is here. No "Hahnemannian," however, has given us a text-book of Practice thus constructed; and we ourselves have no better liking for the method when applied to *Materia Medica*.

It seems to us that the requirements of the student in this department are as follows:—First, he must have an account of the pure pathogenetic effects of each drug as observed on the healthy body. These must be presented to him in their due connection and sequence, so that they may correspond to the clinical history of each disease with which a teacher of the practice of physic begins; and, as with him, the deeper changes which the physician can discover both during life and after death must be added to those which are obvious on the surface. Then should follow a commentary, which should seek to interpret the phenomena in the best light the physiology and pathology of the day affords, and should point out the applications which have been and may be made of them to the treatment of disease, with any clinical experience that has been acquired as to the sphere, subjects, and characteristics of the drug. As examples of the kind of commentary we mean we may point to the "Studies in the *Materia Medica*" with which Dr. Dyce Brown has lately been enriching the pages of the *Monthly Homœopathic Review*, and to that which has been attempted in the third part of the *Hahnemann Materia Medica*. With such a text for reference, and comments for illumination and application, the student would go forth with a really intelligent knowledge of the action of the medicines he is to employ, instead of connecting each of these with a mere string of symptoms

learned by rote and retained only mechanically in the memory.

Dr. Hering's book is thus, we confess, no boon to us, whatever it may be to his fellow-countrymen. It will tend, moreover, by its commixture without note of distinction of pathogenetic and curative symptoms, to perpetuate that most mischievous practice of saying that a medicine "has," or that we "find under it," such and such symptoms, without specifying whether these have been caused or cured by it, which is becoming so prevalent in American homœopathic literature. It is, happily, unknown in that of other countries. Its absence of references, moreover, to the authorities for the several observations will too much strengthen the uncritical credulity which our transatlantic brethren too often display towards everything which comes to them warranted by well-known homœopathic names. In both these respects, as well as in its form, we cannot but think the publication a distinctly retrograde step; and could wish that the venerable writer had employed his great knowledge and praiseworthy industry in a different manner.

Clinical Therapeutics. By TEMPLE S. HOYNE, A.M., M.D. Chicago, 1877. London: H. Turner & Co. Parts I and II.

DR. HOYNE is Professor of Materia Medica and Therapeutics in the Hahnemann Medical College of Chicago; and is publishing this work as a means of instruction on the subject he teaches. His plan is to include under the heading of each drug all the recommendations of it and instances of its successful use which are accessible to him, and which he considers to convey clear indications of the remedy. After this manner he presents, in the two parts now issued, *Aconite*, *Belladonna*, *Bryonia*, *China*, *Nux vomica*, *Phosphorus*, *Rhus*, *Sulphur*, *Veratrum viride*, *Arnica*, and *Carbo vegetabilis*. Nearly 500 cases, and as many recommendations, have been already cited. Their perusal cannot but aid the student in acquiring a know-

ledge of the sphere and capabilities of our various remedies, and we unreservedly commend the work to his attention.

Dr. Hoyne expects to complete his undertaking in about ten or eleven parts, making, with a copious index, two volumes of over 600 pages each.

Nasal Catarrh: its Symptoms, Causes, Complications, Prevention, Treatment, &c. With illustrative cases. By LUCIUS D. MORSE, M.D. Second edition. Memphis: A. F. Dod and Company. London: H. Turner & Co.

WE ought to have noticed this volume in October last, but it had been mislaid. Dr. Morse is one of the comparatively few practitioners of our school in the Southern States of the American Union: he adorns the ancient-sounding but very modern city of Memphis in Tennessee. His little book contains an excellent practical account of the homœopathic therapeutics of chronic nasal catarrh, for which he rarely seems to need the usual local applications, curing them very satisfactorily—as his cases show—with the remedies indicated by the general condition and the state of the parts. The former are of course chiefly the “antipsorics” *Alumina*, *Calcarea*, *Lycopodium*, *Sepia*, and *Sulphur*; the latter are *Arsenicum* with its iodide, *Aurum*, *Hydrastis*, *Kali bichromicum*, *Mercurius iodatus*, and *Sanguinaria*. Dr. Morse’s cases are rarely such as we should call true ozæna; but for the treatment of any nasal catarrh of long-standing short of that we are sure that no one could do better than avail himself of the aid given by the present treatise.

On the Sources of the Homœopathic Materia Medica.

Three Lectures delivered at the London Homœopathic Hospital in January, 1877. By RICHARD HUGHES, L.R.C.P., &c. London: H. Turner and Co.

A Manual of Therapeutics: according to the Method of

Hahnemann. By RICHARD HUGHES, L.R.C.P. Edin., Lecturer on Materia Medica and Therapeutics at the London School of Homœopathy. Second edition: mainly rewritten. Part I. General Diseases—Diseases of the Nervous System. London: H. Turner and Co.

Of these publications we can of course say nothing in criticism. We may mention, however, that the former consists of the three lectures of which two were given in epitome, and the third in full, in our last number. Of the latter the author may justly be allowed to speak for himself, as in the following preface:

“This work was originally published in 1869, as the second part of a *Manual of Homœopathic Practice for Students and Beginners*, the first part treating of Pharmacodynamics. It appears now as the companion volume to the third edition of its predecessor. The reasons which led to the rewriting of the latter were present in hardly less force to necessitate a similar proceeding with respect to the present work. I have been compelled, accordingly, to allow it to remain out of print for some time, until I could prepare it in its new shape. I can only hope that the result will be felt so far satisfactory as to atone for the delay.

“While the substance of this Manual is considerably increased in the present edition, its scope and form remain unchanged. As regards the former, I have explained in my introductory letter why I have limited myself to the therapeutics of disease, omitting all discussion of clinical history, pathology, and diagnosis. It will be clear that I have done so, not as ignoring the necessity of knowledge on these points, but as assuming its existence. I have, moreover, continued to write for students and beginners, and not for men of standing and experience. I have attempted to put in a compact and accessible form those applications of remedies to disease to which general consent or weighty testimony has given a *standard* place. These are the alphabet and grammar of homœopathic practice. The student must learn them, and cannot acquire the know-

ledge of them by chance or instinct; neither should he be left to the wasted labour of discovering them *de novo* for himself by applying the *Materia Medica* to the treatment of disease. The practitioner of standing, on the other hand, is ever endeavouring to overflow and pass over these well-beaten boundaries. He is seeking for remedies for maladies hitherto neglected, for more accurate adaptations of the medicines he has already learnt to use, for new weapons from the great armoury of nature wherewith to make his strokes more effectual. For him I have indeed a suggestion here and there, but I have not his wants primarily in view. The development of the *Materia Medica* on the one side, the increased knowledge of disease on the other, are what he needs; and these things are beyond my present scope. To make the study of homœopathy less thick-set with difficulties, and the early attempts at its practice less tentative and haphazard, is the service I have sought to render by these manuals of mine. I believe that we should have been a larger band than we are were it not for the many would-be students who have been repelled, and the many beginners who have fainted and turned back for lack of a guide.

“As to the form of the present volume—that of letters—I must repeat what I originally said when publishing my *Pharmacodynamics* in that shape. I was led to adopt it by the object I had in view. I wrote it for men educated—or being educated—in the old school who desired to acquaint themselves with, and furnish themselves for our practice. I felt accordingly the need of some mode of communication which should be more colloquial than didactic. I wanted moreover to have always before me the mind of our *confrères*, wedded to old notions, bristling with objections to anything new, and requiring explanations to the fullest degree. By erecting the friend whose wants evoked my book into an imaginary correspondent, and writing what I had to say in the shape of letters to him, I found the form of composition I required. In the case of that work the necessity for the epistolary form no longer existed at its last issue. I had been called upon to deliver

a course of lectures upon its subject matter, and the attitude and manner of address thereby required, answered well the purpose of the manual, which accordingly appears in lecture shape. The present volume has had no such antecedents; and I find no mode of presentation secure such elasticity of putting and directness of aim as that of the letters in which it at first appeared. I hope, therefore, that my friends who have thought the epistolary manner wanting in dignity will pardon my adherence to it."

La Leucoemia lineale osservata nei bambini e curata omeopaticamente. Dal Dottore TOMMASO CIGLIANO. 1876.

THIS is a monograph on a disease which, in one of its forms, has lately attracted a considerable amount of attention in this country, and some months ago, if we remember rightly, was discussed in a very lively manner at the Clinical Society of London.

The name *leukæmia* was given to it by Virchow, we believe; but in this country, and in France, it is usually called *leucocythæmia*. The pathological characteristics of the disease are a disproportionate amount of white corpuscles in the blood, with corresponding diminution of the number of red globules, and a hypertrophic condition of the spleen.

The disease which forms the subject of Dr. Cigliano's memoir (originally published in the *Rivista Omeopatica* of Rome, in February and March, 1876) was chiefly observed by him in Forio in the island of Ischia, and the only subjects of it were infants. It seems to have prevailed undeniably in that locality for many years, and is called by the inhabitants *taccone* (heel-piece). Forio d'Ischia being Dr. Cigliano's birthplace, and the place where he spends a portion of each year, he has had ample opportunity of observing the disease, and has treated as many as forty cases of it. Although the disease is endemic in Forio, Dr. Cigliano does not think it due to any miasmatic cause, as the hygienic conditions of the place are excellent. He leans to the idea that it is a

contagious malady. He performed some inoculations of the blood of infants labouring under the disease on rabbits, which however did not afford any very satisfactory result. He has observed four cases of the disease in Naples.

The seasons during which it is most prevalent are spring and summer. Most cases occur from the age of ten to fifteen months. It decreases in frequency from fifteen months to three years.

The disease is attended by a progressive increase of the white and decrease of the red corpuscles. Two varieties are distinguished: the *lineal*, in which the spleen is enlarged, the *lymphatic*, in which the lymphatic glands are affected. In some cases both spleen and lymphatic glands are involved. The *lineal* is the more common variety, Dr. Cigliano having observed forty such, and only three of the *lymphatic* variety. He is unable to say if the disease of the spleen or lymphatic glands precedes or follows the alteration of the blood. In three cases in which he observed the disease at the commencement the white corpuscles were only slightly increased in number, but the spleen was already of considerable size. He has only had an opportunity of making one post-mortem examination of a child of fifteen months. He there found extreme emaciation, the cellular tissue infiltrated with serum, the heart distended with blood consisting chiefly of white corpuscles, the arterial cells lined with a sort of milky stratum, the lungs and bronchial tubes congested, the pleura dotted with white points, the abdominal cavity contained a pint of serum, the peritoneum dotted with white points, the mucous membrane of stomach and intestines affected with catarrh and highly vascular. The spleen enlarged to four times its normal size, very hard, and with white points disseminated through its substance, liver normal, kidneys congested, and with a few white points. The cavities of the brain filled with serum, and the substance of the brain anæmic.

The symptoms of the invasion of the disease are either extreme crossness with sleepless nights, or unnatural quietude and drowsiness. Infants at the breast often show a desire to be always sucking and thus take more nourishment than

they can digest. Those beyond two years crave after unwholesome articles of food. There is generally diarrhœa of a greenish-yellow colour. Almost all are affected with bronchial catarrh, and in one case epistaxis was observed. The little patients become as pale as wax. This stage lasts from two to three months. As the disease progresses the patients become extremely irritable, cry frequently, their breathing becomes accelerated, pulse quick and temperature high, especially towards rising. Sometimes there is considerable fever for three to seven days, or slighter fever for weeks or months. There are daily remissions of the fever, generally there is profuse perspiration about the head in the morning. During the fever the urine is saturated, its density increased; it is high coloured and contains an excess of uric acid, and there is generally present hypoxanthine. During the fever the patients are unable to take nourishment, but after it is past, they take the food freely, sleep more quietly and become better tempered. This improvement does not last because the food is not digested, the urine becomes loaded, and diarrhœa sets in. As the disease progresses febrile symptoms alternate with complete apyrexia, and as the white corpuscles increase there often occurs a continued febrile condition. If the case is going to terminate favourably the febrile symptoms gradually decline, the digestion and complexion improve, and if no fever occurs for twenty days convalescence may be confidently expected.

In fatal cases after five or six febrile accessions, signs of cessation of nutrition appear, the anæmia increases, the extremities become cold, and œdema appears; petechiæ come out on the abdomen and on other parts of the body, great prostration of strength ensues, the pulse and respiration become accelerated, a troublesome cough comes on, the patients prefer to lie in bed; the abdomen increases in size, while the chest and limbs become extremely emaciated. The increased size of the abdomen is owing to the hypertrophy of the spleen and the accumulation of serum in the peritoneal cavity. The blood examined under the microscope shows an immense preponderance of white corpuscles with very few red globules.

The patient's colour from waxy becomes earthy, the face œdematous, the body covered with petechiæ, constant diarrhœa with undigested food in the motions. Œdema pulmonum sets in, the pulse becomes thread-like and very rapid, often imperceptible, the urine is suppressed, respiration superficial, breath cold, and the patient dies exhausted.

Complications are : hydrocephalus, hæmorrhage from nose and bowels, in two cases caries of the inferior maxilla was observed.

The usual duration of the disease is one year ; but it may last from ten months to three years. The febrile stage usually lasts longer than the stage of atrophy.

According to all allopathic authorities, says Dr. Cigliano, the disease always terminates in death. All the cases treated by the ordinary system in Forio ended fatally. Of the forty cases treated by Dr. Cigliano, thirteen died and twenty-seven recovered. The thirteen deaths were cases that only came under his care in the last stage. The cause of death was hydrocephalus in four cases, purulent infection from caries of the jaw in one ; hæmorrhagic diathesis in one ; hæmorrhage from the bowels in one ; diphtheria in one ; cerebral embolism in one ; the remaining five died of progressive increase of the disease.

Of the twenty-seven cured, five were received in the last stage ; ten came under treatment in the first months of the disease, and twelve in more advanced stages. Where the treatment commenced during the first months of the malady a cure was certain.

As regards the treatment—Dr. Cigliano, believing the disease to be infectious, thinks that a diseased infant should be kept apart from healthy children.

The diet of those infants at the breast must be regulated through the mother, who should be made to live principally on butcher's meat, eggs and milk, with few green vegetables, and no unripe fruit. For infants commencing to be weaned he chooses the milky farina of Nestlé.

The medicines he has used with most success are *Aconite*, *Sulphur*, *Calcarea carbonica*, *Arsenic*, *Carbo veg.*,

Crotalus, and Schüssler's so-called tissue remedy *Natrum phosphoricum*. With the last-named remedy alone he has cured several cases. The dilution of these remedies he prefers is the 6th, but sometimes he gives them in higher dilution up to 30, and on the whole he considers it advisable to give one remedy in various dilutions. He does not change the remedy frequently, but generally keeps the patient under one for a fortnight at a time.

He adds the histories of several cases, but they are not related in a very satisfactory manner, so we need not give them here.

We consider this pamphlet a valuable contribution both to pathology and therapeutics.

OUR FOREIGN CONTEMPORARIES.

IN our last number we brought down to the end of 1876 our notices of the homœopathic periodical literature of Germany, France, Belgium, and India. We shall on the present occasion fulfil a corresponding task for our American contemporaries. One of these, which has hitherto found place in our lists, will appear there no more. The *American Journal of Homœopathic Materia Medica* terminated its career with the last number we noticed,—that for May, 1876; and its editor, Dr. Thomas, now reinforces Dr. McClatchey in the management of the *Hahnemannian Monthly*, which is published in the same city of Philadelphia.

AMERICA.—*North American Journal of Homœopathy*, August, November, 1876.—The August number of our transatlantic "double" (it is the only homœopathic quarterly besides ourselves) opens with an elaborate and able paper by Dr. Conrad Wesselhæft, of Boston, on "Primary and Secondary Symptoms of Drugs as guides in the selection of remedies in practice." It deserves attentive perusal on the part of all who are interested in the

philosophy of our method. The principal point made is the uselessness of the final phenomena of poisoning by active substances as indications for these as remedies in disease. But down to this point he agrees with most of us in believing that "the entire array of symptoms of every drug is available for curative purposes" on the principle of similarity. This number is also enriched by the article on "The Therapeutics of Diphtheritis," by Dr. G. Oehme, which we have already noticed as published separately. Dr. E. M. Hale, suggesting that it may be useful sometimes to prevent the symptoms of diseases in such schemata as those we employ for the pathogenesises of drugs, gives us "The Symptomatology of Cerebro-spinal Meningitis" after this manner. He places *Veratrum viride* and *Cicuta virosa* at the head of its remedies.

In the November number Dr. Lilienthal discourses in his wonted manner upon "Anæmia perniciosa" and concussion of the spine. Dr. Arcularius, of New York, who has been giving especial attention to skin diseases, gives some excellent advice upon the general principles of their management, especially as to the relative place of constitutional and local treatment. Without any fanatical disregard of the latter in suitable cases, he shows both from reason and from experience the superior propriety and efficacy of the former, only cautioning us as to the necessity for patience in these essentially chronic disorders. The indications for remedies in intermittent fever are once again given,—this time by Dr. A. Le Ray Fisher; who says that nine tenths of his cases have been treated with the 200th, with which potency he expresses himself well pleased. A translation of Dr. Goullon's recent prize-essay on *Thuja* is commenced in this number, and also a commentary by Dr. J. S. P. Lord on Vulpian's Lectures on the Vaso-motor Apparatus. Dr. E. M. Hale contributes some useful information about two of the *Gründeliæ*, the *G. robusta* and the *G. squamosa*, citing a proving of the latter, which seems an active substance. Finally, Dr. Eggert gives us a Repertory for vertigo, which may repay consultation.

Hahnemannian Monthly, July—December, 1876. There is so much valuable material to be found in these six numbers of the *Hahnemannian* that we can but indicate briefly their leading features. In July we find, at a meeting of the Central New York Homœopathic Medical Society, several communications made as to the place and virtues of *Gelsemium* and *Baptisia* in febrile and other affections which will well repay the student's attention. Dr. J. F. Baker communicates some remarkable experience as to the cure of hernia by internal remedies, which ought to be tested. *Lycopodium* is the remedy on which he mainly depends. Some of Dr. Rubini's cases of cholera cured by *Camphor* alone are translated here, and show that he has frequently had to deal with the disease in its most frightful forms.

The August number contains a case of some importance. The advocates of the less attenuated doses have often been challenged to produce cases where a medicine truly homœopathic to the patient's condition failed to cure in a higher potency but succeeded in a lower. Here is an instance in point. Dr. Middleton, of Philadelphia, had an obscure brain affection to treat. The patient getting worse, Dr. Hering saw her in consultation; and *Phosphoric acid*. was administered, the potencies being the 300th and 800th. As the patient still went down hill, lower potencies were suggested, but discouraged by the consultant. At last Dr. Middleton, on his own responsibility, gave her drop doses of the 1x dilution; and immediate improvement and rapid recovery were the result. In the same number Dr. J. G. Lawes is able to speak very highly of *Arsenicum* 2 and 3 in hay-fever.

In September, Dr. Farrington contributes a useful comparison of *Calcarea* and *Silicea* as remedies. In November, the indefatigable Dr. Lilienthal gives a study of "Dementia Paralytica" (general paralysis of the insane) similar to those we have described as appearing from his pen in his own journal. He calls attention to the long-lasting premonitory stage of this affection as affording a time in which treatment may prove efficacious, and recounts (from

authors) the symptoms then appearing. Dr. Farrington contributes a proving of *Natrum phosphoricum*, made on twelve persons with the attenuations, and (as might be expected) not showing very striking results. A different account is to be given of another proving, that of the *Arseniate of Soda*, which begins with this number to appear as an appendix to the *Hahnemannian*. This, which has been instituted by the Homœopathic Materia Medica Club of Alleghany County, promises to be a valuable addition to our pathogenetic material.

In December Dr. Houghton sketches the "Therapeutics of Suppurative Inflammation of the Middle Ear" with much instructiveness.

Ohio Medical and Surgical Reporter. November, 1876.—In this, the only number of the *Reporter* which has reached us during the period we are reviewing, we find nothing especially to notice.

Cincinnati Medical Advance. September, November, 1876.—The same thing must be said of these two numbers of the *Advance*, unless any should be interested to see Drs. Lippe and Hughes "trying a fall" anent the latter's examination of the cited symptoms in Hahnemann's pathogenesies.

American Observer. July—November, 1876.—In the August number of this journal Dr. Gilchrist (who has received the appointment to the chair of Surgical Therapeutics now added to the homœopathic department of the medical school of the University of Michigan), in some observations on "Surgery as a Science," relates some striking cases illustrating the value of galvanism in the treatment of strictures of the urethra; and in September he treats of the curability of cataract by internal medication, of the possibility of which he adduces considerable evidence. In this latter number Dr. Nichol, of Montreal, gives an excellent case of "non-malarial intermittent fever" cured by *Apis*, which we should have extracted here, but that it has already been given in the March number of the *Monthly Homœopathic Review*.

In November, Dr. Cushing, of Lynn, communicates

yet another remedy for enuresis, one of Hahnemann's medicines—the *Verbascum thapsus*. He says that he made a proving of it ten years ago, and that one of the most prominent symptoms was a constant dribbling of urine. He has accordingly used it ever since in the treatment of enuresis (in the third dilution), and does not know of one case that has not been cured.

We trust that the *Observer* is not defunct, but this number is the last that has reached us.

Homœopathic Times. July—November, 1876.—We have the same remark to make about this journal also, whose September and October issues, moreover, are missing. The numbers before us well sustain its practical character. A noteworthy paper is contributed in August by Dr. W. A. Allen on "Podophyllum peltatum, and its use in the diseases of malarious regions." He believes it the great remedy for rectifying the hepatic disorders occurring under malarious influences; and the interesting point is, that he does not give it as a cholagogue, but in doses which could only avail for a truly homœopathic operation, viz. the second and third attenuations where constipation is present, the thirtieth and higher where there is diarrhœa. The estimate of the relative value of homœopathy in the treatment of eye and ear disease, given by Dr. Searle, of Brooklyn, in the November number, is of so much interest and importance, that we extract it here:

"About one quarter of a century has passed away since the discovery of the ophthalmoscope, by Helmholtz, marked the inauguration of the present science of ophthalmology. Before that date knowledge was confined, almost exclusively, to what may be termed external diseases of the eye; and even these, connected as they are with the more deep-seated affections of that organ, were very imperfectly comprehended.

"The discovery and use of this little instrument, so simple and yet so effectual—so clear and startling in its revelations—form a veritable epoch in the history of pathology and physiology.

"Not only does it lay bare for our inspection a nerve in the full tide of healthy or diseased activity (a phenomenon nowhere else to be seen), but it is a nerve of special sense, expanded so as

to cover several square inches of surface. Through it pass arteries and veins, as plainly visible as those of the frog's web under the microscope; and hence the disorders of these also are open to our sight. Moreover, so closely does this nerve stand connected with the brain as to reflect from its surface much of the condition of that important organ.

"We have come into possession, as it were, of an outpost of the very citadel of life—a microcosm of the human universe.

"Surely we should expect much from such revelations; and in truth this little mirror has given an impulse to the study of *diseases* of the eye not only, but also to that of its healthful functions, and to the comprehension of disease and health as manifested in other organs, which has resulted in a scientific growth almost unexampled in the history of medicine.

"The results of observation by its aid have only begun to become apparent. I can mention here but a few of their outlines in the more immediate sphere of ophthalmology.

"The whole range of diseases of the optic nerve and retina, and their connection with those of the brain, and heart and kidney, as well as affections of the choroid and vitreous, are now clear to us. More accurate knowledge of the various forms of cataract, and improved methods of operation for its removal; the nature of glaucoma, and its cure by iridectomy; the vast improvements in the surgical treatment of diseases of the lids; the refractive anomalies of the eye; the uses of the compressive bandage and atropine, and many other appliances and adjuvants, give us of to-day a power to preserve, restore, and assist vision, which has robbed diseases of the eye of much of their terror.

"And much of its usefulness yet remains undeveloped. We have no time to-night to discuss its possibilities, but one important bearing, which we, as homœopaths, can more fully appreciate, I will mention; and that is the power which we now hold to clearly define the ocular symptoms in our provers of drugs.

"When we read the eye symptoms recorded in our *Mat. Med.*, wonderful in their value, even as they stand, and reflect what they might have been, had the provers been under the observation of a competent ophthalmologist, we are filled with regret, and that familiar refrain, "Art is long and time is fleeting," comes home with new power.

"In otology progress has been far less rapid and extensive.

Enthusiasm in its study has, however, been greatly quickened by the vast advances in its sister science, and the past twenty years have seen decided steps forward in this obscure and difficult subject. I say 'difficult and obscure,' because the ear is an organ, the most important parts of which are so veiled from sight and hidden from touch, as to largely preclude their examination during life.

"While, with the ophthalmoscope, we can survey the whole interior of the eye in the living subject, and detect even the slight variations of structure which mark the incipience of disease, the expansions of the auditory nerve are doubly hidden from our inspection. Not only are they shut up within the labyrinth, but, while the M. T. remains intact, we cannot even see into the middle ear; so that the condition of the aurist resembles that of the oculist before the discovery of the ophthalmoscope—indeed, it is more helpless; and, just as twenty-five years ago, nearly all cases of loss of vision, from causes lying behind the lens, were classed under the head of amaurosis (an affection which was defined as one in which neither patient nor physician could see anything), so now the phrases 'nervous deafness' and 'chronic aural catarrh' cover an abundance of ignorance. Could these obstacles be overcome and the expansions of the auditory nerve be unfolded to our vision, as those of the optic have been, doubtless the knowledge of the aurist and his ability to restore the lost sense of hearing would rival those of the oculist in his field of labour. But such a consummation, however 'devoutly to be wished,' we can, from the very nature of the case, never achieve. The same remoteness and inaccessibility hinder operative measures, and, in a great degree, *medical treatment* also, even when a correct or approximate diagnosis can be made.

"This last remark brings us more definitely to the subject in hand to-night, viz. the relations of homœopathy to ophthalmology and otology.

"That both prognosis and operative measures must depend upon diagnosis, all will admit. But that the therapeutics of the homœopath is ever properly influenced by diagnosis is what some are not ready to believe. That diagnosis is ever useless, or generally so, in the therapeutic problems of general practice, is a question which I do not propose to discuss to-night, but I entertain the very decided opinion, that no homœopathic oculist or

aurist can hold any other than the negative side of this question, so far as his specialties are concerned.

“ Without going fully into the subject I may be allowed to say that when our *Mat. Med.* shall have reached its full development ; when the number of remedial agents, which God has created, shall have been so far explored by our provers as to furnish a genuine similitum for every case of disease ; when their full spheres of action have been developed, analysed, and made comprehensible to the average mind ; when the renal and alvine and other excretions of the provers have passed the review of the laboratory ; when the symptoms of the eye, and ear, and nose, and throat, and other organs, have been observed and defined by experts ; and, above all, when some method is devised by which our symptomatology shall accurately reflect the day-books of the provers, and not stand so detached as to resemble the scattered pieces of a puzzle, then will a millenium dawn, in which diagnosis will surely be far less necessary than now, and perhaps, in strictly therapeutic problems, entirely unnecessary. Still it will always be needed to define the line between therapeutic and surgical cases—for example, it is not uncommon to come upon a case in which an inflammation, depending upon a foreign body in the eye, has been for weeks treated with medicines, while the true cause of the difficulty was one of a surgical nature. But this aside, by as much as we *yet* fall short of the true similitum, by so much must we—certainly for the present, and, presumably, for a long time in the future, resort to other laws of cure or to pure empiricism, or else, helplessly folding our hands, stifle our consciences as we listen to that voice which will ever follow us ‘ in the cool of the day,’ saying : ‘ Where is Abel thy brother ?’

“ I have wandered somewhat from my proper range of thought ; but, before we return, one further remark is appropriate as showing the necessity for careful diagnosis in diseases of the eye. It is this : It should be remembered that surgery is yet in advance of therapeusis in some portions of the field under consideration. No medicine, however administered, has ever cured glaucoma (though symptoms are abundant enough) or cataract, or staphylocoma of the cornea, or glioma of the retina, as well as many other diseases of the eye where the knife is every day efficient, while others still, both of the eye and ear, are only to be cured by the

assistance of operative measures. For example, catarrh of the middle ear—the most common cause of deafness in our climate—is very much benefited by the use of Politzer's air-douche and the galvanic current properly applied. Medicines are of great value also in its treatment, so that both those who, like the allopaths, use the former and neglect the latter, and those who use the latter only, as do our exclusive symptomists, fail to reach the highest standard of success. This is also true of many other forms of disease of the eye and ear, which we have not time to mention.

“But does homœopathy, as a science and a system of therapeutics, manifest superiority in these specialities as it has in other fields? I confidently affirm that it has, and does, and will. To those who have watched the clinics of our old-school brethren it is very plain that, while they are expert in the use of the knife, and cure some of these forms of disease by medicines, their therapeutics, in these fields, is even more coarse, blundering, and inefficient than elsewhere. With the external use of astringents and caustics, the instillation of atropine, the use of derivatives, local depletion, and the administration of mercury and iodide of potassium, in syphilitic complications, their therapeutics comes about to an end. One of the most distinguished oculists of that school confessed to me that he had little faith in anything but steel in diseases of the eye. Having observed the large clinics of Knapp and Allen and Liebold, for a year and a half, and having treated, during the past seven years, about four thousand cases of eye and ear disease, I give it as my candid opinion that homœopathy, imperfect as its eye and ear symptomatology is, enables the specialists of our school not only to cure a much larger per cent. of cases than our rivals can, but often to avoid operations which would otherwise become necessary, and, where they are performed, render them more likely to issue successfully.

“The old school falls into the same error here which always besets its practitioners—they fail to individualise their cases. Every iritis must have atropine; every blennorrhœa must be washed with nitrate of silver; every trachoma must be rubbed with sulphate of copper; every catarrh of the middle ear must have the air douche. Now these measures are not without their modicum of success, but so far do we stand in advance of them that it is by no means uncommon to hear of cases which, after

having gone the round of the most celebrated old-school oculists, have been given up as hopeless, and yet have been cured by some humble homœopathist who had simply studied out the similar of the subjective symptoms, and who, perhaps, had no idea of the nosology of the disease he was treating. I need not say that I do not praise this lack of diagnosis; the cure would have been no less rapid and sure had the physician known what he was treating; nor do such facts show that this is the best method with all cases. But they do tend to show that, having in hand all the resources of the allopathist, and, superadded to these, a knowledge of the homœopathic *Mat. Med.*, and experience in its application by our law of cure, the specialist of our school can by far distance his allopathic competitor in his results.

“I will conclude this paper by citing some of those forms of disease in which homœopathy has proved most efficient, and some in which our general practitioners are liable to err, from failure in diagnosis and in relying upon pure symptomatology.

“In all *inflammatory* affections of the eye our superiority is strikingly manifest. Cold or hot applications, and the use of leeches or other forms of depletion, are the main reliance of the old school. The former are often very useful adjuvants, but at once you will understand how far we must excel in treatment when you recall the army of specifics which we possess for various inflammatory conditions. Inflammations which often follow operations or accidents are also better controlled by us for the same reason. When I was but a novice in these specialties, I operated for artificial pupil upon an eye, where one of the most distinguished oculists of New York had three times attempted the same thing, and had failed, because of the inflammation which was sure to follow; but with aconite and mercury I mastered that process, and gave sight to a young man who had been blind for years.

“In that horrible and tedious disease which is vulgarly called scrofulous ophthalmia, our treatment is infinitely the better. Often have I cured cases of this kind in a few weeks, which for years had been tortured by oculists of the old school. Their entire treatment in this affection consists in dusting calomel into the eyes, or in applying yellow oxide of mercury ointment, and in attending to hygienic measures.

“Ulcers and abscesses of the cornea also are wretchedly

treated by allopathic means. Instillations of atropine, sections of the cornea through the abscess or ulcer, rest and diet, with the compress bandage, are nearly their sole reliance, while in *Ars.*, *Morc.*, *Sil.*, *Hep.*, and various other remedies, we find specifics for these disease-processes.

"I might make similar remarks concerning iritis, conjunctivitis, retinitis, inflammations of the lids and lachrymal apparatus, injuries of the eye, and paralysis of the ocular muscles.

"When we come to diseases of the ear, allopathic resources are still more limited. For catarrhal diseases of the middle ear they do almost nothing but use the air douche, and injections of medicated fluids or gases through the ear catheter. These are well enough, and often useful, so far as they go, but poor enough when used alone.

"For abscess of the external ear they have only soothing applications, anodynes and the knife—nothing whatever to prevent their recurrence. In what is miscalled otorrhœa—properly otitis m. p.—they syringe and apply various lotions, a proceeding which is often necessary and efficient, but which is much aided by remedies.

"In that dreadful suppurative disease of the labyrinth, which is sometimes a sequel of cerebro-spinal meningitis, they are utterly powerless, and absolute and irremediable deafness is the result. I have seen about fifty of these cases in Knapp's *Olinic*, and four in my own. Generally they come under observation when it is too late. But in one instance I was able to treat the case from its outset. The disease was well marked and unquestionable in character. Just as convalescence was setting in in the primary disease, the boy, a lad of ten years, became suddenly so deaf that loud shouting could only be imperfectly heard, and that only in the left ear. This was over two years ago, and the lad to-day hears perfectly with one ear, and as well as most people with the other. I believe that proper treatment would equally save every case if timely entered upon.

"Now, in what diseases are we deficient in curative ability, and in which have we yet need to resort to allopathic measures?

"So far as diseases of the ear are concerned, we have great difficulty in benefiting, to any great extent, cases of chronic catarrh of the middle ear, and proliferous degeneration of its mucous membrane.

“Suppurative disease of the middle ear is also seldom cured by remedies homœopathically used, and unassisted by local measures.

“The difficulty seems to me to lie in the facts that so small a part of the body is diseased, that the tissues affected are so slow in their nutritive changes, that the chronic nature of the disease is so marked, and it is characterised by so few subjective symptoms, that the specific remedy for each case cannot be selected with any degree of certainty.

“Whatever may be the reasons, it is true that remedies alone generally fail to reach these cases.

“In chronic catarrh of the middle ear my friend and colleague, Dr. Houghton, has succeeded in making remedies useful, by first exciting an acute congestion of the parts by means of the galvanic current. Then remedies would take hold as we say, when before they would not, and when no results could be obtained by the current alone. This fact would seem to favour the idea that the low vitality of the tissues involved is a bar to the influence of infinitesimal doses. That structural disease should be cured necessitates a change of cell-life in the affected part, and here it would seem that the agent used had not sufficient power.

“With equal hopefulness can we undertake specific treatment in chronic otitis m. p. I do not believe that one case in twenty-five can be reached by the most careful and expert therapist in our ranks. Syringing and subsequent lotions of various kinds have to be resorted to, and are efficiently used in connection with those remedies which seem appropriate. I think that any case of this kind can be cured, and (what may seem strange to some of you) *ought* to be cured. There is no greater fallacy and folly extant in the profession than the opinion, so often given to parents by even respectable physicians, that there is danger in curing such discharges, and that they are likely to be outgrown. I have cured many of them, and have never seen any evil results, and all aurists share this opinion and experience. On the contrary, we often see terrible evils resulting from the neglect or inefficient treatment of such cases, and at times even death. We never hesitate to cure ulcerations elsewhere, and certainly one in such proximity to the brain, and so prone to extend to it, in the form of meningitis and abscess, should be disposed of in some way.

“What has been said in reference to diseases of the middle

ear applies to a certain extent to similar affections of the conjunctiva and the lachrymal sac. I know no reason why these forms of inflammation should prove more amenable to specific medication than those of the ear, except that *here* we have more highly vitalised tissues involved. This is certainly true of the conjunctiva, and, if less true of the lachrymal sac, that only corresponds with the facts of the case, for surely it is less easily affected by remedies.

“ We not unfrequently find cases which either present absolutely no subjective symptoms, or so few that they are almost valueless in diagnosing the specific remedy. Probably such did exist in the outset of the disease, but, in passing years, they have been forgotten. Often children are brought to us in whom a chronic conjunctivitis has crept on in so insidious a manner as to have been entirely unnoticed, or they and their parents are so stupid as to be unable to give us any firm therapeutic foothold. It is true that such cases generally present a basis of ill-health, which we can reach specifically, but it does not always follow, even when the local disease had its origin in such ill-health, that it will disappear with the restoration of vigour. Cell life is subject to the law of habit, and the eyes are so constantly exposed to irritating agencies—so constantly used that the inflammation obstinately persists. In such instances the rude homœopathy of local applications must be brought into play.

“ I firmly believe that disease often becomes a habit—a second nature, so to speak, and that infinitesimals, and even low dilutions, have just as little, if not less, effect upon it as they have upon the healthy body. I am quite well aware, and fully believe that even infinitesimals do produce pathogenetic effects upon the healthy human system, and that they have sufficient effect upon those chronically inflamed structures which are constantly exposed to more powerful agencies, which tend to perpetuate the disease, clinical experience goes far to prove. Chronic inflammation, in any location, is difficult of cure, and in such exposed parts it is still more difficult.

“ Asthenopia is another disease which is very often medically treated by physicians, and its symptoms are so marked that the prescription is easy ; still no permanent benefit may be obtained, and the reason lies in the fact that the whole trouble lies often in faulty refraction, and spectacles are needed and not drugs. But

these should be carefully selected by competent hands, or they may do more harm than good.

"Glaucoma is a disease which frequently simulates neuralgia oculi (a rare difficulty by the way, either in the eye or ear), and its treatment is attempted by the physician. As the pain subsides and vision again becomes good, he is apt to congratulate himself upon a cure, not knowing that this is the ordinary course of the affection, and that renewed and more severe attacks are sure to come. As I have before intimated its only known cure is by iridectomy.

"All forms of partial or entire blindness, which depend upon causes which lie in or behind the lens, must be diagnosed by the aid of the ophthalmoscope. An atrophy of the optic nerve, or an inflammation of the same, equally may cause blindness, and equally be entirely without subjective symptoms to guide us in the choice of an appropriate remedy.

"In spite of our prejudices, it will not do to ignore allopathic measures in all cases. I may mention one instance in illustration :

"A young and blooming Irish woman of the better class was lately brought to my clinic. About five months ago, while in the eighth month of pregnancy, she was attacked by acute Bright's disease, and soon became entirely blind. Her physician induced labour, and a dead fœtus was delivered. Her sight soon began to return, but for the past three months had been stationary. There was not one subjective symptom, but she could only see print, which we term J. 16, *i. e.* letters about one half inch in height, and proportionately large in all directions. The ophthalmoscope showed the remains of the deposit in the retina, and a partial atrophy of the optic nerve, which last proved that she had also suffered from optic neuritis.

"Now what was to be done? Can any one show any way in which an efficient homœopathic prescription could be made for her? And yet there was a way—an antipathic way to help her—and I took it. I injected 1-20 grain of strychnia sulph. under the skin of her arm once daily, and within one week she could read ordinary print with either eye. The improvement will be permanent.

"One more general remark I wish to make. It is this: While the subjective eye symptoms recorded in our M. M. are probably

as reliable as any of them, the objective symptoms are of very little value, simply because in most cases they were observed by unreliable diagnosticians. You will find remedies noted as having produced or cured near and far sight, and may expect that they will cure these defects, but you will be disappointed. They may have affected the ciliary muscles of provers, so as to simulate these affections, but it is impossible that they should have produced them. Nearly or quite as much may be said in reference to the term "cataract," which is very loosely and improperly used in our M. M.

"And, finally, I may say that the non-existence in the M. M. of a similar for any disease, or, what practically amounts to the same thing, our inability to discover it, either from our patient's being too young or too stupid to tell us his symptoms with accuracy, or from the absence of any symptoms at all, certainly justifies us in resorting to any measures which promises a cure. I will go farther than this, and say, that while diligent study of the M. M. is the plain duty of every one, there are those of us who have not the qualities of mind necessary to analyse the pathogeneses on record as others can. Some are young, and, with all the study possible to them, and all the very meagre aid they obtain from our professors of the M. M., they cannot have a ripe therapeutic judgment.

"It is one thing, and often a very disappointing thing, to think we have nicely 'covered' one case from a pathogenesy, and then fail to cure; and it is another and quite different thing, to know what features of our diseased-picture are the important, the characteristic ones, and which should be heeded to the neglect of others.

"Still farther, it should be remembered that our M. M. is an unpurchasable thing; and yet the necessity is upon each one of us to heal the sick. I have no excuse for, nor patience with, the lazy indifference of so-called homœopaths, who practise for years, and have either no M. M. at all, or the poorest apology for an abstract of it; but I still believe that the ripest scholar in our classics will fail to cure the largest number of diseases of the eye and ear, in the speediest way, who, under the existing state of things in our school, does not know, and, at times, make use of the great store of experience which has been accumulated in the more ancient school of medicine."

New England Medical Gazette. July—December.—The numbers for August and November have failed to reach us, so that whatever of interest and value there may be in them must remain unnoticed here. In that for September Dr. C. Wesselhœft contributes some provings of *Amyl nitrite*, and mentions its value in quieting irregular and tumultuous cardiac action. The provings supply a good many subjective sensations resulting from its action, but hitherto unnoticed. Dr. Whittier relates some cases in support of the claim made for *Graphites*, that it will resolve indurations of the mammæ consequent on inflammation and abscess. He gave it in high dilutions. In the October number Dr. C. Wesselhœft supplies some fresh clinical verifications of this important medicine; and Dr. Walter Wesselhœft details a very interesting and obstinate case of menorrhagia, in which, after the failure of all means, homœopathic, allopathic, and mechanical, the hæmorrhage was finally arrested by the administration of *Bovista*, in the 2nd trituration. Marked increase of the flow at night, and a sense of enlargement and fulness of the head, were the main symptoms calling for it. Teste, in his account of his conversion to homœopathy, mentions the latter sensation as leading to his choice of the same drug for an obstinate leucorrhœa, and the brilliant cure thence resulting as strongly conducive to the making up of his mind. In December Dr. Claude, of Paris, relates his experience with *Guaræa* in chemosis, where it appears to be a very efficacious remedy. He gives the 1st decimal dilution.

United States Medical Investigator. July—December. Here also we have several gaps to lament, viz. those which should be filled by the numbers of July 1st, Sept. 1st, Oct. 15th, and Dec. 15th. We regret these irregularities in supply, as they diminish the value of our notices of "Our Foreign Contemporaries" as records of all that is noteworthy in homœopathic periodical literature throughout the world.

The numbers before us are filled with interesting and practical matter, and no American journal contains so

detailed an account of the proceedings of the World's Convention, several of the papers presented being given at length. In the issue of Aug. 15th, Dr. James Blakely, the original prover of *Mercurius iodatus*, gives a number of cases illustrative of the action of this substance. He considers a tongue coated yellow at the base, but clean (perhaps red) in front, to be very characteristic of it. In that of Sept. 15th, Dr. O. W. Smith, *apropos* of the power of *Ruta* to disperse ganglia of the wrist, mentions a case in which one developed under its use (3rd dil.) for rheumatism of the lower extremities, which disappeared as the ganglion came into prominence. The latter itself departed soon after the medicine was discontinued.

Oct. 1st brings us a narrative of an epidemic of trichiniasis, in which there was an opportunity of testing the powers of homœopathic remedies to relieve suffering and promote recovery. *Spigelia* was the medicine found most helpful. The following, from California, will amuse our readers :

“Medical fun.—I thought it might possibly amuse some of your readers if I should send you a few questions and answers. At a meeting of our board of examiners, under the new medical law, a man presented himself, who claimed to have been sixteen years in practice, but who had no diploma. His examination was begun with written questions, and I will give you a few of them, and his answers, *verbatim et literatim*. It is needless to say he did not pass.

“Question.—What kind of a muscle is the sartorius, and where is it located ?

“Answer.—Musculas are numarous all over every limbs they are located in every part of the body and are numarous in every limbe.

“Q.—Where is the deltoid muscle, and what is its shape ?

“A.—Elbow musclese are situated in the elbows the muscles run the whole length limbs.

“Q.—Where is the gluteus maximus muscle ?

“A.—The glutinous mus are what we call the fine muscle of stimack and other organs and other organs termed glutinous.

“Q.—What is Potts' disease of the spine ? Give its varieties and pathology.

“A.—There a disease turmed Pot diseas it is Called by some a Blood disease have in not seen many cases I use the specifics according to It symptoms.

“Q.—What is spina bifida, and when does it occur?

“A.—this spinna Disease the spine of the back becomes Crooked in cases that I sea in this country It seems to grow on some persons.

“Q.—Is there such a thing as false peritonitis? If so, how would you diagnose it from the true?

“A.—they are Disease Called piritonites it is very painfull their can be no such as Disease a false one.

“These will do for samples. This man says he has lately been converted to Homœopathy. What a shining light he is likely to make on our side of the medical world!—G. M. PEASE.”

The number for Nov. 15th contains a case of poisoning by *Phosphorus*, which, with the comments of its reporter, well deserve extraction, but our space will not allow thereof.

MISCELLANEOUS.

A Few Last Words on the London School of Homœopathy. By
DRS. BLACK, DRYSDALE, DUDGEON, and KER.

IN the April number of this Journal we addressed a letter to our medical colleagues on the "London School of Homœopathy," in which we advocated the abolition of a distinctive title in order to encourage the attendance of medical students, and to secure us the opportunity of asserting our right position in medicine.

On April 27th, 1877, we circulated among our medical colleagues the following letter.

DEAR SIRS,—In the April number of the *British Journal of Homœopathy* we published a "Letter and Preamble" addressed to the medical profession on the proposed London School of Homœopathy. We have circulated 185 copies of this letter, and we have received either personally or by letter 142 replies; 122 are favourable, concurring with the views of the preamble, but 2 of these decline all responsibility, as they view the school movement in any form as a mistake; 20 express a decided opposition to the "Letter and Preamble;" one declines to sign because, though the preamble expresses his opinions, he fears the discussion may injure the "School." Even if we put down all who have not replied as hostile or doubtful, we have an expression of opinion which we deem decisive as to the propriety of our present course.

We would have called a meeting on the 2nd of May, in accordance with the wishes of those who replied, had it not been for the personal appeal of Dr. Bayes not to do so until he had an opportunity of stating his own views. This he has done by means of the letter in your hands, which we shall now consider.

We do not admit the justice of styling our proceedings *ex parte*. The views we have expressed in the "Letter and Preamble" are those we have always held. So long ago as 1849, when the Homœopathic College of Philadelphia proposed to constitute us into an examining board for their degree to be used in this country,

we declined on account of the sectarian title, although the present Medical Act was not in existence.

Dr. Bayes states the name was fully discussed at the last Congress, and a resolution was passed that the name should be "The London School of Homœopathy." In this Dr. Bayes is mistaken. The discussion which arose there was not as to the name, but as to the connection of the School with the London Homœopathic Hospital and the British Homœopathic Society. Entirely in that sense Dr. Black moved an amendment that a School of Homœopathy should be formed in London; but in all the discussion there was no question as to name; it was among such a body the simplest way of stating that homœopathic therapeutics be taught in London. His main objection to the connection with the Hospital and with the Society was that in a new movement such as this it was better to seek an independent existence and thereby make one step in asserting our non-sectarianism. This was an aspect which Dr. Black and Dr. Ker had very carefully considered. So little was it thought that a fixed name had been given to the School that at the first of the only two committee meetings held before the general meeting Dr. Black suggested the title as a point for serious consideration. His then state of health prevented him carrying out the subject, but Dr. Drysdale strongly urged Dr. Bayes to give no name until a special committee had reported on the same, feeling very decidedly that the name should not be a sectarian one, but local or abstract. The difficulty was to choose a good local one.

At the general meeting of the 15th December, 1876, Dr. Dudgeon proposed to alter the name so as to get rid of the sectarian title; his proposal was seconded by Dr. Wyld, and after being partially discussed was put aside on the ground of technical informality. In the report of the meeting in the *Monthly Homœopathic Review* all notice of this incident was suppressed. After this general meeting one of us wrote to Dr. Bayes, informing him we were not satisfied and intended to pursue the subject further. As soon as possible after this the Letter and Preamble were issued.

We quite agree that the decision to be arrived at "*may affect the interests of medicine in no small degree for many years to come,*" and hence we are so urgent that a step should not be taken which may imperil the position of homœopathy as an integral part of therapeutics in this country. We are not

blameable for this "apple of discord." We should rather say those are blameable for its introduction who insist on attaching a name to the school which will place us in a false position, and will, as we believe, effectually prevent recognition of the lectures by the licensing bodies. Dr. Bayes asks, "What valid reason have you for such a conclusion?" To this we reply we have had a long interview with a distinguished member of the Senate of the London University, who tells us that the *presence of the word "homœopathic" in the title of a school or of individual lectures would effectually bar the question of recognition being even entertained at all*; not from any objection to the homœopathic theory as such, but from the sectarian restrictions implied in such a title. In illustration he further remarked, that any school or lectures bearing the title "allopathic" would on the same grounds have no *locus standi* in an application for recognition. Such is the real obstacle to recognition, and not "*the assumed dishonesty of our conduct*," as Dr. Bayes wishes you to believe (p. 8).

If there should be any fancied legal difficulties about the money subscribed under a title prematurely settled, let an offer be made to refund it to those donors who may be dissatisfied. We are confident no repayment will be demanded when they perceive that a change of title is made in deference to the opinion of the majority of the profession in what they conceive to be the *real interests* of homœopathy. The change of title is simply the expression of our claim to teach our opinions with recognition, and is therefore not a lowering of our flag nor a sign of waning faith, as some would have it. It is the assertion of a privilege which is a corollary from the protecting clause (§ 23) of the Medical Act. Let us remind you that this clause was obtained from Parliament by an agitation similar to the present and mainly by ourselves, and an indispensable condition to its passing was its abstract form, and the absence of any reference to a particular theory, such as the homœopathic.

Dr. Bayes says the name homœopathy is "the concrete name for the teaching of drug selection by the rule '*similia*' as opposed to that by the rule '*contraria*,' that is all," and that *this teaching* is the justification for the title of the school. But with singular inconsistency the lectures on *Materia Medica* as announced are to "embrace the history of *all known actions and uses* of the substances employed in medicine" (the italics are in the original). The attempt to combine these two methods of teaching stultifies the whole object of the school; for the purely homœopathic part

alone is what is desired by practitioners of medicine, whereas a course of complete *Materia Medica* is required by the student in order to give the instruction necessary to meet the examinations of the licensing bodies, whilst, as we have shown, the title of homœopathy precludes the attendance of students altogether. For what student in these days of numerous studies and severe examinations will burden himself with a supererogatory attendance on lectures which could not count in his curriculum?

Dr. Bayes is entirely mistaken in the conclusion he draws from the success of the American colleges, which is not owing to their title, but solely to their power of granting licences to practise; moreover, the tendency of the Americans in both their latest schools and periodicals is to drop the sectarian title altogether. It has been urged that allopathic medical men have expressed approval of the present title. Of course we are well aware that mere allopathic partizans will rejoice to see us voluntarily and exultingly relegating our school, as they say, to the Coventry of quackdom along with the "British College of Health" and similar institutions, but shall we suffer ourselves to be thus thrust out of the pale of legitimate medicine and by our own act?

Dr. Bayes complains of our Letter and Preamble being a grievous blow "when complete success was within our grasp." We wish we could see any evidence of complete success. The opening of a course of lectures to be attended by all and every body except *bond fide* students, we regret to think, forebodes failure rather than success. We cannot forget the sanguine expectations entertained at the opening of the Homœopathic Hospital and School in Hanover Square, in which the wishes of the lay element were so much appealed to for the sake of subscriptions, and the abortive outcome of the same. Any project that appeals to aught but the highest and strictest principles of medical science must ultimately end in failure.

With respect to the extraordinary meeting of the governors desired by the bulk of our supporters before the formal opening of the school, Dr. Bayes appealed to us to postpone it till the matter could be discussed at the annual assembly of the British Homœopathic Society and also at the Congress in September. We agreed to this on condition—1st, that such delay should in no way prejudice our arguments and future proceedings; 2nd, that the result of a vote taken at the annual meeting of the British

Homœopathic Society, and again at the Congress this year—votes by proxy being allowed—should be held binding on both parties; that is: “if resolutions founded on the Preamble are carried at both meetings, you and your colleagues bind yourselves to carry them into immediate effect; we binding ourselves, if adverse, to submit to the opinion as far as it is applicable to the ‘London School of Homœopathy.’”

Dr. Bayes replied that he accepted the first condition, but as regards the second he refused votes by proxy, also to bind himself, and superadds to the medical meeting a general meeting of subscribers. He concludes, “if the vote at these [the medical] meetings and at the general meeting of the subscribers was, in my opinion, adverse to the true interests of the school I should reserve to myself the right to resign my position as honorary secretary, and to place the direction of affairs in the hands of those who could conscientiously carry out the new idea.”

We deprecate this tone, and we feel as much as any one the extreme value of the services Dr. Bayes has rendered and can still render to the cause.

The binding conditions being refused, public meetings of medical men become superfluous. Our course, therefore, will be to summon ere long a meeting of medical men favourable to the Preamble; we shall then draw up resolutions founded thereon, and suggest a title under which we can claim legal recognition. These resolutions will be submitted to the governing body in the manner provided for by the laws.

F. BLACK.

J. J. DRYSDALE.

R. E. DUDGEON.

C. B. KER.

P.S. Monday, 30th April.—While the above was at press we received the May number of the *Monthly Homœopathic Review* containing another letter from Dr. Bayes. The tenor of the epistle is the same as that on which we have already commented, and it needs few additional remarks. With regard to the claim for his plan of a monopoly of honesty and straightforwardness, boldness and manfulness, we would humbly suggest that our proposal to force the barriers of the ordinary licensing bodies and teach homœopathy openly in their curricula has some claim to these qualities.

Dr. Bayes says, a “school having only two special lectureships

besides those in its clinic cannot appropriately be called a medical school." We are not called upon to discuss here the abstract number of chairs required to constitute a medical school, nevertheless we may remind him that there have been "medical schools"—and famous schools they were—with a few chairs; witness those of Hunter, the two Bells, Marshall Hall, &c.

We had received numerous gratifying replies to the Letter and Preamble, some of which we intended to have read at the meeting had it taken place, and we refrain from giving them at present to avoid the appearance of *ex parte* statement. However, since the circulation of Dr. Bayes' letter to Dr. Drysdale we have received eleven communications; in five of these the writers express their adhesion to the Preamble, one of them having previously declined to do so, one is decidedly adverse, and five retract the adhesion previously given. Of the retractors four withdraw their names out of personal regard to Dr. Bayes or fear of injuring the money prospects of the school, while they still profess agreement with the principles of the Preamble. These correspondents are influenced by the assertion of Dr. Bayes that our proceedings are injurious to the school. We, on the contrary, after mature consideration, are more than ever convinced that the course we recommend is the only one capable of securing the legitimate and permanent success of the school.

On May 16th, Dr. Pope circulated a series of resolutions, bearing on the subject of title, introducing side issues with which the question we advocate has no connection. The first and second paragraphs are those we have to consider, and especially the latter.

"That, while there are in the opinion of some of the supporters of the school sufficient reasons for describing the institution by a name less sectarian than that which has been accorded to it, there are on the other hand valid reasons why the discussion on this question should be postponed until the success of the school is assured."

We are informed by Dr. Pope that he has received 121 replies to the 287 letters he posted.

86 of these were favourable to the resolutions.

35 were not favourable.

Of the 86 favourable, 46 were those of medical governors of the School.

We know that a very much larger number than thirty-five were opposed to Dr. Pope's resolutions, who manifested their views either by taking no notice of the resolutions or by expressing their opinions as did the Liverpool Med. Chir. Soc. by counter resolutions.

13, St. James Road, Liverpool ; June 1st, 1877.

DEAR SIR—At a special meeting of the Liverpool Hom. Med. Chir. Soc. held last evening the circular of Dr. Pope respecting the London School of Homœopathy was taken into consideration and discussed.

The following resolutions were proposed by Dr. Moore, and carried unanimously :

1st. That we beg to express our deep sense of our obligation to Dr. Bayes for his very laborious and highly successful efforts in obtaining pecuniary means to establish a school of homœopathy.

2nd. That we desire to express our conviction that the four colleagues who wish to have a non-sectarian name for the school have equally at heart the good and the future progress of homœopathy.

3rd. That we think the question of the title of the School should be fully and fairly discussed both at the Annual Meeting of the British Homœopathic Society and at the Congress to be held in Liverpool in September next, and if a majority decide on a change of name such change should be carried out by the executive.

4th. That we decline to pass any judgment on differences of a personal character which have unhappily been introduced into the discussion of this question.

I am, yours faithfully,

To Dr. Black.

P. PROCTER, *Hon. Sec.*

We must add that these resolutions were brought forward without any previous understanding or knowledge of them by Dr. Drysdale, the signer of the original letter and preamble.

It is difficult to understand the fact, for fact it is, that a bare majority of the medical governors signed Dr. Pope's resolutions, and that a majority of the same body signed our letter and preamble. The explanation of this must be either that the variety of subjects introduced into the resolutions has diverted attention from the main point at issue—that of a school with a sectarian designation, or that many of the signatories saw good

reason to change their minds in the short interval which elapsed between the issue of the one and the appearance of the other. The first explanation is the more probable of the two. Believing this we are by no means content to rest satisfied with the conclusion that has apparently been arrived at—that the new institution should bear the title, “The London School of Homœopathy.” On the contrary, we shall consider ourselves at liberty to renew our protests or take action against that conclusion when a favourable opportunity offers. Feeling strongly as we do how much of the future of homœopathy and of medicine hangs on this question we cannot do otherwise. In the meantime we protest against our proceedings being characterised as an attempt to change the name of the existing school. We contend that the sectarian title was bestowed on it by surprise and without any proper reference to the sole competent authorities for determining it, viz. the general body of the profession who employ homœopathic treatment in their practice: the hasty vote of a general meeting of the subscribers to the school.

Our efforts must be unceasingly directed to the securing recognition for ourselves by the profession generally and by the medical licensing and examining Boards. We must not relax in such efforts till the end is gained. The end will not be gained till we are unanimously or almost unanimously supported in them by our own body. Nor will it be gained as long as our chief institutions bear a sectarian designation. What we have to do in the first place, therefore, is to convince ourselves of the vast advantage to us which would follow in the train of recognition, and that such recognition will not be granted to a school with such a title as that which has just been established.

The longer we continue in our sectarian position the worse for ourselves and for medicine, especially if that position is a voluntary one or acquiesced in by us. We narrow our range of vision to the limits embraced by the terms ‘Homœopathy’ and ‘Homœopathic.’ We bring medical questions to the homœopathic test, not to the medical one in the large sense. We value unduly our own views and our own literature and our own practice, and are thus disposed to underestimate those of our brethren of the dominant school.

Can any one doubt that we should have a greater leavening power on medicine if allowed a place within the pale of the profession than if forced to remain outside that pale? We have

only to consider what has already been done by us even as outsiders to come to the conclusion that the leavening process would have been infinitely greater had we been recognised. Our doctrines uttered in the societies and published in the journals of our brethren of the old school would have a weight given to them in one year which has not been accorded to them during the last forty. To secure so great a gain to medicine, therefore, we maintain that it is worth our while to make every sacrifice short of the surrender of our fundamental therapeutic principles. Medicine requires this sacrifice of us, and we should be prepared to make it. We are convinced that a majority of the best men in the profession are prepared to welcome us into their ranks. Some of them, we are confident, feel that when the day comes when that happy consummation shall have taken place, a reserve which, they must acknowledge with a certain sense of shame, they have felt constrained to practise in the expression of their opinion will be no longer necessary. They will then be able, without having the stigma attached to them of favourers of homœopathy, to express their heart-felt convictions as to the necessity of knowing the effects of medicines on the healthy body, as to the more or less general applicability of the doctrine of similars, as to the superior utility of sometimes prescribing one medicine only instead of several, and as to the debt of obligation which medicine owes to Hahnemann.

It is difficult for us to conceive that there should be members of our body who are unwilling to allow that this is a consummation devoutly to be wished; it is so clear to us that it is one by which both parties will be gainers and which will result so manifestly to the advantage of medicine.

We beg no favour from those who have committed themselves as allopathic partisans. On the contrary our best hope for the future is in claiming our right of teaching the rising generation, and in this hope we may expect the aid and sympathy of all liberal-minded persons.*

F. BLACK.

B. E. DUDGEON.

J. J. DRYSDALE.

C. B. KER.

* While this letter is in the press we have read with pleasure a clever pamphlet, by Dr. S. Cockburn, of Glasgow, entitled, 'No Sectarianism in Medicine.' We gladly express our thanks for his able advocacy of a non-sectarian title to the school.

BOOKS RECEIVED.

New Observations on Hay Fever. By C. H. BLACKLEY, M.D.
London: Baillière, 1877.

The Science of Life. London: Burns, 1877.

Technical and Handcraft Training. By HAHNEMANN EPPS.
Hampstead: Hewitson.

On the Sources of the Homœopathic Materia Medica. By
RICHARD HUGHES, L.R.C.P. London: Turner, 1877.

A Manual of Therapeutics. By R. HUGHES, L.R.C.P. Ed.
Second Edition, Pt. I. London: Turner, 1877.

*Report of the Birmingham and Midland Homœopathic Hos-
pital.* 1876.

The Liver and its Diseases. By WILLIAM MORGAN, M.D.
London Homœopathic Publishing Company, 1877.

How to prevent Desquamation of the Cuticle in Scarlet Fever.
By GEORGE LADE, M.D. London Homœopathic Publishing
Company, 1877.

Diabetes Mellitus. By WM. MORGAN, M.D. London
Homœopathic Publishing Company, 1877.

*Eruptive Fevers, Scarlet Fever, Measles, Smallpox, &c., being
a course of lectures on the Exanthemata delivered at the London
Homœopathic Hospital.* By Dr. V. DRURY, M.D., M.R.I.A., &c.
London: Gould, 1877.

No Sectarianism in Medicine. By SAMUEL COCKBURN, M.D.,
Glasgow. Being a reply to *The London School of Homœopathy*,
by Dr. BAYES, of London.

Whose Dog is it? London: Partridge.

Boston University Year-Book. Vol. IV.

Zur Bichtigstellung des Urtheils. Von Dr. CL. MÜLLER.

Revue Homœopathique Belge.

The Monthly Homœopathic Review.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The United States Medical Investigator.

The North American Journal of Homœopathy.

The New England Medical Gazette.

El Criterio Medico.

Bibliothèque Homœopathique.

L'Art Médical.

Bulletin de la Société Méd. Hom. de France.

The Calcutta Journal of Medicine.

Allgemeine homöopathische Zeitung.

Dublin Journal of Medical Science.

Ohio Medical and Surgical Reporter.

Cincinnati Medical Advance.

The Homœopathic World.

The Homœopathic Times.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

DRUGS AND THEIR DOSES.

By ARCHIBALD HEWAN, M.D.

AMONG the many incidents—and there are not a few strange ones—in an acquaintance with old physic of some eighteen years, and before I knew anything experimentally of the law of similars, I remember while abroad giving a man in great pain a six-ounce bottle of medicine, containing altogether one grain of *Morphia*. I particularly instructed him how it should be taken at regular intervals. Not long after I was hurriedly sent for to see my patient. I found him in a dead stupor. On making inquiry I was informed that, having found some relief from the first dose, he had proceeded directly to take a second, then soon after a third, and being of rather an impetuous turn of mind he finished by taking off the remainder at one draught, arguing roughly that if one or two doses did him so much good the whole should make him altogether well. By this rash and summary process of reasoning he had put himself into a quiet and peaceful slumber, in which he lay alike unconscious of his own danger and of the great anxiety and alarm of his friends, who crowded around him helpless and wondering. I —; well, he recovered.

Whoever goes abroad very soon discovers that human
VOL. XXXV, NO. CXXI.—OCTOBER, 1877. U

nature and the human mind are pretty much the same all the world over. And, on parallel lines, either among civilised or unenlightened humanity, it would seem to require some measure of a certain kind of educating and experience to convince most men that a bottle of medicine need not have the power of doing harm when taken in bulk to be of any worth if taken only in the small, and may be tasteless, dose. Certainly the mind of man tends to grovel in things material and ponderable, preferring to disbelieve and denounce, without individual inquiry, that which it has neither wish nor courage to patiently investigate. So much the worse for the man who is weak and stubborn enough to be content with the possession of such a mind.

Those of us who at some period of our career have been brought, *volens volens*, into contact with the benefits which result from medical treatment according to the law of similars, and have permitted ourselves to examine and to scrutinise, know something of what I have stated, and how hard it was to shake ourselves free of the prejudices and the bias which were inculcated and enforced during the days of our pupilage. Convinced, after investigation, of the truth and practical worth of that law, we know with what apprehensive tenacity we seem to cling to the material dose, even after we may have had undoubted and perhaps some triumphant result from the use of the higher potencies. I speak for myself, for I know what I have had to struggle against in that direction; and I know I state the experience of many others. Some men, to be sure, assert that it is wholly unnecessary to employ material doses at all. They are well acquainted with their *materia medica*, for they are conscientiously always at it. So convinced are they that a high potency of the properly selected drug will effect a cure if the disease is at all curable that they will run any risk rather than be guilty of administering a *material* dose. The result has been that some of their patients, after much loyalty and devotion, sustained patiently for varied periods, have betaken themselves to the more material dose, and have, in consequence, rapidly got better. This is a fact that has taken place repeatedly.

But then the reverse is none the less a fact. For after a long trial of material and "sensible" doses without the desired result, the incalculable globule became in its turn the effective weapon. The truth, then, is that patients have been cured by an imponderable or infinitesimal dose when the other has failed, and *vice versa*. Where, then, is our standard? What our rule? Simply this:—"Prove all things; hold fast that which is good." Every physician should have this largely engraved between his eyes and upon every leaf of his case-book. Let not the man who wields only the large dose deride or discredit him who dwells only in the region of the infinite; nor should the latter affect to be always looking down upon the former from his self-exalted position, and be calling him names. The shield which is the glory of homœopathy has, like other shields, two sides, both of which are useful in their own way and time. Records of cases from Hahnemann downward prove incontrovertibly the truth of this. Therefore, when a man who is in the habit of testing the efficacy of both sides, and has proved their worth, is able to set forth a *bond fide* case from the one side or the other, he is bound to do so, and thus add his quota to the accumulating heap. For my part I confess that I prefer to employ, as being more reasonable, the more material doses; and these in the vast majority of cases give me such satisfaction, both as to myself and my patients, that I fear I shall never attain to the sublimity of the ærial and highly exalted sphere and lose myself altogether in the philosophy of the infinites. Still I am bound to confess that I do sometimes put on wings and soar away into those regions, and have discovered myself in the realms of the thirties. But I have never been able to remain in them.

Men dwelling only there have let slip out of their hands some valuable cases; some of them have been picked up and rescued by the "grosser" men who think it wiser and well to remain beneath.

The *British Journal of Homœopathy* for April last says, p. 131, "We were assured by a thoroughly good and accurately observing practitioner only a few days ago that he

had cured two cases of very annoying threadworms in a brother and sister by a few doses of *Cina* 30. The worms came away in vast numbers, and the patients had perfect and abiding relief from their very troublesome symptoms." Now, I have had some wonderful, and to all ordinary reason incredible, results after the use of thirties, but mainly the more material dose affords me satisfactory and abiding results.

I also have had two cases of brother and sister affected with threadworms treated by *Cina* 30 rapidly relieved though not cured.

Feb. 1st, 1877.—H. M—, girl, æt. 5, fair complexion, rather red lips, irritable, quick in movements, well nourished, and otherwise healthy. Much troubled with cough. Has a ravenous appetite. Can't sleep at night on account of the irritation caused by the worms, which crawl out and are seen in numbers on the sheet. *Cina* 30 ter die.

8th.—Somewhat better; still coughs constantly day and night. Less ravenous appetite. Sleeps better. [Her father died of consumption before she was born.] There are fewer worms. Used to cry much on going to bed on account of the irritation, not so now. I felt strongly tempted to give her *Cina* ϕ , but I determined rather to persevere with 30 and to see the issue. Continue *Cina* 30 ter die.

17th.—Much better. All the little pests have disappeared entirely. Last seen two days ago. Not been so well for six months. Cough better, though not quite gone. The mother states that the brother of this little patient, aged eight years, was troubled with worms in the same way, quite as bad. She gave him the same medicine, and he now is quite well also.

March 3rd.—Cough quite gone, but the worms appeared again three or four days ago. Sleeps again restlessly. Repeat *Cina* 30.

April 18th.—Patient did not return, but, determined to follow up the case, I called at her house to inquire. The mother stated that she was disappointed at the return of the worms, and at the *Cina* 30 doing no good as at first. A friend advised her to try *Spirits of Turpentine*. Of that she gave one teaspoonful *three times a week*, followed by

Castor oil in the morning. Since then there has been no return now for more than a month.

Remarks.—In this case *Cina* 30 exerted an undoubted influence. She had *no other medicine or treatment* whatever, therefore the rapid abatement of symptoms, subjective and objective, must surely be ascribed to the effects of *Cina* 30. But that medicine, when repeated on the return of the malady, seemed to have lost its power. *Turpentine* then, in large doses, proved so far permanently useful. *Cina* 30 only temporarily so. Query, would *Turpentine* alone have effected the cure?

ON ACIDUM OXALICUM.*

By J. C. BURNETT, M.D.

GENTLEMEN,—I need offer no apology to a gathering of practical physicians for bringing up the subject of a poison for their consideration and discussion. Those on whom the genial light of Hahnemann's discovery has not fallen are interested in oxalic acid merely as a toxic agent and as having a bearing on the oxalic-acid diathesis; to us, who have daily cause to bless his memory for the guiding rule of our practice—that whatever hurts may similarly heal—this noxious agent interests us, as a matter of course, as a healing agent. We are interested in it as a poison, but we are more interested in it as a medicine. The physiological therapist cannot well make any use of the dihydric oxalate, since its physiological action is so very destructive to the living organism: it has been known to kill in three minutes; hence we find that it is exclusively a homœopathic medicine, unless, indeed, Valli's theory be correct that in oxalic acid we possess a physiological agent, or

* Read before the Liverpool Homœopathic Medico-Chirurgical Society, March 1, 1877.

rather a chemical one for dissolving out the lime in calcareously degenerating old age, and be thus enabled to remain ever plastic and elastic and to prolong our days as long as the supply of oxalic acid holds out. And as this is almost everywhere in nature there need be no limit to life. The *Oxalis acetosella* was the original source of the oxalates, and is parent also to the name. It is also contained in our common sorrel—*Rumex acetosa*, whose habitat and taste are well known to schoolboys. *A propos* of our good old word sorrel, Webster must needs derive it from the French *surette*. Now, *surette* (and *suret*) is itself of Germanic origin, and as our forefatherly Saxons had their sorrel many generations before they learned “French of Normandy” we might surely expect them to possess a homely name for the homely weed. Moreover, the word sorrel is evidently from sour, and the terminal *el* is its diminutive or its name-suffix. We partake of the acid combined with calcium and potassium in our spinach and rhubarb, and here at least the great question of the dose is of importance.

Probably the first writing on oxalic acid is that of F. P. Savary in his thesis *De Sale Essentiali Acetosellæ*, Argent., 1773, 4to. I have not been able to refer to this, but I quote it from Kühn's *Versuche und Beobachtungen über die Kleesäure*, &c., Leipzig, 1824, which I here show you. This is an important point because Scheele is commonly accredited with its discovery. You will see Kühn adds but little to the experiments of Christison and Coindet on this subject.

Perhaps the first notice of it as a poison is that published by Royston in 1814 in the *London Medical Repository*, vol. i, p. 382. This was the case of a woman who took $\frac{3}{4}$ ss by mistake and died a horribly painful death in forty minutes. From this time on until now cases of accidental and suicidal poisonings by this substance crop up in our journals. Strangely enough it seems very rarely to have occurred on the Continent, so rarely, indeed, that Casper tells us he never saw a single case of it, and Tardieu quotes from Taylor.

There is a very good account by Dr. Neidhard of the acid, together with provings with the first and second triturations by Hering and five others, in the first volume of the *Transactions of the American Institute of Homœopathy*, 1846. This monograph appears to have been the basis of all subsequent therapeutic trials; and unless my knowledge of homœopathic literature be lamentably deficient, this great poison has not yet become a great remedy. Either it has not been wanted, or it has been tried and found wanting, or finally it may have been unduly neglected. Neidhard's pathogenesis embraces in all 234 symptoms. I wish to say of these symptoms from the provings that I have verified a great many of them by comparing them with those elicited in cases of poisoning and find them exceedingly reliable; they are evidently *bond fide* pathogenetic.

Jahr adds nothing to the subject. Dr. Richard Hughes's article on oxalic acid is not one of his best, I think. He says, "Oxalic acid is an irritant poison; and the great body of the symptoms induced by its ingestion are due to inflammation of the alimentary mucous membrane." Now, this is true only when the acid is introduced into the stomach in *large doses*, and *highly concentrated*, and when from some cause its action is then stopped.

And further, "When absorbed into the system, its elective affinities manifest themselves in the sphere of the lungs and of the nervous centres." That it affects the lungs is certain, but evidence is wanting of its *elective affinity* for those organs, at least as far as my reading goes. It seems to me to elect before all the *heart*, and of the respiratory sphere, perhaps, the larynx, the subpleural connective tissue anteriorly, and the lower portion of the left lung, but I hardly think we are warranted in stating that oxalic acid is a lung-medicine *de préférence*; indeed, in its entire pathogenesis there are but three or four symptoms having special reference to the lungs, and these relate only to the left one. It remains to be seen whether the post-mortem state of the lungs be due to the action of

the acid on them direct. I shall subsequently refer to a clinical verification of these left-lung symptoms.

Symptom 201 might apply to both lungs. Its elective affinity for the nerve centres stands, however, beyond dispute. In fact, we may say that oxalic acid kills the cerebro-spinal system outright.

It is stated that of all organic acids, oxalic acid has the greatest amount of acidity; one part giving an acid taste to 200,000 parts of water. Christison and Coindet deduce from their experiments—

(1.) That oxalic acid, when introduced into the stomach in large doses, and highly concentrated, irritates it or corrodes it, by dissolving the gelatin of its coats, and death takes place by a sympathetic injury of the nervous system.

(2.) That when diluted it acts neither by irritating the stomach, nor by sympathy, but through the medium of absorption upon distant organs; and, *ceteris paribus*, it acts much more readily when diluted than when concentrated.

(3.) That though it is absorbed it cannot be detected in any of the fluids, because probably it undergoes decomposition in passing through the lungs, and its elements combine with the blood.

(4.) That it is a direct sedative. The organs it acts upon are the spine and the brain primarily, and the lungs and heart secondarily; and the immediate cause of death is sometimes paralysis of the heart, sometimes slow asphyxia, and sometimes a combination of both.

As to the first conclusion, that it kills only as an irritant and not as a poison: to this I would say—What *proof* have we that it does not act simultaneously as a direct paralyser of the heart ganglia? Can we suppose that *because* it acts as a corrosive, or as an irritant, it does not *at the same time* act as a direct poison?

As to the second conclusion, that it acts through the medium of absorption upon distant organs: this is very probable, but not quite clearly *proved*. *And*, according to Pelican's observations, these variable modes of operation on

animals as a result of dilution require confirmation, since his do not tally herewith.

As to the third conclusion, this is also probable, but since it cannot be detected in any of the fluids, where is the *proof* that it is absorbed? Since it affects distant organs we may have to assume that it is absorbed and carried thither, but that presupposes that its action is only felt where it is present. Then as to its being decomposed in passing through the lungs; this cannot well be, else we might detect some of it in the blood *en route* to the lungs, and, moreover, if it were so, it would be certain to affect the lungs a great deal more than it does. These conclusions are so many plausible notions that are intended to embody the whole subject of its action, but from their very nature fail. They really mean that they do not know its true *modus operandi*.

And, finally, as to the fourth conclusion, that it is a direct sedative: now, a sedative is an agent whose action is the reverse of a stimulant; it allays irritability and pains and excessive activity. Does oxalic acid do this? Oxalic acid causes fibrillary twitchings of the muscles, restlessness, hurried breathing, convulsive gasps, violent opisthotonos, and other varieties of tetanus, jerking of the limbs, convulsions, great agony, horrible pains, collapse, and death. This is a very remarkable sedation.

Gentlemen, I will now ask your attention to some remarks by Professor Hermann from his *Lehrbuch der experimentellen Toxicologie*, Berlin, 1874, p. 159, *et seq.*, he says, "The experiences regarding the poisonous nature of oxalic acid and of its salts are, strictly speaking, of an ambiguous kind; for we have generally to do either with the acid itself or with its salts of potassium and ammonium. Now, all free acids, and all the salts of potassium and of ammonium, are in themselves poisonous, and they here impart very similar effects to those attributed to poisoning by oxalic acid. Hence pure experimentation should be carried on with the oxalate of sodium, which, thus far, has only been done by M. Cyon (*Archiv für Anat. u. Physiol.*, 1866, p. 196). From an experiment of Cyon we see that

the oxalate of sodium is poisonous to the rabbit, a small quantity injected into the abdominal cavity killing in twenty minutes."

And this, you perceive, throws doubt on all the material we possess with regard to the pure effect of the substance, but would not affect the use of the material for our therapeutical purposes, as we could use what was proved.

According to the experiments of Cyon, in which oxalic acid and the oxalate of sodium were injected subcutaneously or into the cavity of the abdomen, oxalic acid and its salts are *cardiac poisons*. Soon after the injection the pulse became very weak and frequent, then follow quickly dyspnoea, convulsions, and death; the heart, at once laid bare, has stopped and is quite full of blood.

Hermann's own experiments with the oxalate of sodium also show its first action to be weakening of the heart, but the heart does not stop entirely until after complete paralysis of the cerebro-spinal centres, and it is worthy of remark that fibrillary muscular twitchings are seen from beginning to end. According to him the paralyzing action of oxalic acid in the heart fully explains the dyspnoea and convulsions observed in animals and the general symptoms observed in man. This can only, he says, be regarded as its effect on the intra-cardial ganglia, because it is connected with an alteration in its frequency, and because the other muscles and nerves of the body, at the time the heart stops entirely, are still excitable as is seen by the convulsions. Also its simultaneous action on the cerebro-spinal centres favours this view. And as this simultaneous and analogous action on the cardiac ganglia and on the cerebro-spinal centres is almost constant, he thinks *heart-poisons* must in general be regarded as *poisons of the ganglia*. Their elementary action is, however, usually incomprehensible.

We may, therefore, conclude that our *Acidum oxalicum* is theoretically a *heart-medicine of high order*, and is homœopathic to a kind of threatened paralysis of its ganglia, and the *pulse* calling for its use would usually be *quick and very weak*. I think this is quite borne out in the provings. As this real elective affinity for the heart is one of the earliest

phenomena of the disease picture the pulmonary congestion may be secondary to it.

As to its effects on the larynx in Mr. Edwards' case, the patient, a woman, lost her voice for eight days (Taylor, *On Poisons*). And in another case (that of Mr. T. W. Bradley, *Med. Times*, September 14th, 1850, p. 292) a man swallowed $\frac{3}{4}$ of the acid; the voice became very feeble and did not gain its natural strength for more than a month. There is another case, to which I have lost the reference, in which there was loss of voice.

This will lead us to think of oxalic acid in aphonia.

There is a point referring to its action on the skin which calls for attention. Neidhard has the following symptom from Christison: "An eruption or mottled appearance of the skin, in *circular patches*, not unlike the roundish red marks on the arms of stout healthy children, but of a deeper tint." This is probably Dr. Arrowsmith's case, "an eruption of the skin in *circular patches of a deep red tint*."

In Fraser's case (*Edin. Med. Jour.*, 1818), which I translate back into English from *Frank's Magazin*, there appeared on the eleventh day of the poisoning (℥ss) and two days before death . . . "an *itching wartlike eruption*, and later on a *general redness* of the whole body." This eruption disappeared after death.

If this eruption of warts be due to the acid, we may have plenty of work for it in practice.

There are a good many symptoms in the cases of poisoning yet to be added to the existing pathogenesis of this drug, *e.g.*

"Trunk and extremities become very cold, the fingers livid, the pulse scarcely perceptible; *oppression at the præcordia with sighing* (man, æt. 60, in two hours from taking ℥j much diluted.—*Lancet*, 1846, vol. ii, p. 89).

This man recovered and had subsequently "obstinate constipation."

In connection with this symptom "oppression at the præcordia with sighing" may be mentioned from Burt the so-called characteristic for oxalic acid, "angina pectoris, intense lancinating, cutting pains in the right side, with

dyspnœa, cold sweat, and great anguish." (P. Dudley, M.D.)

"Violent tremors." (*Lancet*, vol. ii, p. 145, 1842.)

"Intense frontal headache." (Ib.)

"Cramps in the legs."

"Nocturnal incontinence of urine." (Fraser.)

"Tetanic convulsions, spastic contractions of the muscles of the jaws and extremities; forcible closure of the mouth and drawing down at its angles; dilated *alæ nasi*, corrugated eyebrows, twitching of the muscles of the face and insensibility." (Woman 3ij in Aq. 3ij, one hour.—*Lancet*, 1851, vol. i, p. 329. Recovered.)

"Great cerebral excitement with imperceptible pulse." (Ib.)

"Face and extremities subject to spasmodic twitchings for a month afterwards." (Ib.)

"The arachnoid membrane highly vascular; brain altogether preternaturally soft; but the greater part of the right hemisphere presented a high degree of ramollissement, the structure of the brain being so disorganised as to resemble thin pap. The corpus callosum and thalami of the right side and the striated bodies of the same side remarkably soft." (Woman, æt. 30, died.—*Lancet*, 1840, vol. i, p. 29.)

"Stomach ulcerated throughout about the middle of its anterior surface, but rather towards the left or large end." (Ib.) The ulcer was *round*, and she had vomited a good deal.

"Severe pain in the region of the kidneys, passing but little water." (*Lancet*, 1828, vol. ii, p. 512.)

"Severe spasms of the legs, and pain resembling colic." (Ib.)

"No acrid poison destroys life with more torture than oxalic acid" (Thompson), and therefore one feature in its characteristics will stand out boldly, viz. *pain*.

"Hiccup and vomiting" are prominent symptoms in the cases of poisoning with this acid; and connected with this I might mention a case of Garrod's of "*chronic hiccup and vomiting*" in which he found, post mortem, a large amount of oxalic acid in the blood. He himself put the query

“Were these symptoms due to the presence of the acid in the blood?”

Now, gentlemen, I should like to ask your attention to a point connected with the effects of this drug on the human economy which may be of great importance in its therapeutic application. I refer to the *intermission of the symptoms*. In Fraser's case, already referred to, “the patient survived twenty-three days (? thirteen) and was ultimately cut off by fever accompanied with dyspnoea, hiccough, and inanition. And this case demonstrates that if life be prolonged the symptoms *intermit*. The pain during the first *three* days was severe and accompanied with vomiting and hiccough, which recurred three or four times in twenty-four hours with intermissions. For the next *three* days all danger seemed at an end; but the hiccough returned with difficult deglutition and severe giddiness and dejections, consisting chiefly of filamentous shreds.” I quote this from a writer in the *Lancet*, I think from Thompson.

To estimate the precise value of this intermitting it would be well to know a little of the previous history of the individual; as for instance, as to whether he had, or had had, ague. But as the case occurred in 1817 in Gibraltar, we shall most likely not get such history. He took ʒss . Perhaps there are other cases extant bearing on this point. In any case I think it quite worth our consideration, as it may turn out of great value in therapeutic individualising. The provings bear out this point; in symptom 15 Neidhard says, “The symptoms from oxalic acid occasionally *intermit* for some hours or a day, and then return in a diminished degree.”

Then symptom 145, “flatulent colic, &c.; the pain diminishes during rest and returns *periodically*.”

And symptom 187, “great increase of sexual desire during the night and morning, with voluptuous dreams every night *for three nights*.”

And, again, 207, “immediately after lying down in bed at night, palpitation of the heart, for half an hour, *three nights consecutively*.”

You will perceive that the number three is pretty constant in this intermittency.

Theory of its Action.

Over the *modus operandi* of oxalic acid there seems to hang an unusual cloud of mystery. The acid certainly plays some part in our economy normally, but what that part is we do not know; and being as it were a normal constituent of the body it cannot be qualitatively a poison; yet a very small quantity kills. Ingested in a concentrated form it corrodes and irritates, and yet it differs largely in this action from a mere corrosive irritant. Diluted it is still a poison, and being applied at a point acts on parts remote from that point, certainly not as an irritant; but is it *therefore* from absorption? Substances that are absorbed in quantity can usually be detected in the blood, not so with oxalic acid; it is true that leeches drop off and die from imbibing the blood of a person poisoned with it, but that does not prove that oxalic acid kills the leeches, for it might act upon the blood and render it poisonous to the leech without being absorbed *as such*. Indeed if oxalic acid were absorbed into the circulating medium, as oxalic acid, we must be able to find it there, but we cannot. Therefore a true theory of its elementary action remains to be found. Happily for our practical work in making use of a given agent we can do without knowing what is generally unknowable. For my part I do not really comprehend the elementary action of a single drug either in the pharmacopœia or out of it. I also cannot say that I understand the real nature of any single disease whether it have ever received the nosological baptism of the College of Physicians, or be still a poor waif lacking both parent and God-parent. So I thank God that Hahnemann has lived.

Clinical Experience.

Paralysis.—I believe there is a case on record in the

British Journal of Homœopathy in which oxalic proved curative.*

Cephalalgia.—Removed immediately a dulness in the forehead to which patient was frequently subject in the morning (Neidhard).

Cerebro-spinal Pains.—CASE 1.—The following cases have been treated at the Wirral Homœopathic Dispensary. May Ann W—, æt. 16, No. in case-book 1194. Came to dispensary on a Wednesday complaining of following symptoms:—"Aching pain in the lower part of the back these three months; pain between the shoulders, pain and tenderness along the cervical vertebræ, pain in the occiput, vertex and forehead off and on for weeks; all these pains intermit and are brought on, or made worse, by any kind of movement or exertion. These are *Acidum oxalicum* pains both as to place and character, therefore I prescribed *Acid. oxal.* 3, one pilule to be taken every four hours. She took them till Friday (two days), when she 'felt very ill; her neck and back pained her awfully; her eyes were sunken and looked black,' so that she had to go to bed. Next day she felt quite well. She came on the following Wednesday quite free from pain and 'never felt better in her life.'

Possibly a higher dilution might have cured without the aggravation, or would it have acted with still greater violence?

CASE 2.—Thomas E—, æt. 36, labourer. No. in case-book 1197.

History.—Three years ago he was under a local surgeon for hygroma patellæ which was brought on by a good deal of kneeling at his work. Patient has never felt "the same man" since this was "backed" by local applications. He looks to be in excellent health.

Status præsens.—His tongue and mouth are sore; he has at times a pain in the right side of head, in the occiput,

* This is a mistake. In vol. xxvii, p. 1, Dr. Hughes refers to the production of paralytic symptoms by *Oxalic acid*, and suggests that it be tried in appropriate cases.—(Eds.)

small of back, and calves; but what distresses him most are "cold chills across the lower part of his back, and in the calves of his legs beginning in the spine just above the sacrum." These pains and cold chills he has had for three years, ever since his hygroma was backed; at first they were not constant, but for many months past they have been constant; last summer they kept him six weeks from his work. These cold chills are diurnal only; by night they are supplanted by "heat as if there were warm water between flesh and bones." The pain shoots up to occiput and head.

In the pathogenesis of oxalic acid symptom 38 reads . . . "Creeping of *cold*, particularly from the *lower part of spine* upwards." Symptom 210, "Pains shooting down from the loins to the limbs, &c." Soreness of mouth and tongue is likewise pathogenetic.

This is Wednesday. *R. Acid. oxal.* 3 one pilule every four hours. He returned in a week reporting that he felt much better. *Pergat.* In yet another week he reported as follows:—"By last Saturday the cold chills by day, and the heat by night, had entirely disappeared; the pains are very much better, but not quite gone in the left side of back and in left leg; the pain in occiput and head gone; soreness of mouth and tongue quite disappeared; his mouth and tongue quite free, "nice," but he has "a sour taste in his mouth." This last is probably pathogenetic. To get *Sac. lac.*

You note that these symptoms had continued for three years, and disappeared in ten days *gradually*, not all at once.

Palpitation of the heart after lying down in bed at night, and depending on a rheumatic affection of the heart, was entirely cured by it (Neidhard).

Gastro-enteritis has frequently been cured by it (Jaeggy, Nardo, Neidhard).

Respiratory tract.—Dr. R. Hughes says Marcy and Peters mention some experience suggestive of its value in chronic inflammations of the respiratory mucous membrane, and even in phthisis pulmonalis.

My own experience of its use in the respiratory sphere

is very limited and refers only to one point, viz. its affinity for the *left lung* towards its base.

CASE 1. About three years and a half since, Dr Drysdale saw a case in consultation with me in Chester. Patient, a middle-aged lady, had pleuro-pneumonia at the base of left lung; various remedies were tried with but little benefit, and finally *Acid oxal.* ʒ was administered, and with very good effect. Patient subsequently died of an old heart affection.

CASE 2. In the winter of 1875 a lady of about 50 was suffering from an acute attack of asthma in the course of which the base of the left lung became congested. Dr. Moore saw the case many times in consultation with me. Patient's case was very complicated and she got, of course, a variety of medicines according to the symptoms. Various remedies were given for this congested state of the base of the left lung, but they all failed. Finally, *Acidum oxalicum* ʒ was given and quickly removed it.

CASE 3. The same subject as Case 2 had again an attack of asthma, with a good deal of bronchitis beginning early in January, 1877. During its course the base of the left lung again became congested, which at first received little attention because of other more immediately life-threatening symptoms, viz., delirium and dropsy of the legs, and dreadful spasmodic dyspnoea. Gradually, however, the case became less complicated and the pneumonia came into the foreground. There was the usual rusty sputum, which was very viscid and would not fall out of the hand spittoon when inverted; also pain in the left side and dulness on percussion at the base of the left lung anteriorly and laterally with a tight choked-up feeling at the part; pulse ranging from 90 to 110; pyrexia with evening exacerbations, and also in the small hours of the morning. *Aconite*, *Bryonia*, *Phosphorus*, *Ipecac.*, *Antim. tart.*, and *Iodium* came into play, but not one of them would touch the circumscribed pneumonia and it lasted for nearly three weeks, when one day the patient herself suggested "that

medicine which took it away before," viz., the *Acidum oxalicum* 3. The greater part of a two-drachm bottle of this remedy was still in patient's house, and I ordered it to be given in two-drop doses. Its effect was very prompt; in three days the rusty colour had quite disappeared and the small consolidated portion cleared up entirely, and patient said "My side is quite well now." The other part of the case has no bearing on the present subject; I will only mention that the patient has recovered her ordinary measure of health. I should have said that the pyrexia departed simultaneously with the rusty sputum.

Before bringing this paper to a close I will ask you to bear with me while I add a few remarks on the oxalic-acid diathesis, or oxaluria.

Dr. Richard Hughes has treated one case of the kind with *Acid. oxal.* 12 with "very satisfactory results." (vide *Therapeutics*, p. 377). Dr. R. Hughes gave it from "analogy," because phosphoric acid is useful in the phosphatic diathesis. Those gentlemen who consider every cure a homœopathic one as long as it was effected by a higher dilution of a drug will consistently claim Dr. Hughes' case. To my mind it is isopathic, and to my mind also isopathy has a future in practical medicine. In ordinary practice nitro-hydrochloric acid is very successfully used in oxaluria, and I think it is homœopathic.

Sir Thomas Watson, *Principles and Practice of Physic*, vol. ii, ed. iv, p. 638, recommends that articles containing the acid, such as sorrel and rhubarb, must be forbidden to all sufferers from the oxalic-acid diathesis. And Tanner (*Practice of Medicine*, vol. ii, p. 208) also says that all articles of food containing oxalic acid must be avoided. But this is only a partially correct statement, for it ignores the isopathic principle, and bearing on this point I will ask your attention to the following.

Mr. Bartrum, from personal experience, writes as follows in the *Provincial Journal* on the subject of the oxalic-acid diathesis:

"While passing the *smaller oxalates*, and then partaking

freely of rhubarb, the *first* effect was generally to *increase the size and quantity of oxalates* thrown down, with the occasional addition of some of the reniform bodies; the *diet being continued*, the *crystals* of all shapes *increased* in size, especially the latter, till, on two occasions, they almost solely were passed. *However, after a day or two the oxalates diminished and then disappeared, although rhubarb was still partaken of*; this may probably be explained by having regarded the appearance of the oxalates as a sure warning that I must give myself more relaxation (?). The results have been *similar on two or three occasions*, when from continuous exertions I have expected and found them, but I have never been able to produce their appearance by the fresh use of rhubarb, *except in the very fine cuboid forms*, for a day or so, unless they were previously present." (*Lancet*, vol. i, 1847, p. 125.) The italics are mine.

From this we learn that rhubarb will produce oxalic crystals in the very fine cuboid forms in Mr. Bartrum when in health, and that when passing such the use of rhubarb *first increases* them and *then stops* them. Just what we might expect if drugs have two opposite actions. If otherwise, then the free use of rhubarb must *prevent* the oxalates from disappearing, notwithstanding the rest.

Gentlemen, I thank you for your patience in listening to my paper, and trust you will think its subject worthy of discussion.

SHINGLES.

By A. C. CLIFTON, M.R.C.S.

IN the last number of the *British Journal* there is a very instructive article on the above-named subject by Dr. Ker. I was very interested on reading the paper, but, as far as I could remember, there appeared to me to be some points of difference in our experience; I therefore determined to search my case-book for illustrations of the disease in question. Unfortunately, however, not being so methodical

as I ought to be, *i. e.* not having indexed or tabulated the nature of the diseases treated during a twenty-years' practice, I am unable to say how many cases of shingles I have treated during that time, or to furnish reports of such, unless I go over my case-books page by page. This procedure would involve an expenditure of time and labour more than is requisite, although, were it possible, it might render my work more complete; I have, however, examined the records of the past two years, and find that during that period of time five cases have come under my observation, and I should think that I have probably seen and treated during the past twenty years thirty to forty cases.

In the five cases of which I shall give the notes, though there are necessarily many points of resemblance to Dr. Ker's cases, there are some points of dissimilarity, and as these bear on the pathology and treatment of shingles, and are the ground for my daring to differ slightly from so acute an observer as Dr. Ker, I am sure he will forgive me for quoting my experience, the truth in this, as in others, being only to be ascertained by the observations of many minds from different standpoints.

CASE 1. A young man, *æt.* 24, a rivetter by trade,* came to the dispensary complaining of "rheumatics" in the right arm. He had suffered for a month and was getting worse, so that he was unable to work. The pain began as an aching tired feeling in the whole arm, worse in the morning before work. After a while there was added some stiffness of the elbow and shoulder, very much loss of power to strike, more severe pains of a stretching, rending character, with numbness and tingling of the fingers, especially of the thumb and first finger, and tenderness of the tips, as if

* A rivetter is a person employed in the boot and shoe trade whose business is to drive iron or brass rivets through the leather soles. An iron last is placed inside the boot or shoe, against which the rivet is struck and so rivetted. This operation causes a concussion to the upper part of the spinal column, and is very unlike the operation of driving a nail into wood; first, because the wood yields to the blow, and, secondly, because in the act of driving a nail into wood the muscles of the arm are required to be much less rigid than in driving a rivet through leather and against metal.

burnt. He complained, also, of occipital headache, stiffness of the nape of the neck, and great depression of spirits.

I first gave him *Arnica* 30 for four days, no improvement; then 3^x for four days, no improvement; then *Rhus tox.* in the same way, and with no better result; in fact, the pains were getting worse, and his arm more powerless. I then put him on *Hypericum perforatum* 3rd dilution, and on the second day he was slightly better. The medicine was continued for a fortnight, and he continued to improve from day to day, and was about to return to his work, when two or three vesicles appeared just about the origin of the radial nerve, below the bend of the elbow. These vesicles increased in number till there were between twenty and thirty, extending down the course of the nerve to the root of the thumb; they were of a clear yellow colour, on an inflamed base, at first isolated, but many of them gradually coalesced. There was much itching, but very slight smarting or burning. The irritation was greatest at night and when the clothing pressed on the eruption, and there was a general bruised sensation of the arm. When the eruption first appeared the man was very weak, and perspired much at night or early in the morning. I gave him *Phosphorus* 3^x three times a day, and ordered the eruption to be frequently sponged with a thin and tepid solution of starch; in a week he was well and went to *other* work, and has not felt any return of the disease since that time.

CASE 2. A youth, æt. 16, came to the dispensary, suffering from pain in the left thigh and leg; the pain had been occasional for three months, but much worse, and more constant of late; it was most severe down the outer and back part of the thigh to the calf of the leg, worse in the evening, but relieved by dry heat and by the warmth of the bed, with great restlessness, and inability to lie in the same position for long together; there was also some stiffness of the knee, and general weakness of the limb, so that when walking he appeared to drag the leg to some extent. The sensibility of the limb to touch was normal, but he said it was colder than the other one, but

this was not apparent ; he generally felt chilly all over him, and his appearance was very anæmic and ill nourished ; he had for some time been working harder than a youth of that age ought to have done. I had an impression that he had indulged in self-abuse, but this he denied ; his appetite was fair, the bowels confined and a frequent desire to micturate at night. *Sulphur* 6 dilution was given three times a day till I could decide on more definite treatment. On the fourth day he was no better, and I at once put him on a course of *Causticum* 3rd dilution every four hours. At the end of a week there was not much less pain, but I noticed that he could walk a little better and he stated that he did not rise to pass urine so often at night ; he continued the medicine, and at the end of a month there was an improvement in every respect, but then a crop of vesicles began to make their appearance about the course of the great sciatic nerve ; these were at first clear and isolated and gradually extended down to below the back of the knee-joint ; there was some redness of the part, and a good deal of irritability with smarting burning pain in the vesicles, especially at night. I ordered the eruption to be bathed three or four times a day with a thin solution of starch, and as the *Causticum* had done so much general good I continued it but in less frequent doses and of the 6th dilution : the eruption did not quite dry up for three weeks, after that time the same medicine was continued in the 12th dilution for six weeks, when he appeared well in every way.

CASE 3. A lady, æt. 46, complained of neuralgic pains below the left breast which had been coming and going for some months, but had been more constant for a week past ; the pains were of a sticking character, worse on a deep inspiration, on coughing, or on movement, with tenderness over the part, extending backwards and upwards to the spine ; she complained also of headache, of a sensation of fulness in the head, vertigo, flushing heats in the face, shifting pains like rheumatism in various parts of her body : *Ranunculus bulbosus* 1st dilution was given and in four or

five days she was so much better that she discontinued the medicine. About a month after, the pains returned in the same region, but extending further backwards and of a more severe character, being worse by pressure, and when lying on that side; there was headache and sensation of fulness in the head, epistaxis when washing the face in the morning. *Kali carb.* 3rd dilution was given for three days without benefit, then *Arnica* 3rd dilution, and in about a week she was again free from pain and would not continue treatment. About seven weeks later on she was again suffering, but this time from pains in the liver of a dull aching character, with swollen and furred tongue, bad appetite, constipation, pain between the shoulders, sleepiness, perspiration on exertion, depression of spirits. *Bryonia* 1^x dilution and subsequently *Mercurius solubilis* 5th dilution were prescribed and in the course of ten days she was convalescent. A week after this a crop of vesicles gradually made their appearance over the region of the liver where the pain had been most severe. These vesicles were at first isolated, then coalesced, and there was much heat and redness for an inch above and below the eruption. The irritation, burning, smarting, &c., of the vesicles was most intense, and kept her awake at night. *Rhus tox.* 3^x dilution, then 1^x, *Cantharis* 3, *Arsenicum* 3, given successively gave no relief, nor did the application of infusion of bran, starchy water, cantharis lotion, or zinc lotion, benefit much. Decoction of poppy-heads, however, was very soothing and comforting; the eruption had now been out nearly three weeks, and though drying up where it first appeared had extended round to the spine, and was making its appearance over the corresponding nerve on the left side, proceeding from the spine for about three inches forwards. *Apis virus* 2nd dilution was then prescribed every three hours. In two days the eruption was much less and not so painful, and in the course of five days had almost disappeared. About two months afterwards, and without any previous warning, a similar eruption made its appearance, just above the crest of the right ilium, extending backwards, and downwards and forwards towards the

groin; this eruption was not so painful as the former one, but *with it* there was a pain in the same locality, the pain being shooting, extending down the thigh and over the buttock; it was worse when walking or on rising from a seat, and about 5 o'clock in the morning. It was better when sitting or lying down, though at 5 or 6 in the morning she was obliged to get up and sit or stand about, which somewhat relieved it. Besides the eruption and pain her appetite was rather voracious; there was constipation, frequent micturition, great tiredness, and sleepiness; for this condition I was much puzzled in prescribing, and therefore followed the advice given by an eminent surgeon, "when you don't know what to do do nothing;" and as opportunity offered itself during the meantime looked over the *Materia Medica*. From this study I decided on *Staphisagria*, which I gave in the 3rd dilution every four hours. In two days the pains were much relieved and the eruption lessened; the medicine was continued a week longer, when the patient declared herself well and would not have further treatment. In the course of another month the pain returned, and with it one vesicle; the patient sought advice at once. *Staphisagria* was again given; the pain was quickly relieved and no more eruption appeared. In a week she was quite well, and has had no return of it, or any disease, for the space of two years.

CASE 4. An old lady, æt. 76 (mother of the lady Case 3), had been complaining of itching all over the body for some weeks, which was getting worse and keeping her awake at night, and was aggravated when the skin was exposed to the air. On examination I found a number of papules on the outer aspect of the arms and legs, and on the back there was a thickened condition of the skin and a sensation conveyed to the finger as if a number of papules under the skin; there were marks over the parts affected, the result of scratching, and a general redness and heat of the parts. I diagnosed the case as one of "Prurigo senilis" and prescribed *Sulphur*, *Rhus*, and *Petroleum* in succession with marked alleviation of suffering, but as the irritation and

popular condition subsided, a shooting, aching pain was felt in the spine and a feeling as though it was tightly bound down. No medicine was given for four days that I might better ascertain what I had to treat, but the spine was ordered to be sponged with warm water three times a day. On the fourth day small distinct vesicles began to appear on an inflamed base, on each side of the spine in the dorsal region; the vesicles contained a clear fluid and were somewhat hard in character; they continued to spread to the lumbar region and showed a disposition to spread round the right side; the vesicles were numerous and though distinct at first, gradually coalesced, the upper ones dying off as the lower ones appeared. In about ten days the eruption had become dry, and the irritation, smarting, and stinging thereof had subsided. During this time I had given the patient *Mezereum* 3rd dilution four times a day, and had the parts affected bathed frequently with warm infusion of bran, and sometimes with a thin warm solution of starch. With the exception of the eruption and its characteristic pain the patient appeared well in general health.

CASE 5. A man, æt. 40, came to the dispensary suffering from pains in the left side of the chest; a week previously he had been in the rain, and got wet through. The pains were sticking in character, aggravated by deep inspiration, by sneezing, by coughing, or by movement of the arm or trunk. *Bryonia* 3rd dilution was prescribed. In three days the pain was only slightly better, and a few vesicles had begun to make their appearance over the seat of pain. *Rhus tox.* 3^x dilution was then given every four hours. Four days after this the eruption had much increased and extended to the spine, was very irritable with smarting, burning, and stinging character, but the sticking pain had nearly subsided, and he could cough or move without any aggravation. He was ordered to bathe the eruption with warm infusion of bran and to continue the medicine. At the end of a week the eruption had nearly dried up. He felt well in health and did not apply for further help.

An analysis of these five cases shows that three of them

were males, two men and one boy aged respectively, 24, 14, and 40. Two of the cases were women aged 46 and 76. In four of them one side only was attacked, and in one case both sides were; but I well remember a case some eight or ten years ago where the eruption made a complete circle round the trunk, but I am unable to find notes of it at this time. Of these five cases one was over the right radial nerve, one in the left great sciatic, one in the hepatic region extending to the left side, one over the crest of the right ilium, one on the spine, and one on the left side of the chest. As to the cause of the disease, one was due to spinal concussion, one to overwork, and one only to a chill from getting wet, and in two of them, viz. Cases 3 and 4, the cause could not be ascertained, but certainly were not owing to a chill or to a damp house, for they had not been out, and had resided in the same house for years; none of the rooms had been repapered, nor did there appear to be any arsenic on the walls. In two of the Cases (No. 4 and 5) there was very little, if any, general derangement of the health, but pain in the part preceding the eruption; in the other three not only was there neuralgic pain, but derangement of the general health before the eruption. The eruption in nearly all consisted of yellowish clear vesicles at first, isolated, then coalescing, and as they died off turning a brownish red or slate colour. The characteristic pains of *the eruption* were burning, stinging, and itching, with the exception of No. 1, in which itching predominated. . . . I have said "the pains of the eruption" because the pains really appeared to be on the surface and in the vesicles, whilst the pain which preceded the eruption was more deeply seated.

Treatment.—It will be seen that in all the cases which I have presented it was not for the herpetic eruption for which the patients sought relief or were treated, but for neuralgia; in three out of the five cases there was in addition some derangement of the general health, and although subsequently, the eruption appeared, the medical treatment was not changed on that account, because it was thought

that not only did the action of the drug correspond to some extent to the nature of the skin affection, but that the latter was but the outcome of an inner morbid condition to which the drug seemed applicable, and that as this was cured the eruption would disappear, hence only soothing applications were used topically; whether or not the medicines ought to have been changed under such circumstances is open to question, but I thought not, and though I am far from satisfied with the treatment and its results, I think it was very beneficial.

Finally, let me say that there is an empirical method of cure resorted to by country people that has not been noticed; it may be of no scientific value, but is, nevertheless, interesting. I refer to the application of "oil of wheat." What this liquid is chemically I cannot tell although I have inquired of chemists on this point; it may, however, be made by exposing a heap of wheat about three inches deep to the pressure of two heated iron plates; the country people as a rule do not buy the liquid of chemists, when they do so they often get only "oil of almonds" instead of what they want, but they generally have recourse to a blacksmith's shop, get him to put a heap of the corn on his anvil, and then apply a hot iron plate on the surface of it, when the fluid in a very few minutes escapes and is gathered up and applied quite warm to the eruption, and I am told on very good authority that it quickly relieves the pain and cures the condition. Whatever may be the nature of the liquid, the corn after being so expressed in this process is poisonous to fowls.

In the course of Dr. Ker's admirable paper, in which he gives us pretty much all that is known with regard to the pathology and treatment of the disease, he makes some remarks as to the latter point on which I would like to say a word or two, because I think if I understand him right I do not quite agree with him; at p. 235 he remarks, "I cannot say that the treatment of these cases (alluding to the cases he had presented) has enabled me to say decidedly that there is a specific against the disease," and at p. 243 "from the preceding it will be seen that there is no abso-

lute treatment, which either old or new schools recognise as the best in this disease." Fully to debate these points it would be requisite to have Dr. Ker's definition of "a specific" and of "absolute treatment," but this would make my paper too lengthy, but I may say that I, like Dr. Ker, know no "*absolute treatment*" nor a "*specific for this disease*" (as I understand these terms), neither do I think there can be, as I am of opinion that whatever the pathology of "shingles" is, if under that name is to be included, not the eruption merely, but also all that may precede or accompany it, the perturbation of the general health, the neuralgia, &c., and if we consider the many causes from which it arises, how the course of the disease is altered by the temperament, the diathetic condition or the idiosyncrasy of the sufferer, that the treatment must vary in accordance with these varying conditions, and that we must here, as well as elsewhere, treat the patient and not the disease, so that though there cannot be "*a specific*" for "shingles" there may be many specifics for the morbid conditions included in that name, and that these specifics are such as correspond in their action with the totality of the symptoms, both objective and subjective. Whether or no our present knowledge of the action of drugs on the healthy body is such as to show us what those specifics are is another question. I am of opinion that to a very great extent it is, and that if the treatment of the disease by such light be not "absolute," I think it falls not far short of it.

P.S.—It is well known to all observant minds "that if we talk of a certain person he is sure to appear." Since writing the preceding portion of this paper three cases of shingles have come under my notice, and are still under treatment. I will not inflict a heavy penalty on your readers by giving every detail of them, but as the subject is now under review it may be worth while briefly to state them.

CASE 6. A lady, æt. 64, consulted me on May 7th for neuralgic pain in her face, and especially in the anterior

portion of the upper maxillary bones which had existed for some weeks, and was followed by a vesicular eruption on the upper lip, discharging a thin adhesive fluid; there was also great tenderness all over the lip and over one cheek, and a good deal of derangement of her general health, which I may briefly describe as low. *Rhus*, *Arsenicum*, and *Graphites* were prescribed till the 20th of July, when kidney and urinary symptoms manifested themselves, *i. e.* pain in the region of the kidneys, with frequent and painful micturition; the urine was acid and contained oxalates, and a few pus-corpuscles, sp. gr. 1012. She complained also of some pain and soreness in the hepatic region. On August 4th I was sent for to see her, as she was suffering more pain and soreness in that part. On examination I found she had shingles well developed over the course of one of the intercostal nerves on the right side; she is now under treatment for that as well as her general condition.

CASE 7. A boy, æt. 4, came to the dispensary on August 6th; he had been ailing for a week, but on admission the herpetic eruption of shingles was well out, extending from nearly the middle line in front, backwards on the right side to the spine; there was constipation and loss of appetite, and he had a cachectic appearance. *Sulphur* 3 was given.

On the 13th he came again, better in health, eruption drying up on the right side but spreading to the left side; the eruption was very painful. *Rhus tox.* was ordered, and *Carron oil* to be employed.

CASE 8. A man æt. 54, employed as a waterman for the streets, and therefore frequently at work with wet feet, legs, and arms, came to the dispensary on August 9th, with the characteristic eruption of herpes zoster, extending from the axillary region down the inner side of the arm; the vesicles were very distinct and large down the arm, but confluent in the axilla; his general health was good; he was ordered *Rhus tox.* and is still under treatment.

RETAINED PLACENTA.

By Dr. EDWARD T. BLAKE.

THE clinical record of the April number of this Journal commenced with a case of recurrent placentitis related by Dr. Harmar Smith. For the sake of those who did not read the case I will very briefly recapitulate. A thin, pale, delicate-looking woman of thirty, who is said to have enjoyed good health during her pregnancy (with the exception of "suffering a good deal of pain in the upper hypogastric region") is delivered of her first child in 1866. "Copious flooding previous to the delivery of the placenta, which was firmly adherent to the fundus uteri." Not till 1875, let us note, *nine years afterwards*, is she again *enceinte*. A dose of *Secale* is given before delivery, flooding again sets in, a hand in the uterus fails to arrest it. The placenta is glued to the whole of the fundus. Dr. Smith here observes that the hæmorrhage, seemed to take place chiefly from the cervix; this is difficult to understand, for at the end of the same paragraph he tells us that, on removal of the placenta, the hæmorrhage ceased.

I think it fortunate that this case has been placed upon record, for immediately the question arises—"could we do nothing? have we no resource in our art during that long interval of physiological quiescence to prevent the possibility of Act II of this sanguinary gynæcological tragedy?" Certainly we could do something—undoubtedly we have a resource. Had a visual examination of the patient been made before the first pregnancy what should we have found? Epithelial desquamation of the cervix producing the symptoms of general innutrition described by Dr. Smith.

What takes place during delivery? Owing to nature's dislike to dilate a denuded cervix the labour is "severe and protracted." There is also "copious flooding," this is probably a reflex symptom, the cervical sore sends a message to the spinal cord, thence it is transmitted to the

uterine structures.* This is in accordance with well-known physiological laws, it is clinically confirmed, for hæmorrhage from the uterine body is known to be arrested by healing the cervical sore.

Passing on to the interval after the first confinement, let us ask what is now the position of affairs? Superadded to the preliminary desquamation, we have probably sloughing of the mucosa, as a result of sustained pressure of the foetal head, delayed at the brim, during the "protracted labour."

If at this stage we explore, we find quite a different state of things. Not a smooth strawberry surface scarcely perceptibly depressed, but a large abrasion, purple in colour, with long, flabby, indolent granulations which bleed readily, raised above the level of the markedly hypertrophied cervix.

Now it is more than probable that had this "active lady" been compelled to rest, had appropriate measures been taken to cure this cervical condition, volume ii of her eventful history would never have been placed on record. Besides this the life of the foetus would probably have been perpetuated. We might look upon the placentitis as originating in congestion from reflex action, carried on to the inflammatory point by some adventitious circumstance, as over-exertion or chill.

This possibly commenced at a return of the monthly molimen, when, though hæmorrhage does not usually take place, the endometrium becomes congested and is consequently more ready to take on hyperæmic changes.

The placenta being the lungs of the foetus during its aquatic life, the analogue of the temporary branchiæ of the axolotl and other similar reptilia, the child died probably of asphyxia as an adult dies of severe croupous pneumonia, acting on the circulation.

The two following instances have some features in common with Dr. Smith's case.

Mrs. K—, æt. 40, is the wife of an officer who had been severely syphilitised and heavily mercurialised. She miscarried in London at about the third month. Spite of a

* *Vide Practitioner*, Dec., 1876; "Post-Partum Hæmorrhage," by Edward T. Blake, M.D.

continued red discharge she travelled to a distant county. There she sought advice, but rest and remedies failed to arrest the draining. This continued for ten weeks. I was sent for, and passing a speculum I showed the medical attendant a ragged ulcer surrounding the os. This I touched with carbolic acid, and introducing a good-sized sponge-tent into the cervical canal I took my leave of the patient for two hours. At the end of that time I was able to get a finger and curette into the uterine cavity. I removed piecemeal a mass of firmly adherent chorion, about the size of a pullet's egg. The hæmorrhage ceased at once, and with a little subsequent local treatment she made a good recovery.

Mrs. Q—, æt. 35, is prone to "blind headache" which utterly prostrates her. She is considered to have some affection of the heart, because occasionally her lips become blue and she is breathless. There is alopecia. She is subject to outbreaks of temper, during which she quite loses self-control.

On 5th February she miscarried (about the third month) after a railway journey. She was attended by a local medical man. The hæmorrhage ceased, and she returned home in about a fortnight.

On 24th of February I was sent for on account of the recurrence of red discharge. This disappeared under the use of cold abdominal compresses with complete rest, and the internal administration of *Secale* followed by *Hammamelis*.

At 7 o'clock in the evening of the 17th of March, six weeks after the miscarriage, I was summoned in great haste and found the patient lying on a couch; there had been free hæmorrhage *per vaginam* for half an hour. I saw a pool of bright-coloured blood under the sofa. She was exsanguine, voice nearly extinct, vision dim, lips blanched, the forehead was bathed in cold sweat, the pulse was scarcely perceptible, the extremities chilly and powerless. I gave *Quinine* and egg-flip, and passed my left index finger into the cervix; at the same time, by means of my right hand pressing the fundus from without, I kept the uterus firmly down; with this of course the cervix

steadily dilated, and in about an hour I could explore the uterine cavity. I felt a fleshy mass as large as a walnut attached to the left wall of the womb extending from the left Fallopian mouth to the *ostium internum*. This was removed partly by means of the finger-nail, partly with the aid of Sim's curette. It looked like an "organised clot," but proved under the microscope to be chorion. On its removal the hæmorrhage ceased, to recur no more.

In this instance, as in Case 1, there was extensive, irregular abrasion of the cervix. The improvement in the health of this patient on healing the uterine sore was very striking. The blind headache, the dyspnœa, the bad temper, and the simulated mitral disease disappeared from the stage like actors who had played out their part.

I am sure Dr. Smith will have too much good sense to be annoyed by my perfectly friendly criticism. I trust I have written in no carping or censorious spirit, but rather in a suggestive way, for the sake of those who, having a similar experience, may feel disposed to adopt a *laissez aller* course.

In cases like the two I have narrated the cervical dilator made by Meyer and Meltzer, which I had the honour of exhibiting before the British Homœopathic Society in April, will be found of much service.

OBSERVED EFFECTS, PATHOGENETIC AND CURATIVE, OF THE PREPARATION OF HYPOCHLORITE OF SODA KNOWN AS THE LIQUOR SODÆ CHLORATÆ.

By ROBERT T. COOPER, M.D., Physician in Charge of Diseases of the Ear, London Homœopathic Hospital.

THIS summary of the effects of Labarraque's solution, as it is called, is an attempt to depict the physiological action of the most generally employed solution of hypochlorite of soda.

VOL. XXXV, NO. CXLII.—OCTOBER, 1877. Y

chlorite of soda prepared in accordance with the directions given in the current edition of the *British Pharmacopœia*.

This *Liquor Sodæ Chloratæ* is not, as is well known, a simple solution of the hypochlorite of soda, which it appears to be almost impossible to procure, but a solution of the hypochlorite united with carbonate of soda, hypochlorous acid, and chlorate of soda. This fact *per se* cannot, we apprehend, be regarded as a reasonable objection to its employment; purity in regard to our knowledge of the action of what we prescribe, and uniformity rather than unity of ingredient, is, or ought to be, the aim of science.

As to our plan of proceeding in this proving, we have not confined ourselves to a bald catalogue of symptoms, but have endeavoured to depict the broad indications of the medicine's action; this we have done both by interspersing short notes between the symptoms, and, when we considered it necessary, linking several symptoms together, the object being to throw forward the bolder and at the outset more practically valuable features in its remedial sphere, and to leave the finer, more transient, and more easily mistakable effects for those who care to undertake a systematic and scientifically accurate proving.

In allopathic works the hypochlorite of soda and the hypochlorite of lime are often referred to as though their actions were precisely the same—an assumption that is far from being proved; this is why an inquiry into the literature of the subject had better be deferred until a greater number of independent observations have been made.

In procuring the *Liquor Sodæ Chloratæ* in the shops it is very necessary to be on our guard that we order a preparation made strictly in accordance with the current edition of the *British Pharmacopœia*, as besides that an inferior article is very commonly sold, there is no officinal preparation, the directions for the preparation of which have varied more in the several pharmacopœias than has this; the present mode of preparing it, as given in the present *British Pharmacopœia*, is, we need hardly say, much altered from the original one of Labarraque. It can be obtained pure by special order from any wholesale chemist of repute;

such a preparation we invariably use and with the very best results; but even this precaution in a systematic proving would, in the absence of analysis, or at all events careful chemical testing, not be a sufficient guarantee of purity.

The *dose* from which the succeeding symptoms are derived is about half a drop of the solution per diem, given well diluted in three doses to be taken before meals; any important alteration from this dose is stated. The first and second decimal dilutions should be made with distilled water, the third with diluted alcohol, and the higher ones with absolute alcohol.

It is one of those remedies that, judging from the effects obtained from pilules of the third decimal dilution, promises to act very decidedly in the higher potencies; no one, however, will obtain its full action who hesitates to prescribe it in low as well as in high dilutions.

In conclusion I can only express a really poignant regret that I have not done anything like justice to what some years of experience have convinced me is a really valuable curative agent; were it otherwise it would be a matter of still greater pride that I have been the first to introduce this preparation into homœopathic literature; as it is I could wish that, as doubtless it some day will, it had fallen into better hands than mine.

ANALOGUES.—Chloride of gold with Sodium (?), Calcium Chloridum (Liquor calcii chloridi, D.P.) Hypochlorite of lime (Liquor calcis chloratæ), Magnesia muriatica, Calcarea carbonica, Sepia, Phosphorus, Natrum muriaticum, Magnesia muriatica, Baptisia, Liliun tigrinum, Secale cornutum, Stannum (?), Hydrastis (?), Helonias (?), Actæa racemosa.

ANTIDOTES.—Pulsatilla is antidotal to many of the aggravations from Soda chlorata; Guaiacum seems to lessen the rheumatic and myalgic pains. The Pulsatilla influence I have several times observed, that of Guaiacum only twice. Strychnine overcomes the powerless feeling produced by it.

APPROPRIATE TEMPERAMENT.—Soda chlorata is chiefly of use in scrofulous habits; in flabby, debilitated, hydrogenic constitutions: the melancholic as well as the highly nervous and apprehensive temperaments are the most suitable for its employment, the resulting atonic condition being more indicative of our remedy than the variety of cause producing it. The venous rather than the arterial system is under its control. Patients are lugubrious, phlegmatic, scrofulous. Its idiosyncrasies seem to be in common with Iodide of Potassium.

MIND, DISPOSITION, AND GENERALITIES.—The condition of mind is a reflex of the physical derangement—slow, inactive, and depressed mental power; hence melancholia and hypochondriasis of a chronic nature come under its sway.

Mental depression from worry and anxiety provided the depression be dull and stupid, not erotic as in typical hysteria.

Apprehension of death, accompanied by a lifeless, sick, fainting feeling. (Cured in a middle-aged female rather hysterical.)

She cannot endure to hear her children speak. (Cured in a woman *æt.* 34.)

Lowness of spirits increases. (*Aggr.*)

Depression of spirits with seminal emissions. (Cured in many cases.)

Very low spirited and depressed, could cry all day. (*Prod.*)

Vital depression and variable spirits, after an attack of uterine congestion. (Cured.)

Overstrain of mind from mental anxiety, nervousness, loss of appetite, vertigo, coated tongue. (Cured in a man *æt.* 47.)

Sudden and frequent attacks of weakness, with perspiration, trembling of the limbs, want of appetite, cough with thick yellowish expectoration, and general inertia. (Cured in a woman *æt.* 31.)

Gradually increasing weakness, is unable to keep herself

erect from a powerless feeling about her chest, trembles on exertion, much sacral pain, and stabbing pain at her heart and between the shoulders; vertical headache worse on going to bed, very restless sleep, confined bowels, yellowish and offensive leucorrhœa. (Cured. No improvement from one drop per diem, diluted, in three doses, complete recovery under $\frac{1}{4}$ drop in same way. In a woman æt. 27.)

Anæmic debility in children and others, especially when associated with manifest scrofulosis, confined bowels, and general but unpronounced biliousness. (Cured in several cases.)

Recurrent debility in a boy of nine and a half years with enuresis somni. (*Vide* "ears.")

Recurrent fatigue in a man æt. 31; attacks of fatigue which come on at uncertain times and continue several weeks together, weakness, greatest on getting up in the morning; no energy after dinner, hawking up of mucus, confined bowels. (Cured.)

Persistent debility with emaciation, he feels ready to fall down when he comes in from walking. (Cured.)

Rapid emaciation. (Produced in a girl of 21.)

General weariness and emaciation; pain as from weakness down the back, constant headache at the monthly period, dysmenorrhœa, fatigued by school-work; general enfeeblement. (Great improvement.)

An aching in all her limbs and a feeling as if bereft of all power, and as though she would faint upon the slightest movement. (Produced.)

In a man suffering from bronchitic asthma it overcame the desire and need for alcoholic drinks.

Influenza, coming with small sore pimples inside the under-lip. (Cured. *Vide* "mouth.")

Influenza with much nasal discharge, and sore places on the inside of her cheeks which began on the left side. (Produced.)

She becomes quite overpowered. (From $\frac{1}{3}$ of a drop three times a day in a woman æt. 65.)

Almost continual faintness and vertigo. (Cured in many cases.)

Arrested growth with ricketty symptoms, caused by dentition with hooping-cough. (Decided improvement; patient ceased attending before the case was completed in a boy of 3.)

HEAD, BACK, NECK, AND EXTREMITIES.—Vertigo, coming on when she lies down in bed and going off on assuming the erect posture in the morning, especially bad during the monthly period, with eructations tasting of the ingesta. (Cured.)

Vertigo caduca; a very constant and a very characteristic symptom along with an aching across the forehead. (Produced, and cured many times.)

Vertigo, with dimness of sight, weight on the top of her head, inability to trust herself alone when walking, legs give way easily, has to cling to a lamp-post; uterine bearing down, inter-scapular and infra-cardiac pain. (Cured in a woman æt. 54.)

Momentary indescribable sensation all over her head. (Produced.)

Vertigo, a peculiar sensation begins in her feet, and spreads itself up her body to her head, making her feel "swimming," and obliging her to take hold of something to prevent herself falling. (Cured.)

Headache, chiefly in her temples, the pain seems to sink to the side she lies upon; it makes her eyes ache and burn, without throbbing, her head feels heavy, she has much difficulty in holding it up; this headache seems more or less connected with decayed teeth upon the right side. (Cured.)

Pain across the forehead and in the eyeballs, extending up along the top of the head to the nape of the neck, in fact all over the head, coming on at uncertain times and sometimes continuing a week, feels as if she would become deranged; this symptom exists with tenderness just below the liver as though she had caught cold there; and weak feeling and bearing down in the lower abdomen. (Cured.)

Note.—This symptom, and indeed many of the head symptoms of the Soda chlorata, is a frequent concomitant

of the *post partum* congested womb, a derangement in every way suitable for this remedy.

Swimming feeling as though the top of the cranium were about to float off, worse when looking upwards. (Produced.)

The headache across her eyes and over vertex increases. (Aggravation.)

Pain across forehead extending down the nose and up over entire head, with great tenderness of the scalp, and a thumping noise in the ears which is aggravated by lying on either side; has to place the back of her head against the pillow in order to gain sleep. (Produced.)

Pain in the right side of her head going from behind the mastoid process to the upper part of the orbit, "across the eye," causes the eye to feel stiff and weak, aggravated by having slept, but continuing by day as well as by night. (Produced.)

Pain darting from one temple to the other, coming and going with equal suddenness. (Produced.)

Caused in a woman, æt. 51, great depression, and a feeling in the head as though the cranial bones were being crossed one over the other, and as if she must fall forward, a sort of silly feeling with a nasty taste, just as she used to have after taking *Iodide of Potassium*, but without the iodine coryza. (Produced.)

Excruciating pains in the left side of the head, increased by lying upon it, causing deafness of the same side, and a feeling as though she would go out of her mind (there was mental affliction in her family), and vertigo when lying down as though blood were rushing to her head. (Cured.)

Paralysed feeling of her brain, with a similar sensation in all her limbs, and numbness of the tips of her fingers, and recurrent faintings. (Produced.)

Throbbing headache in the left temple coming on immediately after her midday meal, and going off after tea. (Produced.)

Much pain across the small of her back, worse on getting up in the morning, existing along with a want of appetite for breakfast, but a fair appetite for supper. Produced. (*Vide* sth. and abd.)

Pain between the scapulæ, with a pain extending from under her left breast back to the shoulder, and from the shoulder down to the hip, from which it goes through to the small of her back, a continuous pain, but worse in the morning; this pain is not increased during the monthly period, but suffers from uterine bearing down, and from leucorrhœa. (Cured.)

Stiff aching sensation in the nape of her neck extending to the shoulders. (Cured.)

Many pains are followed by irritation of the skin of the shoulders. (Curative observation.)

Great weakness across the upper part of his back, with sudden attacks of vertigo caduca. (Cured in a boy of 10.)

Cold feet and hands. (Cured.)

Numbness and tingling in all her extremities, especially in her feet and legs. (Cured.)

Pain, with sense of soreness in the right hip, sometimes in her left preventing her stooping, a sense of bursting throughout the whole body, great irritation of the skin, palpitation of the heart, nervous tremblings and headache, hawking up of phlegm on rising in the morning; forcing down and soreness of the rectum with constipation.* (Cured.)

A great deal of pain in the left side, over the crest of ilium, and in the apex of left lung. (Removal of both these in a phthisical woman.)

Pain in both hip-joints and in the calves of her legs, with tingling extending to her toes. (Produced.)

Both hands are swollen every morning.

Note.—This morning swelling of the hands appears to be a very characteristic symptom. (Observed in about three cases.)

Extreme weakness in her ankles and knees. (Produced.)

Note.—It is especially serviceable for “weak ankles” in flabby indolent habits.

Aching pains (rheumatic) in the third metacarpal bone and the corresponding joints of both her thumbs, also in

* Vide case, p. 632, *Brit. Journ. Hom.*, vol. xxxi.

the soles of her feet, left after acute rheumatism, and very much worse at night. (Cured.)

EARS.—*Note.* Catarrhal affections of the middle ear come under its curative sphere, the cases most appropriate for it being found amongst children, and in these the dilutions only will be found curative, palpable doses being almost sure to aggravate. It is especially required along with a granular condition of the mucous membrane of the throat, the tonsils being moderately enlarged and presenting a more lobular appearance than natural, as if thrown up into very large granulations.

Parulent catarrh of the middle ear on both sides, great emaciation, and enuresis somni. (*Vide* urinary organs). This boy, *æt.* 9½ years, had suffered since he was stung all over by wasps four or five years before; this was followed by abscesses all over the body that caused great emaciation; every now and then gets seizures of prostration, with enuresis somni, heat especially overpowers him; he took the Soda chlorata ʒth of a drop *per diem*, with great benefit to the enuresis for some eight weeks, then he fell back again, and during the next three weeks (approximately) he took *Pulsatilla* 2^x followed by *Hepar sulphuris* 8^x without marked effect; again he resumed the Soda chlorata and with striking increase in weight (1½ lbs. in the first month) and after taking it a couple of months otorrhœa from both sides with deafness set in. *Acid. sulphur.* in 3rd decimal was given and with benefit, it seemed to strengthen him; the third time we reverted to the Soda chlorata, now in pilules of 3rd decimal, and while taking it the otorrhœa ceased; the enuresis, which every now and then had shown itself, went completely away, and when we heard last from the parents, three months after treatment, he was reported to be quite well. We give this case at large, as the other drugs prescribed, especially the *Acid. sulphur.*, may have contributed to the result.

Pain under the right ear when swallowing, with much pain, tenderness, and swelling up the side of the head, followed by a most painful gathering which burst and discharged strongly. (Produced.)

Otorrhœa, thick and very offensive discharge, right side, with eczematous patches behind the ear, and on different parts of the scalp, accompanied by inordinate appetite and rapid emaciation. (Cured in a boy *æt.* 8.)

A peculiar noise like a sawing close upon the left ear, worse when lying down and quite preventing sleep; this most painful sensation followed on otorrhœa that left her three weeks previously; after a few doses of the Soda chlorata the otorrhœa returned and the noises quite left; an accompanying headache upon the right side was in no way relieved. (Observed in a woman *æt.* 52.)

EYES.—Pustular ophthalmia of childhood with sympathetic irritation of the schneiderian membrane (right side most affected). The tears are corrosive, the urine scalds, and the vagina is sore and red. (Cured in a girl *æt.* 3)

Note.—Children are subject to excess of uric acid in the system causing acridness in the various secretions; the Soda chlorata may be exhibited in the presence of such symptoms in the dilutions, but very seldom in palpable form.

Tinea ciliaris, with tendency to eczema behind his ears. (Cured in a boy aged 2½.)

Severe and obstinate pustular ophthalmia, photophobia is very great. (Cured.)

MOUTH AND THROAT.—Sore, irritable spots form in the throat and along both sides of the tongue. (Produced.)

Note.—Perhaps of all the symptoms produced by the Soda chlorata none crops up so frequently, with variations, as this; in children especially it is almost impossible to give the Soda chlorata in any other way but in the dilutions without causing sore pimples to form about the mouth; they first appear, so far as I have observed, most frequently upon the fold of the under lip, corresponding to the front incisors.

Teeth become loose and a swelling forms along the right lower jaw, the gums are sore and the tongue swollen, there

is much pain and tenderness along the jaw which prevents his being able to masticate his food, but though this pain is worse at night it does not hinder sleep in the early part of the night, but at midnight he awakes and does not fall asleep again till 5 or 6 o'clock a.m. This swelling suppurated in about two weeks. (Came on very soon after taking the Soda chlorata in a phthysical patient.)

Apthous ulcerations in the mouth are a frequent result of using the Soda chlorata as a gargle.

The Soda chlorata seems to hasten the evolution of the teeth.

His teeth become brittle. (Produced.)

Epidemic ulcerative stomatitis. (Cured, after failure with Merc. sol.)

Sores, angry looking and moist, break out about the mouth. (Produced.)

Sore pimples come on the inside of the under lip at the commencement of the cold. (Produced.)

Sores on the inside of her cheeks which began on the left side and gradually spread over the mouth, with nasal discharge and influenza. (Produced.)

His throat invariably becomes sore when taking it. (Observed in several cases.)

Pain, neuralgic, in the left side of the face, from the lower jaw, extending to the upper, and across the eyes and nose to the forehead, coming on irregularly and lasting from an hour to an hour and a half. (Produced after taking the Soda chlorata for four days.)

Sore throat, with difficult deglutition, a flat ulcer forms on the tongue far back towards the root after taking the Soda chlorata for a week, and goes away immediately it is discontinued.

Aphonia of several weeks' duration. (Cured.)

Swelling upon the right upper jaw, close upon the gum (gum boil), very painful to the touch. (Produced.)

The throat becomes red and sore. (Observed in a man of 21, whose health was quite good except for a nasal polypus.)

Elongated uvula, with hard dry cough and a stuffy

feeling in his nose. (Cured in a man æt. 29, a remarkable case; he had had this cough for six months.)

Sudden choking cough, generally waking him in the middle of the night, caused by a sensation in the larynx as if a rush were tickling him there; this cough was left after a croup six years before. (Cured.)

Swelling affecting the upper and lower jaw of the left side, with swelling on the inside of the jaw, between the gum and tongue, with throbbing in the part and shooting pain extending up to the temples and down the left side of the neck; relief from cold applications, increased by worry, not interfering with appetite. (Produced.)

The tongue is furred in the morning, and there is constant putrid taste throughout the day. (Produced.)

Note.—This symptom affords us a valuable indication for the Soda chlorata in cases of dyspepsia (from various causes) as well as in different kinds of “sore throat.”

The tongue is furred irregularly; it is clean on the right side, and both it and her teeth are covered with a brownish coating in the morning, causing a nasty putrid taste. The bowels are obstinately confined, there is flatulence after every meal, infra-mammary stitch going through to between her shoulders, and aching across her loins. (Cured in a girl of 19.)

Note.—The Soda chlorata has the remarkable power, in common with Chlorate of Potash, of cleaning a very furred tongue.

Note.—A characteristic tongue seems to be the large, flabby, indented tongue, moist and slightly furred.

The tongue is white and shrivelled at the sides, and there is a taste as if she had been sucking alum; appetite for meat fell off. (Produced.)

A tugging pain in the left side of the face, aggravated by warmth, coming on every half hour, and flying up the side of the head to the ear. (Produced? I am unable to refer, while writing, to the source from which I took this symptom.)

Pain in the left side of her face, shooting up from a decayed tooth; the pain is worse the first thing in the

morning, and the last in the evening, with the formation of gum-boils one after another, and sick feeling after taking food. (Produced?)

RESPIRATORY ORGANS (including NOSE).—*Note.* Patients taking the Soda chlorata are, more than ordinarily, liable to take cold. The cold commences "in the head," with copious nasal secretion and wateriness of the eyes, preceded by "stiffness."

Epistaxis; the blood comes away both by night and day in clots, and is dark coloured. (Produced in a pregnant woman.)

Fetid ozæna, with sympathetic conjunctival irritation, and interscapular and facial pruritus. (Cured in a girl of eighteen.)

Nasal polypus. (Relief in two cases and apparent cure in one.)

Severe inflammation, with corneal ulceration of the left eye in a girl of 2 years, with difficult dentition, coming on after convulsions. (Cured.)

Note. The principal chest-pains are such as might be looked for along with an impeded abdominal circulation; there is evidence of insufficient chest expansion, and consequent weakness of respiration, and deficient aëration of the blood. In heart diseases aggravated by, or by their nature occasioning, impeded pulmonary circulation, the Soda chlorata gives much relief.

Cough, with white tasteless phlegm and tightness across the chest as from a weight, which keeps her from sleeping, and constricted feeling on inspiration at the pit of the chest; along with a general weakness which followed a miscarriage.

Note. This symptom is suggestive; the tightness of the chest is very often among the symptoms of Soda chlorata (curative and pathogenetic); it may arise from dyspepsia, and indicate the presence of flatus in the colon. Closely allied to it, but differently described by patients, is another symptom, and which, when indicative of our remedy, is owing to flatus in the œsophagus. "The food is arrested in its passage to the stomach;" then there is the sense of

* Case reported, *Brit. Journ. Hom.*, vol. xxx, p. 636.

constriction in the lower chest, and which, as often as not, is due to diaphragmatic spasm, and is frequently met with in albuminuria, and is also highly indicative of our remedy.

Cough, distressing, with a little phlegm, continual during the day. (Produced in a woman æt. 35.)

Tightness on the chest with dyspnœa, inability to move quickly, a feeling of a weight in front of her chest; these usual symptoms become aggravated, and there appears as a new symptom pain under the heart, with catching inspiration; these symptoms ceased on discontinuing the Soda chlorata.

Infra-mammary and supra-clavicular pain on the left side, with numbness down to her finger-nails of the corresponding arm. (Cured.)

Pain two inches to the left of the base of the sternum, going through to under the left shoulder, with a less constant pain similarly circumstanced on the right side, aggravated by deep inspiration.* (Cured.)

Pain like a flutter under the heart, with numb feeling under the corresponding shoulder, coming and going together; the numbness leaves behind it "a scraping in the back," along with bearing down of the womb when walking and which aggravates the pain in her side. Bowels confined, urine thick, and burning when passing. (Cured.)

Pain across the upper part of her chest, off and on, and pain with fulness across the hypochondria, with pains extending down from both sides of her waist to the womb, causing a phlegmy discharge. (Produced.)

Pain under the left axilla and left mamma aggravated by lying down, with a sickish giddy feeling. When walking about is obliged to keep sitting down. (Produced.)

Loud dyspnœa (in a girl of 18 who had had it since she was two years old); it is aggravated before each monthly period. (Cured.)

Precordial weakness, the chest feels weak, sick feeling and retching after eating, interscapular pain, expectoration of large quantities of phlegm, and a hacking dry cough, worse on going into the open air and at night. (Cured.)

* Vide Case, M. A. T., *Brit. Journ. Hom.*, vol. xxxi, p. 644.

I give the patient's words. The expectoration seems to have been excited more by retching than by the act of coughing.

Winter cough, worse on going to bed with some phlegm and pains along the upper part of the chest and forehead induced by the exertion of coughing. (Cured.)

Hawking up of phlegm in the evening. (Cured.) (Dr. Ussher's observation.)

In a delicate anæmic woman suffering from uterine weakness, the Soda chlorata caused a pain to appear in the left infra-mammary region, which affected the left side of the chest, the shoulders, and top of the head; the shoulders became stiff and painful, and the top of her head and side felt tender to the touch and ached, an unbearable pain; felt drowsiness after meals, the left hand, and left alone, was much swollen one morning after waking, and next morning the right only was similarly affected. The bowels became confined and less urine was voided. (Produced.)

(From frequently repeated observations with our remedy I would give it as my opinion that the above train of symptoms is eminently characteristic.)

In a delicate, highly nervous woman suffering from uterine weakness that followed two months after her confinement, the Soda chlorata, after removing most of the symptoms within the first fortnight of treatment, began to tell upon the patient:—She became very weak with shooting pains all over the body and in the limbs, especially between her shoulders, and at the points of her shoulders (the inferior angles of the scapulæ), worse in the morning before getting up; these shooting pains are worst in the arms and very bad in different parts of her head; day and night, but principally by day, she has much headache, worse if anything on the very top of her forehead, an aching pain without throbbing.

She is unable to sit down without falling asleep, her appetite falls off, but bowels are regular and tongue clean. (Produced.)

(This should be read carefully along with the last symptom; observe in both the drowsiness).

A growing out of the left scapula in young women, the shoulder-blade looks as if lifted away from the ribs. (Cured in two cases, both young women.)

A growing out of the left shoulder owing to incipient lateral spinal curvature. (Cured in a girl, æt. 12.)

A feeling in front of the chest as if something were gnawing at the chest wall. (Aggr.)

Incessant cough with bloody expectoration in the evening. (Cured.) (Dr. Ussher.)

Aching in the left shoulder, it is hot and stiff, aggravated by taking cold with pain at the inside of her left leg. (Cured.)

Cold heavy weight in the pit of his chest, cough on rising in the morning, with some retching, weakness across his loins. (Cured.)

Cough with hawking up of a thick phlegm, and pain in her left side like a stitch. (Cured.)

Aphonia in a girl æt. 25, worse at night, with considerable accumulation of phlegm. (Cured.)

Asthma (bronchitic), with much white flocculent expectoration, heaving, flatus, confined bowels, and putrid taste. (Cured.)

(There are many forms of asthma ; it is probably in the truly bronchitic form, and in that dependent upon uterine derangement, that the Soda chlorata proves curative ; in fact, the *condition* of system must be taken into account more than the asthmatic tendency. In hay fever (*Catarrhus æstivus*) Elliotson was in the habit of employing the hypochlorites of soda and lime as destroyers or breakers up of the grass-pollen, and with great success. (*Lectures on the Theory and Practice of Medicine*, by John Elliotson, M.D., p. 523.)

The fits of coughing are followed by aphonia. (Cured, very characteristic.)

Aphonia, which is greatly better after each fit of coughing. (Cured ; probably the relief after coughing was from the throat being cleared of phlegm. Observe the contrast between these two characteristic symptoms:—"aphonia brought on by coughing," and "aphonia relieved by coughing.")

A powerless feeling about the chest prevents her from

holding her body up. (Cured, in a woman of twenty-seven.)

In a girl of twenty-one an aching pain in her left side at her waist, preventing her from sitting upright. (Produced.)

STOMACH AND ABDOMEN.—The abdominal symptoms point to embarrassed venous circulation, and consequent sluggish absorption, with a general atonic condition of the intestinal canal; acidity and flatulence prevail, the patients being desponding, hypochondriacal, and hysterical; the uterine and hepatic symptoms lead to the supposition of degenerative decay.

Aching pain, with a sense as of something filling up the part, in the right side "under the ribs," brought on by lying upon the opposite side, and by placing her right thigh on the abdomen, with much tenderness and inability to fasten her clothes on account of the swelling. (Cured.)

Sense of vacuity, weakness, and soreness in the hepatic region, along with a gnawing—scraping against the corresponding scapula; the hepatic distress becomes aggravated when her bowels are confined, dreads any straining at stool.*

Soreness in the lower abdomen as if bloated with intense pain on placing her hand there; next day felt the tenderness with distended feeling higher up round the hypochondria, obliging her to unfasten her clothes, trembled all over, her knees felt too weak to support her body, the lower part of her back became excessively tender, and the burning in the vagina, an old symptom, reached an unendurable pitch. (Aggravation.)

Bloated, uncomfortable feeling after meals, cannot tighten her clothes. (Cured.)

A bloated, tight feeling comes after eating and drinking across the upper part of the abdomen, and which is not lessened by loosening her clothes, and is accompanied by a sick feeling. (This symptom came on in a healthy girl aged twenty-one, four days after she had discontinued taking the Soda chlorata, which had disagreed with her.)

* Vide Case 7, p. 629, *Brit. Journ. Hom.*, vol. xxxi, 1873.

Pain takes her whenever she eats anything across the lower chest, and then proceeds down to the lower bowels, and up to between the shoulders accompanied by a sick feeling; comes immediately after eating, and lasts an hour or two; feels "all in a confusion" after partaking of food. When walking about, sensation of "a heft" shaking from side to side, and abdomen feels over distended (from flatus?), blood flies to her head, feet get cold, is very agitated; pain seizes her in the lower abdomen, causing an overpowering feeling, "a going through the floor;" confined bowels. (Cured in a woman aged sixty-five.)

Post-partum weakness of the abdominal muscles. (Cured.)

Flatus, causing almost constant distress. (Cured.)

Biliousness, followed by acidity, subject to it every summer, tongue coated white, much flatus, much distress in the lower abdomen after taking food, constant retching the whole day, sour and acid risings. (Cured.)

After taking the Soda chlorata for a week she got a fearful pain in the lower abdomen, which settled in the right hip-joint and spread over the whole abdomen as far as on a line with the umbilicus; it lasted a week, leaving her free from a tenderness of the abdomen that she had had for a year, and free also of pain in the hip-joint (right), and of an inability to flex the hip upon the abdomen from pain; and besides she ceased to pass "white gravel," which she had been voiding for the last twelve months with great suffering.

(On referring to the notes of this previously troublesome case, I can, with present experience, come to no other conclusion than that the primary cause was ovarian; the symptoms had followed upon the cessation of a metrorrhage. The woman's age was thirty-four.)

Swelling low down in the abdomen, going up to her chest, and causing dyspnoea, worse after eating, with a good deal of flatus. (Produced).

A weight seems to fall from across the pit of her chest to the pit of the abdomen, and an aching, dull sensation, indescribable, but different from an ordinary headache, occurs on the top of her head after each dose and lasts for a quarter of an hour.

A great deal of pain in the coccal region, which is worse at night, and keeps her from sleeping, with pains in different parts of the body, and confined bowels. (Cured.)

Nausea and sick feeling; she becomes drowsy during the day and wakeful at night. (Produced.)

Loss of appetite for breakfast, but a fair appetite for supper. (With other symptoms, strongly characteristic.)

When taken while the patient is recumbent the Soda chlorata gave rise to a feeling of sickness. (Produced.)

In a delicate consumptive girl, subject to convulsive seizures, and bearing down in the lower abdomen; the first dose caused a strange lifeless feeling, which made her apprehensive of fainting, followed in about an hour by sickness; this was succeeded some three days afterwards by *vertigo caduca*; the bearing down temporarily improved. (Produced.)

In a decidedly consumptive girl, aged sixteen, it improved her cough and made her feel stronger; its continued use made her feel drowsy and lazy as if she could lie in her bed all day, and her skin became covered with pimples that smart after washing, and upon going into the open air; the slightest drop of cold water as a drink irritates these pimples. (Produced.)

Uterine abdominal pains and the colic of phthisis. (Cured.)

STOOL, ANUS, AND URINARY ORGANS.—Anal and vesical troubles in connection with uterine congestive disorders.

Ascarides in the rectum, with inability to urinate in a girl of four and a half years. (Cured.)

Confinement of the bowels for three days, and then passage of a large hard offensive motion. (Produced in a girl of eighteen.)

In a female aged thirty-two it brought on excessive action of the kidneys after each dose; the patient was at the time supposed by Priestley to be suffering from cauliflower excrescence of the uterus.

Passive hæmorrhage from the anus, which ceases when the excessive and too frequent menstrual flow comes on; great debility, backache, and other pains. (Cured.)

In a woman with mitral valve lesion a quantity of red sand

was found in the urine for the first two days after taking the Soda chlorata. She never remembers such a symptom before. (Produced, the dose being one drop in a wine-glassful of water.)

Great exhaustion as if about to die before the bowels act, sudden and forcible expulsion with consequent complete relief. (Produced.)

In a little girl of three years, scalding when urinating with soreness, itching, and smarting of the vagina. (Produced.)

In a woman, aged forty-two, cutting pain like knives in the anus which comes on every evening between 6 and 7 o'clock, and goes away during the night but not at any stated hour. (Produced.)

Offensive stools in children. (Cured many cases.)

The constipation of the aged. (Dr. Ussher.)

In cases of albuminuria the Soda chlorata sometimes gives great relief and very strikingly lessens the quantity of albumen. In one old-standing case after giving it some weeks the old lady's legs (she was sixty-eight) became affected with eczema, and "quarts of water" came from them, with much relief to her symptoms.

SEXUAL ORGANS ; FEMALE.—Most of the symptoms usually found accompanying congestion of the womb when it succeeds bad confinement or miscarriage, even when this congestion is complicated by prolapsus, retroversion, or abrasion, with or without ulcerated cervix, disappear along with the causal congestion under the influence of Soda chlorata ; to give a list of all the symptoms produced by a congested state of the womb would be unnecessarily tedious.

Prolapsus and retroversion of the womb, with a variety of sympathetic disturbances. (Cured in many cases.)

Aching pains in the sacral region aggravated by walking about, with retching and general debility. (Cured in many cases.)

Prolapse of the womb with fulness in the left ovarian region, a feeling as if the womb were being pushed up when the patient sits down ; hot flushes, dyspnoea, nervous tremblings. (Cured many cases.)

Violent metrorrhagia. (Produced.)

The monthly period comes on at once, a week before its time, in a perfectly healthy woman, after taking a dose of two drops in water. (Produced.)

Leucorrhœa of a white colour, leaving a yellow stain when dry. (Cured.)

Leucorrhœa, different varieties. (Cured.)

Sharp pain as though something were being pulled away from the right side, and sometimes, when very bad, from the left side as well of the sacrum, it wakes her up after she has been about two hours asleep. (Cured case of Mrs. C—, *British Journal of Homœopathy*, p. 647, vol. xxxi.)

Prolapsus uteri with marked tenderness. (Cured, same case.)

In a woman suffering from prolapsus from injury (aged twenty-five), it brought on frightful vaginal pruritus, just inside the lips of the vagina, getting alternately better and worse, and obliging her to tear herself to pieces. (Produced.)

Two days after taking the Soda chlorata violent irritation round the pudendum, and the womb protrudes to about the size of an egg. (Case referred to above, p. 647, *British Journal of Homœopathy*.)

A swelling that used to appear in the left ovarian region prior to the monthly period disappeared. (Cured.)

Metrorrhagia, constant oozing, brought on by any exertion in unmarried as well as in married women. (Cured several cases.)

Passive metrorrhagia after bad confinements, miscarriages, and consequent general deterioration of health. (Cured many cases.)

Uterine bearing down, severe backache, and headache affecting the temples and back of the head, making her feel "light-headed" and sickish, generally worse at night. (Produced.)

She cannot take the Soda chlorata, as it causes feeling as of "opening and shutting" in the womb. (Produced in a healthy woman, aged, sixty-five.)

Offensive yellowish leucorrhœa. (Cured.)

Catamenia continue much over time, the discharge comes away in black bloody clots accompanied by pricking and

shooting pains in the lower abdomen, and aching in the lower back; she feels dull and low, is very weak, and there are dark circles round her eyes, aching across her forehead, making her feel sick, coming on after dinner, and continuing till teatime, from 1.30 p.m. to 5.30 p.m., comes and goes suddenly, has to lie down from the pain, nothing relieves it; cold feeling of weight across the abdomen on a line with the umbilicus, and extending down the left groin necessitating the crossing her legs to ease the pain. Legs ache a great deal on getting out of bed in the morning, and passes a quantity of light-coloured urine when walking about. (Cured, the italicised symptoms may be regarded as typical.)

Aggravation of symptoms before each monthly period. (Observed in many cases.)

The monthly illness delays a week over time, and during the first day has more than usual aching in the back. (Produced in a fairly healthy girl, aged twenty-one.)

In a plethoric woman, æt. 40, in whom the monthly period had been suppressed from cellulitis following upon a miscarriage three years before, there having been complete cessation for three months, and invariable irregularity subsequently, the period not coming freely and never unless aided by medicine, and in whom there existed much swelling about the thighs and pelvis as well as much systemic fulness of blood whenever the period was allowed to remain away for more than two weeks:—I noticed the following facts in regard to the Soda chlorata. After taking the Soda chlorata (1½ drop doses) the period came on freely, at first clotted, and always increasingly freely with an increase in the dose. The urine too passed more plentifully. While under this dose (approximately) a neuralgia of the left side of the face came on, which, at the time, I ascribed to the drug, and am still inclined to do so, although it disappeared on discontinuing the medicine, and did not return on our resuming it in even a larger dose. The patient had no bad teeth, and had not suffered from neuralgia for five years; the pain affects the left side of the face, ear, temple, and head; it seizes her all at once after lying down in bed, the whole side of her face flashing up in pain; this pain

constantly comes and goes; rubbing the face with, and keeping brandy in, the mouth relieves. It is a sharp, darting pain like knives, and the nerves are sore and painful to the touch.

The patient is now taking Soda chlorata in doses of five drops, and the flow that comes as a result shows a tendency to come *in clots*, chiefly *towards the evening* and as she is getting up in the morning; never flows at night; she is also very drowsy.

(All but the emmenagogue action of the Soda chlorata in this case is open to doubt.)

In a woman *æt.* 33. Inability to walk, with numbness in the extremity of the spine; her history pointed to its having resulted from a severe vesical phlebitis, with hæmaturia following upon a confinement five months previously; a scraping sensation in the left shoulder, and a like sensation between the shoulders existed in this case, but were imperfectly removed.* (Cured, a very good case.)

Sterility due to atony (chronic) of the uterus. (Cured.)

Immediate *post-partum* sufferings:—Constipation, after-pains (?), backache, metrorrhage (a constant oozing and a dark-looking flow), retroversion.

A disposition to metrorrhagia (cured) and its consequences. (Cured.)

Menorrhagia. (Cured.)

General chronic rheumatism with uterine ulceration. (Cured; this woman, aged 36, had been treated allopathically for three months for ulceration of the womb, with profuse leucorrhœa, following a bad confinement, and without benefit. At the time *Soda chlorate* was given she was completely invalided with rheumatism, terrible aching pains, chiefly in the right side of the chest and shoulder. Both hands were quite powerless and the knuckles red and swollen, the knees and feet being in the same condition, rendering it impossible to get her boots on. Her arms were so powerless as to wholly disable her from household

* See my paper in vol. xxxi, *Brit. Journ. Hom.*, p. 629. The above patient was cured a year and a half before coming with these symptoms with *Soda chlorata* of uterine congestion and menorrhagia; at that time she had a numbness, with scraping in the sacral region, and a scraping under the left shoulder; the symptom is therefore one of some standing, and on neither occasion did our remedy remove it.

duties. The effect of the *Soda chlorata* was immediate ; in a few days she was able to get up and walk about, and in the course of two weeks both rheumatic and uterine symptoms had disappeared.)

SEXUAL ORGANS (MALE).—The influence exerted by the *Soda chlorata* upon the male sexual organs is, pathologically, well marked ; its curative influence upon these has not been as yet so well established as upon the female organs.

Seminal emissions, three or four a week, can hardly get up after them. (Cured.)

Seminal emissions. (Cured.)

(Like other remedies for seminal emissions its action is very uncertain ; local symptoms in this affection help us but little.)

Great sexual excitement comes on after each dose in a man aged 25 of impressionable temperament. (Produced.)

Almost unconquerable sexual desire after each dose, with priapism. (Produced.)

Dull aching pain in right testicle remaining after orchitis (in spite of *Conium*, which had done much good), and gleet discharge. (Cured.)

Enuresis somni with emaciation. (*Vide* case reported, "Ears.")

Seminal weakness, with depressed spirits and disinclination to get up in the morning. (Cured.)

Gleet. (Cured.)

SLEEP.—Heavy sleep, with much disinclination to get out of bed in the morning. (Produced.)

Her limbs are heavy, and she experiences much difficulty in getting about after leaving her bed. (Cured in many cases.)

Drowsy during the daytime, wakeful at night. (Produced.)

Drowsiness after meals. (Produced and cured.)

The child when asleep has a ghastly look as if dead. His sleep is quiet. (Produced.)

Much distressed, laughs, cries, and talks in her sleep ; keeps her husband awake. (Produced.)

Very restless sleep at night. (Cured.)

SKIN.—Lichen agrius. (Cured.)

Small gatherings form on the fingers of both her hands. (Produced.)

Panaritium on the index finger of her right hand round the nail, and sore places on her head, with very offensive stools. (Cured in a girl of three years.)

Pruritus over trunk and legs, which comes on in summer. (Cured in a man.)

Impetigo apparently caused by putrid emanations from a drain.

It seems to make the skin look clearer. (Ussher.)

Irritation of the skin follows the pains. (Observed, cured.)

Pimply rash appears on her face and irritates a great deal, especially at night. (Produced.)

Eczematous eruption on her ears and scalp. (Cured.)

Pimples are thrown out on her skin which smart when washed or when going into the open air; the slightest drop of cold water as a drink irritates these pimples. (Produced.)

In a woman of thirty-one, from three quarters of a drop, diluted:—Red smarting rash on the face and neck, worse after meals or after warm drinks; a uniform redness with tendency to blister "as if from a mustard plaster." (Produced.)

FEVER.—Clammy cold perspiration over the entire body, with general aching pains in her ankles, twitchings in her limbs at night, continual cold and chilly feeling. (Cured.)

CONDITIONS.—Heat overpowers him. (Cured.)

Its nervous symptoms come on very irregularly. (Observed in many cases, cured and produced.)

Its painful parts feel hot. (Observed. Cured.)

HYDRASTIS IN UTERINE HÆMORRHAGE AND DYSMENORRHŒA.

By E. M. HALE, M.D., Chicago, U.S.A.

IN the *Chicago Medical and Surgical Journal* for August, 1877, appeared a brief paper by Dr. W. A.

Gordon, of Hannibal, Ms. who says:—"I have not seen *Hydrastis canadensis* prominently spoken of in the leading text-books as a reliable agent in hæmorrhages from any of the mucous surfaces, or in any respect worthy of especial notice, further than as a general tonic, and as possessing merit in the chronic diseases of the mucous membranes."

This recommendation was new to me, for I have not met with any work in which *hydrastis* was recommended for any kind of hæmorrhage. There is no intimation of any such action in our provings, which, however, were all made on men.

If Dr. Gordon had recommended it in chronic passive hæmorrhage, it might be said that the result was due to its general tonic power, but Dr. Gordon recommends it particularly for acute, active hæmorrhage, and states that he "has used it ten years" for such hæmorrhages. He does not state how he happened to first use it for this purpose. It was probably one of those accidental prescriptions or discoveries of which we find so many instances in the history of medicine. He proposes a tincture from the *fresh* root, and says he has used it "with such positive and satisfactory results in uterine hæmorrhage, that he now seldom resorts to any other remedy." A very remarkable statement surely, if he has an extensive practice or treats many uterine diseases.

He further writes, "In those urgent cases when I formerly resorted to half-drachm doses of *Fl. Ex. Ergot* every twenty or thirty minutes, I now use the tincture of *Hydrastis* in doses of from twenty to thirty drops, repeated the same as *Ergot* until the active hæmorrhage is controlled; the remedy is then continued in small doses—two to five drops—every two or four hours, according to the urgency of the symptoms." He further says, "In menorrhagia I have found it to give decided and prompt relief. In this class of cases I am in the habit of giving from two to five drops of the tincture every two or three hours or oftener. After the flow is brought to its normal quantity the minimum dose is continued twice a day until the next menstruation."

When I read the last recommendation I was treating a

peculiar case of menorrhagia. The woman had had very profuse menses for a year, flowing ten days or more; she became very prostrate and anæmic. I had tried *China*, *Ipecac.*, *Trillium*, *Ustilago*, *Ergot*, and various other remedies, without much effect. She had been very averse to an *examination*, but the case assumed such a serious aspect that I insisted that one should be made. To my surprise I could discover no ulceration or abrasion of the os or the cervical canal; nor did the sound provoke bleeding, as would have been the case if the interior of the uterus had been affected by mucous cysts, fungoid growths, &c. I made an application, however, to the interior of the uterus, with *Comp. Tinct. Iodine*, but the next period was as bad as ever. After reading Dr. Gordon's article I prescribed *Hydrastis* $\frac{1}{16}$ (1^x) ten drops four times a day for two weeks, or until the appearance of the menses, then every hour until the flow was normal; the result was gratifying, she rapidly regained strength, and the next period set in with less flooding, and soon became normal in quantity and ended on the fifth or sixth day.

Dr. Gordon recommends *Hydrastis* in dysmenorrhœa, but mixed with *Bromine*! He evidently means to confine its use to neuralgic or congestive cases, for he emphatically asserts that "if over ten drops of a preparation of the strength of one drop of *Bromine* to a pint of distilled water is continued for several weeks, it will *almost certainly* produce *membranous dysmenorrhœa*. It is to be regretted that the doctor did not cite cases to prove this assertion. But homœopaths *know* that it will cause pseudo-membranous formations elsewhere in the body, and why not in the uterus? Dr. Gordon's prescription for endo-metritis is equal parts of the above *Bromine* solution and tincture *Hydrastis*, dose "fifteen drops three times a day." He immediately mentions a pathogenetic symptom of the head from *Bromine*, namely, "violent headache ranging from the frontal sinus down to the base of the brain, with marked increase of pulse in volume and frequency." I do not find this symptom in *Allen's Encyclopædia of Materia Medica*, and it is worth making a note of.

But to return to *Hydrastis*. How does it become a remedy

for hæmorrhage? It must be capable of causing it or it could not cure it. Does it cause hæmorrhage by its ultimate effect on mucous membranes? It causes epithelial degeneration, catarrhal discharges, with pus-secreting surface. If this, why not a mucus which will bleed? Or it may be capable of checking hæmorrhage by its action on the circulation, as do *China*, *Digitalis*, or *Ergot*. We need more extensive provings and on women before we can decide this question.

To the above I will add that the allopathic school are rapidly appropriating the best of the *new remedies*. In Prof. Bartholow's *Mat. Med. and Therapeutics*, which is decidedly the best work on the subject ever written by one of that school, he gives *Hydrastis* a prominent position. He says it causes increased appetite and digestion; it increases the secretion of the intestinal mucous membrane, its glandular appendages, and there are good reasons for believing it promotes the secretion of bile. As a result of this increased secretion, the stools become softer and more frequent. If it causes this condition, its excessive (pathogenetic) action would result in *intestinal catarrh*—a condition to which it is eminently homœopathic, as our experience proves. But Dr. Bartholow gives evidence of its value also. He says it is curative in "*chronic gastric catarrh, stomach catarrh of chronic alcoholism, catarrh of the duodenum, catarrh of the gall-ducts, chronic catarrh of the intestine, catarrh of the bladder;*" and he might have added catarrh of every mucous surface in the body. This writer, who seems to speak from his own experience, says it is curative in "*stomatitis, follicular pharyngitis, chronic coryza, fissure of the anus, hæmorrhage from the rectum, and ulceration of the rectal mucous membrane, debility, cachexia, protracted convalescence, intermittent fever (ranking next to quinine), chronic Bright's disease, gonorrhœa, spermatorrhœa, uterine and vaginal leucorrhœa, ulcerations and erosions of the cervix uteri, unhealthy and sloughing sores, and even cancerous growths.*" I suppose that the author got the most of his information from homœopathic sources as well as eclectic, although he had not the moral courage to mention in his list of authorities one of either school. I do not

believe *Hydrastis* is sufficiently appreciated by our school, or, indeed, by any school of medicine. My experience with it has now extended through an active practice of twenty-five years, and every year I value it more highly.

Internally and in all doses ranging from the 6^x to the mother tincture, as the nature of the case and the age of the patient demanded, it is the chief remedy for all catarrhal affections; it cures catarrh in two ways: (1) by increasing the general tone of the whole system, enriching the blood by exciting a more active nutrition; (2) by its specific action on mucous surfaces. This action is to cause pathogenetically a very similar condition to that usually found in catarrhal affections. To be successful with *Hydrastis*, it must be used *topically* as well as internally. In treating nasal, pharyngeal, or bronchial catarrh, or even catarrhal ophthalmia, it should always be applied locally by means of a brush or spray. So also in catarrh of the digestive tract, œsophagus, stomach, intestines, &c., it should be administered in such manner as to *come in contact with the diseased surface if possible*. In gastric catarrh this can be done by increasing the quantity of the vehicle. Direct that the patient shall take five drops of the ϕ or 1^x dil. in a *glass of water* half an hour before each meal, *i. e.* when the stomach is empty. If the catarrh is in the colon or rectum a stronger solution should be injected, and the same method should be adopted when the catarrh is located in the bladder, vagina, or uterine cavity.

There is now prepared a white alkaloid of *Hydrastis*, the *Muriate of Hydrastia*; this is far superior to the tincture as an application to erosions, ulcerations, and other lesions of mucous membranes. Dilute or dissolve it in glycerine 1 part to 100.

THE FIRST EDITION OF THE *ORGANON*.

THE essay entitled *The Medicine of Experience*, published in 1805, was a development of the views enunciated

by Hahnemann in a previous essay published in 1796, *Essay on a New Principle, &c.* Both these essays will be found in the *Lesser Writings*. The first edition of the *Organon*, published in 1810, is a still further development of the views contained in *The Medicine of Experience*. It is, however, a much more important work than the latter, and is written in a style and arranged in a manner denoting that it is meant as a manifesto of the founder of a new system. There is in the form an evident imitation of the Aphorisms of Hippocrates, and the title recalls that of Bacon's great work, the *Novum Organum*.

The title of the first edition is *Organon der rationellen Heilkunde* (Organon of Rational Medical Doctrine), which was changed in the second and all later editions into *Organon der Heilkunst* (Organon of Medical Art), and we observe that whereas in the first edition he speaks of the "Rational Physician," he has altered the expression in the later editions to "True Physician."

On the title-page of the first edition he has this quotation from the poet Gellert :

"Die Wahrheit, die wir alle nöthig haben,
Die uns als Menschen glücklich macht,
Ward von der weisen Hand, die sie uns zudedacht,
Nur leicht verdeckt, nicht tief begraben." *

This is replaced in the later editions by the words "Aude Sapere."

The Preface to the first edition is short and terse. It is as follows :

"According to the testimony of all ages, the art of medicine is unanimously pronounced to be an art based upon conjecture (*ars conjecturalis*) ; hence, no art can with less reason be exempt from the ordeal of a thorough investigation into its claim to be well founded than this one, on which health, the most precious possession man has on earth, depends.

* Which may be freely rendered thus—

The truth an all-wise Providence intended
To be a blessing to mankind,
He did not bury deep, but slightly fended,
That any earnest search might find.

"I account it an honour to myself that in recent times I am the only person who has subjected it to an earnest honest inquiry, and that I have given to the world in many writings, some published anonymously, some with my name, the result of my conviction.

"In these investigations I discovered the road to the truth, which I had to follow alone, very far removed from the general beaten track of medical routine. The further I advanced from truth to truth the further did my maxima, none of which I admitted without conviction gained by experience, depart from the ancient edifice which, built up on opinions, was only maintained by opinions.

"The results of my convictions are revealed in this book.

"It remains to be seen whether physicians who mean honestly by their consciences and by mankind will still adhere to the pernicious tissue of conjectures and caprices, or whether they can open their eyes to the beneficial truth.

"I warn them beforehand that indolence, love of ease, and obstinacy, disqualify for service at the altar of truth, and that only an unprejudiced mind and unwearied zeal qualify for the holiest of all human works, for the practice of the true medical doctrine. With this spirit the medical practitioner is assimilated to the Divine Creator of the world, whose creatures he helps to preserve, and whose approbation renders him thrice blessed."

This preface is retained in the second edition, but is omitted in the later editions.

The introduction in the first edition is paged in Roman numerals, thus marking its separation from the aphoristic Organon more distinctly than is done in subsequent editions, where the paging of Introduction and Organon proper is continuous. This separation is still further emphasised in the first edition by an intercalated leaf betwixt Introduction and Organon, with the fresh title "Organon of Rational Medical Doctrine according to homœopathic rules" (*Organon der rationellen Heilkunde nach homoöpathischen Gesetzen*).

The first sixty-one pages of the Introduction as we find them in the last edition do not appear in the first or

second edition. In the two first editions the Introduction begins quite abruptly with the passage we find at p. 62 of the fifth edition (p. 56 of Dudgeon's translation). The opening passage is, however, worded rather differently in both the first editions from what we find in the later editions. The first edition commences thus :

"Hitherto the diseases of human beings were treated *not rationally*, not on fixed principles, but according to various curative intentions (*Heilzwecken*), among others according to the palliative rule—*contraria contrariis curentur*.

"Directly opposite to this lay the truth, the genuine road to cure, to which I give the guide in this work: to effect a mild, rapid, and permanent cure choose, in every case of disease, a medicine which can of itself produce an affection similar (*ὁμοιον παθος*) to that sought to be cured (*similia similibus curentur*)! Hitherto no one has *taught* this mode of cure. But if it be truth that prescribes this method we might expect," &c.

In the second edition we notice this variation :

"Hitherto the diseases of human beings were treated not on principles founded on nature and experience, but according to capriciously imagined curative intentions," &c., leaving out the term "rational." He then goes on as in subsequent editions—with a few unimportant differences, chiefly consisting of additions in the subsequent editions—down to "acted in forgetfulness of the contrary doctrines of their own school."

Then come the examples from old-school practice of homœopathic cures—omitted in last edition, though referred to in a note. These have been restored in Dudgeon's translation as they appear in the fourth edition.

In the first edition Hahnemann gives no references to the sources of these cases, which are carefully indicated in foot-notes in subsequent editions.

Some of his examples of unconscious homœopathic cures are omitted in subsequent editions. Thus, after the illustration from the English sweating sickness, he says :

"Catgut bougies introduced into the healthy urethra

produce *blennorrhagia*, and for this reason they so often cure *gleet*."

In the notice of *Tobacco* he has in the first edition after Murray's experience the following :

"Chomel, Grant, and MARRIGUES saw convulsions arise from excessive indulgence in tobacco, and long before them Zacutus the Portuguese had found a very efficacious remedy for many cases of epilepsy in a syrup prepared from the juice of the tobacco plant.

After the paragraph about *Uva ursi*, he gives a number of illustrations of homœopathic cures with *Hemlock*, omitted in later editions.

Further on he instances the production and cure of dropsy by *Euphorbia off.*—omitted in later editions, and the production and cure of dropsy by *Rhamnus frangula*—omitted in fourth edition.

The paragraph about *Dulcamara* is altered considerably in the later editions.

In the first edition he has notices about the production and cure of violent cough by *Taxus* ; of dysuria, dropsy, kidney pains, and coxalgia by *Turpentine* ; of cramp in the stomach and various other affections by *Tea* ; of diarrhœa by *Ipecacuanha* ; all omitted in later editions.

The paragraph relating to *Hyoscyamus* is much modified in later editions.

An account of the production and cure of pains in the limbs and joints by *Aconite* is omitted in later editions, and there is more about *Camphor* in the first than in later editions.

The paragraph respecting *Opium* is also very different in the first edition ; it is much fuller in the fourth edition.

Under *Lead* there is in the first edition a notice of its causing and curing pulmonary phthisis.

The notice of *Mercury* is fuller in the later editions.

There is a paragraph about *Galvanism* in the first edition, which is omitted in the later editions.

The notice about the effects of *heat* in fever is expanded in the second and subsequent editions.

The concluding paragraphs of the first edition are expanded in later editions.

In the second edition we find the first notice of Stahl's enunciation of *similia similibus* as the true rule of cure.

In the first edition the introduction has none of the foot-notes which occupy so much space in the later editions; and in the *Organon* proper the notes are appended to each paragraph, and are not at the foot of the page as they are in the second and subsequent editions.

The opening paragraph of the *Organon* proper in the first edition runs thus :

“The physician has no higher aim than to make sick persons well, which is called healing.”

§ 2 of the first edition has at the end in brackets and emphasised print “rational medical doctrine” (*rationelle Heilkunde*). This is omitted in the later editions.

§§ 3 and 4 in the first are the same as in the later editions.

§§ 5, 6, and 7 originally stood as follows :

“§ 5. It may be conceived that every disease must be founded on a *change in the interior of the human organism*, but this can only be inferred by the understanding from that which the external signs betray of it; *but it is not recognisable of itself in any way.*

“§ 6. What is invisibly morbidly altered in the interior and the observable change in the health in the exterior (appreciation of symptoms) together constitute what is called disease; both together are the disease itself. [Here follows a long explanatory note, which we need not reproduce. This note is repeated with alterations in the second edition, but is omitted, together with these two paragraphs, in the later editions.]

“§ 7. In medicines there must be a healing principle; reason surmises it. But its essential nature is not cognisable by us in any way—only its manifestations and effects can be ascertained by experience.” This paragraph is replaced by § 5 of the last edition.

§ 8 of the first edition is nearly the same as § 6 of the last, only what was in the former, "the worthlessness of transcendental speculations" (den Unwerth übersinnlicher Spekulationen), assumes in the second and later editions the harsher form of "die Nichtigkeit übersinnlicher Ergrübelungen." The note to this paragraph in the last edition is not in the first and second editions.

§ 9 of the first edition is considerably amplified in the last edition, and the next paragraph disappears altogether in the later editions, or rather it is comprehended in the previous paragraph. It is short, and runs as follows:

"§ 10. Only the sum of all the symptoms of a disease represents this disease in its whole extent." Two notes follow this paragraph; the first asserting that no real disease requiring treatment consists of one single symptom, omitted in the later editions, the second nearly identical with the note of § 7 of the last edition.

§ 11 of first edition is, with some verbal differences, identical with § 8 of the last, but the note to this paragraph is not in the first edition.

§§ 9—16 of the last are not to be found in the first edition, but, instead, we have the following paragraph:

"§ 12. The invisible morbid alteration in the interior and the sum of the symptoms observed from without are hence both mutually and necessarily dependent on one another, both together constitute the disease in its full extent; that is to say, a unity of such a character that the latter stand and fall with the former, that they at once must exist with one another and disappear with one another, so that what is capable of producing the group of appreciable symptoms must, at the same time, have produced in the body the corresponding (inseparable from the external morbid phenomena) interior morbid alterations, otherwise the appearance of the symptoms would be impossible; and, consequently, what removes the sum of the appreciable morbid signs must, at the same time, have removed the morbid alteration in the interior of the organism, because the removal of the former without the disappearance of the latter is not conceivable."

To this paragraph is appended a note similar to that attached to § 17 of the last edition.

§ 13 of first edition is nearly identical with § 17 of the last, only in the latter "the internal alteration" is supplemented by the words, "of the vital force." It is to be remarked that the words "vital force," which occur so frequently in the last edition, are not used throughout the first and second editions. The paragraph in the first edition terminates thus:—"The essence of medicine (Heilkunde) must otherwise be sought, not in a restoration of the health, but in investigation of the alteration in the hidden interior; that is to say, in fruitless speculations." This idea is amplified in a long note, which is omitted in later editions.

§§ 14—37 of the first edition are replaced by §§ 18—70 in the last edition. The corresponding paragraphs in the second edition, §§ 12—81, contain much of what we find in the last edition, and a good deal more besides, relating chiefly to chronic diseases, with respect to which Hahnemann's views underwent a great change before the publication of the last edition, as we know from his treatise on those diseases. The last edition, therefore, embodies these novel views.

§ 38 of first edition is the same as § 82 of the second and § 71 of the last.

§§ 39—61 are entirely rewritten and replaced by §§ 72—82 of last edition.

We have not sufficient space at our command on the present occasion to give the suppressed paragraphs of the first edition. In a future article we propose to do this. At present we shall do little more than indicate the paragraphs in which the first edition resembles or differs from the last.

With § 62 of first edition commences the directions for the examination of the patient. §§ 62—81 are reproduced with a few amplifications in §§ 83—102 of the last edition. § 103 of the last edition is an addition. §§ 82, 83 of the first are reproduced in §§ 104, 105 of the last. § 84 of the first differs in wording from § 106 of the last, but the

meaning is the same. The correspondence is resumed in § 85 of the first and § 107 of the last.

§ 86 of the first is amplified in § 108 of the last, and §§ 87, 88 of the first are replaced by § 110 of the last. § 89 of the first is expanded in § 111 of the last. § 90 of the first reappears in the last, with a good deal added about the "vital principle."

§§ 91—93 of the first are replaced in the last by §§ 113, 114.

§ 94 of the first is repeated in § 115 of the last.

§ 95 and its note of the first reappear considerably modified with additional notes in §§ 116, 117 of the last.

§ 96 and 97 with notes are nearly the same as § 118, 119 of the last, which have two additional notes.

§ 98 of the first is replaced by § 120 of the last.

§ 99 of the first is repeated almost exactly in § 121 of the last.

§§ 100—105 of the first are nearly the same as §§ 122—126 of the last.

§§ 106—108 of the first are amplified in §§ 127—131 of the last.

§ 109 of the first is nearly the same as § 132 of the last.

The directions for proving medicines in the succeeding paragraphs of the first edition, §§ 110—118, are very much extended and added to in §§ 133—141 of the last.

§ 119 of the first is repeated with amplification in § 142 of the last.

§§ 120—123 are amplified in §§ 142—145 of the last. In § 123 of the first edition the words "thanks to the *great number* of symptoms," are altered to "thanks to the *truth* of the symptoms" but this seems to us to be a misprint in the last edition, "wahrheit" in place of "vielheit." The former reading, which we believe from the context to be the right one, occurs also in § 152 of the second edition.

§ 124 of the first is nearly the same as § 147 of the last.

§ 125 of the first edition is omitted in the second and later editions.

§ 126 of the first is expanded in § 153 of the second and § 146 of the last editions.

§§ 147—149 of the last edition are not in the first edition, but they already appear in the second edition—§§ 154—156. The last paragraph, § 149, of the last edition has, however, an additional sentence, and a long note, not to be found in the corresponding paragraph of the second edition.

§ 127 of the first is divided in the second and subsequent editions into two (§§ 157, 158 of the second, §§ 150, 151 of the last).

§§ 128—131 of the first are nearly the same as §§ 152—155 of the last.

The note to § 131 of the first appears in the second and all subsequent editions with a few insignificant variations as a separate paragraph (§ 163 of second, § 156 of last).

§ 132 of the first becomes §§ 157—160 of the last edition. This division was already effected in the second edition §§ 164—167.

The note to § 132 is much expanded in the second and later editions.

§ 161 and note of the last edition are not in the two first editions.

§ 133 of the first is nearly the same as § 168 of the second, and § 162 of the last.

§§ 134—140 of the first correspond with some modifications to §§ 163—169 of the last.

§§ 141, 142 of the first are omitted in the last.

§§ 143, 144 of the first are conjoined in § 170 of the last.

§ 145 of the first is replaced by § 171 of the last, which is quite different.

§§ 146—160 of the first are nearly the same as §§ 172—186 of the last, with considerable additions.

§ 161 of the first is replaced by §§ 187—191 of the last.

§§ 162, 163 are nearly identical with §§ 192, 193 of the last.

§§ 164—215 of the first are replaced by §§ 194—252 of the last, in which the psora theory is developed and explained.

§§ 216—218 correspond to §§ 253—255 of last.

§§ 219, 220 of the first are replaced by § 256 of the last.

§§ 221, 222 of the first reappear in §§ 257, 258 of the last, "rational physician" altered into "true physician."

§§ 223—229 of the first correspond to §§ 259—265 of the last.

§ 266 of the last edition is an addition.

§ 280 of the first is amplified in § 267 of the last.

§ 281, with note of the first, is the same as § 268 of the last.

§§ 282, 283 of the first are replaced by §§ 269—271 of the last. In the latter the dose is fixed at the 30th dilution. There is no mention of the dose in the first edition. In the second edition he refers for the dose of each medicine to the preface to each medicine in the *Reine Arzneimittellehre*, but he says at the same time that since the publication of that work he has diminished the dose of some of the medicines. In the first edition he distinctly says that, as medicines differ so much in power, he is unable to give a list of the proper doses for every medicine. In the second edition he says that "the dose of the homœopathically chosen medicine can never be so small as not to be stronger than the natural disease."

§§ 284—286 of the first correspond to §§ 272—274 of the last.

§ 275 of the last edition is an addition.

§ 237, 238 of the first, about a too large dose, is reproduced with considerable modification in § 276 of the last.

§§ 239—252 of the first are replaced by §§ 277—283 of the last.

§ 253 of the first is nearly the same as § 284 of the last; only here, as already in the second edition, he alters "highest dilution" (*höchste Verdunnung*) into "lowest dilution" (*tiefste Verdunnung*). The former expression is now generally used to express the smallest dose. The curious algebraical computation of the relative effects of different doses appears in the first and is retained in all the later editions, the calculation being extended in the latter.

There is something so utterly at variance with what Hahnemann elsewhere says about the relative strength of doses in this calculation, that we do not understand how he could have retained it in the later editions. The statement in this note is: if one drop of a mixture containing $\frac{1}{10}$ th of a grain of medicine have an effect $=a$, then one drop of a mixture containing $\frac{1}{100}$ th of a grain will be $=\frac{a}{10}$, and if the mixture contains $\frac{1}{10000}$ th of a grain $=\frac{a}{10000}$, and so forth. In the last edition he adds that he has *very often* seen a drop of the decillionth dilution of *Nux vomica* produce very nearly just *half* the effect of a drop of the quintillionth dilution, and yet a couple of pages further on he says, "The higher we carry the attenuation accompanied by dynamisation (by two succussion strokes), with so much the more rapid and penetrating action does the preparation seem to affect the vital force and to alter the health."

§§ 286, 287 of the last edition are additions, which were already made in the second edition, §§ 311, 312.

§ 254 of first is nearly the same as § 288 of the last, to which the note about giving medicines by olfaction is added in the last.

§ 255 of the first is the same as § 289 of the last.

§§ 256, 257 of the first are condensed into § 290 of the last.

The note to § 257 of the first forms § 291 of the last.

§ 258 of the first is modified in § 292 of the last.

§ 259 of the first is omitted in the last, but the note to this paragraph in the first is retained and expanded in the last.

§§ 260—271 (the last paragraph) of the first is about palliation. The second edition terminates with the paragraph corresponding to § 259 of the first. The substance of these paragraphs in the first will be found in §§ 70—80 of the second, and §§ 59—69 of the last edition.

The last two paragraphs of the last edition with their notes are about mesmerism, which is not alluded to in the first and second editions.

The number of paragraphs in the first edition is 271; in the second, 318; and in the last they are reduced to 294.

REVIEWS.

A Lecture addressed to the Medical Profession, Thursday, May 24th, 1877, on "The Place of the Law of Similars in the Practice of Medicine." By T. GIBBS BLAKE, M.D., Physician to the Birmingham and Midland Homœopathic Hospital and Mason Orphanage. Birmingham: Cornish Brothers, New Street. London: H. Turner and Co.

THIS lecture was delivered at the Midland Institute at the request of several practitioners of the old school, who desired to hear on that neutral ground an exposition of the real nature and claims of homœopathy. Twenty-five of them were present; and we are very glad that they had the opportunity of listening to, and that others now have it of reading, this excellent lecture. It is alike catholic in its sentiments and orthodox in its teaching; it presents Hahnemann's homœopathy in a form which all his disciples can endorse, and yet which can hardly fail to commend it to every unprejudiced outsider as a system worthy of candid consideration. No better *brochure* could be put into the hands of a professional inquirer; and we hope it will have an extensive circulation.

Our Foreign Contemporaries.

FRANCE.—*L'Art Médical.* January—June, 1877.—In the January, February, and April numbers of this journal Dr. Frédault completes the treatise on death by

“ataxy,” of whose commencement we have already given an account. This ataxy he describes thus :—“There may present itself not so much a serious condition, permanent, established, as in simple *gravity*; not so much a serious condition approaching to *malignity* by an unceasing tendency to aggravation even till death, but one characterised by disorders in its progress, and especially by relapses, amendments, remissions, and then again aggravations,—the phenomena having features which remind one of the *perniciosity* of marsh fevers, without having their regularity and defined characters, but still resembling them though from a distance, and denoting a sort of special gravity. This is ataxy, which is a kind of irregular and insidious *perniciosity*.” This condition—whose three signs are gravity with inco-ordination of symptoms, temporary seizures resembling those of pernicious ague, and threatenings of a fatal issue—may supervene in the progress of any acute disorder, and needs its own special treatment, which is, he considers (and Drs. Jousset and Cretin agree with him), the administration of single *gramme* doses of *Quinine*. He relates several illustrative cases of his views; and points to attacks of coldness of the extremities, especially of the hands and the nose, as very significant of this condition.

Dr. Jousset’s Clinical Lectures enrich most of the numbers before us, and contain practical observations on many diseases. Amongst other points we note his preference for the preparation of *Apis* made direct from the virus over that consisting of a trituration of the entire bee; and his successful treatment of acute hydrarthrosis with this remedy and of a case of hæmorrhagic variola with *Phosphorus*. Dr. Jousset has also contributed several articles on general subjects, as a review of the situation of homœopathy in 1877, and a letter to Dr. Martiny regarding the treatment of pneumonia so much discussed now in Belgium, and another to Claude Bernard on infinitesimal doses. In this last, and in a later article on this subject (April), he shows how the recent experiments at the Salpêtrière regarding metallotherapy support the homœopathic ideas, exhibiting as they do the exceedingly feeble galvanic

currents which are required to cause changes in sensibility, and which act when stronger ones have no effect. He clinches his argument by relating a case of intermittent infra-orbital neuralgia, which resisted *gramme* doses of *Quinine*, but yielded almost immediately to globules of the 12th dilution of *Nux vomica*.

Dr. Imbert-Gourbeyre gives us in French form in these numbers the exhaustive treatise on *Arnica* which he contributed to the World's Convention, and which will appear in English in its Transactions. It reveals properties of this drug little known to many of us, and will repay attentive study. Dr. Ravel would add another to its curative applications, proposing it (April) as a possible remedy for Menière's disease.

Bibliothèque Homœopathique. January—June, 1877.—Drs. Chargé and Chauvet continue to be the chief contributors to this journal. The "Pathogénésies Nouvelles" of the latter give us *Baptisia*, *Gratiola*, and *Æthusa*. The former discourses upon *Apocynum*, *Arsenic* in intermittent fevers, and the therapeutics of variola. In the second of these papers (March) he communicates some very interesting facts about Boudin's use of *Arsenic* in agues, showing that he first learnt its virtues by trying a tube of globules of the 30th, supplied to him by Dr. Chargé; and that for a long time he employed it as triturated for him by a homœopathic chemist at Marseilles, giving it (as he said) in doses of the hundredth of a grain or less. Dr. Chargé ascribes the larger quantities he afterwards found it necessary to use at Paris to the less perfect mode of preparation adopted by the ordinary chemists there.

Besides the contributions of Drs. Chargé and Chauvet, we have two of much learning and value from Dr. Ozanam, on leprosy and jaundice respectively. The same writer calls our attention to *Melilotus* as a promising remedy.

Bulletin de la Société Médicale Homœopathique de France. October, 1876—May, 1877.—As we mentioned in our April issue, we had ceased to receive the *Bulletin* since that month in the previous year. While our sheets were passing through the press, however, the numbers for

October, November, and December reached us, with that for June; and subsequently the journal has been received regularly as before. In the June number, which alone occupies the gap between April and September, we find two cases of interest by Dr. Casal, of Mentone. In one the sting of a wasp, inflicted near the right eye, caused—after a lapse of some days—a subacute keratitis first on that side and then on the other. In view of the undoubted curative power of *Apis* in inflammation of the cornea, this observation is of moment. In the other a psoriasis of two years' standing disappeared with great rapidity under the influence of *Cuprum* 30, given because of the occurrence of cramps in the legs.

Beginning a regular series of the *Bulletin* with October, 1876, we find the Society which issues it actively at work under the presidency of M. Champeaux. In the October number Dr. Despiney, of Hyères, contributes a paper on what he calls malignant or influenzal pneumonia, to which he ascribes a terrible mortality, and in which he finds the ordinary remedies for pneumonia impotent for good. He has to depend mainly on *Arsenic* and *Quinine*. In November Dr. Jousset is supported by several others in recommending *Colocynth* in the treatment of pelvic peritonitis. Dr. Gonnard, in translating in this number the account given of the state of homœopathy in America by one of ourselves, has made a slight error which needs rectifying. The writer had said:—"When I came to ascertain by whom the great bulk of the homœopathic practice of the great cities was carried on, I found it to be by men of the other, 'i.e. less strictly Hahnemannian' school." Dr. Gonnard renders this—"Lorsque j'en vins aux constatations pour savoir a qui était dû le progrès immense de la pratique homœopathique dans les grandes villes, je découvris qu'il était dû aux hommes de l'autre école." This is clearly not the same thing, and is a proposition the writer would hardly care to affirm. It is the more necessary to make such correction, as *L'Art Médical* has quoted the passage in support of its own views, italicising the unwarranted words.

There is nothing to note in the subsequent numbers.

BELGIUM.—*Revue Homœopathique Belge.* Jan.—June, 1877.—The chief feature of interest in this journal is still the discussion as to pneumonia and its therapeutics. Dr. Kafka has himself come into the field in defence of his *Iodine* and *Bromine* treatment. Dr. Jousset, in response to an appeal made to the school of Tessier, has given his own and his master's views on the subject; and, last, Dr. Kafka has replied to him. The passage at arms between these two antagonists betrays a singular ignorance on the part of each of the pathological doctrines of the other's country. Dr. Jousset ridicules the term *croupal* pneumonia as if it assimilated inflammation of the lungs to diphtheria, with which, in France (but not in Germany), croup is regarded as identical. Dr. Kafka, on the other hand, is astonished that the term *croupal* should call up such associations, apparently unaware of the French view.

In January, Dr. van Culsem, of Brussels, communicates some facts showing that strawberry leaves have the power of diminishing greatly the secretion of milk in cows; and Dr. G. Proell, of Nice and Badgastein, relates a case of suspected cancer of the womb, in which much benefit was obtained from *Lapis albus* 6. The rest of these numbers is mainly filled with a course of lectures delivered by the editor, Dr. Martiny, to the officers of the regiment to which he is attached, on the principles of homœopathy; and with extracts and translations from other journals.

La Révolution Médicale.—Since we last noticed Dr. Flasschoen's publication we have received four numbers—those for November 15th and December 1st and 15th, 1876, and for January 1st, 1877. We are glad that this vigorous little advocate of medical truth continues its useful career. The editor has so industriously collected the facts, testimonies, and statistics evidencing the value of our system, that a complete series of his paper would be of the utmost service to any one who desired to defend it.

ITALY.—*Rivista Omiopatica.* June, July, 1877.—We are glad, after a long interval, to see the *Rivista* again. The two numbers which have come to our hand are the twelfth of the twenty-second and the first of the twenty-third

annual volumes. The journal is published at Rome, under the editorship of Dr. Pompili. It contains the usual *mélange* of controversial and practical matter, with translations from foreign periodicals, and seems to serve its purpose well.

INDIA.—*Calcutta Journal of Medicine*. Nov., 1876—Feb., 1877.—In the November number the editor completes a paper he had begun in October on the action of *Anacardium* on the skin. After citing evidence of its pathogenetic action in this sphere, and adding thereto from his own experience, he draws attention to its “curative virtue in true leprosy,” as a tradition of Hindoo medicine. He mentions that the native doctors are afraid of handling the drug for fear of getting this very disease, which, as he has been informed by some of them, has actually happened in some instances. He has accordingly tested the drug (in the 6th dilution) in this malady, and can say that he has derived considerable benefit from it, though he cannot claim any absolute cures. He should try it higher or lower.

AMERICA.—*North American Journal of Homœopathy*. Feb., May, 1877.—Dr. Lilienthal continues his studies of special forms of disease and their homœopathic therapeutics, speaking in these numbers of infantile wasting palsy, morbus Basedowii, morbus Addisonii, Pott’s disease, and leucæmia. Dr. E. M. Hale communicates (in February) some experience with *Salicylic acid*, which is very favourable. He finds five-grain doses every two hours sufficient in acute rheumatism. A pupil of his—Dr. E. A. Gatchell—contributes some experiments he has made with *Iberis amara* on frogs. The provings of this drug seemed to display a marked action on the heart; but there was some reason to suspect that the experimenters were aware of its cardiac influence, and might be the subjects of “expectant attention.” Dr. S. A. Jones had taken large doses without any result of the kind. However, in frogs there can be no doubt that the *Iberis* acts very much like *Digitalis*, prolonging and intensifying the systole, so that the circulation is much retarded.

Dr. Goullon's *Thuja*, Dr. Lord's paper on the vaso-motor apparatus, and Dr. Eggert's Repertory for vertigo are concluded in these numbers; and that for May gives an interesting account of the illness and death of the late Dr. Carroll Dunham, and of the testimonies to his worth and our loss borne by his colleagues.

Hahnemannian Monthly. Jan.—June, 1877. This excellent journal continues to be full of valuable and original matter. We will run through the six numbers before us, noting as we go.

In January, Dr. McGeorge gives us a study of *Psorinum*. The nature of this substance seems as problematical as its value, if we may judge from this author. "*Psorinum* (or *Psoricum*, as some writers call it) is prepared by Hering from the pustule of scabies, by Weber from lichen agrius; while two different names appear, they both may prepare from the same class. Scabies comprises agrius (?), lichen agrius being, according to Dunglison, distinguished by pimples in clusters or patches, surrounded by a red halo, the cuticle growing gradually harsh, thickened, and chappy, often preceded by general 'irritation.' *Psorinum*, as its name implies, may be prepared from any of the products of cutaneous eruptions of a psoric nature (?), but personally I am not aware how any of the pharmacies prepare this drug. Like *Vaccinum*, *Variolinum*, and *Hydrophobinum*, I ask no questions for conscience sake, but take my potency, and exhibit it when called for, judging only of its reliability by the result following its administration."

In February, Dr. Childs, of Pittsburgh, reports a case of ascites from hepatic disease in which repeated tapings enabled him to reckon that "this one man distilled and dispensed within the year 1875 the enormous quantity of 127½ gallons, or 1020 pints of water." He nevertheless, under the persistent use of *Lycopodium*, entirely recovered. Dr. Houard makes a curious statement, viz. that the symptoms of the two spiders, *Tarantula* and *Mygale*, have been all mixed up. "We have," he says, "no good provings of the *Tarantula*, nor is there any of the tincture of this spider in this country (to my knowledge)

unless it has been brought or sent here recently. The Mygale has a characteristic difference. Dr. Nunez obtained his from Taranta, Italy, and he has promised Dr. Hering and myself some of the genuine. The provings have been made with the Mygale Cubensis, and that is what is sold and used in practice, not Mygale avicularia. There will be some of the real Tarantula obtained, however, soon, and doubtless there would be a proper proving made of it ere long. It is only found in one locality in Italy, and on some of the Mediterranean islands." There is a confusion here which needs clearing up. Dr. E. M. Hale finds *Bryonia* useful in rapidity of the heart's action from simple irritability.

In April we find Dr. C. Preston adding another form of disease in which *Argentum nitricum* is useful, viz. catarrhal affections of the kidneys and ureters, and nephralgia from the passage of gravel. He gives it in high dilutions. In May, Dr. J. E. James communicates facts tending to show that *Viburnum* is as useful to check miscarriage as it is to relieve some kinds of dysmenorrhœa.

The following narrative is worth extracting from the May number. It is by Dr. Lucius Morse, whose excellent monograph on nasal catarrh we reviewed in our July issue.

"Some two years ago a gentleman came to me in deep distress. Said he, 'My brain is softening; I am losing my mind, going crazy, becoming hopelessly imbecile or something of that sort, I hardly know what.

"He was the picture of despair; and I really thought from his appearance that something serious was the matter.

"I never thought a man could be so utterly desolate and melancholy,' he continued. 'I feel like putting an end to the whole business by jumping into the river, or blowing out my brains, that is, if I have any left.'

"And then my visitor went on to tell me in still stronger language how imbecile he seemed to have become. Everything irritated him; he seemed to have as little control over himself as a child. Ambition and energy were utterly gone; trifling annoyances affected him even to tears. Memory was impaired, and he was unfitted for business.

"A little inquiry brought out the fact that he was suffering from secondary symptoms of syphilis for which he had repaired to a popular health resort, and was even now taking medicine which his physician there had prescribed. He feared that the disease had not been eradicated, and fancied that it had attacked the throat and bones of the nose, as he had a terribly offensive watery discharge from the nostrils and posterior nares and gnawing pains in the bridge of the nose, all of which symptoms he said came on during the preceding three weeks.

"I asked to see the medicine he was taking. He pulled out a box of pills, and remarked upon their expensive character, a chief ingredient being Gold. I examined one of the pills, and with the naked eye small particles of shining goldleaf could be readily seen. A crude trituration of *Aurum metallicum* had been made up into pill form, and the patient had already taken about two dozen of them in the course of three weeks. The mystery was solved. 'My friend,' said I, 'I have to thank you for introducing to me a splendid proving of Gold. Your case illustrates the physiological action of the metal in perfection. Set your mind at rest as to your present wretched condition. Stop the pills, and you will soon be well again.'

"He did as I directed, and in a fortnight the whole train of distressing symptoms, melancholy, terrible forebodings, thoughts of suicide, headache, catarrh, nervous prostration, loss of appetite, &c., had disappeared.

"This case impressed me strongly with the applicability of Gold in nasal catarrh. I never forgot the lesson.

"How frequently is the practitioner confronted by those discouraging cases of ozæna, with dripping discharge, distressing frontal headache, and the most inveterate and profound melancholy, amounting in some cases to actual loathing of life. Well may the physician as well as the patient despair, if he does not know that in *Aurum* he has a remedy which is often able singlehanded to dominate and subdue this diseased condition.

"Do not expect a miracle. You will be disappointed if you do, but go systematically to work upon cases of this sort with *Aurum*. Commence with the third decimal trituration, and be sure that you have an article which has been worked on faithfully and not slighted in its preparation. Give a powder of two or two and a half grains morning and night, and watch the effect. If there is no perceptible

modification in the symptoms in eight or ten days, go up to the sixth decimal trituration, and proceed as before. If there should be improvement during the use of the lower preparation, continue it at longer intervals, say once a day for five or six days, then every other day, then every three or four days, and finally once a week. If improvement ceases, have recourse to the higher attenuation mentioned, giving a dose morning and evening as at first, then afterwards only once a day, then less frequently until at last only one dose a week is administered.

"Following out this plan, I have seen some brilliant cures effected in the course of a few months.

"Let not the physician make the mistake of giving *Aurum* in those cases characterised by a bland yellowish or whitish discharge, which are seldom attended by the marked mental symptoms mentioned above. Time would be lost, and no good accomplished. Here *Sulphur*, *Mercurius*, *Kali bichromicum*, and *Hydrastin* will generally be found indicated.

"I may remark further that *Aurum* is useless in cases of acute catarrh. It finds its proper field in those degenerated conditions of the nasal mucous membrane when a thin, watery, perhaps greenish discharge oozes out without very marked inflammatory condition of the parts.

"In caries of the bones of the nose I have never seen any benefit arise from the use of *Aurum*. A case which I have under treatment at this writing characterised in a marked degree by its peculiar mental symptoms took it for a considerable time without benefit."

By an extract from the St. Petersburg *Med. Wochenschrift*, translated by Dr. Lilienthal from this number, we learn that the use of *Mercurius cyanatus* in diphtheria has been recommended by a Dr. Erichsen of that city. It is, of course, Dr. Lilienthal says, a mere coincidence that Dr. Villers, the chief advocate of this remedy in homœopathic practice, lives in the same city! It is deserving of note, however, that Dr. Erichsen gets his results from doses ranging from the $\frac{1}{48}$ th to the $\frac{1}{63}$ th of a grain, while Dr. Villers advises us to use nothing lower than the 30th dilution.

New England Medical Gazette. Jan.—June, 1877.—We have also to acknowledge the missing numbers for 1876,

viz. those for August and November. There is nothing to note in these, save that Dr. C. Wesselhoef gives us some more experience with *Graphites*, suggesting that it is to the climacteric period what *Pulsatilla* is in youth, and that a case is recorded in which *Causticum* had a decisive curative effect in post-diphtheritic paralysis of the fauces.

Nor is there anything in the six numbers which belong to our present range of review sufficiently noteworthy to mention, unless it be to note that Dr. Oehme is turning the undoubtedly eclampsigenic power of *Enanthe crocata* to good effect by giving it in the convulsive affections of pregnancy and childhood.

United States Medical Investigator. Jan. 1—June 15, 1877.—Here, too, our gaps have been filled by the receipt of the numbers for July 1st, September 1st, October 15th, and December 15th, 1876. We should have been sorry to have lost them, as they contain much practical matter. We may extract the following, by a veteran and observing practitioner, Dr. O. P. Baer (October 15th):

“*Pulsatilla* is surely the *sine quâ non* in labour. If there is a specific in the homœopathic practice, in the obstetrical department, *Pulsatilla* is that agent. I have been using it, in labour, for more than twenty-eight years, and have studied it thoroughly, patiently, and perseveringly, and feel safe in saying that it has helped me out of more difficulties than all other remedies put together. Before I became acquainted with the efficacy of *Pulsatilla* I frequently used the forceps: now I have scarcely any use for them at all. Calmness, patience, and *Pulsatilla* accomplish all my necessities.”

Dr. Kershaw contributes to the same number a case illustrating the value of *Caulophyllum* in dysmenorrhœa, and to that of December 15th others relating to the power of *Tela aranea* (the black spider's web) to relieve asthma, brouchitis, and insomnia. He gives the 1st trituration.

We have often remonstrated with the *Investigator* on account of its typographical inaccuracies. The following “Little Advice to Correspondents” given by it suggests that it is not wholly to blame for this.

"A LITTLE ADVICE TO CORRESPONDENTS.—We have had some complaint from occasional correspondents about mistakes which appear in their articles when they come out in print. We are aware that in many cases the fault is ours, but we are confident that the matter could be remedied if our correspondents would pay a little more attention to the preparation of their manuscript. Printers are not infallible, and our proof-readers do sometimes make mistakes, but we have prepared a few practical hints and instructions, and if our friends who write to the journal, once in a while, will kindly act upon our suggestions, we will be personally responsible for all errors that our compositors may make in setting (not sitting) up their manuscript.

"Never write with pen or ink. It is altogether too plain, and doesn't hold the mind of the editor and printers closely to their work.

"If you are compelled to use ink, never use that vulgarity known as the blotting pad. If you drop a blot of ink on the paper, lick it off. The Intelligent Compositor loves nothing so dearly as to read through the smear this will make across twenty or thirty words. We have seen him hang over such a piece of copy half an hour, swearing like a pirate all the time, he felt that good.

"Don't punctuate. We prefer to punctuate all manuscript sent to us. And don't use capitals. Then we can punctuate and capitalise to suit ourself, and your article, when you see it in print, will astonish, even if it does not please you.

"Don't try to write too plainly. It is a sign of plebeian origin and public-school breeding. Poor writing is an indication of genius. It's about the only indication of genius that a great many men possess. Scrawl your article with your eyes shut, and make every word as illegible as you can. We get the same for it from the rag-man as though it were covered with copper-plate sentences.

"Avoid all painstaking with proper names. We know the full name of every physician in the United States, and the merest hint at the name is sufficient. For instance, if you write a character something like a drunken figure "8," then draw a wavy line, and the letter M and another wavy line, we will know at once that you mean Samuel Morrison, even though you may think you mean "Lemuel Messenger." It is a great mistake that proper names should be written plainly.

"Always write on both sides of the paper, and when you have

filled both sides of every page, trail a line up and down every margin, and back to the top of the first page, closing your article by writing the signature just above the date. How we do love to get hold of articles written in this style! And how we would like to get hold of the man who sends them! Just for ten minutes! Revenge is sweet; yum, yum, yum.

“Coarse brown wrapping paper is the best for writing your articles on. If you can tear down an old circus poster and write on the pasty side of it with a pin stick, it will do still better.

“When your article is completed, crunch your paper in your pocket, and carry it two or three days before sending it in. This rubs off the superfluous pencil marks, and makes it lighter to handle.

“If you think of it, lose one page out of the middle of your article. We can easily supply what is missing, and we love to do it. We have nothing else to do.

“If correspondents will observe these directions, we will hold ourselves personally responsible for every error that appears in their articles, and will pay them their full claim for damages when they make complaint. We were merely saying we are always happy to receive complaints, and correct any errors for which we are responsible.”

In the numbers coming within our present range there is not much to note. Dr. Sharp's recent essay *On the Actions of one Dose* is reprinted, and somewhat severely criticised by Dr. Lippe (June No.). This same combative writer, in response to an appeal from Dr. Berridge of this country (Feb. 1st), announces (May 15th) his intention of drawing up “a circular for the public, stating the rules of *true* homœopathy, and how it differs from the false, to be signed by all *true* followers of Hahnemann,” thereby excommunicating all who are more independent in their thought and practice. Considering the exceedingly small number of practitioners whom Dr. Lippe would acknowledge to be true homœopaths (among those denounced in his article are Dr. Lilienthal and Dr. Conrad Wesselhoeft), such a proceeding reminds us of the story Sir W. Fergusson used to tell of the man who, in amputating, made his flaps the wrong way, and cut his patient's body off his limb.

We would call attention to the excellent clinical lecture contributed to the number of April 15th by Dr. W. J. Hawkes, late of the Hahnemann Medical College of Chicago. Dr. Hawkes now fills the important post of Professor of the Practice of Medicine in the Homœopathic Department of University of Michigan; and if this lecture be an index to his general teaching, we congratulate the institution and its students on his appointment.

Ohio Medical and Surgical Reporter. January, March, and May, 1877. In these numbers we note a case by Dr. Holcombe (May), supporting the thesis that *Pulsatilla* can change a transverse into a natural presentation; one of dangerous capillary bronchitis in a baby saved by *Lycopodium*, chosen because of the fan-like movement of the alæ nasi (March); and one of simple paralysis of the ciliary muscle, cured very rapidly by *Causticum* 30 (ibid.).

These are all the American Journals which reach us with any regularity. Of the *Homœopathic Times* we have only received the numbers for April and May (the sole point in which we need note is some evidence as to the usefulness of *Urtica urens* in insufficiency of milk in nursing women); and the *American Observer* and the *Cincinnati Medical Advance* have not appeared at all. On the other hand, we have to mention the birth of two new periodicals, the *Homœopathist*, a monthly "hailing" from Chicago, and the *California Medical Times*, a quarterly (of twelve pages) appearing at San Francisco. As both these, however, began their life on July 1st they must come into our next review.

OBITUARY.

DR. VON GRAUVOGL.

At the close of our last number we were only able barely to allude to the distressing news which we had just received of the death of our esteemed colleague von Grauvogl. The extent of the loss which we have sustained will be estimated by all who have the scientific development of our teaching at heart. The

one who has just gone to his rest stood ever in the foremost rank of combatants in the good cause. His wealth of knowledge and his inexorable incisive logic made him peculiarly fitted to lay bare the weak side of our enemies and to repel their attacks, whilst, on the other hand, his efforts were steadily directed towards the establishment of homœopathy on a firm basis of natural laws. That he succeeded every one will admit who has devoted diligent study to his works and has not allowed himself to be repelled by a style which is at times somewhat difficult of comprehension. His *Homœopathisches Aehnlichkeitsgesetz* as also his *Lehrbuch der Homœopathie* will always remain ornaments of our literature and an inexhaustible arsenal, affording us weapons of defence against our opponents as well as an indispensable source of information for every inquirer into homœopathy. In him and in Hausman, of Pesth, who predeceased him by nearly a year, are extinguished two stars of the first magnitude in the firmament of homœopathy. As an active contributor to our paper he has erected a lasting monument for himself by his publication of the series of papers entitled "Buds and Leaves." His services to our cause, of this we are persuaded, will one day be appreciated as they deserve, though for this appreciation they may have to wait for a future generation. He died in Munich, at the age of sixty-six, after a three weeks' illness.

Light lie the earth upon his ashes!

—*Allg. Hom. Zeit.*, September 18th, 1877.

DR. EDWARD KIRSCH.

DR. EDWARD KIRSCH, of Mentz, son of the late Dr. Kirsch, of Wiesbaden, died on the 24th July, in his forty-second year. Though he did not write much Dr. E. Kirsch was well known throughout the homœopathic medical world, and he created an immense practice in Mentz, and was much sought for in the surrounding districts. The writer had the pleasure to make his acquaintance at the congress of German homœopathists, held at Mentz some dozen years ago, and was much impressed by his energy, scientific knowledge, and geniality. His remains were followed to the grave by a large number of sorrowing friends and patients.

DR. HENRY SLACK.

WE regret to announce the death of our esteemed colleague, Dr. Henry Slack, of Liverpool, which took place on the 29th of August, at the age of fifty-four. Although he wrote little his loss to our cause is great, for he was one of the skilful, energetic, and capable practitioners who form the true strength of our small body. His kind and genial disposition and upright character ensured the love and respect of all who knew him. His testimony in favour of our cause was one of value and importance, for it was after twenty years' allopathic experience, and while in the possession of a large practice, that he became convinced of the truth of our principles, and he at once acted on his conviction and enrolled himself in our ranks.

BOOKS RECEIVED.

Latterday Homœopathy. By JAMES COMPTON BURNETT, M.D. Chester: Thomas, 1877.

Gastein; its Springs and Climate. By GUSTAVUS PRÉLL, M.D. Third edition. Salzburg, 1877.

Unsectarianism and Toleration in Medicine. By GEORGE WYLD, M.D. London: Trübner.

Homœopathy: in reference to a proposed Union between Homœopaths and Anti-homœopaths. By FRED. SMITH, Esq. London: Gould.

American Homœopathist, Vol. I, Nos. 1 and 2.

Revue Homœopathique Belge.

The Monthly Homœopathic Review.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The United States Medical Investigator.

The North American Journal of Homœopathy.

The New England Medical Gazette.

El Criterio Medico.

Bibliothèque Homœopathique.

L'Art Médical.

Bulletin de la Société Méd. Hom. de France.

The Calcutta Journal of Medicine.

Allgemeine homöopathische Zeitung.

Dublin Journal of Medical Science.

Ohio Medical and Surgical Reporter.

The Homœopathic World.

The Homœopathic Times.

INDEX TO VOL. XXXV.

Addison's disease, Dr. J. G. BLAKE on, 66
 Advice to correspondents, 388
Allen's Encyclopadia, 79, 117, 265
Ambra and *amber*, confusion of, 159
 American sources of the materia medica, 113
Anacardium in leprosy, 382
Argentum nitricum in ophthalmia, 13 ;
 —, in catarrhal affections of kidneys, 384
Arnica, Dr. COOPER on, 243 ; —, in Menière's disease, 379
Arsenic and its compounds, *App.*, 257
Ascaris lumbricoidea, treatment of, 128
 Ascites from hepatic disease cured by *lycopodium*, 383
 Ataxy, death by, Dr. FREDAULT on, 377
Aurum, melancholia caused by, 384 ;
 —, in ozæna, 385
 Austrian Society, provings of the, 109
 Axioms respecting the cervix uteri, 58

BAKODY, Dr. von, address at the German Homœopathic Congress by, 139
 BAYES, Dr., and the London School of Homœopathy, 4, 184
 BERRIDGE, Dr., reply to, 204
 BILLIG, Dr., on *China* in Ague, 249
 BLAKE, Dr. E. T., on the pathology and therapeutics of the cervix uteri, 24 ;
 —, on *hyos.* in mania, 164 ; —, on retained placenta, 334
 BLAKE, Dr. J. G., on Addison's disease, 66 ; —, lecture addressed to medical profession by, 377
 Boston University, homœopathy in, 7
 Brazil, contributions to the materia medica from, 113
 BURNETT, Dr., hysteralgia cured with *secale*, 87 ; —, on *oxalic acid*, 309
 Burns, *kal. chloric.* in, 144

Caulophyllin in dysmenorrhœa, 387
 Cephalalgia, *oxalic acid* in, 319
 Cerebral physiology, BROWN-SÉQUARD'S recent views on, 220
 Cerebro-spinal pains, *oxalic acid* in, 319
 Cervix uteri, Dr. E. T. BLAKE on the pathology and therapeutics of the, 24 ; —, epithelial denudations of, 50 ;
 —, ulceration with hypertrophy of, 51 ; —, strumous ulceration of, 52 ;
 —, gouty ulceration of, 52 ; —, hepatic ulceration of, 53 ; —, cardiac ulceration of, 55 ; —, caused by a cask bung, 57
China in intermittent fever, historical notice of, by Dr. BILLIG, 249
 Chylopoietic system, diseases of, in *Zeitschen's Cyclopadia*, 118.
 CIGLIANO, Dr., on the leucocythæmia of infants, 273
 CLIFTON, Mr. A. C., on shingles, 323
 Clinical therapeutics, by Dr. HOYNE, 269
 Condensed materia medica, HERRING'S, 267
 Congestion, pelvic, 25 ; —, strumous, 29 ; —, gonorrhœal, 29 ; —, syphilitic, 30 ; —, gouty, 30 ; —, osteoarthritic, 31 ; —, hepatic, 32 ; —, mammary, 33 ; —, cardiac, 33 ; —, special sensory, 34 ; —, mental, 34 ; —, moral, 35 ; —, mechanical, 35 ; —, treatment of, 37 ; —, cases of, 50
 COOPER, Dr. R., on ulcer of the stomach, 59 ; —, on *arg. nit.* in gastralgia, 172 ; —, on *arnica*, 243 ; —, on *argentum* in gastrodynia, 246 ; —, on *liquor soda chlorata*, 337
 Croup, *sambucus* in, 140
 CULLEN'S remarks upon *china* in ague, 252

Diabetes, CANTANI on, 157
 Diphtheria, *merc. cyan.* in, 386

- Diphtheritic paralysis of fauces, *causticum* in, 387
- Diphtheritis, OEHME's treatise on, 83
- Doses, case illustrative of the superiority of larger, 279; —, drugs and their, by Dr. HEWAN, 305
- Drug-consumption, increase of, 203
- DRYSDALE, Dr., retirement of, 94
- DUDGEON, case of vomiting cured by *cuprum*, 181
- DUNHAM, Dr. CARROLL, death of, 205
- Dysmenorrhœa, *hydrastis* in, 361; —, *caulophyllin* in, 387
- England, provings of medicines in, 112
- Errors, our, 18
- Euthanasia* recommended in perforation of stomach, 125
- Examination, a medical, 293
- Exclusion of homœopaths, causes of, 8
- Eye and ear diseases, SEARLE on the efficacy of homœopathic treatment in, 281
- France, provings of medicines in, 112
- Ganglia cured by *benz. acid*, 159
- Gastric juice? what is the acid of, 119; —, quantity daily, 120
- Gastritis, acute, LEUBE on, 120
- Gastrodynia, *argentum* in, 246
- Gastro-enteritis, *oxalic acid* in, 320
- Graphites* in the climacteric period, 387
- GRAUVOGL, Dr. von, death of, 390
- Hæmorrhoids, remedies for, 141; —, *esculus* in, 141; —, *collinsonia* in, 142; —, *aloes* in, 142; —, *acid. mur.* in, 143; —, *nox vom.* in, 143; —, *sulph.* in, 143
- HÄHNEMANN'S Pathogenesis, plea for a new translation of, 71
- Hahnemannism, what it is bringing us to, 202
- HALE's contributions to the materia medica, 115
- HALE, Dr. E. M., on *hydrastis* in uterine hæmorrhage and dysmenorrhœa, 361
- HANDS, Mr., on homœopathy and other things, 22
- HARTLAUB and TRINKS' materia medica, 105
- HAYWARD, Dr., on *hyos.* in mania, 162
- Headache, with vomiting, cured by *cuprum*, 137
- Heart, palpitation of, *oxalic acid* in, 323
- HERING, Dr. W., death of, 83
- HERING's provings, 113; —, *Condensed Materia Medica*, 267
- HEWAN, Dr., drugs and their doses by, 305
- HILBERS, Dr., on homœopathy, 131
- Hydrastis* in uterine hæmorrhage and dysmenorrhœa, by Dr. E. M. HALE, 361
- Homœopathy, Dr. HILBERS on, 131
- Homœopathy, in 1876, 1
- Homœopathy, London School of, 4, 183; —, note and preamble on, 194; —, last words on, 295
- HOYNE, Dr., clinical therapeutics by, 269
- HUGHES, Dr. R., plea for a new version of HÄHNEMANN'S pathogenesis, 71; —, extra-Hahnemannian sources of the homœopathic materia medica, 101; —, sources of the homœopathic materia medica by, 270; —, Manual of Therapeutics by, 271
- Hyoscyamus* in mania, 162; —, Dr. HAYWARD on, 162; —, Dr. E. BLAKE on, 164
- Hystericalgia, *secale* in, 87
- Iberis*, action on heart of, 382
- Insane, homœopathic treatment of the, 85
- Intestinal parasites, HELLER on, 127
- Involuntary stools cured by *secale*, 138
- Iodine*, SORGE on, 146
- Jöng's provings, 104
- KER, Dr., on shingles, 232
- Keratitis caused by a bee-sting, 380
- KIRSCH, Dr. E., death of, 391
- Lapis albus* in cancer of womb, 381
- Leucocythæmia of infants, by Dr. CIGLIANO, 273
- LIEDBECK, Dr., death of, 90
- LILIENTHAL'S treatise on disease of the skin, 81
- LIPPE's test for true homœopaths, 389
- Liver and its diseases, by Dr. MORGAN, 263
- Mammary disease dependent on ovarian, 56; —, connected with narrowing of os uteri, 57
- Mania, *hyoscyamus* in, 162
- MARTIN'S provings, 111
- Materia medica, extra-Hahnemannian sources of the homœopathic, Dr. HUGHES on, 101

- MEADOWS, DR. BARR**, on the errors of homœopathy, 18; —, a modern Rip van Winkle, 19; —, illustrations of homœopathy by, 20; —, on the vital power, 21; —, poetry by, 22
- Menorrhagia**, *bovista* in, 292; —, *hydrastis* in, 361
- Michigan**, homœopathy in the University of, 5
- Middletown State Homœopathic Asylum** for the Insane, 85
- Miscarriage**, tendency to, *viburnum* in, 384
- MORGAN, DR.**, on the liver and its diseases, 263
- MORSE, DR.**, nasal catarrh, by, 270
- Nasal catarrh**, by Dr. MORSE, 270
- NENNING**, trustworthiness of the provings of, 108
- Nephritis parenchymatosa**, *iodine* in, 155; —, *kal. chlorat.* in, 156
- Neuralgia**, facial, *ruta* and *conium* in, 145
- ORHME'S Therapeutics of Diphtheritis**, 83
- Osanthe*** in convulsions of pregnancy, 387
- Ophthalmic therapeutics**, by Drs. T. F. ALLEN and G. S. NORTON, 10
- Oryzanon***, first edition of the, 365; —, original title of, 366; —, motto of, 366; —, preface to, 366; —, introduction to, 367; —, opening paragraph of, 370; —, employment of the word "rational" in, 370; —, "vital force" not used in, 371; —, doses not mentioned in, 375
- Oxalic acid***, Dr. BURNETT on, 309; —, spheres of action of, 311; —, is it a sedative? 313; —, a heart medicine, 314; —, intermittent character of symptoms of, 817; —, theory of its action, 318; —, cases cured by, 318
- Oxaluria**, *oxalic acid* in, 322; —, increased and diminished by *rhubarb*, 322
- Oxyuris vermicularis**, treatment of, 129; —, *cina* in, 308
- Ozœna**, *aurum* in, 385
- Paralysis of muscles of neck** cured by *plumbum*, 158
- Paraplegia**, incontinence of urine, and emphysema, Dr. SKINNER's case of, 88
- PEARCE, DR.**, on vaccination, 264
- Pelvic congestion**, 25
- Pepsin**, 219
- PETERSEN** on the physiological school, 209
- Physiological School** and its influence on therapeutics, PETERSEN on the, 209
- Placenta**, Dr. H. SMITH on inflammation of, 179; —, retained, Dr. E. BLAKE on, 334
- Pleuro-pneumonia**, *oxalic acid* in, 321
- Pneumonia**, JOUSSET on the published statistics of, 156; —, DIETL's and HUGHES-BENNETT's mortality in, 156; —, influenzal, *arsenic* and *quinine* in, 380
- Psoriasis** cured by *cuprum*, 380
- Psorinum***, nature of, 383
- Pterygium**, remedies for, 16
- Pulsatilla*** in difficult labour, 387; —, in transverse presentation, 390
- Salicylic acid*** in acute rheumatism, 382
- Santonine*** for ascariis, 129
- School of Homœopathy**, obligations we incur by the establishment of the, 97
- SEARLE, DR.**, on homœopathy in eye and ear diseases, 281
- SÉQUARD, BROWN-**, on cerebral physiology, 220
- SHARP, DR.**, on the actions of one dose, 260
- Shingles**, Dr. KER on, 232; —, Mr. CLIFTON on, 323; —, cases of, 324
- Skin**, LILIENTHAL's treatise on diseases of the, 81
- SKINNER, DR.**, on the all-sufficiency of constitutional treatment in the special diseases of women, 86; —, on a case of paraplegia, incontinence of urine and emphysema, 88
- SLACK, DR. H.**, death of, 392
- SMITH, DR. HARMAR**, on inflammation of placenta, 179
- Spider's web*** in asthma, bronchitis, and insomnia, 387
- Soda chlorate, liquor***, Dr. R. COOPER on, 337
- Sources of the homœopathic materia medica**, by Dr. HUGHES, 270
- Spine**, cold chills in, cured by *oxalic acid*, 319
- STAFF'S** contributions to the materia medica, 108
- Stomach**, ulcer of, Dr. COOPER on, 59
- Stomach-pump**, LEUBE's universal remedy, 126

- Tapeworm, treatment of, 128
Tarantula, uncertainty of the preparations of, 384
 Therapeutics, manual of, by Dr. HUGHES, 270
 Trichiniasis, *epigelia* in 293

Urtica urens in, as a galactagogue, 390
 Vaccination, Dr. PEARSE on, 264
 Varices, MINOR on, 141
 Variola, epidemic of, 145; —, treatment of, 146; —, *thuja* as a preventive of, 146
Viburnum in tendency to miscarriage, 384
 Vomiting cured by *cuprum*, 181

 Warts cured by *natr. carb.*, 159
 Womb, cancer of, *lapis albus* in, 381
 World's convention, proposed reassembling of, 3

 ZIEMSEN'S *Cyclopædia* (vol. vii), 118

THE
 BRITISH JOURNAL
 OF
 HOMŒOPATHY.

EDITED BY
 R. E. DUDGEON, M.D.,
 AND
 RICHARD HUGHES, L.R.C.P.

VOL. XXXVI.



IN CERTIS UNITAS, IN DUBIIS LIBERTAS, IN OMNIBUS CHARITAS.

PUBLISHED FOR THE PROPRIETORS BY
 HENRY TURNER, 170, FLEET STREET,
 LONDON.

MAY BE HAD ALSO FROM
 EDINBURGH: J. C. POTTAGE, 117, PRINCESS STREET.
 DUBLIN: J. A. RAY, GREAT GEORGE STREET.
 NEW YORK, U.S.: BOERICKE & TAFEL, 145, GRAND STREET.

MDCCLXXXVIII.



CONTENTS OF No. CXLIII.

	PAGE
ON THE DECLINE OF HOMŒOPATHIC PRACTITIONERS IN ENGLAND. BY DR. DRYSDALE	1
THE FIRST EDITION OF THE ORGANON	8
CAUSES OF PROFESSIONAL OPPOSITION TO HOMŒOPATHY. BY FRANCIS BLACK, M.D.	65

REVIEWS.

LEÇONS DE CLINIQUE MÉDICALE PROFESSEES A L'HOPITAL HOMŒOPATHIQUE SAINT-JACQUES, 1876-7. PAR LE DR. P. JOUSSET	73
ELEMENTS DE MÉDECINE PRATIQUE, CONTENANT LE TRAITEMENT HOMŒOPATHIQUE DE CHAQUE MALADIE. PAR LE DR. P. JOUSSET. SECONDE ÉDITION, REVUE ET CORRIGÉE	73
THE ENCYCLOPEDIA OF PURE MATERIA MEDICA; A RECORD OF THE POSITIVE EFFECTS OF DRUGS UPON THE HEALTHY HUMAN ORGANISM. BY TIMOTHY F. ALLEN, A M., M.D. VOL. VI	75
PATHOLOGY AND TREATMENT OF DIPHThERIA. BY WM. C. DAKE, M.D.	77
HOMŒOPATHY THE SCIENCE OF THERAPEUTICS. BY CARROLL DUNHAM, A M., M.D.	77
TRAITE DES MALADIES OCULAIRES A L'USAGE DES PRATICIENS EN GÉNÉRALE. PAR LE DOCTEUR HENRY C. ANGELL	79
YELLOW FEVER, ITS TREATMENT AND PREVENTION. BY EDWARD A. MURPHY, M.D.	79
DISSECTION OF CASANOVA'S FORCEPS. BY THE SAME	79
SPINAL AFFECTIONS. BY THE SAME	79
APHASIA. BY THE SAME	79
THE TREATMENT OF FUNCTIONAL DYSTOCHIA, OR DIFFICULT AND PAINFUL LABOUR. BY EDWIN M. HALE, M.D.	80
A SYSTEM OF OBSTETRICS ON HOMŒOPATHIC PRINCIPLES. BY W. C. RICHARDSON, M.D. &c.	80
CYCLOPEDIA OF THE PRACTICE OF MEDICINE. EDITED BY DR. H. VON ZIEMSEN. VOLS. XV AND XVI	82
OUR FOREIGN CONTEMPORARIES	83
CLINICAL RECORD	104
CORRESPONDENCE	109

OBITUARY:—Dr. Clotar Müller, 111.

BOOKS RECEIVED, 112.

CONTENTS OF No. CXLIV.

HAHNEMANN'S DOSAGE. BY DR. HUGHES	113
A CASE OF DUCHENNE'S PSEUDO-HYPERTROPHIC PARALYSIS. BY A. C. CLIFTON, M.R.C.S.E.	137
RATIONAL MEDICINE. BY DR. R. E. DUDGEON, M.D.	139
MEDICAL COINCIDENCES. BY FRANCIS BLACK, M.D.	175

REVIEWS.

THE ORGANON. A QUARTERLY ANGLO-AMERICAN JOURNAL OF HOMŒOPATHIC MEDICINE AND PROGRESSIVE COLLATERAL SCIENCE. EDITED BY DRs. SKINNER, BERRIDGE, LIPPE, AND SWAN. No. 1	179
OPHTHALMIE STRUMENSE. PREUVES POSITIVES D'EXPERIMENTATION CLINIQUE. PAR LE ALBERT DEKEERSMAECKER	180
L'HOMŒOPATHIC A L'ACADEMIE DE MÉDECINE DE BELGIQUE EN 1877. REPONSE AU DEFI DE M. LE PROFESSEUR CROcq. PAR LE DOCTEUR GALLIARD	180
REPERTORY TO THE NEW REMEDIES, BASED UPON AND DESIGNED TO ACCOMPANY HALE'S SPECIAL SYMPTOMATOLOGY AND THERAPEUTICS. BY C. P. HART, M.D.	181
OUR FOREIGN CONTEMPORARIES	182
CLINICAL RECORD	179

MISCELLANEOUS.

Homœopathic Congress in Paris in 1878, 206.

BOOKS RECEIVED, 96

APPENDIX:—Pathogenetic Record, by Dr. BERRIDGE.

CONTENTS OF No. CXLV.

	PAGE
ON DRUG ACTION IN RELATION TO DOSE. A LECTURE DELIVERED AT THE LONDON SCHOOL OF HOMŒOPATHY, MAY 16TH, 1878. BY DR. RICHARD HUGHES	209
CLINICAL LECTURES.—No. 5. BY ROBERT T. COOPER, M.D., T.C.D.	223
RELIGIO MEDICI	231
DELIBIUM TREMENS. BY DR. C. B. KER	241

REVIEWS.

CLERGYMAN'S SORE THROAT, OR FOLLICULAR DISEASE OF THE PHARYNX, ITS LOCAL, CONSTITUTIONAL, AND ELOCUTIONARY TREATMENT, WITH A SPECIAL CHAPTER ON HYGIENE OF THE VOICE. BY E. B. SHULDHAM, M.D., M.R.C.S.	254
MEDICAL TRADES' UNIONISM AND THE NEW MEDICAL ACT, BEING A LETTER ADDRESSED TO HIS GRACE THE DUKE OF RICHMOND AND GORDON. BY JAMES COMPTON BURNETT, M.D., F.R.G.S.	255
THE DISEASES OF INFANTS AND CHILDREN, AND THEIR HOMŒOPATHIC AND GENERAL TREATMENT. BY E. HARRIS RUDDOCK, M.D. THIRD EDITION, REVISED AND ENLARGED, BY GEORGE LADE, M.D.	258
THE LADY'S MANUAL OF HOMŒOPATHIC TREATMENT. BY E. H. RUDDOCK, M.D. SEVENTH EDITION	258
OUR FOREIGN CONTEMPORARIES	259
CORRESPONDENCE	277

MISCELLANEOUS.

The London School of Homœopathy, 278.—Comment unnecessary, 286.—The Congress, 292.—Homœopathy and Sectarianism, 293.—Metallohomœopathy, 295.—Iodine in the Bite from the Rattlesnake, 295.—Notes on some of the Newest Remedies, by E. M. Hale, M.D., 295.

OBITUARY :—Madame Hahnemann, 300.

BOOKS RECEIVED, 304.

APPENDIX :—Pathogenetic Record, by Dr. E. W. BERLIDGE.

CONTENTS OF No. CXLVI.

OUR EDITORIAL TABLE	396
EFFECTS OF POISONS	318
THE PHARYNX: CLINICAL VALUE OF THE CONDITION OF ITS MUCOSA. BY EDWARD T. BLAKE, M.D.	335

REVIEWS.

SAGGIO ANALITICO SUGLI EFFETTI TOSSICI E FISILOGICI E SULLE APPLICAZIONI TERAPEUTICHE DELLE SOLANEE VIOSE. ROMA, MEYER, CARRARA, E CI. 1877	343
EXPERIMENTAL RESEARCHES ON THE PHYSIOLOGICAL AND THERAPEUTIC ACTION OF THE PHOSPHATE OF LIME. BY L. DUSAET. THIRD EDITION BOSTON UNIVERSITY SCHOOL OF MEDICINE. SIXTH ANNUAL ANNOUNCEMENT AND CATALOGUE. JUNE, 1878	345
THIRD ANNUAL REPORT OF THE CHIEF OF STAFF OF THE HOMŒOPATHIC HOSPITAL OF NEW YORK CITY FOR THE YEAR 1878	345
A MANUAL OF THERAPEUTICS, ACCORDING TO THE METHOD OF HAHNEMANN. BY RICHARD HUGHES, L.R.C.P., &c. SECOND EDITION, MAINLY REWRITTEN. LEATH AND BOSS	346
OUR FOREIGN CONTEMPORARIES	353

MISCELLANEOUS.

Kreasote in Cauliflower Tumour of Uterus, 383.—Notes on some of the Newest Remedies, by E. M. Hale, M.D., 383.

OBITUARY :—Dr. F. A. Hartman, 391.

BOOKS RECEIVED, 392.

APPENDIX :—Pathogenetic Record, by Dr. E. W. BERLIDGE.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

ON THE DECLINE OF HOMŒOPATHIC PRACTITIONERS IN ENGLAND.

Presidential Address to the Liverpool Homœopathic Medico-Chirurgical Society at the opening of Session 1877-8.

By Dr. DRYSDALE.

IN the President's address at the Congress of this year, 1877, the fact is prominently brought forward that it is the jubilee year of the existence of homœopathy in England, the first practitioner, Dr. Quin, having settled in London in the year 1827 as a practitioner of homœopathy. It is therefore a fitting time to inquire if the progress homœopathy has made is commensurate with the merits of a true and practical discovery. I cannot find an authentic list of the numbers practising such as the *Homœopathic Directory* affords (though that is necessarily to a certain extent imperfect) earlier than 1853; so to compare the proportional progress in decades we must find the number in 1843. In the ten years following 1827 the names of ten practitioners are recorded as having practised in this country, but not that number were in practice in 1837; some, in fact, only visited this country for a time, and I think we cannot put the number of permanent practitioners in 1837 higher than

2 *Decline of Homœopathic Practitioners in England.*

five. From that time to 1843 they increased, and I can recall the names of twelve at that date, and, allowing for omissions, I think we may safely put down the number as not above twenty. From 1843 to 1853 they seem to have increased from 20 to 179, that is, nearly ninefold. In 1863 the number stands at 244, an addition of less than one third to their numbers. In 1873 the number, including those practising on non-registrable degrees, was 292, an increase of hardly one fifth. Since then there is a positive decline, the numbers being, in 1874, 279; in 1877 only 249. It is hoped that the last number is partly accounted for by the little time given for the compiling of the *Directory* that year, and that for 1878 the number may reach 274, which, however, is a decline from the year 1873. And on sifting the list the number of real active working practitioners must still be curtailed, for of the 249 in the *Directory* for 1877 I find one dead, eight retired from practice, seven abroad or with no known address; three have been fifty years in practice; total nineteen, which deducted from 249 leaves only 230 real active practitioners as far as I can make out, but there are a good many whom I do not know, and of those no doubt some may be on the inactive list.

We have thus an actual and positive decline of numbers of late, and during the last two decades there has been an enormous decline in the proportion of increase.

If matters had proceeded at the same rate as the first decade from 1843, viz. an increase of ninefold, we should have had in 1863 the number of 1611 and in 1873 14,499. Of course, that ratio of increase could not be expected to be kept up; but we might at least have expected the very modest increase of the next decade to have been continued, if not, indeed, added to, for each year. Even at the moderate rate of one third every ten years our number should have been in 1873 325, and now 365, instead of what it is, 135 less. And the case is still stronger if we remember the increase of population of the country. It is thus apparent that our numbers are not only not increasing in the proper ratio, not even increasing at all, nay, even actually

diminishing. In our neighbourhood we see the number in Manchester barely half what they were ten or twelve years ago, and several considerable towns which could boast of homœopathic practitioners, viz. Bolton, Preston, Warrington, Chester, &c., have now none. Not only have our nominal numbers fallen off, but the quality has in some respects deteriorated, and there are among those enrolled in the *Homœopathic Directory* practitioners who use cancer cures and secret nostrums, and similar practices, utterly repugnant to homœopathic principles.

Is this what one would expect to find after the somewhat jubilant tone of Dr. Pope's late address on the state of homœopathy in the jubilee year in England? I confess it is far from what was to be desired or might have been expected. We have reached a certain point pretty rapidly, and then have not been able to maintain our numbers as they were thinned in the inevitable course of time, for conversions do not keep pace with the losses by death and disablement. When we look abroad on all European countries a similar state of things obtains. In Germany homœopathy has long been in a stationary state, and some years ago Dr. Watzke deplored the dearth of young men entering our ranks. Everywhere but in America this is the case, and this exception probably points at once to the cause and the remedy. Let us consider what it is we expect with a new truth introduced to a body of men who are mainly members of a bread-winning profession with a small modicum of men of science, who are, however, to a great extent, dependent on the suffrages of the mere bread-winners. Would any one now joining the homœopathic ranks expect in fifty years to find the numbers the same or rather fewer than now, or would he expect to see the half or the whole profession thinking as he does? The latter most probably, and therefore what we have to seek is, what is the reason why the numbers in all old countries is so small and stationary, or even declining, after the first fifty years. The most patent reasons are, I think, chiefly dishonesty and persecution on the side of the allopathic party, but partly, also, some errors on our part, viz. an attempt to contend as

4 *Decline of Homœopathic Practitioners in England.*

a party with partisan weapons against an overwhelming and unscrupulous majority, instead of trusting entirely to our position as medical reformers through the working of our new truth on medicine as a whole.

Remember what we have ultimately to look forward to. Surely no one expects that the result of our complete success would be that medicine would then be called homœopathy, and all medical colleges, hospitals, books, and periodicals be styled homœopathic instead of simply medical. Unless we expect that then we admit that complete success must simply mean the extinction of our distinctive title. Therefore, if we wish to propagate the secret of homœopathy, and make it common to all medicine, every step we take involves that final issue. Hence it follows that if we show the slightest hesitation in adopting any step which might spread the knowledge of our better mode to students and practitioners of medicine we open the door for the enemy, who is constantly ready with the accusation that we fear to lose the trading advantage of a distinctive name. Hitherto we have always been able to point proudly to the openness and desire to convert and proselytise we have always shown. Nevertheless the accusation is constantly made that the whole name is kept up for such purposes. In the *Boston Medical Journal* of last August it is roundly asserted that the sole reason why we are cut off from fellowship with the profession is that we are bound by an exclusive theory, which is founded on a "lucrative basis." In short, that our name is adopted and retained for the purpose of catching and keeping patients. It is needless to show that this, as a whole, is false and absurd, but there is this modicum of truth in it, that if we make an endeavour to spread homœopathy as a purely scientific medical reform any way in the least less effectual, from any personal fear of loss as a party, then we sink the matter into a partisan contest, in which we shall assuredly be beaten and drag on a mere sickly existence separately, instead of acting as a leaven to leaven the whole mass of the profession. This, I fear, has been done in the late school question, and we have for the time lost a grand opportunity of showing our high dis-

interested motives and singleness of purpose as scientific medical reformers. The main reason of our small progress is, no doubt, dishonesty and persecution from the allopathic sect. When the first homœopathic practitioners appeared in this country they were actuated by the feeling that no doubt a proposed new method would be tried by medical men, and those who found it true would at once openly and honestly say so, and thus, by discussion, the appropriate place of the homœopathic law in medicine would ultimately be found. This no doubt is what, in the long run, will happen, but in the meantime, as you know, it was not tried before it was scouted and condemned, and a rigid persecution instituted against all men honest enough to declare their convictions. The fear of persecution certainly cuts off a large source of converts. But that was not the worst, for at first the greater success of our practice, contrasted with the allopathy of the day, was so palpable that the allopaths began secretly to study our medicines and to practise homœopathy in secret, and to adopt all the negative advantages which our method then possessed exclusively. Such is now the present state of allopathy, and it cuts off our source of recruits doubly, for not only does it terrify the students by the threats of life-long persecution, but it cuts off the source of our arguments for conversion in this way. When they found us curing with *Pulsatilla*, for example, a medicine not known empirically in old physic, that immediately raised the question how we found it out? If we pointed to the proving as the sole source of our knowledge then every cure by *Pulsatilla* became a proof positive of the truth of homœopathy. But now the teacher finds out from our books or from the one renegade what we give in disease and at once teaches that to students as an empirical fact known from time immemorial in old physic; so when we wish to argue on its homœopathicity the student will not be troubled to hear us, and struts off saying, "Oh, we know all about that, and your ridiculous provings had nothing to do with the finding out of it," &c.

The use of *Aconite* in doses of $\frac{1}{10}$ th or $\frac{1}{30}$ th drop of the tincture is now quite common in allopathic practice, and thus,

6 *Decline of Homœopathic Practitioners in England.*

so far, the latter is identical with ours against inflammatory fever. In common honesty, therefore, the larger part of now living allopaths ought to give the credit to Hahnemann, and their conduct is indefensible in not only keeping silence but persecuting us for our honesty in giving Hahnemann the merit. This is the plain fact, and all the protests about "not going in for the whole thing," as a reason for their dishonesty about *Aconite* are thoroughly futile. None of us go in for any whole thing, we only feel it to be dishonest to deny Hahnemann his merits as far as we follow him. And we follow the homœopathic method just as far as it is applicable and the best in medicine, and no farther, at least according to our knowledge. Now the leaders and teachers in allopathic schools do know the immense significance of the power of *Aconite* in inflammatory fever, and thus it carries the truth of the homœopathic law as a general principle. They know Hahnemann's decided utterance on *Aconite* in 1822, that it would abolish the usual antiphlogistic practice, while the latter was still in the hey-day of its power. But, now that this prophecy is fulfilled to the very letter, and leading men keep silent, and from base fear of losing position, revile as quacks those who have the honesty to confess the source from which the former plagiarise, what can we expect from the ordinary run of students, a large proportion of whom scrape through their studies to get into a mere bread-winning profession? They are ready enough to accept *Aconite* as the usual practice, and not to inquire too curiously into its history. Thus we have generation after generation of students poured into the ranks of allopathists, while our own have no source of recruitment except that of the few high-minded men who will consent to go to school again after passing in order to attain a knowledge which secures life-long martyrdom.

My conclusion is that if we wish really to repair our declining or stationary state as a body we must abandon all hope from partisan warfare or arguments, and fall back solely on our position as scientific reformers in medicine, and more immediately on the founding of a true school of

homœopathy, which shall take its place among the recognised medical schools of the country. The sole difference between the progress of homœopathy in America and old countries is that there licensing schools have been established, and our only chance of imitating these is by the means advocated by Drs. Moore, Dudgeon, Black, and myself at the late Congress. The arguments there given were never even attempted to be answered, and we were overborne by considerations beside the subject, and tending to mere party existence, which may appear to triumph for the moment in a crowded room, but whose success is really our failure, and the cause of the very poor position we now hold as a small and declining body in the jubilee year. Remember we are trustees for a great medical truth, which has already been of great benefit to humanity, and will be of incalculably greater benefit when the bulk of the men of science, who are beginning to follow our footsteps in the study of the physiological action of medicines, shall pursue that study fully, completely, and openly as science demands, and not ignoring one whole department from paltry fear of personal loss. I therefore exhort all who feel their responsibility to reconsider the arguments of the letter and preamble, and the speeches at the Congress in favour of founding a school addressed solely to the profession. Let them consider especially the narrative, by Dr. Dudgeon, of the series of failures exhibited by bygone efforts to found schools on an extra-professional basis; and the point urged by me that in the present so-called "School of Homœopathy" the very same lectures, in the very same words, and by the very same men, might be quite well given in a school with a neutral name, such as the "Bloomsbury Medical School," while we should thereby secure a basis for pressing our rightful claim to recognition by the licensing bodies, which the present sectarian title shuts us out from for ever. On the other hand, if we cannot triumph in forcing the truth of the homœopathic law on the profession by partisan tactics in old and settled countries, where new licensing bodies cannot be obtained, it is equally impossible that the homœopathic name, as a

whole, in books, and periodicals, and in practice, and the apparently partisan position, can be removed by any act of ours. Holding, as we do, that the homœopathic law is one of the truths in medicine, and that the use of *Aconite* in inflammatory fever and a host of other instances are practical exemplifications of it, it would simply be a breach of common honesty on our part to deny to Hahnemann the merit due to him, and to refrain from openly declaring our convictions. Hence, it is impossible for us to put an end to the division of the ranks of medicine into allopathic and homœopathic camps. But it is my conviction that if every one who used *Aconite* in inflammatory fever and other examples of the law of similars would simply, as in common honesty bound, give the credit to Hahnemann and the law of similars, and insist on its being discussed in ordinary medical literature like any other medical theory or fact, there would be at once an end of the schism. For that, in fact, arose from the original closure of the pages of Hufeland's journal to Hahnemann himself, and thus made necessary the foundation of a separate literature.

THE FIRST EDITION OF THE *ORGANON*.

IN fulfilment of the promise given in our last number we now proceed to lay before the reader the principal textual differences in the first edition of the *Organon* as compared with the last. In the former paper we did little more than indicate the paragraphs where these differences exist, but unless the reader possessed both editions these indications would not be of much interest or value to him.

In the introductory part we find the following respecting *Hemlock*, which is omitted already in the second edition, but why we are unable to guess, as it seems an apt illustration of the homœopathic use of a medicine in præ-homœopathic times.

“The *Spotted Hemlock* [*Conium maculatum*] which is now so much neglected, has not rarely cured serious diseases homœo-

pathically, as the writings of the best physicians testify. If it can produce by itself *oppression of the chest*, as BAYLISS experienced; *short, kinking respiration*, according to STOERCK; *violent cough*, according to LANGE; *dry cough*, according to STOERCK, again, a *very violent cough*, according to the same writer, and again, according to him, *nocturnal cough*; *dyspnœa and a kind of nocturnal hooping-cough*, according to LANDEUTTE; then it is easy to understand how it could happily cure a *nocturnal asthma* under BOULARD'S eyes, a *convulsive cough* after suppressed itch, as STOERCK alleges, an *obstinate cough*, according to VIVENTIUS, and a kind of hooping-cough in the experience of BUTTER, ARMSTRONG, LENTIN, and RANOE. STOERCK'S cure of a case of *urinary tenesmus* by *Hemlock* is explicable by the *strangury* which LANGE and EHRHARDT observed from its use. If STOERCK cured a case of *amaurosis* by it, this was owing to the natural property of the *Hemlock*, whereby it is able to cause *sudden blindness* (according to AMATUS the Portuguese), *dimness of vision* (according to BAYLISS and ANDREE), *weakness of vision* (according to GUTACKER)."

The following about *Euphorbium* is omitted in later editions :

" Because *Euphorbium* applied to the abdomen produced under SCOPOLI'S eyes *dropsy of the whole body*, a number of doctors and common people were able in ancient times to cure a kind of *dropsy* with *Euphorbium*, as HERMANN and BOECLER assert."

The following is omitted in the fourth, but appears in the first two editions :

" BOECLER and LINNÉ allege that *Rhamnus frangula* (*Faulbeer-kreuzdorn*), given internally, cures a kind of dropsy. The reason for this is not far to seek; SCHWENCKFELD saw a kind of *dropsy* caused by the external application of the bark of this shrub."

The following passages are peculiar to the first edition :

" According to the observation of GATERAU the use of *Taxus* has caused a violent cough, and it is solely on that account that according to PERRY it can cure cough (*Jour. d Med.*, 1790).

" The power of *Oil of Turpentine* (according to STEDMAN) to

cause *retention of urine*, a kind of *dropsy* and *renal pains*, gives this ethereal oil the homœopathic healing power occasionally to remove dropsy and a kind of *coxalgia*, proofs of which are presented to us by HOME, HERZ, THILENIUS, CHEYNE and others.

“*Chinese Tea* is in its nature nothing but a medicine. In the *Nov. Act. N. C.* and in LETTSOM’S works *contractive spasm of the stomach* is said to be caused by tea, the latter mentions also *pressive stomach-ache* produced by it. This power sufficiently accounts for the praise accorded to tea by BUCHAN for the removal of the cardialgia of pregnant women. According to various observations (by GEOFFROY, TODE, and JAMES in LETTSOM’S works) it has not rarely caused *convulsions* and *epilepsy*, and owing to this power it has removed ordinary *convulsions* in *measles* and *smallpox* (Eph. N. C., dec. iii, a. I, obs. 1618) as it is an excellent homœopathic remedy in the *exhaustion* produced by dissipation (LETTSOM) solely because of its power to cause *general weakness* which has been observed by LETTSOM, WHYTT, and MURRAY; and to this category belongs its power of causing *drowsiness*, owing to which the Chinese cure *sopor in diseases* (HEERMANN).”

“In addition to PISO, HUCK, and MEYER, a number of other physicians have acknowledged the *diarrhœa*-subduing power of *Ipecacuanha*. But how could it be so efficacious in curing some kinds of *diarrhœa* if it was not capable of causing *purgation*? (MURRAY).”

“The *pains in limbs and joints* which A. RICHARD (in P. SCHENCK) saw follow the use of the *Monkshood*, are similar to those recorded by several physicians, whose names MURRAY mentions, as having been cured by *Aconite*; so that the homœopathic cause of its curative power is quite evident.”

“The *sleeplessness* observed by several authors (BLOM, PLANCHON) as occurring at the commencement of the action of *Hyoscyamus*, which is generally accompanied by anxiety, is palpably the only reason of its great sleep-producing action in *similar idiopathic agrypnias*, which, according to STOERCK, far surpasses the (palliative) hypnotic action of *Opium*.”

“It was not for nothing that GREDING saw a *dry spasmodic cough* caused by this plant (*Hyoscyamus*); this should show us that it is a powerful remedy in *similar cough*, as indeed FRICCIUS, ROSENSTEIN, DUBB, and STOERCK, actually found it to be.”

"The sensitiveness of the organism increased to the most intense pain combined with heat in influenza *Camphor* therefore* removes rapidly, but only in a *palliative* manner, and hence its doses must be always increased and frequently repeated if it is to obtain the mastery over this acute disease (§ 266)."[†]

The observation about *Sabina* is different from what we read in the fourth edition. It originally stood thus :

"RAUE and WEDEKIND cured bad *metrorrhagia* with *Savine*, which as every loose girl (*freche Dirne*) knows excites *uterine hæmorrhage* in the healthy."

Respecting *Cantharides* we find in first edition :

"VAN HILDEN saw *sciatica* follow the administration of *Cantharides* in two different cases, and it is to this peculiar morbid power we have to ascribe the many permanent cures of *sciatica* reported from their experience by HOLLEBIUS, RIEDLIN, BOERHAAVE, TRALLES, TISSOT, MEDICUS, TODE, and others."

To *Lead* we find :

"AMELUNG's cure of a kind of ulcerative phthisis pulmonalis by the internal use of *lead* points to the tendency of this metal observed by BOERHAAVE to cause a kind of pulmonary consumption even from its external application."

Under *Electricity* we read :

"BUISSON saw an *induration of the mammæ* disappear, and MANDUYT cured *indurated cervical glands* with electricity ; it could not have done this had it not been able to cause *induration of the cervical glands*, as DE HAËN observed from its use."

The following about *Galvanism* is peculiar to the first edition ;

"The *irritation of galvanism from metals* which, as BITTER, BISCHOFF, and GEIGER frequently observed, possesses the power to *shorten* the muscles (the positive pole the extensor, the negative the flexor muscles), was able to cure easily and com-

* In the previous sentence he had told us that the effect of *Camphor* was to lower the sensibility.

† A reference to that paragraph in the aphoristic portion of this edition of the *Organon*.

pletely in a few days that case of dumbness of thirteen years' standing (*Hufeland's Jour.*, xxiv) which was caused by a *stiffness of the tongue*, though given in such a small dose (a single pair of plates), because the cure took place by homœopathy. The *intolerable burning shooting pain* which galvanism, when the circuit is established, causes in any sensitive part of our body explains how some time ago a kind of *faceache* (tic douloureux) was cured by a physician by means of the Voltaic pile."

In the aphoristic part of the work we find in the first edition the following note to § 13 (corresponding to § 17 of last edition) :

"It is only a misuse of that longing to reach the infinite implanted in the human mind for nobler purposes that gave rise to those impudent incursions into the domain of the impossible, those inane speculations respecting the inner essential nature of the medicinally acting matter in drugs, respecting vitality, respecting the internal, invisible arrangement of the organism in its healthy state, and respecting the disease-producing alteration of this hidden interior, that is to say, respecting the inner nature and essential character of the disease, falsely called the 'inner proximate cause.'

"But there remained room for the play of fancy and wit (physiogenic and pathogenic poetry), because the requisite fixed points for gaining the metaphysical knowledge of the interior operations in the inner living organism are wanting and will ever be wanting, from which points we might penetrate step by step to the innermost primary point, to which the Creator has joined the cause of the disease in the sanctuary of that hidden workshop. All the knowledge the children of mankind have obtained relative to animal magnetism, electricity, attractive and repulsive force, mineral magnetism, caloric, gas, and other chemical and physical phenomena, falls far short of what is required to gain a clear and fruitful explanation of even the smallest function in the living organism whether in health or disease. What a countless array of unknown forces and their laws may be in action in the operations of the living organs which we do not even dream of, and for the recognition of which we would require to be endowed with infinitely more senses of infinitely greater delicacy than we possess! All these requisites

for such an abstract investigation, all those fixed points and intermediate steps are wanting to us mortals, and it is to misunderstand human capabilities and to misconceive the requisites for the practice of medicine, when the physician asserts that speculations about such things are necessary, whereas, on the contrary, a knowledge of them is as unnecessary to him as he is incapable of investigating them.

“Many of the deepest thinking heads abandoned themselves to this ‘penetrating into the interior of nature,’ and an equal number of barren hypotheses full of contradictions were the result of their lucubrations. All history teaches this, as does the judgment of the most instructed healthiest intellects.

“If they had only been of the slightest use to practical medicine, if their speculations had only discovered the true remedy for the simplest disease, we might allow them to pass!

“So thought the honest and sagacious Sydenham: ‘*quantulumcumque in hoc scientiæ genere accessio, etsi nihil magnificentius quam odontalgiae aut clavorum pedibus innascentium curationem edoceat, longe maximi facienda est, præ inani subtilium speculationum pompa,—quæ fortasse medico ad abigendos non magis ex usu futura est, quam architecto ad construendas aedes musiciæ artis peritia.*’

“But only see! all speculative theories respecting the functions and the inner form and composition of the living brain in healthy and diseased states, all the innumerable speculations about the nature of inflammations, all the hypotheses about the nature of water and caloric, were never able, so long as the world existed, either to guess or to announce the specific remedy for phrenitis caused by sunstroke! Löffler discovered *by accident* that the remedy was to bathe the skin with hot water, and rational (homœopathic) medicine can, from its simple maxims, easily and rapidly evolve this and other specific remedies, *without metaphysical head-splitting*, and without waiting perhaps for thousands of years for some fortuitous discovery.”

The next twenty-eight paragraphs of the first edition, from § 14 to § 37, are replaced by fifty-two different paragraphs in the last, from § 18 to § 70. The following are the suppressed paragraphs, which it is interesting to compare with the later paragraphs as showing how the doctrine developed itself in the mind of the master :

“§ 14. Since then, when we exclude the totality of the symptoms, observation can detect nothing in diseases whereby they are capable of expressing their curative requirements ; it follows that the only thing that can furnish an important indication for the selection of a remedy, must be the sum of all appreciable symptoms.

“§ 15. On the other hand, as the curative element in medicines is not self-evident, and in pure experiments by the acutest observers nothing can be discovered in medicines constituting them medicines, besides the power they possess of effecting marked changes in the health of the human body, especially their power of deranging healthy human beings and exciting in them various definite morbid symptoms ; it follows when medicines act as remedies, that it is only by this power of evoking symptoms they can give evidence of their inner curative principle and demonstrate their curative power. Hence we have only to attend to the morbid effects which medicines produce on the healthy body (as the sole revelation of their indwelling curative tendency) in order to determine which among the several drugs is most suitable for a particular case of disease (provided such can be found, for on this its suitability rests).

“§ 16. Now, as diseases show nothing that requires removal in order to change them into health, besides the totality of their symptoms, and medicines likewise can show nothing curative besides their tendency to develop morbid symptoms, it follows that when medicines are capable of becoming real remedies, that is, able to annihilate diseases, this can only happen in this way, that certain symptoms of the disease are removed and destroyed by certain symptoms which the remedy is able to produce.

“§ 17. Should experience teach (as it actually does) that a given symptom of a disease is only removed by a drug which can show a similar symptom among the effects it produces in the healthy body, then it is probable that this drug is able to remove the symptoms of this disease by virtue of its tendency to excite similar symptoms.

“§ 18. Should we find further (as we do indeed find) that a medicine which in its action on the healthy human body exhibits all the symptoms which the disease to be cured presents, when administered in such a case removes the totality of the morbid symptoms, the whole disease present, and alters it into health,

then we could not doubt that the law is discovered through which this medicine has acted curatively in this disease. This law is: similar symptoms of this medicine remove symptoms of a similar kind in this given disease.

“§ 19. Now, as experience shows indisputably and without any doubt whatever with respect to *every* medicine and *every* disease, that all medicines cure all diseases without exception having symptoms analogous to their own, rapidly, radically, and permanently, there is nothing to prevent us laying down this rule: ‘*the curative power of medicines depends on their symptoms that correspond to those of the disease,*’ or in other words: ‘*every medicine which can show in its morbid phenomena in the healthy human body most of the symptoms observable in a given disease, is able to cure the disease in the most rapid, radical, and permanent manner.*’

“§ 20. This eternal general law of nature, that every disease will be annihilated and cured by the similar artificial disease which the appropriate remedy has a tendency to produce rests on this law: *that one single disease only can exist in the body, hence one disease must invariably yield to another.*

“*Note.*—The few examples that have been adduced to the contrary were all too liable to mistake to be regarded as pure indubitable observations.

“§ 21. The organism receives from every disease a special disposition (*Stimmung*); and in consequence of the invariable law of unity in its nature, a second new disposition from a new disease can either not be received by it, or not without the displacement of the first morbid disposition. When the new morbid disposition is unable to dispossess the older one and is forced too long upon the organism, the two unite to form a single (third) disease, which is called a complicated disease. This maxim is based on the following facts.

“§ 22. A chronic natural disease already present in the body prevents the production of a new chronic disease, at all events unless the new one is a miasmatic or endemic disease, to the infection of which the body is continuously exposed for a considerable time. In such a case, as both are usually *dissimilar*, and the new disease can consequently not destroy the old one homœopathically, either the older disease, if it be the weaker, is *suspended* by the new one as long as the latter lasts (thus

Schoepf observed that the itch disappeared when scurvy came on, but reappeared after the cure of the scurvy); or both are amalgamated to form a so-called *complicated* disease. But this always constitutes only a single disease (a state intermediate to both) and is only to be treated as a simple disease, and to be cured homœopathically according to the totality of the new conjoined symptom-arrangement. From the period of the second infection to the amalgamation of both into a (third) single (complicated) disease the older one ceases.

“*Note.*—Thus, a fresh itch coming upon an uncured venereal patient may be cured by its appropriate medicine, whilst the venereal symptoms lie dormant; but when the venereal symptoms (altered by the itch) reappear, the amalgamation of both into a third (complicated) disease has taken place, and the eruption cannot now be cured with sulphur. Amalgamations (complications) of scurvy, venereal disease, plica polonica, &c., are by no means rare.

“§ 23. Much commoner than the spontaneously amalgamating (and mutually complicating) natural diseases are the *artificial* diseases produced on a body affected with a chronic malady by long-continued unsuitable drugging, that is to say, artificial morbid agents which are incapable of removing the old disease homœopathically by an analogous counter-irritation, but attack the body for a length of time in a dissimilar direction, and thus gradually bring upon it a derangement of a different sort, an artificial chronic disease of a *different kind*, which unites with the old chronic malady, and thus forms a new monstrous malady, a *complicated disease*, often of very pernicious character.

“*Note.*—Many of the cases of disease sent to medical journals for advice are of this kind, as are also other cases of chronic diseases recorded in medical writings. Of this kind are the frequent cases where the venereal disease after a lengthened treatment with improper mercurial preparations is not cured but unites with the gradually developed chronic mercurial dyscrasia to form a hideous intermediate thing of complicated disease (masked venereal disease), which is incurable either by *Mercury* (the remedy for the venereal disease) or by *Hepar sulphuris* (the remedy for the mercurial disease).

“§ 24. On the other hand, if a new disease, of a more *local* character, and therefore less capable of amalgamation, shall be

artificially forced on a body affected with chronic disease, this new disease having no similarity to the old one is incapable of curing it homœopathically. In this case the natural chronic disease is suspended as long as the artificial one is maintained.

“*Note.*—Two children affected with epilepsy, on being attacked by ringworm, remained free from their fits; but as soon as the head healed the old epilepsy reappeared in both, as Tulpius testifies. Many epileptics have remained free from their fits as long as their issues remained open; but immediately after allowing the artificial ulcer (which might have existed for years) to heal up, they were again attacked by their epilepsy which had only been suspended. Pechlin and several others bring forward instances of this sort.

“§ 25. If there is already in the body an old chronic disease, whether artificial or natural, this being the stronger will *protect* the organism against a new acute natural disease of a *different sort*, or even from an artificial acute disease which it is attempted to force on it.

“*Note.*—Larrey says that persons affected with herpetic eruptions are exempt from infection with the plague, and the Europeans in Syria remain free from infection by the Levantine plague by maintaining issues and perpetual blisters (*i.e.* artificial local chronic diseases), as has been observed in modern times by Larrey, and in ancient times by van Hilden and F. Plater. Several chronic diseases (herpetic eruptions and other cutaneous diseases, according to Jenner), but especially rachitis, prevent vaccination from taking. In like manner the dyscrasia produced in children by the daily drinking of coffee is a powerful hindrance to vaccination, or causes the production of false vaccine vesicles.

“§ 26. But if a new acute disease should be persistently *forced* upon a body affected with a chronic malady, if the former is stronger but *dissimilar*, the chronic disease ceases (*is suspended*) only so long as the acute disease lasts, and then it again goes on unaltered.

“*Note.*—Ulcerative pulmonary phthisis comes to a pause when smallpox breaks out, and resumes its course as soon as the pustules are dried up.

“§ 27. When a body already affected with an acute disease is

attacked by a new acute disease of a *different* sort, the one which is the weaker yields to the other, but it is not annihilated, only suspended, until such time as the stronger one has run its course.

Note.—Measles which have already broken out disappear immediately as soon as smallpox makes its appearance, and it is only after the latter is cured that the measles, which had been suspended, again make their appearance and complete their course. I saw the mumps immediately disappear as soon as the vaccination took, and it was only after the termination of the vaccine disease, when the peripheric inflammation was over, that the febrile parotitis again made its appearance and ran its usual course. When the vaccine pustules had attained their perfect development on the eighth day the measles (which had infected the body before vaccination had been performed) broke out and the vaccinia stood still; it was only after the measles had desquamated that the vaccinia again pursued its course to the end (Kortum). Scarlet fever with sore throat was interrupted and suspended for four days whilst the cow-pox with its areola was developed (Jenner).

“ § 28. If, on the other hand, the infection of another acute disease of a *similar kind* be forced upon the organism already affected by an acute disease, *then the stronger entirely removes and homœopathically destroys the weaker.*

Note.—Thus smallpox coming to vaccinia removes the latter completely; the vaccinia does not complete its course, but is destroyed, and sometimes it appears as though the vaccine pocks changed into variola, which latter then runs its course alone to the end.

“ § 29. Two acute diseases coming together in the same body do not amalgamate with one another; the cases of this sort that have been recorded have not really done so.

Note.—The vaccine pustule nearly come to its full development will often alter the smallpox, make it mild, the pocks discrete, surrounded by a broader, red areola, of a warty appearance and containing but little matter; but if this matter be inoculated it produces nothing but true variola (Mühry). Two acute diseases are so far from amalgamating, that examples are not wanting where lymph taken from vaccine vesicles a very short time before the outbreak of the fever of variola, and inoculated

in other children, produced genuine vaccine vesicles (Hardege, Junr.). *Two acute diseases of a similar kind mutually remove and annihilate one another homœopathically* (the stronger the weaker).

“§ 30. So, also, when a chronic disease is already present in the body, and a *very similar* acute disease is forced upon it, *the chronic disease is completely annihilated and homœopathically cured by the acute disease.*

“*Note.*—Thus vaccine inoculation which, in addition to possessing the power to produce cowpox, is capable of exciting a cutaneous eruption of small red pimples with a red areola (and actually produces them in some bodies), often cures completely and permanently a similar chronic cutaneous eruption, as many observations testify.

“In like manner an old moist herpetic eruption was completely cured by an attack of measles (*Hufeland's Journ.* xxiii).

“Leroy (*Medicine for Mothers*, p. 384) saw a chronic very obstinate ophthalmia in a boy permanently cured by variola, which can cause ophthalmia in its acute stage.

“Dezoteux (*Traité de l'inoculation*, p. 189) cured an obstinate ophthalmia by inoculating variola. A number of similar cases are recorded by medical writers.

“§ 31. On this law of human nature revealed by experience, that diseases are *only* destroyed and cured by similar diseases, is based the great homœopathic curative law—*that a disease can only be destroyed and cured by a medicine which can develop a similar disease, for the effects of medicines are nought but artificial diseases.*

“§ 32. An ounce of tincture of cinchona bark mixed with two pints of water, and gradually taken in twenty-four hours, produces not less certainly a *cinchona fever* of several days' duration, and a tepid footbath containing arsenic, or arsenic ointment smeared over the head, produces not less certainly an *arsenic fever* of at least a fortnight's duration, than does exposure to autumnal marsh atmosphere an ordinary ague. A girdle of mercurial plaster applied over the hips * produces the *mercurial disease* more rapidly and surely than the application of the shirt of an itchy person produces the *itch of wool-workers*. A strong infusion of

* * One of the oldest methods of employing *Mercury* at the beginning of the sixteenth century.”

elder flowers, or some belladonna berries taken internally, are as surely *morbific agents* as inoculation of variolous matter, or the bite of a viper, or a fright; and each of these influences can because it is a morbid agent, become an anti-disease power, that is, a remedy, when introduced into a body suffering from a similar disease. *So that everything we call medicine is nought but an agent for the production of disease, and all true remedies are nought but agents capable of artificially producing a similar antidotal disease in the organism, whereby we are enabled to remove and destroy the similar natural disease.*

“§ 33. No doubt, when, acting according to the rules of rational medicine, we have discovered a medicine very well adapted to the disease we are called on to treat, and we employ it as a remedy, by this artificial morbid agent the already diseased organism has a new disease (antidotal disease) inoculated, and so to speak forced into it; but it must be confessed that this antidotal disease has great advantages over all natural antidotal diseases.

“§ 34. The invisible influences by which the ordinary diseases of humanity are usually excited are too little known, and are too little under our power to enable us to produce diseases at will by their means, to employ them as remedies for already existing diseases, and thus use them for the purpose of restoring health.

“35. The number of inoculable miasms which might be employed for the removal of diseases is too small to permit us to make even a very limited use of them as remedies.

“§ 36. Though there may be several natural diseases which we could use artificially and at will, they are either not sufficiently analogous to the disease to be cured, consequently not efficacious, or they are themselves of longer duration, and when they have overcome the older malady, they often persist for a considerable time in the system, seldom go off spontaneously, and generally require artificial aid to make them depart.

“*Note.*—An instance of this is the inoculated itch, with which some chronic diseases have been cured.

“§ 37. On the other hand, we can infinitely easier, much more certainly, and with a far richer choice resort for curative purposes to those morbid agents which are commonly called medicines. We can apportion to the antidotal disease producible by

them (which is to remove the natural disease we are called to treat) a fixed strength and duration, for we can regulate the size and strength of their doses. And as every medicine differs from every other, and acts in many different ways, we possess in the great number of medicinal substances an immense number of artificial diseases which we can accurately select for employment against the natural diseases and ailments of humanity. We can thus rapidly and certainly remove and extinguish the natural disease with a very similar artificially excited antidotal disease."

The next paragraph is retained in the last edition, but the following twenty-three paragraphs, §§ 39—61, are replaced by others in the last edition. We subjoin them :

"§ 39. As regards the first point,* the enormous variety and number of diseases might easily mislead us into the belief that we could never retain in our memory or comprehend such an immense array of different kinds, and that therefore we should be unable to treat them successfully without having some sort of comprehensive view of the whole obtained by their arrangement into a few classes. Each such class, comprising many and various individual diseases allied by some common relationships and similarities, might thus be treated on general medical principles, as if all its members were one and the same disease, and thus their treatment would be much simplified.

"§ 40. The diseases, ailments, and dyscrasiæ are, however, phenomena of such infinite variety, that no useful classification of them is possible, even were such a formal arrangement of them under separate headings likely to be useful for curative purposes.

"*Note.*—I will not dwell upon the systematic arrangement of diseases hitherto in vogue (almost every work on pathology has one peculiar to itself). Were any one out of the vast array of the slightest real use it could certainly—such is the omnipotence of truth—have obtained and retained universal approval.

"§ 41. The division of diseases into general and local has been most generally adopted.

"§ 42. But the human organism in its living state is a com-

* "How is the physician to ascertain what is necessary to be known in order to cure the disease?"

pletely defined whole or unity. Every sensation, every manifestation of force, every combination of constituent materials of one part is intimately connected with the sensations, functions, and combined constituents of all other parts. No part can suffer without the sympathy and the corresponding alteration of every other part, more or less.

“ § 43. This vital unity does not allow any disease to remain purely local in the body, that is, completely and absolutely local, as long as the malady deemed local occurs in a part not completely separated from the rest of the body. The rest of the body always sympathises more or less, and expresses its sympathy by some symptom. A powerful medicine applied to a distant part or administered internally always produces an alterative impression on this apparently local malady, and the remedy specifically suited for the whole disease (of which the local affection is always only a part, always a mere symptom) cures at the same time the local affection, though apparently remote and isolated.

“ § 44. A second highly esteemed division of diseases into febrile and afebrile is equally useless. Its supporters are not even agreed what are the characteristic traits and symptoms which ought to be admitted into the definition of fever and what those that ought to be excluded from it. There is none among the immense number of fever theories and definitions which does not include phenomena that are to be found more or less in the diseases held to be most afebrile in their nature. The worst and the least febrile diseases pass into one another by imperceptible steps, so that a sharp separation of the two may be consistent with pathology, but it is not with nature.

“ § 45. The *naming* or *classification* of the innumerable varieties of disease, even were it possible, in a tolerably correct and complete manner would be of the same utility to the *physician as a naturalist*, as the classification of other natural phenomena and natural bodies to general natural history; it would, namely, facilitate his *historical survey* by a tabular view; but for the *physician as a healing artist* it would not be of the slightest use, for true medical art cannot be contented with a bald, one-sided, similarity of several diseases to one another, such as suffices for the arrangement into classes and genera. On the contrary, the medical art requires a complete survey of every individual case

to be cured ere it can select an accurately fitting remedy. This it requires in order to deserve the name of a *radical* and *rational* healing art.

“ § 46. Nature has no naming or classification of diseases. She makes *individual* diseases, and she demands of the true healing artist that he shall treat, not systematically connected disease genera (which is a kind of confounding different diseases with one another), but in every case the individual disease; but she refuses her aid to therapeutic measures invented for fanciful classes of diseases being applied to individual diseases (wisely created separate entities by herself), for in this way the divine art of healing would be maimed.

“ *Note.*—Huxham, who was distinguished for his strict conscientiousness as much as for his professed insight, says (*Op. phys. med.*, tom. i): ‘Nihil sane in artem medicam pestiferum magis unquam irrepsit malum, quam generalia quædam nomina morbis imponere, iisque aptare velle generalem quamdam medicinam.’

“ § 47. Now, if the rationality of the medical art consists above all in this, that it suppresses all systematic and other prejudices, that if possible it never acts without good grounds, that it never neglects to avail itself as much as it can of any good data that may offer themselves for promoting suitable treatment, and that it sticks as much as possible to what is ascertainable in things, so the rational thorough physician is characterised by his special attention to the varieties and differences of diseases (as also of medicines), that is to say, his careful search for the individual signs of each separate disease, and then the special mode of action of each separate medicine.

“ § 48. As every epidemic in the world (except those few which have a fixed unalterable miasm), and as even every single case of disease, whether of epidemic or sporadic character, or still more of neither character, differs from every other, the rational physician will consider each malady he is called to treat according to its individual peculiarity. When he has ascertained its special signs and symptoms (for *what* are they there for unless they are to be attended to?) he administers a particular remedy corresponding to the disease in the group of symptoms it can excite. By this honest unprejudiced and rational course he will distinguish himself from every other physician who

thinks it beneath him to investigate thoroughly each case of disease, but who for his own convenience arbitrarily generalises, relegates the disease to some fanciful systematic classification and frames his treatment accordingly.

“ § 49. Some diseases which have a specific infectious matter (a special uniform miasm) as their basis, *e. g.* the plague of the Levant, smallpox, measles, true smooth scarlatina, the venereal disease, the itch of wool-workers, also, perhaps, hydrophobia, whooping-cough, plica polonica, &c., appear to be so independent in their character and course, that whenever we meet with them we recognise them as old acquaintances by the constant identity of their symptoms. Hence we are justified in bestowing on them special names, and in endeavouring, as a rule, to find one fixed mode of treatment for each of them.

“ § 50. As, too, some other diseases in which we have not yet been able to prove a miasm, as also those dependent on certain situations and climatic conditions, and those of an endemic character, as marsh ague, yellow fever, sea-scurvy, pian, yaws, siccens, pellagra, &c., and some few other diseases may arise either from some single uniform cause, or from the conjunction of several definite causes which tend to unite in some definite manner (as is the case with gout, perhaps also with croup and Millars' asthma). These diseases may likewise appropriately receive special names, as the group of symptoms each presents is, on the whole, of a tolerably constant character, and is therefore capable of a special, almost uniform treatment.

“ § 51. But it is otherwise with a number of other diseases, which presumably arise from the conjunction of several morbid causes uniting in no uniform manner for the production of the malady. Hence they differ materially from one another in several important symptoms, and consequently can never all be medically treated with the same remedies. To this category belong the various forms of epilepsy, catalepsy, tetanus, chorea, pleurisy, consumption, diabetes, pneumonia, prosopalgia, dysentery, and other names given by the schools to morbid states often very dissimilar and having only one or two symptoms in common, in order, on the assumption of their identity, to be able to treat them all alike. But the very dissimilar results experience showed to follow this mode of procedure, sufficiently refuted this imaginary identity. They may do well enough as collective

names, but not as special names of presumably identical morbid states, for in that case they would be apt to lead to the adoption of an identical empirical medicinal treatment to the injury of the patient.

“*Note.*—Thus, for instance, there are in *diabetes* several varieties, *i. e.* several diseases, differing essentially from one another, included under this single name, which, at a superficial glance, apparently resemble one another in one or two symptoms, but which it would be very improper to consider as one and the same disease. On a more careful examination of the separate cases almost all will be found to present very different symptoms; symptoms present in some will be absent in others, and even the urine, on which the inventors of this name laid so much stress, as though it was a great discovery, will often be found of very various compositions. In one case it will rapidly pass into vinous and acetous fermentation, in another it will only grow mouldy, &c. If one sort of diabetes can be cured with *Ammonium sulphuricum*, many other kinds cannot be cured with this remedy. On the other hand, *Alum* seemed to be the proper remedy in several cases, while others were uninfluenced by either *Alum* or *Ammonium sulphuricum*. Can these all be the same disease, when the totality of the symptoms is so various and the treatment required is so dissimilar? We may, no doubt, call these different morbid states—*kinds of diabetes*—but not absolutely *diabetes*, in order to avoid the mistake of supposing an identical simple disease under this name.

“Any one who has once cured a faceache with mercurial ointment, will certainly meet with several cases which he includes under this name, but which this ointment cannot cure. Did each of these names only indicate identical diseases, then it would be impossible to meet with failure from a remedy which had once shown itself successful; they must, if they are identical, yield to identical treatment. But as they do not so yield it is evident that, in spite of the identical name, they are essentially different diseases, only sufficient trouble has not been taken to investigate their distinctive symptoms. We may, no doubt, call these different morbid states—*kinds of faceache*—but not absolutely *faceache*, as it is not always the same disease. So it is with the other diseases named above, and with other similar names of diseases.

“ § 52. And so with respect to the other diseases, the names bestowed on them are still more unsuitable, and the inducement they offer to empirical treatment still more dangerous, as they include under one denomination a still greater variety of morbid states, having only a remote resemblance to one another in perhaps a couple of symptoms common to all, whilst in the great majority of their phenomena and characteristic symptoms they differ greatly from one another. The very comprehensive names, ague, jaundice, dropsy, consumption, leucorrhœa, hæmorrhoids, rheumatism, apoplexy, convulsions, paralysis, melancholia, mania, &c., may serve as examples.

“ *Note.*—What a countless number of very different kinds of ague are not there which have in common, at most, the phenomena of cold and heat, and something of a typical character, and often not even so much as this! If we inquire more minutely into their other signs we find that almost every one of these different kinds is a disease *sui generis*. With what right can we dub with a name implying identity, such as *jaundice*, the many very dissimilar diseases which offer no similarity in their other symptoms and only show some resemblance to one another in a single phenomenon, *the yellowness of the skin*, which depends on a derangement of the biliary secretion, which, again, is of very various kinds? Again, in innumerable very different affections we find, among many other symptoms, cutaneous œdema, but who would think of including under one common name, *dropsy*, all those very various diseases which have this single symptom (which, although it is very conspicuous, is not on that account always the most important symptom, often, indeed, it is of no importance whatever), thereby neglecting the other most significant symptoms which distinguish these diseases from one another? And so in the other instances mentioned.

“ § 53. How could we, with a semblance of rationality, include under one common name those very different morbid states which have often only one single symptom in common, thereby implying that an identical medicinal treatment of them was justifiable? And if the medicinal treatment should not be identical—as it cannot be without injury to the patient—what is the object of bestowing on them an identical name which implies an identical treatment? Misleading, useless, and injurious as these names are, they ought never to be allowed to

influence the treatment of a rational physician, who should know that he has to judge of and to treat diseases, not according to the vague nominal resemblance of a single symptom, but according to the sum of all the signs of the individual condition of each separate patient, whose ailment it is his duty to clearly investigate, but never to form hypothetical guesses about.

“ § 54. Even those epidemic diseases which may be propagated on each occasion of their prevalence by a contagious virus, most of those putrid bilio-nervous fevers (such as occur in hospitals, jails, and camps), and other epidemic fevers differ much on each occasion in their symptoms and course. Each fresh epidemic, *e.g.* of so-called putrid fever, shows itself so unlike all former epidemics of the same name in many of its most striking symptoms, because each epidemic depends on a different kind of miasm, that it would be most illogical to give to such a very different disease an old name, or one that has previously been employed and, misled by the inappropriate name, to treat it medicinally in the same way as the former epidemic of a similar name.

“ § 55. It is only the individual cases of each particular epidemic or sporadic disease of this sort that we can, in this respect, properly call a *collective disease*, regard them as similar for curative purposes, and (always attending to the greater or smaller differences in the several cases) treat them in a similar way.

“ § 56. Every epidemic comprises in itself a number of similar cases of disease; but epidemics differ much among themselves, and cannot properly receive a similar or identical name, or be treated with a similar medicine.

“ § 57. Those epidemics which do not admit of having a fixed special name, which at each fresh outbreak among the people assume an altered form and present a different group of signs and symptoms, may, as *collective diseases*, be most appropriately considered as belonging to the enormously large class of all other diseases, ailments, and maladies which have their origin in a very different conjunction of dissimilar causes and agents extremely unlike in number, strength, and kind—influences of an infinitely complex nature—to produce such an infinite variety of diseases from which the great race of mankind suffers and has ever suffered.

“§ 58. All things that are in any degree active (their number is incalculable) can act and effect changes in our organism which is in connexion and conflict with all parts of the universe, and all these actions and changes vary just as they vary among themselves.

“§ 59. What a variety, I might say what an infinite variety, among one another must be met with in diseases, *i.e.* in the consequences of the action of these innumerable, often inimical, agents when a greater or smaller number of them act together and in varied succession, quality, and force on our bodies, *which themselves differ so much among one another in many external and internal properties and qualities, and in the multifarious conditions of life present such varieties that no human being is like another in any conceivable respect!*

“*Note.*—Among the influences which spread or produce disease I may mention the innumerable array of more or less injurious emanations from inanimate and organic substances, the many kinds of gas, each with its different irritant action, which in the atmosphere, in our workshops, and in our dwellings, act injuriously or destructively on our nervous system, or which stream out against us from the water, from the earth, from animals, and from vegetables; deficiency of the nutritive aliments indispensable for our vitality, and of pure open air; excess or deficiency of electricity; variable pressure, moisture, or dryness of the atmosphere; the still unknown peculiarities and disadvantages of elevated mountain regions, of low lying places, and of deep valleys; the peculiar effects of the climates and other local circumstances on large plains, on deserts destitute of vegetable life or of water, in the neighbourhood of the sea, of marshes, hills, or forests, or in places exposed to different winds; the influence of variable or too uniform weather; the influence of storms and other meteorological phenomenon; excessive heat or cold of the air; undue exposure or excessive artificial heat of our clothing or of our rooms; the constriction of parts of our bodies by various articles of dress; too great degrees of cold or heat in our food and drink; hunger or thirst, or inordinate indulgence in food or drink, and their injurious medicinal power of deranging our system, which resides partly in their very nature (wine, spirits, beer seasoned with more or less hurtful vegetable substances, drinking water contaminated with foreign matters, coffee, tea, foreign or

native spices, and food rendered irritating by them, sauces, liqueurs, chocolate, cakes; the unrecognised hurtfulness of some vegetable and animal foods), partly in their improper preparation, their putridity, or their adulteration (*e. g.* ill-fermented or insufficiently baked bread, half-cooked animal and vegetable viands, or spoiled, decayed, or mouldy food; food and drink prepared or kept too long in metal vessels; adulterated, poisoned wines; vinegar rendered acid with corrosive substances; the flesh of diseased animals; flour adulterated with gypsum or sand; grain mixed with hurtful seeds; vegetables mixed or falsified with dangerous plants for malicious purposes, from ignorance, or poverty); want of cleanliness of body, of clothing, or of dwellings; injurious substances introduced in the preparation of food owing to uncleanness or carelessness; the breathing of injurious emanations in sick rooms, in mines, stamping-mills, roasting and smelting-houses; the dust laden with hurtful particles raised in the manufacture of various stuffs; the neglect of many police regulations for the promotion of the general weal; the excessive exhaustion of our bodily strength; too violent active or passive exercise; immoderate exertions of various parts of the body or of the organs of the senses; divers unnatural positions incident to various occupations; disuse of separate organs or general corporeal inactivity; ill-regulated periods of rest (too long midday sleep), of meals, or of work; excess or deficiency of night's rest; over-exertion in mental work generally, or in such kind of mental work as is distasteful and forced, or that excite or overstrain some particular mental powers; intense dominating passions or emotions, anger, fright, vexation, or enervating passions excited by licentious literature, bad education, evil habits, and associations; abuse of the sexual function; qualms of conscience, fear, grief, &c.

“ § 60. Hence proceed the incalculable number of dissimilar corporeal and mental maladies, which differ so much among themselves that, strictly speaking, *each one has perhaps only existed once in the world*, and that (deducting those few diseases caused by an invariable miasm [§ 49], and maybe a few others [§ 50]), every epidemic or sporadic collective disease, and, besides those, every other case of disease, must be regarded and treated as a nameless individual disease, which has never occurred, except in this case, in this person and under these

circumstances, and can never again appear precisely the same in the world.

“ § 61. Now, as nature herself produces diseases of such an individual character, so no rational system of medicine can exist without a strict individualization of each case of disease that comes under treatment, without the physician regarding every disease he is called on to treat as a separate and independent disease. Thus, there will be an end of all that empirical generalising which is so closely allied to impudent guess-work and arbitrary misconception !”

The next paragraphs we meet with peculiar to the first edition are the following :

“ § 91. At first I not unfrequently observed such *subsequent symptoms*, but much less frequently than they are noticed in those old accounts [of the effects of medicine], because I did not employ such large doses in my experiments. The smaller the doses I subsequently employed in experiments of this sort the smaller was the number of secondary symptoms observed, whilst the *commencing symptoms* appeared in equal number and with equal definiteness from the use of smaller doses, if I gave a double amount of attention during the experiment and avoided everything that could diminish the purity of the observation.

“ § 92. The circumstance that the subsequent symptoms, which we may call *negative* or *secondary* symptoms, are most frequently observed from very large doses, and that they appear more rarely the smaller the dose, shows that the secondary symptoms are only a kind of *after-disease* which arises after the cessation of the commencing symptoms (*positive* or *primary symptoms*)—a kind of opposite condition—corresponding with the ordinary vital processes, in which everything seems to occur in alternating states.

“ *Note.*—Just as sadness follows excessive hilarity, diarrhœa constipation, constipation diarrhœa, wakefulness sleep, heat cold, and *vice versâ*.”

The following paragraph of the first edition is replaced by § 120 of the last :

“ § 98. Substances belonging to the animal and vegetable kingdoms are most medicinal in their raw state.

" *Note.*—Those vegetables and animals we use as food have this advantage over the others, that they contain a larger quantity of nutritive parts, and they differ from the others in this, that the medicinal powers of their raw state are either not very strong, or if they are strong that they are destroyed or eliminated by drying (as in arrow- and pæony-root), by expressing the hurtful juice (as in the cassava), by fermentation (pickled gherkins), by smoking and by the power of heat (in roasting, frying, baking, boiling), or they are rendered innocuous by the addition of salt, sugar, and especially vinegar (in sauces and salads). Even the most medicinal plants lose their medicinal power in whole or in part by such operations. The juice of some very active plants is often reduced to an inert pitchy mass by the heat employed in making the ordinary extract. Let the expressed juice of plants the most poisonous in their fresh state (for when they have lain in heaps in the green state and have sweated, as it is called, then a large portion of their medicinal power has already been lost by internal fermentation) be kept but a single day in a warm place, it will be found to be in full vinous fermentation, whereby much of its medicinal power has been dissipated; but let it remain a day or two longer, then the acetous fermentation is concluded and all the specific medicinal power is *lost*; thus the sedimentary magma is then quite harmless, and similar to wheat starch."

In the two following paragraphs there are important differences from the corresponding ones in later editions, the second indeed is omitted in the last edition :

" § 124. The array of symptoms of a medicine interrogated as to its positive effects by trials on the healthy human body resembling most closely the sum of the symptoms of a given natural disease, will, *must*, be the most appropriate anti-disease for the dispersion and extinction of that natural disease; the most appropriate specific remedy is found in this medicine.

" § 125. If an anti-disease agent (medicine), thoroughly adapted by similarity of symptoms, *i.e.* homœopathic, has been discovered and if it is properly administered, the natural disease we have to combat, be it ever so bad or its symptoms ever so numerous, disappears in a few hours, if it have not lasted long—in a few days if it be of older date, and we observe almost no traces of

the morbid symptoms of the medicine, *i.e.* of the artificial anti-disease. There occurs in rapid unobservable stages nothing but health. The natural and the artificial disease are both extinguished together, silently, without appreciable reaction—a real dynamic annihilation.”

The following two paragraphs of the first edition do not appear in the last. They refer to the treatment of cases in which one medicine seems suitable for one portion of the symptoms of a case, while another is more so for another portion :

“ § 141. The best plan is first to give alone the medicine that seems the most suitable. It will certainly diminish the disease to some extent, but, on the other hand, it will develop some new symptoms.

“ § 142. That being so, according to the rules of homœopathy a second dose of this first medicine is not admissible ; neither can the medicine that at first appeared suitable for the second half of the symptoms be now given without further consideration and without a further investigation into the condition left after the action of the first medicine.”

The following is quite different from the corresponding paragraph (171) of the last edition. It is interesting as bearing on the much-vexed subject of alternation of medicines :

“ § 145. It is only in some cases of old chronic diseases, which are not liable to any remarkable change, and which have certain fixed fundamental symptoms, that two almost equally homœopathic remedies may sometimes be administered alternately ; as long as the stock of medicines proved as to their positive action on the healthy body shows no perfectly similar anti-disease agent in whose pathogenesis the group of symptoms of the chronic disease is completely or almost completely reproduced. When a medicine reproduces the symptoms of the disease completely, it suffices of itself to cure the disease rapidly, permanently, and without any bad after effects.”

The following is replaced by the four paragraphs, 187—191, of the last edition :

“§ 161. As no so-called local affection arising from internal causes and persisting at a particular place can be conceived as occurring without the participation of all other sensitive and irritable parts and of all the vital organs of the body, so it is only to the ever active and watchful perception for medicinal irritations universally distributed through all parts of the living body, only by the susceptibility to medicinal action pervading the whole body, that it becomes possible and comprehensible how a small quantity of the homœopathically suited medicine placed on the tongue or introduced into the stomach can effect healing changes and even the most complete cure of apparently isolated local affections situated in the most remote parts of the skin.”

The psora theory not having been excogitated at the date of the issue of the first edition, and the posology not having been developed, the paragraphs in the last edition (§§ 194—252), where these subjects are treated of are not to be found in the first edition. In their place we find the following :

“§ 164. This is so true that even every local remedy applied only externally, if it has been of service and has restored *health* (which is rare), could not do this without having at the same time effected a homœopathic curative influence on the internal morbid state, and thus it would have performed a cure of the same sort as if it had been given internally and not at all externally.

“*Note.*—Thus, by the application of *Cantharides* and of mercurial preparations some cutaneous affections might certainly have been superficially removed, but would not have been cured so that general health followed, were it not that these remedies were at the same time able to remove the internal morbid state inseparable from the local affections, thus acting on the whole organism with their curative power.

“§ 165. It would indeed appear that the cure of such affections would be expedited if the remedy properly judgèd homœopathic for the whole morbid state were not only given internally, but also applied externally ; and this because the local disease has a tendency to isolate itself, though it cannot do so completely in the living body, and because, as has been noticed, medicines have a more rapid action at the place where they are applied than at more distant parts.

“*Note.*—Cherry-laurel water injected into the rectum of animals manifests its spastic effect first on the lower extremities, and later on the upper parts, but when administered by the mouth it acts first on the upper parts.

“§ 166. At the same time *the topical application* of a remedy *simultaneously with its internal use* in diseases having a persistent local affection as their chief symptom, has this great disadvantage, that by their topical application this chief symptom (the local affection) is removed sooner than the internal disease, and owing to the premature disappearance of this local symptom it is difficult, and in many cases impossible, to determine if the general disease has also been removed by the remedy given internally.

“§ 167. Equally or even more disadvantageous in most cases is the *mere topical application* of any powerful medicine, even should it be perfectly homœopathic, to the local chief symptom, unless the complete removal of the general disease has been previously effected by its internal administration. It is highly improbable that the mere local application of a medicine can at the same time act so penetratingly and completely on the internal organism, as that the total disease shall be removed and destroyed. This will take place very rarely, only perhaps in cases where the internal disease is very slight and recent while the external affection is of great extent, and consequently the topical remedy could be applied over a very extensive portion of the body's surface.

“§ 168. In all other cases the medicine only applied externally to a small space will exert too small an action on the internal organism to allow it to destroy the often old and serious internal disease. But if by its much more rapid curative action when locally applied the most striking symptom of the internal disease viz. the local disease, is prematurely suppressed, the internal disease remains, and the case is worse than before.

“§ 169. If the local affection is only locally and one-sidedly removed, then the internal treatment necessary for the complete removal of the whole disease is rendered uncertain; for there only now remains the other (weaker) symptoms, which are not so constant and permanent as the local affection and are often too little characteristic to furnish a distinct and perfect portion of the disease.

“§ 170. The practitioner, in carrying out the internal treatment,

must always remain in doubt; as to whether the medicine, perfectly homœopathic though it may be, has completely removed and destroyed the whole disease without leaving any residuum, seeing that the most important and constant chief symptom, the local affection, has been prematurely removed from his observation. Having thus to work in the dark he will be apt to give either too little or too much of the medicine, and either fail to employ it up to the thorough curative point, or continue its use too long to the patient's injury.

“ § 171. If the remedy that is thoroughly appropriate to the disease has not been found before the local symptom has been destroyed by an irritant or desiccative topical application or by the knife, then the case, owing to the uncharacteristic and inconstant manifestation of the remaining symptoms, becomes still more difficult, because the external chief symptom which could have best guided and determined the choice of the most appropriate remedy and its internal administration to the point of complete cure has been removed from our observation.

“ § 172. Were it still there, its presence would show that the internal treatment is not yet complete; but if it had been cured by internal treatment only, this would convincingly prove that the malady has been radically extirpated and recovery from the whole disease satisfactorily obtained. An inestimable advantage!

“ § 173. Nature almost always compensates the mere topical removal of the local symptom by increasing and reviving the co-existent and hitherto dormant symptoms and by the production of new evils, that is to say, by intensifying the general disease. When this happens it is usually but improperly said that the external affection has been driven in by the topical remedy on the nerves or into the blood.

“ § 174. In some diseases this waking up of the other symptoms by the removal of the local affection only takes place *gradually*, so that the aggravation only becomes apparent after the lapse of a considerable time.

“ *Note 1.*—The most striking example of this maxim is afforded by the venereal disease. When the chancre has become visibly developed some days after infection, this is a complete proof that the whole system has become, through it, universally venereal. Even at that early stage some persons show signs of general

illness, whilst in others these signs are less distinct and can only be ascertained by careful examination. But even in the latter case, when the general symptoms are not so apparent, the universality of the disease is indisputably proved by this, that even cutting out the fresh chancre will not remove the disease nor prevent the occurrence of subsequent venereal symptoms extending throughout the body. After some months they break out here and there, showing that the chancre was not a mere isolated local affection—there are indeed few diseases of that sort—but a mere striking sign of the existence of the venereal disease in the whole body.

“As long as the chancre remains in its place it remains the chief symptom constituting the greater part of the internal general venereal disease; and if left undisturbed it prevents the appearance of the other symptoms in whole or in part. It remains unaltered on the same spot—if not driven off by topical applications—to the end of life, even in the most healthy body, and thus testifies to the importance of the internal disease. How easily could such a little ulcer be cured by the peculiar energy of nature, were it not that an independent great internal disease, for which it serves as a vicarious chief symptom, lies at the root of it.

“If we now do as is usually done and burn off the chancre, or apply some locally destructive and dispersive remedy, or even the black oxyde of mercury, then it usually happens that this local symptom of the internal venereal disease is at once destroyed, but to the patient’s injury.

“In that case the general condition remains not only just as venereal as when the chancre was present, but the internal and general venereal disease resents the loss of this chief symptom, which has hitherto served to arrest and modify the severity of the internal malady, by a gradual vivifying and intensifying of the other symptoms which previously lay dormant, and by the production of new evils of a much graver character than the suppressed chancre. The symptoms of the general disease break out sooner (buboes) or later (often after many months) as ulceration of the tonsils, as pustulous or eczematous eruptions, as flat, painless, round ulcers, as knotty growths on the uvula or nostrils, as periosteal swelling, with nocturnal pains, &c.

“None of those symptoms that are subsequently developed

are so distinct and persistent as the suppressed chancre was ; they are readily removed by the internal use of *Mercury*, but from time to time they either reappear themselves or give place to other venereal symptoms under one shape or another, and we are scarcely ever sure of the cure—the complete extirpation of the general disease. If we give too little of the medicine or unsuitable preparations of it, the disease will not be annihilated, but will in time break out afresh. But if we continue to administer these mercurial preparations for a length of time, in order to introduce a large quantity gradually into the system, because the acridity of these preparations in large quickly repeated doses would destroy the strength too rapidly, then, owing to the inconstancy of those symptoms, we can never know *when* or *if* the disease has been eradicated.

“In the mean time, by the long-continued use of such a powerful morbid agent as *Mercury* is, an insidious mercurial disease is added to the original malady, and the two unite to form a complicated, new third disease (commonly called *masked venereal disease*), which cannot be cured either by *Mercury* or by *Hepar sulphuris*, but which is aggravated by both the one and the other.

“On the other hand, if the important local symptom (the most permanent of all venereal symptoms—the chancre) is still present in its original and uninjured state whilst the internal treatment is carried out, and if it has not been treated by topical appliances (by the effort of nature it sometimes reappears in its original seat as a chancre after having been driven away by topical means, or when it has been partially destroyed it sometimes returns in that degenerated form called fig-warts, which now fortunately, as a local symptom, *i.e.* as a sure guiding symptom, can furnish the test of a complete cure when internal treatment alone is employed), it thus gets thoroughly cured in a most rapid manner, solely by the internal use of the most appropriate, most powerfully anti-syphilitic mercurial preparation, but never before the whole disease is completely eradicated. If by a *purely internal treatment* the chancre or the warts are at length cured, and their place is occupied by healthy skin, then the whole disease is indisputably eradicated.

“Of a similar character are the diseases which, as Brünings-

hausen observed, appear after the excision of old fatty tumours: as also the diseases on which old ulcers on the legs *always* depend; when this important local symptom is suppressed by a desiccative or irritating topical application, a general, often dangerous affection is developed—and so with an immense number of other diseases, whose local symptoms ought only to be cured by the internal treatment of the totality of the disease without any topical applications, if we would proceed rationally to work. By the internal employment of a medicinal morbid agent accurately corresponding to the totality of the symptoms, the total disease being eradicated, its chief symptom, the apparently local affection, is naturally cured at the same time.

“*Note 2.*—I may pass over here the mechanical and physical accessory measures in old local affections (employed at the end of the internal treatment of the whole disease) in order to raise the tone of the relaxed parts, such as cold foot baths, or the circular bandage, as adjuvants to the cure of ulcers of the legs, and several other like harmless external appliances.

“§ 175. Other diseases attended with local symptoms, when their important local manifestation is removed by topical appliances, frequently develop their other, mostly internal, sufferings and symptoms *suddenly* and *acutely* to a fearful height, often to a fatal extent. In these cases the local affection seems to be elevated by nature to the rank of a chief symptom, not merely, as in the case of the local diseases formerly described, which depend on a chronic malady, for the purpose of restraining the internal symptoms, but in order that it may, so to speak, absorb and vicariously substitute in a comparatively innocuous manner the other symptoms of the whole disease which would otherwise prove serious or even dangerous to life. Experience of the saddest character teaches how irrational it is in these, as in the former cases, to destroy the relatively beneficial local symptom.

“*Note.*—The often most acute, frightful consequences of the local dispersion of many, especially long-standing cases of various kinds of itch, scald head, chronic eruptions, ulcers of the legs, &c., show how serious and important are the internal diseases lying at the root of their local symptoms (the itch disease, the ringworm disease, &c.), when they are deprived of their great local symptom which wards off the danger of their other symptoms before the internal disease has been cured. Then the

other symptoms, hitherto merely dormant and not to be detected without the most careful examination, often suddenly appear in their true original magnitude and severity; the mental weakness which was previously scarcely noticeable at once increases to mania, the slight cough, the scarcely perceptible asthma bursts forth as a rapidly suppurating pulmonary ulceration, or as an acute suppuration of the lungs; the hitherto hardly perceptible swelling of the feet quickly develops into general dropsy; the previously slight defect of sight and the little dulness of hearing increase to amaurosis and deafness before one is aware of it—that is to say, these diseases now appear in their proper form and magnitude as they would have been originally without a local affection to moderate their violence.

“It cannot be doubted that old local symptoms are always manifestations of serious internal diseases of that sort.

“It is mere superstition to attribute such violent diseases following the suppression of the local affection to a so-called recession of the morbid material into the interior of the body, whereby the internal disease primarily originates and out of which it is developed. No! it was already there when the local symptom was still going on, only it was hindered by the local symptom from bursting out in all its dangerous characters. ‘An apparently robust candidate, who had to preach the following day, and was on that account anxious to get rid of his itch, rubbed himself over one morning with itch-ointment, and in a few hours immediately after noon he was seized with anxiety, dyspnoea, and tenesmus, and died. The autopsy showed the whole lung distended with purulent infiltration (which could not possibly have been developed in those few hours, but must have been already present, only kept in abeyance by the local symptom of the eruption).’ Vide *Unzer's Arzt*, ccc, st., p. 508.

“On the other hand, the obstinate persistence, the frequently intense painfulness of the local symptom, which often plagues and torments even the most youthful and robust frame, shows how horrible and frightful the internal malady must be, for which it acts as a vicarious modifying substitute on the least dangerous part of the organism—to wit, its external parts.

“Are the often dangerous, sometimes acute, sometimes chronic affections, that appear after cutting off the diseased hair, aught else than the previously existing, though hitherto dormant

general plica polonica disease, which only woke into activity when it was deprived of the palliative subduer of the internal general disease, the vicarious local symptom, the plica polonica (that growing together of the hair degenerated from its roots into a sensitive morbid growth)? The same general disease of the body existed before the plica polonica appeared; it falls into abeyance when the plica polonica is developed, and expends all its violence on this local symptom; but, however long it may have been kept subdued by the undisturbed presence of this vicarious morbid growth, it is roused from its hitherto dormant state to its full virulence, when deprived of this chief symptom that acted as its almost complete substitute, when the diseased hair is cut off close to the head.

“ § 176. Fortunately the spontaneous activity of the organism sometimes reproduces on the same place the local symptom artificially destroyed. It is seldom that this restoration can be effected by artificial means. Even inoculation is often unsuccessful, because it is rarely that the same local disease can be inoculated, but only some other apparently resembling it.

“ § 177. All such diseases can only be rationally cured by the internal administration of a medicinal anti-disease agent homœopathically corresponding to the totality of the symptoms (among which the local symptom, as being the most characteristic, occupies the chief place). When this is given internally and an appropriate diet and regimen enforced it is seldom necessary to have recourse to the simultaneous topical application of the specific remedy.

“ *Note.*—Different diseases demand different modes of procedure. For example, it is most injudicious to use topical applications to chancres, which have often a great tendency to yield prematurely to local remedies. It is safer to employ *Sulphur* externally to the itch of wool-workers when it has been almost cured by internal homœopathic treatment. The same is the case with the topical use of *Arsenic* in some kinds of facial cancer, when the internal employment of the same remedy has already been of use and has considerably advanced the cure of the local symptom.

“ § 178. The difficulty of the homœopathic cure of those *one-sided* diseases, to which the so-called local diseases particularly belong, consists, as I have said, mainly in this, that in them little

more than a single well-marked symptom is apparent, whilst the other symptoms which are required for completing this portion of the disease remain in the background, and escape the notice of the ordinary observer.

“ § 179. This difficulty is to be removed by a more acute and attentive investigation.

“ § 180. In order to effect this, when a patient complains of his few severe symptoms, but is incapable at the time of mentioning any others, the physician will do well to delay for some days his prognosis relative to the curability of the disease and his selection of a remedy; for, as such diseases are mostly of a chronic * character, this postponement will be of little consequence. He will then direct the patient to pay particular attention to all deviations of his health from the perfectly healthy state, be they ever so slight, in order that he may be able to give an accurate description of all his little and hitherto unnoticed symptoms.

“ § 181. He will then divert his attention from his local affection and direct it to the accessory ailments and symptoms, slight though they may be, and then become cognizant of particular symptoms, which, unless his attention had been specially directed to them, he might not have noticed in the presence of his more engrossing local malady.

“ *Note.*—If the patient is obstinate, if he persists in saying that he cannot observe anything more, and insists on there being no delay in prescribing for him, then it is useful, in place of giving him medicine, to let him take some non-medicinal fluid for several days, and by this means we make him keep a sharper look-out for all changes in his feelings, for all signs, symptoms,

* “Almost the only acute local diseases are those called *metastases*—i. e. a local severe symptom, which nature strives in acute diseases to bring to the outside, to the least dangerous parts of the organism, in order to transfer to it, in great measure, the severity and danger of the internal general affection. Here also the local symptom is a vicarious substitute for the other symptoms. In this case, however, the totality of the symptoms is more easily apprehended, owing to their presence just before the occurrence of the metastasis, and taken together with the local symptoms, they furnish the complete picture of the disease, the sum total of the symptoms, with which the homœopathic remedy, which must only be given internally, must correspond, in order to effect a radical and rational cure. The mere suppression by topical means of the local symptom would in this case be very detrimental.”

and circumstances, not usually observed in health—an innocent deception which will scarcely fail to make us acquainted with most of his peculiar symptoms.

“ § 182. These smaller and greater peculiarities in the remainder of his health will help the physician to complete his picture of the disease ; and careful inquiries into the condition of the various functions, minute observation of his appearance and of his whole behaviour, together with the information his friends can give about them, even when asked privately, will furnish us with the necessary complement and corroboration of what we have already written down.

“ § 183. Thus, the practitioner cannot fail to discover the complete complex of symptoms of the chronic disease, be it ever so obscure, in order to be able to select from among the medicines proved as to their morbid elements on healthy persons, one most similar to it, a homœopathic anti-disease power capable of overpowering the natural disease. Here, too, the peculiar and characteristic symptoms of the disease must be especially represented in the pathogenesis of the remedy.

“ § 184. If the first-chosen medicine really corresponds to the morbid symptoms in their full extent it *must* cure the disease ; but if, owing to the insufficient supply of medicinal morbid agents known in their positive effects on the healthy body, the selected drug was not sufficiently homœopathic, this medicine will cause new symptoms, which will guide to a choice of the necessary and serviceable remedy.

“ § 185. The *mental diseases* seem to present the next great difficulty in the cure ; but, in fact, they are not more difficult to cure than other one-sided diseases among which they may be classed.

“ § 186. Nor do they constitute a class of diseases sharply separated from the others, for in all other diseases the moral and mental condition is *always* altered, and in *all* cases of disease that come under our care, of whatever kind they may be, the mental condition of the patient must be taken into consideration in the totality of the morbid symptoms as one of the chief symptoms, if we wish to perform a rational and homœopathic cure.

“ *Note.*—How often, for instance, in the most painful chronic disease of many years' duration, do we not find a mild gentle

disposition, so that the practitioner feels constrained to regard the patient with esteem and pity. But when he has conquered the disease and restored the patient to health (which by the homœopathic method he is often able to do in a short time) he is often astonished and shocked at the horrible alteration he observes in the patient's *morale*. He often sees ingratitude, hard-heartedness, malice, and the most degrading and revolting passions appear, which were just the mental defects that possessed the patient in his former healthy days.

“One who in his sound state was a model of patience, often becomes when ill passionate, violent, hasty, sometimes intolerably capricious, and sometimes also impatient or desponding. We not unfrequently find a clear-headed person become stupid; on the other hand, the usually weak-minded cleverer and more reflective, and the man of slow comprehension endowed with intellectual activity and quick resolution, &c.

“§ 187. So much is this the case that in our choice of a medicinal anti-disease agent the mental disposition of the patient is often our main guide, the characteristic sign that among all the symptoms is the one that can least escape the observation of the careful physician.

“§ 188. The Creator of remedial agents has bestowed especial care on this chief element of all diseases, the altered state of the mind and disposition, for there is no powerful medicinal substance in the world that does not effect a very decided alteration in the mental and moral state of the healthy individual, and *every medicine produces a different kind of alteration*.

“§ 189. Hence we shall never learn to cure in a rational and homœopathic manner if we do not in every case of disease attend to the symptoms of mental or moral alteration, and if we do not select for the cure such an anti-disease agent among the medicines which is able to develop a similar mental or moral state.

“*Note*.—Thus, in a gentle, uniformly calm mental temperament *Aconite* will never effect a rapid or permanent cure, nor will *Nux vomica* in a mild phlegmatic disposition, *Pulsatilla* in a happy cheerful disposition, or *Ignatia* in a placid, equable disposition without any tendency to fright or anger.

“§ 190. I need not, therefore, say much respecting the cure of mental and moral maladies, as they must be cured in the same way as all other diseases, that is, by a remedy that reveals in

its symptoms (manifested in the body and mind of healthy persons) a very similar morbid power, and we know that in no other way can they be cured.

“§ 191. The so-called mental and moral diseases are little else than bodily diseases, in which the usual symptom of mental or moral disturbance increases with greater or less rapidity whilst the bodily symptoms decline, often presenting a striking one-sidedness almost like a local disease.

“§ 192. The cases are by no means uncommon where a so-called corporeal disease that threatened to be fatal—a pulmonary suppuration or the degeneration of some important organ, or an acute dangerous disease, such as occurs in the puerperal state, &c., develops by a rapid increase of the existing mental symptoms into mania, melancholia, or madness, and all danger from the corporeal symptoms disappears. The latter in the mean time give place to almost complete health, or rather they diminish to such a degree that their obscure existence can only be perceived by the most careful and minute investigation. In a word, they develop into a one-sided disease, into a local disease, as it were, in which the mental disturbance, which was but a slight symptom in the original disease compared with the other symptoms, increases until it becomes the chief symptom, while these to a great extent act vicariously for the other symptoms, modifying their violence in a palliative manner, just as we have seen was the case with the great main symptom in so-called local diseases.

“§ 193. Hence, in the investigation of the complex symptoms in those mentally affected as in that of local diseases (§§ 180, 181), there is required as much patience, a similar acute observing power, an equally careful discriminating faculty, and a like careful investigation of the other symptoms of the bodily health, together with an accurate appreciation of the peculiar character of their individual predominant mental and moral state, in order to enable us to discover among known remedies for the cure of the whole disease one which in its pathogenesis contains not only this mental and moral state, but as nearly as possible all the corporeal symptoms besides.

“194. In order to ascertain the latter it is useful to obtain an accurate description of all the phenomena of the preceding so-called corporeal disease before it is developed into a one-sided

exaltation of the mental symptom, into a disease of the mind and disposition.

“ § 195. A comparison of these past morbid symptoms with what still remains of them in an obscure fashion, will serve to convince us of the continued presence of the latter, and enable us to construct a characteristic symptom-picture of the disease.

“ § 196. If the mental disease arising out of the bodily malady is not yet thoroughly developed, and if some doubt still exists whether it may not rather be some fault of education, some bad habit or corrupted morality, superstition or ignorance, we may determine to which category it belongs in this way; thus, if to the latter it will yield to sensible persuasion, to reason, to consolation or earnest representation, whilst a real mental disease is at once increased by such means, melancholia becomes more retiring, malicious insanity embittered, silly talk more silly.

“ § 197. There are, however, mental diseases which have not been developed out of corporeal diseases, but, on the contrary, with only trivial derangement of the health, have their origin in the mind owing to persistent grief, vexation, anger, and exposure to fear and fright. Mental diseases of this sort will in course of time undermine the bodily health often to a great degree.

“ § 198. It is only mental diseases of this kind originating in the mind from external impressions that, while they are still recent and have not materially affected the corporeal condition, can be rapidly changed into a healthy state of the mind (and body) by psychical means, confidential, kind talk, rational arguments, and especially by well-concealed deceptions.

“ *Note.*—In mental and moral diseases developed out of corporeal disease, which are only curable by appropriate homœopathic medicines, the patient's friends and physician must carefully practise a suitable psychical behaviour towards the patient by way of mental regimen.

“ To furious mania we must offer calm courage and cool firm determination, to dolorous lamentations a pitying expression, to nonsensical chatter a not unobservant silence, to disgusting and repulsive conduct and talk complete inattention. We ought merely to endeavour to prevent violent and destructive acts, and restrain the patient without reproaching him, and we should manage so as to dispense with all corporeal punishment. For as

the mentally diseased have no responsibility they cannot be subjected to punishment. This is the more easy to carry out because, in the administration of medicines (the only case in which compulsion could be justified) according to the homœopathic method, the small doses of the suitable remedy are never repulsive and can be administered to the patient in his drink without his knowledge, so that the necessity of compulsion does not exist. Contradictions, zealous explanations, energetic corrections, and harshness are as injurious in cases of mental disease as timid yielding in the wrong place. But most of all is the disease aggravated by contempt, deceit, and trickery. *We should always keep up the appearance of crediting the patient with reason.* At the same time we should endeavour to remove whatever may disturb his mind or excite his passions; there are no amusements, no agreeable distractions, no instructions, no soothing influences for the soul languishing or fretting in the chains of a diseased body, except those which are conveyed to his spirit by the improvement of his health by means of the appropriate remedy.

“If the remedy chosen for the individual case of mental or moral diseases (for their name is legion) is quite homœopathically suited to the accurately ascertained morbid picture—which is all the easier, for the state of the mind and disposition as the chief symptom manifests itself as unmistakably characteristic—then the smallest possible dose often suffices to effect the most striking improvement in the shortest time, which was not obtainable during life by the strongest and repeated doses of all other unsuitable medicines. Nay, more, I can safely assert that the great advantage of homœopathic curative art over every conceivable method of treatment is nowhere more triumphantly shown than in mental and moral diseases of long standing, which have been developed out of, or have occurred simultaneously with, bodily diseases.

“§ 199. Nothing in particular need be said as regards the cure of all other diseases. They are all subject to the eternal invariable laws of homœopathy.

“§ 200. Having thus seen what circumstances in diseases of the most various kinds are to be considered in the selection of the homœopathic remedy, *we shall now proceed to the more special*

rules of the rational art of healing as regards the mode of employing the remedies.

“ § 201. Every observable *progress in the amelioration* of an acute or chronic disease, be it ever so small, is a condition which, as long as it lasts, absolutely precludes the further administration of any medicine whatever, for all the good the first medicine is capable of effecting is not exhausted. Every new dose of any medicine whatever will only interfere with the work of amelioration.

“ § 202. It is important to bear this in mind, as we cannot with certainty determine the *exact* limits of the duration of the action of any medicine. As long as improvement goes on after the administration of a medicine, so long must we infer that the action of helpful medicine lasts, at least in the case before us.

“ *Note.* Some medicines have nearly exhausted their action in twenty-four hours (the shortest period of the duration of any medicine with which I am acquainted, and but few have such a short duration); others do not complete their action under several days, some not under several weeks.

“ § 203. It sometimes happens that when the remedy has acted in an appropriate homœopathic manner, the improved condition is maintained even after the medicine has exhausted its action. The good work will not be interrupted if a second dose be not exhibited until several hours (in chronic diseases even until several days) have elapsed after the termination of the action of the previous medicinal dose. The portion of the disease already annihilated cannot in the mean time recur, and the amelioration will always remain distinctly visible for a considerable time, even though no fresh dose of medicine is given.

“ § 204. If the improvement from the first dose of the homœopathically indicated medicine will not eventuate in perfect health (as not uncommonly happens), then there occurs a period of cessation of improvement (generally coinciding with the limit of the duration of action of the medicine previously given). Until this period occurs it would be useless and irrational, indeed injurious, to administer another dose of medicine.

“ § 205. Even one dose of the same medicine that has hitherto proved so useful, if repeated before the amendment has come to a pause in all directions (this new dose having an anti-disease power no longer necessary), will only cause an aggravation; for a not

quite chronic disease readily susceptible of change, the first dose of the best selected medicine, after the expiry of its peculiar duration of action, will have effected all the good, all the appropriate alterations the medicine is *for the present* capable of effecting—the degree of health capable of being procured by its means for the present—and a second dose of it will alter this good state, consequently must do harm and produce a medicinal disease in combination with the rest of the symptoms of the disease, a kind of complicated and aggravated disease, and this it will do all the more certainly if the second dose be given before the expiry of the action of the first.

“*Note.* The neglect of this rule is generally punished by aggravation of the diseases, especially those of a dangerous character, or at least by a retardation of the cure.

“ § 206. When the improvement that has hitherto gone on, but not to perfect cure, comes to a pause, a careful examination of the improved disease will show such a changed morbid state, though perhaps affecting but a small group of symptoms, that a fresh dose of the former medicine will now be no longer suitable, but some other anti-disease agent will always be found to be more suitable to the remnants of the morbid symptoms.

“ § 207. If then the first dose of the best selected medicine has not succeeded in restoring perfect health in the period of the duration of its action (which it can generally do in cases of recent disease), then nothing better remains to be done for the remaining though much improved morbid condition than to give a dose of another medicine whose effects correspond as closely as possible to the remainder of the symptoms.

“ § 208. If before the expiry of the action of a medicinal dose the condition of an original disease be, on the whole, not improved, but rather (somewhat) aggravated—showing that the medicine selected did not correspond to the case homœopathically in its positive effects—a dose of a medicine accurately corresponding to the actual symptoms of the disease must be given, even before the expiry of the action of the medicine formerly administered.

“*Note.*—Now all experience teaches that no dose of a specifically appropriate homœopathic medicine can be prepared that shall be too small (§§ 132, 244) to effect a marked improvement in the disease for which it is suitable (if we except, perhaps, the venereal disease); therefore we should be acting wrongly

and hurtfully, if in the case of non-improvement, or even of some slight aggravation of the disease, we were to repeat the same medicine, still more if we were to give it in a stronger dose. Every aggravation by the production of new symptoms—provided nothing injurious has occurred in the corporeal or psychical sphere—*always proves only unsuitableness* of the medicine given in this case of disease, *but never that the dose was too weak.*

“ § 209. If the sagacious practitioner who is carefully observant of the morbid state notices in a serious case, after the lapse of six, eight or twelve hours, that the medicine he has given has been wrongly selected, and the condition of the patient is evidently getting worse from hour to hour, though it may be but to a small extent, then it is not only permissible, but it becomes his duty, to repair his error by the selection and administration of a remedy that is not only tolerably suitable, but that corresponds with the greatest possible accuracy to the actual morbid state. (§ 138.)

“ § 210. Even in chronic diseases it seldom happens, especially in the commencement of treatment, that there is nothing better to do than to give the same medicine twice successively, although the action of the first given may have expired.

“ § 211. But if one single specific thoroughly suitable medicine cannot be found, there will generally be one or two next best remedies for the characteristic original symptoms of the disease, one or other of which, according to the actual state of the disease, will best serve as an intermediate remedy, and though given alternately with the chief remedy it may not suffice to effect a cure, yet it will obviously advance the recovery much farther than the repeated administration of the chief remedy alone that was not perfectly suitable for the original character of the disease, though it was the most suitable that could be found among the remedies with which we are acquainted.

“ § 212. But should it be found that the best treatment is to administer the latter alone in successive doses (in this case its anti-disease power must be very similar to the chronic disease), then we shall find that it ought only to be administered in smaller and smaller doses—always after the expiry of the action of the previous dose—in order not to interrupt the amelioration, and to conduct the cure in the most direct manner to the desired end.

“ § 213. But as soon as the chronic disease has yielded to a

single thoroughly suitable (for the case specific) remedy, or to one nearly specific (along with the intermediate employment of the next best medicine), then, if the disease is of long standing, say ten, fifteen, or twenty years old, it will be necessary to repeat the chief remedy at intervals of one or several weeks during a quarter or half a year—but it must always be given in ever smaller doses—until all the tendency of the organism to the chronic malady has completely disappeared and is extinguished.

“*Note.*—The neglect of this precaution may bring the best treatment into bad repute.

“§ 214. The careful observer becomes aware of the right time for repeating the dose by the slight reappearance of some traces of one or other original symptom of the former disease.

“§ 215. But should we observe that this is not sufficient, and that the patient requires as large or even a larger and oft-repeated dose of the still suitable homœopathic remedy in order to prevent a relapse, this is a sure sign that the exciting cause of the disease is still present, and that there is something in the regimen of the patient or in the conditions in which he is placed that must be removed in order to effect a permanent cure.”

The two editions agree in the three next paragraphs, but the two following are not in the last :

“§ 219. As some of the symptoms caused by medicines in the healthy human body (as we learn from observation of their positive effects) appear some hours or even some days later than others, so the corresponding symptoms in diseases may not disappear until after the lapse of similar periods, even though the others have already gone ; this need not surprise us.

“*Note.*—For instance, mercury requires several days, and in some persons several weeks, to display its tendency to cause round ulcers with elevated, inflamed painful borders, and so when given internally in venereal disease it cannot cure the chancre in the first days of treatment.

“§ 220. If we have the choice we should prefer for the cure of chronic diseases medicines which have a long duration of action, but, on the other hand, for the cure of rapid acute cases, that is to say, in diseases which are naturally disposed to frequent changes of their condition we should choose remedies of a short duration of action.”

The following differ from the corresponding paragraphs of the last edition (§§ 269—271):

“§ 232. As every medicine acts most definitely and uniformly in solution the rational practitioner will give all medicines in solution when their nature does not expressly require that they should be given in the form of powder. All other forms besides these render the comparison of observations and the dose of every powerful medicine uncertain.

“*Note*.—Animal and vegetable substances that can only be obtained in the dry state are to be pulverised and dissolved in a spirituous fluid, namely, in alcohol of fixed equal strength; this is the only way to preserve them from destructive fermentation; this solution contains their medicinal powers in the most complete manner. The flowery seeds of grasses and papilionaceous plants do not yield their medicinal powers to alcohol, so they must be used in the powder form. A few substances require for their solution nitrous ether or naphtha.

“§ 233. As the genuineness of metallic, saline, and other preparations of this sort cannot be unmistakably ascertained at the first glance, the rational conscientious practitioner will preside personally over their preparation.”

The following differs considerably from the corresponding paragraphs in the last edition (§§ 276, 283):

“§ 237. If we give *too large a dose* of a specifically chosen medicine, thoroughly homœopathic to, thoroughly suitable for, the case of disease before us, it will, no doubt, act beneficially on the original disease, in spite of the unnecessary, excessive impression it makes on the organism by reason of its too great quantity and consequent violent action.

“§ 238. For if this stronger impression on the organism by the excessive quantity of the medicine, though corresponding very closely to the original disease, be too strong in consequence of the dose being stronger than necessary, then, besides the increased homœopathic aggravation (§ 132),* there occurs at the very least an unnecessary weakening after the expiry of the drug's action. If the dose was very much too large, then, in addition to the increased primary medicinal symptoms (§ 132),

* Corresponding to §§ 157—160 of last edition.

there occur also symptoms of its secondary action, a kind of medicinal after-disease opposite in character to the first.

“§ 239. Now, as hardly any remedy can be selected so perfectly homœopathic that it shall correspond with mathematical exactness to the totality of the symptoms of the disease (§ 131, *note**), the new symptoms belonging to the medicine, which are inconsiderable when the dose is sufficiently small, develop into serious affections of many kinds if the quantity of medicine given be much too great.

“§ 240. For these and many other reasons the rational practitioner (who always does what is best in his treatment, *because it is the best*, and will not suffer himself to be kept from doing it because it is opposed to the usual blind routine) will prescribe the only suitable dose of the appropriate remedy for the disease, which is scarcely able to excite an appearance of aggravation of the disease (§ 132), in other words, can hardly raise its anti-disease power in the slightest degree above the disease to be cured.

“§ 241. This apparent aggravation and increase of the disease present by the homœopathic remedy ought to be scarcely perceptible, and that only in the first few hours after its ingestion.

“§ 242. One of the main rules of the homœopathic medical art is the following: *the most suitably selected anti-disease power (the remedy) for the cure of a natural disease should be made only so strong that it shall just fulfil the design it is intended for, and not in the least irritate the body by needless excess of strength.*

“§ 243. Now, as the smallest quantity of medicine naturally causes the least irritation in the organism we should choose the very smallest that is a match for the disease.

“§ 244. Here experience *invariably* teaches that the smallest doses given on the homœopathic principle are always a match for the disease. For if the disease is not evidently owing to a considerable degeneration of an important internal organ *the dose of a homœopathically selected remedy can scarcely be so small as that it shall not be stronger than the natural disease, and be able to conquer it.*

“§ 245. The commonplace observer has no conception of the degree to which the sensitiveness of the body to medicines,

* § 156 of last edition.

especially to homœopathically employed medicines, is increased in diseases. This is well known to the careful observer. It surpasses all belief if the disease has attained a high degree.

“*Note.*—A patient ill of typhus, lying comatose with burning hot skin, bathed in sweat, with snoring, jerky, irregular respiration by open mouth, &c., will in a few hours recover his senses by the smallest dose of *Opium*, and in a few more hours will be restored to health, though the dose was a million times smaller than was ever prescribed by any physician in the world. The sensitiveness of the diseased or delicate body rises in some cases to such a height that it is acted on and irritated by external forces whose very existence is often denied because they manifest no conspicuous action on the healthy robust body, nor yet on many diseases for which they are not suitable. Such a force is animal magnetism (animalism), that power emanating from one body to another by means of certain kinds of touching or nearly touching, which produces a wonderful excitement in weakly, delicate, and sensitive persons of both sexes. How inconceivably small, then, may not the still always material doses of homœopathic medicine be made in order to produce wonderful excitement on such sensitive diseased bodies!

“§ 246. So every patient is highly sensitive to the suitable medicinal power, especially in the seat of his disease, and there is no man, be he ever so robust, suffering from even a mere chronic or so-called local malady, who will not soon perceive the desired change in the affected part, if he has taken the helpful and homœopathically adapted medicine in the smallest conceivable dose, who, in short, will not be much more powerfully affected by it, than would a healthy infant of but a day old.

“*Note.* Any comparison of this truth with the frequently monstrous doses of ordinary practice is out of the question. These (to give here some reasons, I shall have occasion to give others further on) seldom stand in any sort of homœopathic relation to the disease (in which medicines are infinitely more powerful to alter the health than when used in any other way), and they are generally given only in combination with other strong medicines, or other medicines of powerful action are administered simultaneously or alternately. When mingled together each medicine no longer acts in its own peculiar way, but is altered by the action of the second, third, or fourth ingredient of the

mixture. The medicinal powers of several drugs in a mixture neutralise one another to a great degree, so that they may often be taken without producing any great effect. A single one of these powerful ingredients, if it be genuine and retain its proper medicinal power, if given *alone* in the same dose would often cause a fatal result; a painful circumstance which physicians have silently and, as it were, unintentionally been led to guard against by rendering less dangerous the medicines unknown to them in their positive effects by the complex combinations of their prescriptions. This idea seems to have floated dimly in their minds in the employment of the expression *corrigentia*. Such being the case, it may almost be considered fortunate that many of the medicines used in ordinary treatment, especially the extracts, are generally rendered almost completely inert by their mode of preparation.

“ § 247. If he wishes to act in a really rational manner the true physician will prescribe his well-selected homœopathic medicine in just such a small dose as will suffice to overpower and annihilate the disease present—in a dose of such minuteness, that, if human weakness should ever mislead him into choosing an unsuitable medicine, the disadvantage of its unsuitableness in the disease will be diminished so as to be of little account. The harm done by the smallest possible dose is moreover so slight that it can easily be repaired and removed by the innate energy of nature and by the immediate counteraction of a more suitably selected homœopathic remedy, also in the smallest dose.

“ *Note.*—When I speak of the dose employed in homœopathic practice being the smallest possible, I cannot, on account of the difference in the power of medicines, give a table of the right measure and weight of the medicines. I will only remark that, according to the degree of our culture, we have different standards for estimating large and small, that to many the number of miles in the circumference of our little earth already appears something stupendous, and that one dare not talk to them of the quadrillions and quintillions of our earth's circumference which separate the innumerable suns from one another in infinite creation. We meet with persons of such limited intelligence that they are unable to appreciate anything they cannot hold in their hands, who do not estimate things according to their real indwelling power, but only by the gross scales of the retail dealer, with whom the

smallest weight of medicines is rarely under a grain, whilst the tenth of a grain seems to them quite absurdly minute.

“How can we think that men with such limited ideas of great and small can comprehend the necessary division and diminution of the doses of medicine required in homœopathy into the smallest portions of a grain? It would be in vain to expect it! Their limited intelligence turns giddy at the idea of calculations and divisions that were never heard of, never thought of, in the compass of their sphere of action. And yet it is only too true that in the infinity of creation all that weak man deems great, very great, is really far from great; all he deems excessively small is far from small. Analyse, if thou canst, the component parts of the organs of an infusorial animal, and thou art scarcely over the threshold of the minute things of creation. And what *power* does not each of the organs of an infusorial animal possess, whereby its tiny body is shortened, lengthened, and made to move with such amazing rapidity through fluids, not to speak of those, to us unknown, functions that subserve its life, its destiny, its enjoyments, and its reproduction! What immeasurably great energy in those parts which appear to our limited intelligence so small! Short-sighted man! how wilt thou impose bounds to the wonderful, almost spiritual, powers of medicines, fix the weight according to thy gross standards, below which they shall cease to possess any efficacy?

“It lies in the very conception of *division* that no part can be made by us so small that it shall cease to be *something*, and that it shall not possess *all* the properties of the whole. If this smallest possible part were still as powerful as thou needest for thy purpose, why wouldst thou make it larger than thou requirest out of deference to traditional prejudice and to men conversant only with defective standards of measurement?

“And why should medicinal agents be given in larger doses when the smallest possible quantities suffice to effect the most rapid and most permanent cures of diseases when given according to the homœopathic principle? Why should we hesitate to admit the power of such small, yet always material, doses of homœopathic remedies, though they may be of the smallest calculable weight, when we see that the most powerful anti-disease forces are quite imponderable, and yet these imponderables exert a powerful influence on the health of human beings?

Who does not know the medicinal powers of cold and heat? Who is ignorant of electricity and galvanism? Who will deny the heroic, often too energetic, powers of animal influence (animal magnetism) to alter the health of human beings? And what is superior to the mighty anti-disease potency of the magnet in a number of diseases, as clearly proved by the united testimony of a great number of acute and honest observers? The magnet whose incessantly out-streaming imponderable matter is not cognizable by any of our senses, yet effects great changes in the health of even the most healthy persons, as may be proved by any one who will apply the north pole of a large magnet capable of attracting ten or twelve times its own weight to any part of his body for an hour, or as we may learn from the recorded experiments of trustworthy observers on healthy persons. (See Andry and Thouret, *Boob. und Unters. üb. d. Gebr. d. Magn.*, Leipz., 1785, p. 155.)

“ § 248. The fact that a certain homœopathically chosen medicine overpowers and extinguishes the morbid state for which it is suitable, by generally not much more than one single dose, and that any unnecessarily stronger dose affects the body more than is required, explains that important universally applicable maxim: that every division of the dose (distributed over several periods of administration) acts much more powerfully than when the whole dose is taken at once.

“ § 249. Eight drops of a medicinal tincture taken in one dose have four times less effect than those eight drops taken in eight doses of one drop each every hour or every two hours.

“ § 250. If we employ dilution in addition (whereby the dose is spread out over a greater extent) we may easily increase the effect to an excessive degree. The effect, however, will vary in no inconsiderable degree according to whether the mixture with a fluid is a mere superficial one, or is so uniform and intimate that the smallest portion of the fluid shall have received a proportionate quantity of the dissolved medicine; in the latter case the action is much more powerful.

“ § 251. Thus, a single drop of the medicinal tincture *intimately* mixed with a pound of water by *strong* shaking, and taken every two hours in doses of two ounces, will act four times as powerfully as eight drops taken at once.

“ § 252. From this last maxim of experience—that the power

of the fluid medicine is palpably increased the larger the volume of the fluid is with which it is intimately mixed—it follows incontestably that, in order to make the dose of the homœopathic remedy as small as is possible and requisite, it must be given in the smallest possible volume, so that as few nerves as possible may be touched by it when it is ingested.

“*Nota.*—Hence the uselessness and disadvantage of drinking after taking a dose purposely made so small.”

The following paragraph, which is represented in a very condensed form by § 292 of the last edition, shows that Hahnemann in 1810 thought more of the administration of medicines by other ways than by the mouth than he afterwards did.

“§ 258. On the other hand, the outer parts of the body covered with skin and epidermis are less adapted to take up the medicinal power, still some of the most sensitive parts (the skin on the scrobiculus cordis and the bends of the joints) are more susceptible to the impress of medicines on the nerves and through them on the whole of the rest of the organism, but to a much less degree than when the same medicines are given by the mouth or injected into the rectum.”

The paragraph corresponding to the next terminates the second edition. The last edition practically ends with the paragraph corresponding to § 258 of the first, for the two terminal paragraphs are all about animal magnetism, which always seems to have interested the author, as we find a good deal about it in the paragraphs we have quoted from the first edition. From § 258 to the end of the first edition the paragraphs are peculiar to this edition, but the substance of those referring to palliation occurs in an earlier part of the second and last editions. However, it is interesting to read them in the original form, so we translate them here.

“§ 259. In cases, therefore, where we are prevented giving the necessary medicine by the mouth (if the appropriate medicine remains *only in the mouth* and cannot be swallowed, it nevertheless produces its *full* effect on all the other organs), or when we are unable or unwilling to introduce it by the anus, in such cases by merely laying the dissolved medicine on the most sensitive of the

external parts, *e. g.* the abdomen, the scrobiculus cordis, &c., we shall produce almost as much effect as giving it internally ; but for this purpose we require to use a stronger medicinal preparation and cover a large surface with it, and if we wish still further to increase the strength we must rub it in or even administer the medicine (in larger quantity) in a half or a whole bath.*

“ § 260. Among the causes which have given rise to the use of large doses in ordinary practice, the palliative employment of medicines is particularly prominent.

“ *Nota.*—The utter antagonism of the palliative and the homœopathic methods is shown in this, among other things, that the former requires the largest possible, the latter the smallest possible doses.

“ § 261. In the *palliative employment* of medicines, which is the exact opposite of the homœopathic art, it was attempted by means of some known symptoms of medicines to drive away some exactly opposite symptoms of the disease.

“ § 262. As nothing similar to the actual morbid state (as happens in the homœopathic method) but something exactly opposite to it is produced by this system in the organism, we do not find in this palliative treatment the least trace of a primary (apparent) aggravation of the morbid state such as occurs in the homœopathic treatment (§ 132), but, on the contrary, an almost immediate diminution of the disease. The patient feels much relief within a few hours after taking the palliative; this *never* occurs after taking the homœopathic medicine.

“ § 263. Whilst in the homœopathic treatment *the whole morbid state* is overpowered, extinguished and *annihilated* in the organism by the very similar artificial anti-disease power of the specific remedy in a short time (only not in the first hour, but gradually and progressively from hour to hour); in palliation, whose rule is *contraria contrariis curentur*, a single morbid symptom is quickly *allayed* merely, by the exactly opposite symptom belonging to the medicine. The rationale of this is, perhaps, that the opposites neutralise one another dynamically (but only for a time) by a sort of mutual amalgamation, and in this way lose their influence over the organism *as long as the action of the opposite medicinal symptom lasts.*

“ § 264. At the commencement of palliative treatment the

* The note to this paragraph is retained in the last edition as a note to § 292.

malady seems to have disappeared, but it is not removed, not extinguished; as soon as the opposite action of the palliative ceases to act and has exhausted itself, which happens in a few hours or days, it returns, not only in equal intensity, but even increased by the accession of the after-action (secondary symptoms) of the palliative, which being the opposite of the primary effects, very much resembles the original symptoms of the disease, and thus, as an addition to these, essentially and permanently aggravates them.

“§ 265. In striking contrast to the homœopathic curative process, the patient feels himself much relieved in the first hour of the palliative employment of medicines, less so in the second hour, still less so in the third hour, and so on, until, after the expiry of the opposite primary action of the medicine, the secondary action sets in, and then the patient feels worse than before he took the palliative.

“*Note.*—As the addition of a new disease to an already existing one possesses exactly the nature of a medicine, and we can employ such a disease when its symptoms resemble those of the existing disease as a perfectly homœopathic remedy, and can by its means annihilate and extinguish the older disease (§§ 28, 30, 36), so we can also wrongly employ diseases as palliatives, as has occasionally been done.

“Thus Leroy, who knew nothing about this difference and its significance (*Heilk. für Mütter*, p. 383), imagined he could remove scrofulous induration of the glands all over the body by inoculation with variola. On the outbreak of the pocks *all* the glandular indurations immediately disappeared; but six weeks afterwards—the palliative suspension of the old disease did not last longer—*all* the indurated glands *reappeared*. And it was quite natural that they should, as the glandular indurations which occur from variola are not among its primary effects, that is to say, not in its acute stage, but in its after-disease (secondary action), consequently they cannot homœopathically cure, remove, and annihilate glandular indurations already existing in the body.

“§ 266. In order to renew the delusive amelioration, it is necessary to repeat the palliative in stronger, often very much stronger, doses, because each fresh dose has, in addition to the symptoms of the disease, to counteract the aggravation of the

morbid state caused by the secondary symptoms of the previous dose.*

“§ 267. Without an increase of the dose of the palliative, the (temporary) amelioration is always slighter, at length unobservable and not at all, and then ensues an ever-increasing aggravation of the morbid state.

“§ 268. Every medicine that only ameliorates in ever stronger doses (its action being the opposite of some main symptom of the disease) is a palliative.

Note.—The irritable character of palliative treatment is self-evident, as the patient requires not an illusive *temporary amelioration, which in the sequel aggravates the malady*, but a radical cure, and it is also defective on this account, because it is only capable of combating a single symptom, often only a twentieth part of the sum total of the morbid symptoms; that is to say, it acts only symptomatically, and therefore not effectually.

“And yet it was to some extent fortunate that the symptoms peculiar to the medicines were but imperfectly known, otherwise an all too frequent misuse of them for combating opposite states might have been made. Only a few operations of this sort were practised: habitual tendency to sleepiness was treated with coffee; diarrhœas, even those of a chronic character, with the primary constipating power of opium; sleeplessness, often of long standing, with the stupefying, soporific action of this drug; and all conceivable kinds of pain with the stupor and insensibility with which this substance enwraps the whole sensorium; a tendency to constipation was sought to be relieved by strong doses of purgative medicines and laxative salines that excite the bowels to frequent evacuations; a diminished heat of the blood and so-called weakness of the stomach were sought to be remedied by heating spices and alcoholic drinks; chronic nasal catarrh by sternutatories; the inflammation caused by burns was attempted to be checked by cooling applications; heat of all kinds was treated by bloodletting; paralysis of the bladder, even in chronic cases, was sought to be roused into action by cantharides, which have such an irritant effect on the urinary organs; chronic paralytic affections of various sorts were endeavoured to be dis-

* “A striking instance of this may be seen in J. H. Schulze’s *Diss. qua corporis humani momentaneorum alterationum specimina quaedam expenduntur*, Halae, 1741, § 28.”

pelled by electricity and galvanism, which in their primary action set the muscles in motion, &c. But how seldom health, how often an increase of disease, or something even worse, was attained by these means, experience often taught when too late.

“ § 269. Only in cases of imminent danger, *e. g.* in asphyxia and apparent death from lightning, from suffocation, frost-bite, &c., is it allowable and advisable to rouse the sensibility and irritability (the physical life), *e. g.* by slight electric shocks, by strong coffee, by pungent smelling salts, &c., until we can, when required, resort to homœopathic remedies. To this category belong the various antidotes to sudden poisonings.

“ § 270. A homœopathic medicine has not been wrongly selected for the cure of a disease, even though some of the medicinal symptoms have only a palliative correspondence with some of the smaller symptoms of the disease, provided the others, especially the stronger, peculiar, and characteristic chief symptoms of the disease are homœopathically covered (by similarity of symptoms) by the same medicine.

“ § 271. In such a case none of the disadvantages attending the ordinary one-sided palliation of a single morbid symptom are met with. A perfect cure without accessory sufferings or after-pains ensues. But this occurs in such a manner that the symptoms which are here encountered by the contrary symptoms of the medicinal substance (*i. e.* in a palliative manner) do not generally go off until the action of the medicine has completely ceased.

“ *Note 1.*—Another very common plan of administering medicines in ordinary practice, which has produced and kept up the delusion as to the necessity of large doses of medicine, is, by strong medicines, to excite in the organism irritations of a different character (neither analogous nor opposite), in order, as it were, to overpower the disease by the violence of the medicinal storm. As long as the differently-irritating medicine maintains the organism, or one part of it in particular, in a strong different morbid disposition, the original disease remains in abeyance, but immediately reappears when the patient leaves off taking a medicine of this sort. Most of the so-called revulsive treatment comes under this category.

“ Thus, for instance, when the ordinary practitioner com-

mences to attack the itch with purgatives the itch commences to disappear from the skin; on carrying on the purgation further it almost entirely quits the skin, and remains away just as long as the purgatives keep the bowels very ill, more ill than the itch usually makes the skin. But when the practitioner is at last forced to leave off his purgatives the eruption returns in full intensity upon the skin, because no disease can be cured by a different morbid irritation, but merely (almost as in the case of palliatives, only not so rapidly and much more violently) suspended and *kept in abeyance* during the time that the superior force of the unsuitable artificial irritation prevails (§§ 22, 24, 26, 27). Setons, issues, exutories, &c., act in this way.

“*Note 2.*—The rational physician who practises the homœopathic art will very seldom have occasion to employ this revolutionary method of causing evacuations upwards or downwards, except when quite indigestible or hurtful foreign substances have got into the stomach or bowels.

“Besides this it is occasionally necessary to use some undynamic remedies. Such are fatty substances, which loosen the connexion of the fibres and their density, as it were, mechanically or physically; tannin, which condenses the living as it does the dead fibre; wood charcoal, which removes the fœtor of unhealthy parts in the living body, as it does that of lifeless things; chalk, alkalies, soap, and sulphur, which are capable of chemically decomposing, neutralising, and rendering innocuous the acrid acids and metallic salts in or on the human body, and acids and alkalies which are able to dissolve various kinds of calculi in the bladder; such also are the physically destructive actual cautery, the chemically corroding caustics of various kinds, &c.—not to mention the merely reducing, but seldom rationally applicable, blood-letting, leeches, &c.”

This brings our restoration of the differentia of the first edition to an end, and the reader who has taken the trouble to examine the paragraphs peculiar to the first edition, and to compare them with the corresponding portions of the last edition, will, we think, join us in thinking that the afterthoughts of the great medical reformer were not always an improvement on the original ideas. The chief doctrinal differences in the first as compared with the last are these:

the first edition contains no allusion to the great psora theory which exercised such a powerful influence on homœopathic practice, not always, it must be confessed, a salutary one. It is free from the theory of dynamisation or increase of potency in medicines by the processes of succussion and trituration, which Hahnemann afterwards insisted on so dogmatically, and which has, in our opinion, exercised such a pernicious influence on homœopathy both within and without, for while it has proved an everlasting subject of contention among the adherents of the homœopathic treatment of disease, it has led to the extravagances of the high-dilutionists, through which the minds of a number of estimable and industrious colleagues have been diverted from the cultivation of the essential points of the true medical art into the barren field of excessive attenuations of medicinal doses, and has repelled many from an examination of the great reforms of medical practice introduced by Hahnemann. The true explanation of the apparent increase of power by dilution is, it seems to us, well stated in § 250 of the first edition, where it is ascribed to the greater extension of the dose by its intimate mixture with a non-medicinal excipient, and to this extent all "rational" practitioners of homœopathy will go with Hahnemann. It is worthy of remark and significant that in subsequent editions of the *Organon* Hahnemann has carefully eliminated the term "rational" as applied to the practitioners of his system, by which omission he has almost seemed to imply that his followers are required to accept his doctrines as though they were the revelation of a new gospel, to be received as such and not to be subjected to rational criticism. The first edition makes no attempt to set up a standard of dose for every medicine, but justly says that as medicines vary so much in power, it is impossible to fix a uniform dose for all. This, his original doctrine, is almost universally held by his modern followers, who have rejected with almost complete unanimity his subsequent dogmatic assertion that the 30th dilution was the appropriate dose for all medicines. The first edition does indeed state that the dose should be the smallest possible in every case, but he admits an exception

with regard to the dose of *Mercury* in syphilis, and experience has shown that many more exceptions to this uniform standard of dose have to be made if we would obtain the full advantage of the homœopathic application of medicines. The concluding note of the first edition seems to show that Hahnemann at that period had not yet denied the occasional necessity of such heroic remedies as the actual cauterizing, caustics, and blood-letting.

The reader cannot fail to notice that at the early period of the publication of the first edition of the *Organon* Hahnemann enforced his doctrines with a dogmatism and exclusiveness that must have been very repugnant to the minds of his contemporaries, and that he denounces the practice of the physicians of his own and of former times in a style that must have been very offensive, and tended to embitter their feelings towards him in place of attracting them to an impartial examination of his reforms. This asperity in the criticism of the prevalent medical practice was not softened, but, on the contrary, increased in his later writings, and is all the more regrettable as it tended and still tends to make the controversy respecting homœopathy more an affair of denunciations and recriminations than of calm inquiry into the scientific truth of a new system of medical practice.

A word in conclusion in regard to the literary style of the work. Hahnemann's sentences are very involved, tautological, and pleonastic, but this is evidently owing to his excessive straining after accuracy, and his endeavour so to frame his phraseology that no two meanings could be put upon it. This leads him to load his paragraphs with endless repetitions, which, while they detract from the agreeableness of his literary art, prevent the reader from making any mistake as to his meaning, and this, perhaps, is an advantage that more than counterbalances the want of elegance and the offence to literary taste.

CAUSES OF PROFESSIONAL OPPOSITION TO HOMŒOPATHY.

By FRANCIS BLACK, M.D.

DR. POPE in his able address to the Congress, held in September, 1877, at Liverpool, appears to me to have overlooked some important points in the history of homœopathy. He says :

“I maintain, and I hope to be able to prove to you to-day, that the opposition which has been persistently levelled against homœopathy in this country during the last fifty years has had nothing whatever to do with the alleged intolerance either of Hahnemann or his early disciples.”*

In proof Dr. Pope gives a sketch of the introduction of homœopathy into this country, and the kind of reception it met with at the hands of the profession, and in these instances he finds no intolerant symptoms operating.

Let me refer those who are interested on this point to Dr. Dudgeon's very able and comprehensive *Lectures on Homœopathy*. In his introductory lecture he gives a very clear biographical sketch of Hahnemann. He bears willing testimony, as I cordially do, to the genius, the perseverance, the industry and generosity of our great master, but true to history he has to confess that Hahnemann was intolerant. He gives instances of this spirit of intolerance, and he concludes :

“I am of opinion that it would have greatly contributed to the more general adoption of homœopathy had Hahnemann been more a man of the world, and had he taken into his confidence some of those of his followers who were distinguished for their independence of thought and proficiency in the medical sciences. Homœopathy would in that case not have presented such a harsh contrast, and stood in such violent antagonism to the old system of medicine ; for what was good and true in the latter would

* *Month. Hom. Rev.*, Oct., 1877, p. 591.

have been adopted and amalgamated with the reformed system to its advantage" (p. xliv).

I would quote another instance. At Magdeburg in 1836 a Congress was held of medical men practising homœopathically; they resolved, in order to explain to unprejudiced opponents the actual and essential points of difference subsisting between the two schools, to draw up a series of resolutions. Those were very ably expressed by Dr. Paul Wolf in the shape of eighteen theses, and they were unanimously adopted by the meeting. The sixteenth thesis is intended to meet the exclusive views and expressions which had been enunciated by Hahnemann in his *Organon*, and pressed with intolerant zeal by some of his followers to the detriment of the therapeutic reformation.

"We cannot consider a wholly derogatory estimation of every other method than our own as the necessary consequence of our adherence to the latter. The healing art is so far from having attained to a state of perfection that no school has the right wholly to despise or reject the other. We recognise the old method as a grade of advancement in the healing art, but according to our conviction as more imperfect than our own; nevertheless, we do not believe that we can yet wholly dispense with individual remedies furnished by the old method. We will not assert, for example, with respect to bleeding, that under all circumstances it can be avoided."

Turn now to a series of hostile and bitter criticisms which appeared between 1842 and 1853 in the Edinburgh medical press; in these the intolerant language used by Hahnemann and by some of his followers was a feature inviting attack. I know personally that in discussions in the Edinburgh medical societies Dr. Russell and myself had frequently to defend ourselves against the imputation of intolerance. The expressions complained of in these reviews and at these meetings were, *e. g.* "universality," "unerring," "eternal and infallible law," "sole law of cure." Though difficult to justify the above terms, no candid inquirer could think them sufficient to bar the examination of the homœopathic law, but they unfortunately offered a

tempting ground for the unfriendly critic who could use them, and too often successfully, in stimulating the prejudice of those who were not desirous to be disturbed in their medical faith.

We, as firm believers in the homœopathic law, could readily excuse the indefensible assertions of our great master; we know it is natural and almost unavoidable that great discoverers and great reformers do apply their views somewhat beyond their true province. We could explain that the law is "infallible" in the sense that it cannot fail when all the conditions necessary for its application are present; and "universal," that is having no exception in as far as experience of it has gone, when the circumstances necessary for its application have been complied with. But all such defences as showing Hahnemann's proper meaning were worthless; explain as we pleased, we found that such expressions coupled with the severe denunciations of ordinary practice did stimulate prejudice and turn hearers and readers aside from further examination. They were too glad to meet with so ready an excuse at the very threshold of inquiry. It was prejudice, not evidence, but nevertheless the cause of homœopathy was injured. "He whose assertion goes beyond his evidence owes this excess of his adherence only to prejudice; it is not evidence he seeks, but the quiet enjoyment of the opinion he is fond of with a forward condemnation of all that may stand in opposition to it, unheard and unexamined."*

I cannot agree with Dr. Pope that the intolerance of Hahnemann and his disciples has not been a factor in professional opposition. I gladly admit that the writings of the present generation do not as a rule give offence in this direction, yet the element of partisanship still occasionally crops up. The knight of old proved his deep affection to his lady love by assuring her "I could not love thee so well did I not love honour more." Do we always speak and think of homœopathy as dear to us because we love medicine more. As of value, not because it is our opinion, not because it is our

* Locke on the *Human Understanding*.

mode of livelihood, but because it is a precious addition to medicine. Is it homœopathy or medicine we serve? Do we not sometimes merit the observation, "they converse but with one sort of men, they read but one sort of books, they will not come in the hearing but of one set of notions; the truth is they canton out to themselves a little Goshen in the intellectual [medical] world, where light shines and as they conclude day blesses them; but the rest of that vast expansum they give up to night and darkness and so avoid coming near it."

I now turn to another passage where, I think, Dr. Pope has conveyed an erroneous impression.

He says: "In 1846, the late Sir John (then Dr.) Forbes published in the *British and Foreign Medical Review* that well-known article 'Homœopathy, Allopathy, and Young Physic.' This was the first, and even now it is with, I believe, but two exceptions, the last occasion on which homœopathy was adversely reviewed by one possessing some degree of theoretical and literary acquaintance with it.

"With the tone of this article, with the manner in which the character and labours of Hahnemann were reviewed, no homœopathist could do otherwise than feel satisfied. Nay, more, the appearance of a critique, evidently written in a spirit of fairness, gave us hope that at last we were likely to be met in a manner which would compel honest enquiry—an enquiry which would ensure the triumph of truth over error. But what was the result? Sir John Forbes was driven from his editorial chair; he had ventured to criticise homœopathy with a degree of fairness and honesty which the medical profession of that day refused to endure" (loc. cit. p. 595).

The minor error in this statement is that Dr. Forbes was driven from his editorial chair because he had ventured to criticise homœopathy with a degree of fairness and honesty which the medical profession of that day refused to endure. The subscribers to the *British and Foreign Medical Review* rapidly dropped off because Dr. Forbes had ventured to say of ordinary practice that "it was so bad it could not be worse," because he advocated the cause of

young physic, the necessity for therapeutic reformations, and the study of disease undisturbed by any medication.

It was the following conclusions as to ordinary practice which roused the indignation of the subscribers to his *Review* :

“1. That in a large proportion of the cases treated by allopathic physicians the disease is cured by nature, and not by them.

“2. That in a lesser but still not a small proportion the disease is cured by nature, in spite of them; in other words, their interference opposing instead of assisting the cure.

“3. That consequently, in a considerable proportion of diseases, it would fare as well, or better, with patients, in the actual condition of the medical art, as more generally practised, if all remedies, at least all active remedies, especially drugs, were abandoned” (p. 257).

Dr. Pope's major error is the statement that Dr. Forbes' review was such that “no homœopathist could do otherwise than feel satisfied!” This is Dr. Forbes' summing-up of homœopathy: “*We still adhere to ALLOPATHY. In doing so we consider that though we are embracing a system extremely imperfect, we are at least embracing one which, with all its faults, contains a considerable amount of truth, and a yet greater amount of good; and which, above all, is, or may be made, in its exercise, consonant with the principles of science, and is capable of indefinite improvement; while in rejecting homœopathy, we consider that we are discarding what is, at once, false and bad—useless to the sufferer and degrading to the physician.*”

Can any epithet be more opprobrious than “degrading”? This review, on its surface so plausibly fair, is to my mind the most insulting in its terms, and the most injurious in its effects that has yet been written. Such were the opinions of myself and other colleagues actively engaged in the practice of homœopathy when this review appeared, and now a reperusal revives and confirms all the unfavourable impression. Who can rest satisfied with the charge that his practice is bad, false and degrading? This review added

to the confidence of the medical sceptic, and it effectually damped inquiry at the hands of many medical men who were becoming conscious of the presence of homœopathic cures. It greatly neutralised the gain to be naturally anticipated on the conversion of so able and so practical a physician as Dr. Henderson. The same views as given in this article are still current in the present day in the action of our opponents. A cure occurring under homœopathic treatment very rarely excites any interest in their minds, and if it attract any attention it is readily dismissed as attributable to a system which leaves diseases to the operation of nature. If by chance a stray remedy attracts attention, then it is adopted and empirically employed, the homœopathic law being ignored as false, or if the similarity be alluded to it is regarded as a mere coincidence, bearing no relation as cause and effect. So that the great fundamental change which homœopathy has wrought, greater by Dr. Forbes' admission than any previous system since the days of Galen, is viewed by the most cultivated of our opponents, simply as a grand natural experiment in therapeutics.

As true scepticism is the spirit of scientific progress, so to the therapeutic sceptic might we naturally look for sympathy, but the views current in this Review at once damp inquiry or deflect it into another channel. Into this latter course our best and most prominent remedies are gradually appropriated with little or no acknowledgment of the law round which they cluster and which gives them their value. They become the acquisition of simple empiricism or at the best their utility is explained in a non-homœopathic sense.*

* In a series of very interesting articles by Dr. Rabagliati, of Bradford, he maintains that the law of similars may be phenomenally true, but is only so phenomenally. Commenting on Dr. Lewis's observations on the influence of various alkaloids on the generation of animal heat, he says, "Had Dr. Lewis been less careful in his observations, he would have said that chloral caused a great increase in heat-formation. Some medical practitioner would have 'discovered' that small doses of chloral lowered the temperature, and would have attributed the success of his treatment, which would doubtless follow, to the truth of the Law of Similars. He would, however, only have proved his

In this country and throughout Europe we are undergoing a steady process of absorption into ordinary medicine. How then can we while we have the opportunity still more effectually to leaven therapeutics? How can we while we rejoice with Dr. Hughes in the prospect of losing all we have of separateness in name and position leave our mark on therapeutics?

"My only dread would be lest our method should suffer in the process of amalgamation—should be shorn of its integrity, and remain only in the specific remedies which it has up to this time discovered. Believing that its loss would be a disaster alike to medical science and to humanity, I plead for this fuller carrying out of its developments in own carelessness in not noticing that 'both small and large doses of chloral have the double action, first, of lowering, and, second, of elevating the temperature,' this twofold and contrary action being possessed by all remedies."—*The Practitioner*, Nov., 1877, p. 330.

Under this aspect it is to be hoped the profession may be induced to prosecute the inquiry—"Are there therapeutic laws?" I believe the view presented by Dr. Rabagliati may tempt many to examine who now reject all evidence coming from the homœopathic side; they may discover, as Fletcher long ago stated, that the apparent or phenomenal similia are the true contraria, and thus the practical formula still remains *similia similibus curantur*.

The eclectic view is a favourite one with many, and is thus expressed by Dr. Dobell in the sixth edition of his well-known work on Diet and Regimen, p. 10—"Every honest and intelligent practitioner of rational medicine knows that there are remedies of unquestionable potency, the action of which could never have been discovered by any such dogmas as *contraria contrariis curantur* or *similia similibus curantur*. On the other hand, he knows that there are remedies the action of which may appear to be explained by one or other of these principles, but that the more intimately we become acquainted with the occult properties of medicines and the occult physiology of diseases, the more plainly do we see that these apparent explanations of the *modus operandi* of remedies are absurdly superficial and incorrect. He will not then refuse to benefit his patient by the use of the one remedy because he cannot explain its action, or of the other because it appears to act by similarity, or of a third because he thinks it acts by contrariety. Again, he knows that the same disease may assume such different phases, in different constitutions, at different times, and in different places, that in one case it may require stimulation, in another depletion; that at one period of the same case water treatment may be advisable, at another gymnastic, at another mechanical, at another climatic. And he claims these, and all other means beneficently placed within our reach which can protect health or benefit the sick, as the legitimate weapons in the armoury of rational medicine."

which its distinctive nature is and will remain unmistakable."*

To carry out this great end we must ever bear in mind the cardinal point in Dr. Forbes' review that many, yes, the greatest number of diseases, are curable wholly independent of drugs. Such a fact must be clearly admitted and steadily remembered, for its neglect weakens and invalidates much of what we flatter ourselves to be drug results. The neglect of it encumbers our field of posology, yielding crops of the wildest and most unscientific produce. Until some such curb is put on our inquiries the very difficult question of dose remains an opprobrium to us, and proves very repellent to the most thoughtful of our opponents; the *post hoc, propter hoc* is of all guides the most deceitful in examining the question of dose, and clinical results.

To make our leavening enduring we must carefully guard against empirical routine; it saps the roots of specific medicine. Generalise as much as we please the disease, but individualise the patient.

If we are desirous to influence the medical body we must labour in a scientific and catholic spirit, "each animated" (as Dr. Pope wisely says) "with but one purpose, each rising superior to the views his previous investigations have led him to confide in, each prepared to regard impartially the new lights evolved by deeper and yet deeper research, both

* The whole of Dr. Hughes's admirable paper read to the Congress, "The Two Homœopathies," is most interesting as bearing on the question of professional opposition. I wish at present to quote his excellent advice as to one great feature of the dose—"If I may give a word of counsel to those whose position I have now been surveying, it would be that they should follow up their own tendencies to the full by testing the capabilities of the mother tincture. Every now and then our brothers of the old school borrow a bit of practice from us, and (though sometimes the reverse is true) by giving larger doses than we have been accustomed to employ they outdo us with our own weapons. We cry out, 'This is homœopathy; we have been giving such a remedy for years past.' It is true; and yet we have never got such results from it. Recent communications on the use of *Phosphorus*, *Silica*, and the alkaline sulphides illustrate what I mean. It is a pity that we should leave such developments of our principle to those who oppose and reject it, when we are ourselves placed on such vantage ground for instituting them."—"The Two Homœopathies," *Month. Hom. Rev.*, Oct., 1877, p. 674.

together striving with energy and zeal for the development of truth, for the fixing yet more securely the foundations of that science on which is built the most beneficent of all the arts—the Art of Medicine,” p. 599. In plain language throw off the partisanship which cleaves to us, and work not as *Homœopaths*, but as *Physicians*.

REVIEWS.

Leçons de Clinique Médicale professées à l'Hôpital Homœopathique Saint-Jacques 1875—7; par le Dr. P. JOUSSET. Paris: Baillière et fils, 1877.

Éléments de Médecine Pratique, contenant le traitement homœopathique de chaque maladie; par le Dr. P. JOUSSET. Seconde édition, revue et corrigée. 2 vols. Paris: Baillière et fils, 1877.

WE have many times, in the notices we have given of our foreign contemporaries, called attention to the valuable clinical lectures in course of delivery by Dr. Jousset at the Hôpital Saint-Jacques, and reported in the pages of *L'Art Médical*. It gives us therefore great pleasure to introduce to our readers a complete collection of these discourses in the shape of the volume first mentioned above. They constitute a production of no common interest and value. They have all the characters of good clinical lectures, based on actual cases related in detail: there is plenty to learn from them in the way of pathology, semeiology, and diagnosis; while they have (to us) the additional advantage that the therapeutics they present are conformed to the precepts of homœopathy, and illustrate what that method can accomplish. While thus entirely satisfactory to ourselves, they constitute a book which we can without qualification—and indeed with pride—commend to any

inquirer of the old school who desires to see our system at work. We have hitherto had nothing like it save the *Chronic Diseases of the Respiratory Organs* of Dr. Meyhoffer and the *Clinical Lectures* of our own Russell; and Dr. Jousset's capacity for making an impression is greater, as his range is so much wider.

We have so often noted the special points made by the lecturer as his teachings appeared in *L'Art Médical* that it would be useless repetition to go through them here; we content ourselves with commending the volume, with unqualified appreciation, to our French-reading colleagues in every country.

The other work of Dr. Jousset's named above is a second edition of his treatise on practical medicine, which, in its original form, was reviewed by us in our volume for 1869. While finding much in it to commend, we at that time regarded its therapeutic portion as somewhat defective; and the author tells us in his preface to the present edition that, influenced by the friendly criticisms which he has received, he has considerably extended this part of his work. "In the first edition," he writes, "we confined ourselves to enumerating the medicines indicated in the treatment of a malady; in the present we have always given the indications which should guide the practitioner in the choice of his remedies. We have profited largely by the practical writings of the English and American physicians, and have neglected nothing which might place the therapeutic part of our work *au courant* with the knowledge of our time."

Dr. Jousset has also considerably enlarged, and sometimes modified, his sections on cerebro-spinal affections, on Bright's disease, and on the affections of the skin and the eyes. His work is thus a complete treatise on the whole range of disease not strictly surgical, embracing every information which the student and beginner can need; while the treatment it commends is homœopathic. It will thus, we apprehend, be the text-book of our school throughout the Latin nations, where French is if not their mother-tongue, at least a necessary acquisition, and as a source of instruction and interest will spread more widely still. No one was

more capable of writing such a book than Dr. Jousset, and we may be grateful to find every spot of the field of practical medicine receiving the light of his large experience and cultivated observation. No writer should discuss the homœopathic therapeutics of any form of disease without referring to his pages, and no practitioner would be the worse for doing so in his study of the individual cases which come under his care.

The Encyclopedia of Pure Materia Medica; a record of the positive effects of drugs upon the healthy human organism.

By TIMOTHY F. ALLEN, A.M., M.D., Vol. vi. New York: Boericke and Tafel. London: H. Turner, 168, Fleet Street.

We have the pleasure this quarter of greeting another instalment of Dr. Allen's *opus magnum*, bringing its series of medicines down to *Niccolum*. No volume will be more welcome than the present, for it presents us, for the first time, with the full pathogenesies of several of our most valued medicines. *Lycopodium*, hitherto known to most of us only by Hahnemann's symptom-list in the *Chronischen Krankheiten*, with its 1608 symptoms from eight provers, has here the latter number increased to forty-five, and the former to 3114. *Mercurius corrosivus* has now a pathogenesis of its own. *Mezereum* appears with its provers doubled and its symptoms nearly trebled in number. And, lastly, the Austrian proving of *Natrum muriaticum* makes its first appearance in an English dress, enlarging Hahnemann's 1849 observations to 2901.

Besides these, we have to note two original pathogenesies of Dr. Allen's own—those of *Mercurius* and of *Morphinum*, their effects being collected from medical literature at large. The way in which Mercury is treated is an apt illustration of Dr. Allen's method, and a good specimen of its merits. Hahnemann had given us a full proving of *M. solubilis*, and a few symptoms obtained from *M. corrosivus* and *Cinnabar*, appending to these a list of effects of "mercurial

preparations" in general, compiled from authors. Dr. Allen, of course, presents the first in its integrity. But he gives an independent list of his own formation of the symptoms of "*Mercurius*" (represented by *M. vivus*) as such; another, containing several provings, by *M. corrosivus* (1127 symptoms); and shorter ones of *M. aceticus*, *M. bromatus*, *M. cyanatus*, *M. dulcis*, *M. nitrosus*, *M. præcipitatus albus* and *ruber*, and *M. sulphuricus*, besides the American provings of *Cinnabar* and of the mercurial iodides. So with *Opium*. We shall be sure to have a full list of the observed effects of this drug itself in the next volume; but in the mean time we have a list of all that is known of its several ingredients, beginning with *Codeinum* in the third volume, and including *Meconinum*, *Morphinum*, *Narceinum*, and *Narcotinum* in the present.

We cannot express too strongly, on behalf of all English-speaking homœopathists, our obligations to Dr. Allen for the thoroughness, industry, and perseverance with which he continues to perform his gigantic task. We are now promised a repertorial index to the complete work; and, if this is satisfactorily made, the possibility of finding *similima* to the multitudinous morbid conditions which come before us will have been vastly increased. Homœopathy, and thereby the healing art, will have received from this undertaking the greatest impetus it has had since Hahnemann gave us the *Reine Arzneimittellehre*.

It is solely with a view to promote the completeness of Dr. Allen's collection of symptoms and information as to their origin that we note the absence from the pathogenesis of *Lycopodium* of Arnold's experiments with the tincture, translated in the second volume of this journal, and suggest that a reference to the original proving in the *Archiv* would have enriched the account of the authorities for *Mezereum*. With these two exceptions, the present volume seems to our eyes faultless, and a model of what such a work should be.

Pathology and Treatment of Diphtheria. By Wm. C. DAKE, M.D., Nashville, Tenn. New York: Boericke and Tafel. London: H. Turner, 168, Fleet Street.

This little brochure contains an account of an experience in the treatment of diphtheria, extending over 176 cases. It is presented modestly and thoughtfully, and is a useful contribution to our knowledge. *Capsicum* and *Nitric acid* for the throat, and *Spongia*, *Kali bichromicum*, and *Hepar sulphuris* for the larynx, with alcohol locally, seem to have been the remedies relied on; and eleven deaths only out of the whole number treated speak well for their efficiency.

Homœopathy the Science of Therapeutics: a collection of papers elucidating and illustrating the principles of Homœopathy. By CARROLL DUNHAM, A.M., M.D.

In this volume Mrs. Dunham has begun to fulfil the task she has undertaken of giving us in a collected form the writings of her late husband, our valued and lamented colleague. It takes its title from the essay published in 1862 in the *American Homœopathic Review*, and subsequently reprinted in pamphlet form; and the other papers contained in the present volume are chosen because of the relation of their subject-matter to the same object, viz. the elucidation and illustration of the principles of our method. His studies of individual medicines which have so often instructed and delighted us, and his miscellaneous contributions and addresses, are reserved for subsequent publication.

Besides the opening and eponymous essay of the series, which—though familiar to us—we are glad to read again, the present volume contains a number of similar productions unearthed from old journals and transactions which will be new to many of us, and welcome to all. Dr. Dunham was an advocate of homœopathy in its most Hahnemannian form, with its strict individualisation, its symptomatic indications, and its high potencies; but his mind was so scientific, his knowledge so large, and his spirit so catholic, that his advocacy is entirely free from the narrow-

ness and bitterness which the writings of his school so often display. There is a "sweet reasonableness" in all he says which is irresistibly winning; and if in the end we are not convinced by the arguer, we are always in close sympathy with the man. His lucid style is but an index to the clearness of his thought; and the high regard for truth and the loftiness alike of means and end which shine out from his pages dispose every reader to the most respectful attention. The book will do us all good; but it is above all things the right one for the student just after he has read the *Organon*. In Carroll Dunham Hahnemann found an expositor who knew how to reconcile him to science and expound him with reason without sacrificing an iota of his essential principles. He will enable the beginner to start from the Hahnemannian stand-point, instead of (as so many of us have had to do) finding his way back to it after years of distance; and this is far better for him, however much he may be compelled to modify the rigidity of his homœopathy as he goes on.

Besides the "elucidation" of which we have hitherto spoken, there is no lack of "illustrations" of the mode of practice for which he contended. His cases are excellently described and diagnosed, as well as most accurately and successfully treated. There is none of the contempt of nosology and pathology so often paraded by our exclusive colleagues, although symptoms alone are allowed to determine the choice of the similar remedy. His cases are thus beyond question, and they render scepticism as to the efficacy of at least the 200th potency inexcusable. He never seems to have gone beyond this point, and in his later practice he used all his medicines of such a strength, having prepared them (in the strict Hahnemannian fashion) himself. While we are not prepared to follow him in this respect, the continuance of his own satisfaction and of his patients' confidence in his treatment shows that in such—to most of us—unfamiliar attenuations our remedies at least retain their efficacy.

We part from this volume with increased regret that its beloved and honoured author is no longer among us to

increase the treasures of our literature, of which it is one of the richest and rarest.

Traité des Maladies Oculaires, à l'usage des praticiens en générale, par le Docteur HENRY C. ANGELL. Traduction française, publiée, avec l'autorisation de l'auteur, par le Dr. Albert Dekeersmaecker. Premier fascicule. Paris: Baillièrre et fils, 1877.

We are pleased to see that our Boston colleague, Dr. Angell, of whose book we have testified our appreciation in these pages, has received the honour of a translation into French. And we congratulate ourselves that our Belgian *confrère*, by whose hands the work has been done, brings to the task not only the necessary linguistic knowledge, but also a practical acquaintance with the subject-matter of the work. Dr. Dekeersmaecker is surgeon-oculist to the Homœopathic Dispensary at Mons, and the notes and appendices with which he has enriched his translation show that he has thoroughly studied his specialty and knows how to utilise his experience. The book, when complete, will be a real addition to our knowledge of the homœopathic therapeutics of the diseases of the eye.

Yellow Fever, its Treatment and Prevention. By EDWARD A. MURPHY, M.D.

Dissection of Casanova's Forceps. By the same.

Spinal Affections. By the same.

Aphasia. By the same.

We have received these four pamphlets from the author, who is one of the representatives of our system in New Orleans. They seem to be reprints, and bear no publisher's name. We can only say that they show Dr. Murphy to be a practical man. We may note one point,—a proving of *Geranium maculatum*. "I once," writes the author, "made an infusion of this plant, and took a teaspoonful. In a few moments I became giddy, and saw double. When I would

close my eyes and lie down I felt comfortable, but I could not open them without the recurrence of the above-mentioned symptoms. There was also ptosis and dilatation of the pupils, and my countenance assumed the appearance of one who had been indulging in strong drink a little too freely. I had great difficulty in walking with my eyes open, while I could walk easily with my eyes closed. I have tried the decoction on several persons, and five times on myself with the same result." This is an action on the third nerve like that exerted by *Conium*, as ascertained by Harley and Curtis.

The Treatment of Functional Dystocia, or Difficult and Painful Labour. By EDWIN M. HALE, M.D.

Our indefatigable colleague, Dr. Hale, sends us this little pamphlet. It is a "reprint from Richardson's *Obstetrics*"—a work we have noticed below; but it deserves to exist in a separate form, as many would be glad of its practical hints who do not care to add to their books on midwifery generally.

A System of Obstetrics on Homœopathic Principles. By W. C. RICHARDSON, M.D., &c. St. Louis, 1877.

THOUGH Dr. Richardson's name alone appears on the title page, he is not the sole author of the volume before us. In the preface he tells us that the therapeutic portion has been written by Dr. A. Uhlemeyer, the chapter on Hygiene by Professor J. C. Cummings, and the two chapters on Functional Dystocia by Professor Edwin Hale. The "supervision of the proofs," which we presume is equivalent to the "correction of the press," has been performed by Dr. S. A. Legg, and all that we can say with regard to this part of the work is to make young Primrose's safe criticism, "it would have been better had the artist taken more pains." The chapter on diseases of the new-born infant is taken from Dr. Leadam's well-known work.

Being of such a composite character the book is necessarily of very unequal merit in its several parts. Dr. Richardson's own department, which relates chiefly to the mechanical part of obstetrics, is well and clearly written, and without the others would be a very good manual for the obstetric practitioner. Of course it is impossible to teach midwifery by books, but those who have already some practical acquaintance with the subject will find in Dr. Richardson's work a useful remembrancer and a help in the various complications that arise to trouble the practitioner.

We cannot say very much for the therapeutic part of the work. It is generally neither better nor worse than what we usually find in our homœopathic text-books. Some of it is transferred bodily from Ludlam (pelvic cellulitis). The chapter on functional dystocia and its treatment by Dr. E. M. Hale is an exception to the dull mediocrity of the other therapeutics of the work. We have here a fresh and masterly survey by a practical obstetrician of original genius of the therapeutic means likely to be useful in difficult and painful labours, and it is refreshing to read Dr. Hale's remarks upon the special indications for such remedies as *Caulophyllum*, *Cimicifuga*, *Collinsonia*, *Digitalis*, *Helonias*, *Gossipium*, *Viburnum*, and others. In fact, Dr. Hale's contribution redeems the therapeutics of Dr. Richardson's work from the charge of commonplace and routine that might otherwise be brought against them.

The chapter on hygiene by Dr. J. C. Cummings is interesting on account of the earnest belief of the author in the efficacy of a vegetable or fruit diet in securing an easy labour. Painful labours are chiefly owing to the rigidity of the bones of the child, and by keeping the mother on a diet of fruit, vegetable and carbonaceous substances to the entire exclusion of the phosphates, such as Graham flour, oatmeal, cracked wheat, corn meal and hominy, the bones of the infant are kept in a cartilaginous state and allow the child to be squeezed into any required form on its passage through the pelvis. It seems that this fruit diet plan of procuring easy labours was imported from

England, and was the invention of a chemist here. If so, we do not think the method has met with much success in the land of its origin, and though the child produced by the chemist's wife under this frugivorous regimen was very soft, "his bones being all gristle," we have not heard that many here have adopted this simple plan of making gristly in place of bony children. Possibly the idea that such soft flabby things might never harden into the firmness required for the battle of life may have deterred from the adoption of this vegetable diet, or perhaps paterfamilias discouraged the idea of painless labours, as presenting no sufficient check to unlimited increase of his progeny in this over-populated old country.

Cyclopædia of the Practice of Medicine, edited by Dr. H. VON ZIEGLER, vol. xv, Diseases of the Kidney, vol. xvi, Diseases of the Locomotive Apparatus and General Anomalies of Nutrition. London: Sampson Low, 1877.

In the original announcement of the publication of this work it was stated that it would be completed in fifteen volumes, but here we have vols. xv and xvi and the promise of another still. The work is so excellent that it would have been a pity that it should have suffered undue curtailment by a supposed necessity for abiding by the exact number of volumes promised in the beginning. We should have regretted that any of the volumes hitherto published had been kept back for the purpose of keeping faith with the subscribers. Vol. xv is an extremely interesting work on diseases of the kidneys, while vol. xvi is a sort of olla podrida or miscellaneous volume, containing articles on rheumatism, gout, arthritis deformans, rickets, malacosteon, slight disorders caused by catching cold, general disorders of nutrition, anæmia, chlorosis, progressive pernicious anæmia, corpulence, scrofulosis, idiopathic adenitis, malignant lymphoma, diabetes mellitus and insipidus. Our space this quarter does not allow us to enter on an extended review of either volume, but we hope to be able to return

to an examination of their interesting and important contents at no very distant period. In the meantime we can heartily recommend them and the whole work to our readers as the best and most complete cyclopædia, not perhaps of the practice of medicine—for in the main part of the practice of medicine viz. therapeutics, we consider them too much tainted with the nihilistic doctrines of the so-called physiological school to be of much use in a therapeutic point of view, though now and then some useful hints may be found even on the subject of treatment—but of disease, including etiology, pathology, pathological anatomy, complications, sequelæ, diagnosis and prognosis.

Our Foreign Contemporaries.

GERMANY.—*Internationale Homöopathische Presse.*—We resume our survey of this excellent journal with the second number of vol. ix. It is with a feeling of melancholy interest that we do so, as we fear that the lamented death of its learned and energetic editor, Dr. Clotar Müller, will deprive the homœopathic world of this worthy representative of homœopathy in Germany. Under his able management this journal has, during its short career, published a large number of excellent articles from some of the ablest exponents of our system, and if, with the death of its founder and editor, it should cease to appear, the regret we feel for the untimely death of our valued colleague will be intensified. Let us hope that some worthy successor—and we have no doubt many might be found in Germany—will carry on the work so well begun by him.

Dr. Payr, of Passau, opens this number with a paper on "Glaucoma," which is finished in No. 3. He gives excellent descriptions of the three main varieties of this disease, glaucoma simplex, inflammatorium, and secundarium. The cause of the increased intra-ocular pressure in glaucoma he believes, with Donders, to lie in a morbid altera-

tion in the fifth pair of nerves, which presides over the secretion of the fluid contents of the eyeball. This view is, he says, corroborated by the physiological experiments of Hippel and Grünhagen, who found that irritating the roots of that nerve within the cranium would cause an immediate increase of the intra-ocular pressure, whereas division or paralysis of the same nerve was followed by a manifest decrease of the tension of the eyeball. Glaucoma simplex consists in increased tension only, glaucoma complicated with inflammation constitutes glaucoma inflammatorium. The latter form is twice as frequent as the former. Glaucoma secundarium is glaucoma associated with other pathological processes of various sorts. The author gives a detailed description of each of the three forms, which we regret our limited space forbids us to reproduce.

As regards the treatment, he is of opinion that internal remedies are nearly, if not quite, useless, except in subduing and relieving the attendant inflammatory symptoms. He believes that the recorded cases of cure of glaucoma in our homœopathic literature are merely examples of an erroneous diagnosis respecting the nature of the disease in the cases recorded. We should be sorry to think that this was always so, and we think there is evidence to prove that at least *Phosphorus* and *Gelsemium* have in some cases shown a decided power in diminishing the intra-ocular pressure, even when considerably advanced. The only remedy in which the author has any confidence is iridectomy, but he is far from considering this a universal panacea, for he admits that in many cases it fails to cure, and in some it only does harm. At best, according to him, the therapeutics of glaucoma leave much to be desired. If the pathology of glaucoma consists, as Donders believes, in a morbid irritation of the fifth pair of nerves, we may hope that the homœopathic remedy for this condition may eventually be discovered, and that this disease may not always prove to be beyond the reach of specific medication.

Dr. Schaedler, of Bern, makes a very important rectifica-

tion of a mistake committed by Dr. von Villers in a previous number of this periodical, which furnished Dr. Jürgensen with an argument against homœopathy in his celebrated essay, "Scientific Medicine and its Opponents," in Volkmann's *Sammlung*. (By the way, this essay of Jürgensen's has not been admitted into the translation of Volkmann's work, published by our Sydenham Society.) Dr. von Villers had stated that the results obtained by Dr. Tessier, in his homœopathic treatment at the Hôpital Ste. Marguerite, compared unfavourably with those obtained by his allopathic colleagues in the same hospital. Dr. Schaedler shows that this is a perfectly erroneous statement. He gives the comparative statistics of the homœopathic and allopathic treatment in the hospital during the years 1849, 1850, and 1851, from the published official report, which are briefly as follows:—Tessier's wards contained 100 beds. Those of his allopathic colleagues, Dr. Valleix and Marotte, 99 beds. The patients were assigned on alternate days to the homœopathic and allopathic wards. The results were as follows:—

Homœopathic wards—

	No. of patients treated.	Died.	Mortality per cent.
1849 . . .	1292	126	9.75
1850 . . .	1677	138	8.22
1851 . . .	1694	135	7.96

Mortality during the three years 8.55 per cent.

Allopathic wards—

1849 . . .	1087	169	14.71
1850 . . .	1195	107	8.99
1851 . . .	1442	135	9.36

Mortality during the three years 11.3 per cent.

According to this the mortality in the homœopathic wards was about one fourth less, *i. e.* 25 per cent. The duration of treatment in the homœopathic wards was also about one fourth less. For in these three years Tessier received and treated 4663, while Valleix and Marotte had only 3724 patients during that time. The cost of the treatment in the homœopathic wards was also considerably less than in the allopathic wards.

Dr. von Villers makes a full acknowledgment of his

error; he had not seen the work in which these official statistics are given, and his erroneous statement was only founded on hearsay report. He expresses his regret at having been led to make such an erroneous allegation, the more so as it afforded to our bitter opponent Jürgensen a telling argument against the superiority of the homœopathic treatment. It would be too much to expect that Jürgensen will take any notice of this rectification.

No. 8 commences with the article by Dr. Julius Petersen on "The Physiological School and its Influence on Therapeutics," of which we have given a translation in our July number.

Dr. Ed. Huber, of Vienna, continues his excellent study of *Mercury* in its pathogenetic and therapeutic relations to the digestive organs. This masterly and exhaustive article is continued through the subsequent numbers of this volume. It is unfortunately much too long for our columns, but those who can refer to the original will assuredly derive great advantage from a careful perusal of it.

In the next number, which is a double one (4 and 5), Dr. Koeck, of Munich, continues his interesting record of cases treated by himself. The first is one of diabetes in a woman (age not mentioned), who had been declining in health for three months, was very thin, and looked ill. She had been some time in attendance at the allopathic dispensary, but without receiving any benefit. She complained of inordinate appetite and inextinguishable thirst, which compelled her to drink very large quantities of water, especially at night, and she passed so much urine that she had to empty the utensil two or three times every night. The urine had been chemically investigated in the allopathic dispensary, and the disease was found to be diabetes. Dr. Koeck omitted to make a chemical examination or to ascertain the specific gravity of the urine, but took the diagnosis on trust from the former medical attendants, which says a great deal for his confidence in their judgment, but not so much for his own carefulness. Besides extensive emaciation and debility the patient had

no complaints to make. He resolved to make a trial of *Uranium nitr.* From a solution of one eighth of a grain in an ounce of water he took two drops and shook them up in a phial with a drachm of alcohol, telling her to take two drops of the solution in a spoonful of water three times a day. He likewise enjoined a diet consisting of little bread, meat, and cooked fruit. After a fortnight of this treatment she said that she felt better, her hunger had diminished much, she did not require to drink half as much as before, but the quantity of urine passed was not materially diminished. He continued the medicine, but in smaller quantity, only two drops per diem, and in another fortnight the urine had diminished to the normal quantity, and she was able to get through her work satisfactorily. The urine was now examined and found to contain no sugar, and the specific gravity was normal. A short course of *Chin.* 1 sufficed to restore her strength perfectly.

Dr. Koeck next relates his treatment of an epidemic among the children of Holzkirchen. They were suddenly seized with violent pain, great heat of body, thirst, and restlessness, and the urine contained a large quantity of albumen. On the administration of *Kali arsenicosum* 4 the fever declined, the urine became normal, and an eruption resembling scarlatina appeared over the body, after which the little patients rapidly recovered. He treated twenty-seven such cases with the same remedy and they all recovered, whereas many of those treated allopathically died on the fourth day of the illness. One case of diphtheria occurring at the same time likewise yielded to this remedy.

The next case was Dr. Koeck's wife, who, on coming home from a concert on a cold night complained of violent pain in the abdomen from the navel downwards, and on either side. The abdomen was so tender it could not be touched. The pain was of a cutting, cramp-like character. The legs could not be extended, but must be drawn upwards. She could only lie on her back, and there was a sort of rigor that caused the whole body to shake. The pulse could hardly be felt. There was violent thirst, and

after a few hours the most severe diarrhoea came on with vomiting, altogether presenting the picture of a severe attack of cholera. None of the remedies employed, *Acon.*, *Bell.*, *Coloc.*, *Verat.*, and *Arsen.*, was of the slightest use. In his despair he sent at 2 a.m. for Dr. Quaglio, who prescribed *Cuprum arsenicosum* 3, a drop dose every ten minutes. After an hour the rigor and restlessness ceased, as also the diarrhoea and vomiting, and at 5 a.m. she fell into a quiet sleep. The abdomen continued tender, and the legs could not be stretched out without pain. In two days she was up and well.

This number contains an excellent tribute to the lamented Professor Hausmann by his friend Dr. Argenti.

No. 6 contains a careful and thoughtful paper by Dr. Goullon, junr., on *Apis mellifica*. He compares it with *Belladonna*, *Arsenic*, *Cantharis*, *Graphites*, and *Thuja*, showing wherein it agrees and wherein it differs from those medicines. The paper is a valuable contribution to our knowledge of this powerful medicine, and will do much to facilitate our employment of it in disease.

This number concludes with a notice of Dr. Clotar Müller's illness, and an announcement of his withdrawal from the active management of the journal. It is, however, intimated that its publication will be continued as before though under a different editor. As no further numbers have reached us we do not know if this promise has been fulfilled, but our hope is that such a valuable organ of our system may be continued though its talented editor has now, alas! gone to his eternal rest.

Allgemeine Homöopathische Zeitung.—Our arrears in respect to this periodical are very heavy, and we fear that the space at our disposal will only allow us to give a very imperfect account of the volumes received since our last notice in October, 1876.

We begin with vol. 92, No. 12. This number contains a continuation of the late Professor Hausmann's experiments with medicines on animals, a continuation of Dr. Goullon's prize essay on *Thuja*, and a continuation of Imbert Gourbeyre's lectures on homœopathy.

At the meeting of the Berlin Homœopathic Society of January 19, 1876, there was a discussion on *Carbo animalis* and *C. vegetabilis*. Träger said *C. veg.* was useful in stuffed and fluent coryza with great inclination to sneeze, but without result. In hæmorrhoids with copious discharge of mucus and burning in anus or itching in perinæum and the inner surface of the thighs, caused by the escape of the mucus; and generally in obstructions to the portal circulation. Falling asleep of the hands or feet on lying on them in bed. Great sleepiness in the morning, going off in the open air. In gangrene and putrid states, both *C. an.* and *C. veg.* are indicated externally, especially in scorbutus. In skin diseases *C. veg.* corresponds to the herpetic kind, *C. an.* to acne rosacea and similar forms. *C. veg.* is useful in bronchial catarrh with arthritic sufferings and cyanosis; both in emphysema and in heart diseases. Rademacher says *charcoal* is an excellent spleen remedy. Sorge cured with it an old bronchial catarrh with emphysema and accompanying asthmatic sufferings and violent headache of a congestive character. Fischer saw marked improvement from *C. veg.* 30 in a case of typhus with cyanosis, cold limbs, and apparently at the last gasp. The patient got quite well. Jacoby frequently used *C. veg.* alternately with *Calc. carb.* in typhus, especially where the lungs were implicated. Fischer gives in chronic hoarseness *Phos.*, and if that does not succeed, *C. veg.*, and with this he generally effects a cure. In *Casper's Zeitung*, *Aq. carbonata* is spoken of as highly efficacious as an external remedy in some chronic eruptions. It is made by heating 500 grammes of powdered charcoal to a red heat and suddenly plunging it into 1½ kilos of water, letting it stand covered, and then filtering. Burckhardt in his allopathic days treated a tuberculous lady for profuse diarrhœa, that had lasted fourteen days and gave rise to the suspicion that she had intestinal tuberculosis. There was present much tympanitis, for which symptom he gave *charcoal* and milk-sugar rubbed up together in equal quantities, about a grain at a time. Under this treatment the tympanitis disappeared and likewise the diarrhœa.

Sorge related a cure of diphtheria in a girl of fifteen, where the diphtheritic process extended into the glottis, by *Brom.* 3. Windelband lately cured two very severe cases of diphtheria, with implication of the glottis, by means of *Brom.* and *Hep.* in alternation.

Windelband treated a case of acute rheumatism that came on eight weeks after a mild attack of varicella. Almost all the joints were affected one after another, pericarditis came on, and afterwards pleuro-pneumonia. Nothing did good until he gave *Iod.* 2, five drops every hour. This caused speedy amelioration, and eventually completely cured the patient. He often employed *Digitalin* externally, in the form of an ointment, to the affected joints with marked benefit. *Digitalin*, grm. 0·2, solve in alcohol. dilut. misce c. *Adip. suill.*, grm. 30·0 ut ft. ungu. This to be spread on a rag and laid on the affected joint and covered with oiled silk. Sulzer relates two cases of articular rheumatism. One of a shoemaker, where the disease was limited to the right shoulder, which was swollen, red, and very tender. *Ferr. phos.* 6th trit. cured in a few days. The other was a case of more general articular rheumatism in a little girl of seven, which yielded to *Bry.* 2. Jacoby related a case of gouty inflammation of the big toe-joint, with fistulous opening into the joint and numerous sinuses extending to the sole of the foot. An allopathic surgeon had recommended amputation. The case was cured by *Aq. Silicata* 3 alternately with *Sabina* 2.

Offenberg's case of cure of supposed hydrophobia by *Curare*, which has recently formed the subject of an article in the *Times*, is quoted from the *Allg. Wiener Med. Ztg.* It does not seem to be very sure that the case was one of real hydrophobia. It is as follows:—The patient, a girl of twenty-four, had been bitten eighty days previously by a dog suspected to be rabid. After an ineffectual employment of injections of morphia and inhalations of chloroform, seven doses of 0·2 grammes of *Curare* were injected in the space of five and a half hours. First the muscular restlessness declined, then the convulsive attacks became less frequent, the dread of water and photophobia disappeared;

the anxious mood was replaced by cheerfulness. On the other hand, paralytic symptoms appeared, which attained their maximum on the following day. The second day the hydrophobic symptoms returned, but in slighter degree. The injection of 0·03 grammes of *Curare* sufficed to suppress them. The patient recovered slowly; two months afterwards she still felt weak and prostrated, moved her limbs slowly and without energy, and complained of slight photophobia and dim sight. At the point of injection there occurred inflammation and infiltration, but no suppuration.

In No. 13 Dr. Kafka continues his rare clinical experiences. A woman, aged fifty, had got a chill from being exposed to cold wind whilst freely perspiring. She had been treated allopathically without any good result. Her face was much swollen, especially under the eyes and about the angles of the mouth. Her hands too were considerably swelled. The lower extremities were also œdematous. She complained of constant headache day and night, that deprived her of sleep and all appetite, and made her extremely weak. There was occasional vomiting and excessive thirst, but drinking water gave her pain in the bowels and diarrhœa. She had constant desire to pass water, which, however, only came away in small quantities. It was very turbid and sometimes bloody. She looked very ill, eyes lustreless, head hot, lips and tongue dry, complete anorexia; she could only take soup, which occasioned eructations and sometimes vomiting. Thirst inextinguishable; there was dyspnœa, palpitation; the abdomen swollen and tense. She had often rigor over the back and goose-skin. Pulse 120, small, easily compressible. Great anxiety. Renal region painful to pressure. She walks much bent, not being able to straighten her back. The urine on being boiled deposited 50 per cent. of albumen. *Belladonna* was first prescribed, which diminished the headache and enabled her to sleep a little. *Hepar sulph.* ʒ given for six days did no good; on the contrary, the œdema increased and extended upwards to the genitals. The other symptoms continued as before. *Arsen.* ʒ, every two hours for eight days, only slightly diminished the dyspnœa, but

the swelling and weakness increased. The pulse was 128. Previous experience had taught the doctor the efficacy of *Calc. ars.* in albuminuria. He prescribed it in the third dec. trituration, three times, then twice, and at length only once a day. During the first days of the use of this remedy the appearance and strength of the patient improved, the pulse became fuller and quieter, the urine more copious, the albumen in it decreased greatly, and the œdema declined. After eight days more she had copious diuresis; the œdema was nearly gone; the albumen diminished to 5 per cent. In another fortnight, *i. e.* after four weeks of the medicine, she was quite well.

Dr. Mayländer relates an interesting case of croup which, threatening suffocation, was successfully treated by laryngotomy. The canula had to be retained for six weeks.

In No. 14 Sorge relates a case of deep melancholy, which he treated successfully with *Rhus tox.* 3.

At the meeting of the Austrian Homœopathic Society of February 18th, 1876, reported in No. 18, the veteran Gerstel related two cases of biliary colic with icterus which yielded to *Colocynth* followed by *Chelid.* Incidentally he mentioned that one of his patients had been to Carlsbad, but the waters did not suit her complaint. This called up Porges, who insisted that Carlsbad was suitable to such affections, only we must know how to employ the waters rightly. At another meeting of this society Dr. Müller, the physician to the Sechshaus Hospital, mentioned that in his experience *Dulcamara* 1 to 3 was a very efficacious remedy in acute Bright's disease, with dropsy, pain in the kidneys, and a large amount of albumen in the urine. He lauded the efficacy of *Millefol.* 1 in hæmoptysis of tubercular patients, and of *Sambucus* 1 in their night sweats. Prof. Molin, on the contrary, had never seen any good from *Millef.* in hæmorrhages, but had found *Ergotin* 1 of great use, especially in renal hæmorrhages; *Hamamelis* he had found serviceable in epistaxis and bleeding from throat. Müller replied that *Ergotin* had proved useless in his hospital. Molin related a case of serious hæmoptysis in which *Hamam.* cured.

In No. 20 Bojanus, of Moscow, relates a case of diphtheria complicated with scarlatina in which *Merc. corr.* 3 effected a cure.

Gerstel found *Mezereum* 4 successful in a case of pruritus senilis that had received no benefit from *Sulphur*.

Goullon, junr.; relates in No. 24 a remarkable case of the cure of amaurosis by *Phosphorus*. The patient, two years old, had previously suffered from pneumonia, which was followed by cerebro-spinal meningitis. It had recovered from both these diseases, but remained perfectly blind, pupils dilated, and insensible. Goullon applied to his colleagues in a former number of this periodical for their advice, and three recommended him to try *Phosphorus*. Goullon accordingly prescribed the "highest centesimal dilution" (whatever that may be) of *Phosphorus*, a dose night and morning, and in less than a fortnight the child began to see. The medicine was continued, and as the improvement advanced a sort of impetiginous eruption appeared on the tarsal edges of the lids. It could not be ascertained if the restored vision was perfect on account of the infantile age of the patient, but it seemed to be so, and nothing remained but a slight indolence of the pupils.

In No. 25 at a meeting of the Austrian Homœopathic Society, Huber related a case of diabetes occurring after boils, which he treated with *Uran. nitr.* 3. Under this medicine the sugar in the urine increased greatly. On changing to *Phos. ac.* 4 the sugar decreased rapidly, and in six or eight weeks it had completely disappeared. Porges stated that Carlsbad waters exercised a decidedly beneficial effect in diabetes, but the amelioration only lasted a few months. Veith cured two severe cases of diabetes with *Arsen.* 3. One of the patients lived ten years after being cured. Molin reminded them of Buchner's experiments with *Arsenic* on rabbits, where sugar appeared in the urine. Huber said the same result had been noticed by Saikowsky in his experiments with *Corrosive sublimate*.

Vol. 93 contains the last work of the lamented von Grauvogl, entitled *Buds and Leaves*, an interesting and instructive *olla podrida*, abounding in useful practical

observations and original reflections on many subjects, which well deserves to be translated, but which we cannot afford space for.

The proceedings of the meeting of the Central Society at Buda-Pest occupy a large portion of this volume, and we find in it many translations from the English and American journals. Goullon, sen., gives an earnest warning to the disciples of Hahnemann to follow more closely the teachings of the master. Lorbacher gives a long address on the internal development of homœopathy, but we find little of an original practical character to notice.

In No. 17 Mossa relates a case of delirium tremens in a railway official, which was cured by *Stramonium* 3.

In No. 18 Mayländer relates two cases of scrofulous affections of the joints, knee and hip respectively, but as the treatment was chiefly surgical we need not dwell upon it. We may only remark that M. considers cider an excellent remedial drink in scrofulous affections. His experience on this subject was corroborated by several of the members of the Berlin Society.

Von Grauvogl recommends *Naphthalin* as an excellent remedy in asthma from pulmonary emphysema. He gives it in the 2nd dec. trit:

Dr. Kafka read a paper at the meeting of the Congress of the Central Society on croupous pneumonia, in which he recommended as the best remedies *Iodine* and *Bromine*. In the *Revue hom. Belge* Dr. de Kegel says that Kafka is all wrong, that croupous pneumonia is only a name that signifies nothing, that all pneumonias are alike, differing only in degree, and that the best remedies are *Aconite* and *Sulphur*. Kafka, who, by-the-by, is the editor of the *Allg. hom. Zeitung* at this period, fires up at this, and emphatically declares the distinctive epithet "croupous" to be correct and indicative of a form of pneumonia that is not the ordinary one. He says mild cases of pneumonia, croupous or otherwise, recover readily without medical interference, and therefore under *Aconite* and *Sulphur* as well as under any other innoxious remedies; but that true croupous pneumonia of an intense character is not affected

in its course or modified in its stages by *Aconite*, *Sulphur*, *Phosphorus*, *Tartar emetic*, *Bryonia*, or any of the other favourite pneumonia remedies, which are all well enough in their way, and where they are indicated, but that they are not indicated in severe croupous pneumonia. The analogy of the pathological process to croup of the larynx led him to try in a desperate case, where none of the ordinary remedies did good, *Iodine* in the second decimal watery dilution, and with such admirable results that he has ever since given it in all similar cases, and it has almost invariably been at once serviceable. But when it seems to be less useful, he finds that *Bromine* of similar strength is generally efficacious.

In No. 26 Grauvogl makes some more remarks on his treatment of pulmonary emphysema with *Naphthalin*, and gives an illustrative case. The patient, a woman, æt. 21, mother of two children, had observed that the number of her respirations from her childhood was fewer than those of other persons. Her thorax was fixed in the position of inspiration; each inspiration lasted much longer than expiration. On coming under treatment the respirations were only from ten to twelve per minute, and every five or six minutes she had a deep sighing inspiration. The diaphragm was depressed, and every three or four days, without obvious cause, she had an attack of dyspnoea with great oppression of the chest. These attacks had formerly been about once a week; at a still more remote period they had occurred once a month or once in three months. She had no other morbid symptom, and she menstruated regularly. She obtained some relief to the dyspnoea by violent movements of her arms and the upper part of her body. After each of the long sighing inspirations, when free from the attacks of dyspnoea, she experienced great difficulty in expiring, she felt as if she could not get rid of the inspired air. All this made her life a burden to her. She was completely cured in a year by *Naphthalin*.

Vol. 94 has now Dr. Lorbacher for editor, in place of Dr. Kafka. No. 1 contains an interesting case by Dr. Sorge. The patient, an undeveloped girl of sixteen, was

seized, on the 12th of June, with pain in the bowels and diarrhœa, for which the allopathic doctors prescribed *Opium*. This caused constipation; but the abdomen swelled and became more painful, whereupon a purgative was given, which brought back the diarrhœa, which was again checked by *Opium*, which caused constipation. On the 24th June six leeches were applied to the left groin, where the sharp pain was, but neither these nor diligent use of poultices removed the pain. All attempts to move the bowels by gentle means were attended with vomiting. At length everything was vomited, even water. On the 25th June the doctor pronounced the case to be hopeless, and recommended frequent subcutaneous injections of *Morphia*, to produce euthanasia. In the night of the 25th fœcal matter began to be vomited, and this was repeated several times during the 26th. On the evening of that day Sorge was consulted. He found the abdomen distended; a hard, painful, immovable tumour was felt in the left side about the size of two fists, extending from the sigmoid flexure to the mons veneris; the rest of the abdomen was not painful on pressure. The tongue red, cracked, dry. Pulse full, soft, not quick. Complains of great thirst and weakness. Injections of camomile tea had caused neither wind nor fœces to pass, but excited vomiting. Nothing had passed out of the rectum for four days, urine freely passed. The diagnosis was—enteritis mucosa gradually involving all the tissues of the sigmoid flexure, considerable deposit in the subperitoneal cellular tissue, the peritonæum itself inflamed. The lower part of the descending colon, owing to the deposit of exudation masses between the intestinal membranes and about them, was completely paralysed, so that antiperistaltic movements were produced. Sorge judged *Sulphur* to be the most appropriate remedy. He prescribed two drops of the tincture in water every three hours. After three doses the vomiting ceased; the following forenoon a small thin motion was passed. She had after this, one, two, or three such thin motions every day until the 2nd July. After this the motions began to be formed, the abdominal distension gradually subsided, and the tumour in

the left side diminished in size, though it remained perfectly perceptible and gave a dull percussion sound. Sorge visited his patient for the last time on the 4th July, and she was able to come to his house on the 24th July, when she had quite regained her usual health, but there still remained some thickening of the sigmoid flexure, for which he directed her to continue the *Sulphur* for another week.

In No. 2 we find the following case by Dr. Pröll. Miss E. D—, a Swiss governess, thirty years old. She had been treated allopathically for a month. She is tall and thin, dark hair, brown eyes. Breath fetid. Tongue furred, whitish-yellow. A hard painless swelling behind the molars of left upper jaw. Thoracic organs sound. Left lobe of liver somewhat swelled, gastric region very tender to touch; pain in the stomach partly burning, partly aching and gnawing, going through to the back, which is also tender to touch. After eating or drinking ever so little, vomiting of ingesta alone or mixed with mucus and blood, often hæmatemesis alone with increase of the burning pain. Very little thirst. Disinclination to move. Better when at rest. Abdomen not distended. Urine with slight excess of uric acid. Obstinate constipation, bowels only moved by enemata. Pulse 80, hard. Can hardly walk a step. Nights sleepless. For years previously had suffered from stomach ailment, irregular scanty menstruation, and frequent vomiting. Her allopathic doctor had allowed her to take anything, lemonade, wine, fruit, meat to strengthen her, which had naturally the opposite effect. She was now limited to teaspoonfuls of warm milk every hour or every two hours. The first evening the vomiting of blood was less frequent and the burning pain lessened. After three days she got *Nux vom.* 30 every three hours. After three doses she could take two teaspoonfuls of milk every hour; on the third day three spoonfuls every two hours. She got clysters every eight days to open the bowels, which caused burning in the rectum, but brought away large masses of fæces mixed with blood. After eight days she got *Arg. nit.* 30x every three hours, and every fourteen days *Carb. veg.* 30. When the pains were intense *Arsen.*

30. For rheumatic pains which sometimes occurred *Bryon. 3.* By-and-bye she got toast with her milk or biscuit soaked in milk. Then yolk of egg alone or with milk. Then fish. Meat, wine, beer, coffee, and tea were prohibited. After fourteen days she could get up and lie on a sofa in the balcony. After three weeks she could walk about in the room. After four weeks she could walk in the garden, and after eight weeks she was quite well. The diagnosis was round ulcer of the stomach.

In No. 8 there is a report of the Gyöngyös Hospital, and we observe that the medical director Dr. Joseph von Vezekinzi, corroborates Kafka's assertion as to the value of *Iodine* in croupous pneumonia. V. says when he commenced homœopathic practice he used the 30th dilution exclusively, but that he afterwards, especially when he came to see much of hospital practice, gave the 3rd dilution in acute diseases, continuing to give the 30th in chronic. Now, after forty years' experience, he gives the lower dilutions in all cases, and thinks they act in every case just as well as, if not better than, the higher.

In No. 8 Kafka relates the following case which he calls *hyperæsthesia ventriculi hysterica*. A woman, delicate and hysterical, had been under his medical care for thirty years, during which she had been treated by him successfully for many hysterical symptoms, sometimes convulsive, sometimes neuralgic. She went to reside at a distance from Prague, and fell under allopathic treatment, which did her no good, so that at last she came into the Prague Hospital, where she remained five weeks without benefit. She left the hospital and put herself again under homœopathic treatment. Her ailment was constant vomiting of everything she took into the stomach. She could not take even water without vomiting. Even ice pills were rejected by the stomach. What she vomited was neither sour nor bloody, it generally consisted of the ingesta or of glassy-looking mucus. She had often nausea, but generally only retching followed by vomiting. She was very weak, and often fainted after vomiting. The gastric region is very sensitive to touch; the uterine and ovarian regions cannot

bear pressure. The menses had ceased, but she had leucorrhœa. There is some ptyalism; the appetite is not altogether absent, the tongue clean, the taste unaltered; she has much thirst, but everything she drinks is immediately ejected. Her appearance is not very bad, though she is very thin. Great loss of strength; sleep not disturbed. Pulse weak, but not quick. In the hospital she had been treated with narcotics, Aq. lauroceras., morphia, effervescent waters, hypodermic injections of morphia, ice externally and internally, baths, &c. But all in vain. K. considered this a case of nervous irritability of the stomach; there were no indications of a catarrhal state, nor of ulcer of stomach, still less of carcinoma. She had no headaches, to which the vomiting might have been sympathetic. Urine and bile secretion unaffected. The tenderness of uterus and its appendages pointed to a hysterical character of the malady. The symptoms pointed to *Arsenic*. He gave it in powders of the 3rd dec., a dose night and morning. The diet prescribed was teaspoonfuls of chicken tea, and teaspoonfuls of weak wine and water. After three powders the vomiting diminished, together with the thirst. After the fourth powder the vomiting entirely ceased, and the patient commenced to take food with benefit. After eight powders the appetite returned, the strength increased, and the sensitiveness of stomach and uterus diminished. After eight more powders, only one per diem, the patient was completely cured. The allopathic treatment was continued for forty-two days without the least benefit. The homœopathic treatment cured her in twelve days.

Kafka relates another case which looked surprisingly like carcinoma of the stomach. The patient was a clerk who became affected with dyspepsia; he grew pale and thin, and after some time so weak that he could not attend to his business. He went into the hospital, where he remained several weeks without benefit. He then left the hospital and came under Kafka's care. He said that after the first medicine given him in the hospital he began to vomit, and this increased to such a degree that he was

unable to retain anything; he became emaciated and anæmic. On the ticket above his bed the words "carc. ventr." were written. On examining the gastric region some tumours could be detected, from the size of a walnut to that of a goose's egg; they could be shoved about, were not very hard, and felt smooth. He could bear pressure on the tumours without pain; the abdomen was distended but not painful. All he swallowed was vomited in the form of some fluid which set his teeth on edge, and could be drawn into strings. The vomiting was always preceded by burning in the stomach, and aching up into the chest; after vomiting he felt very weak and faint. Sometimes when the burning in the stomach lasted long he got griping in the bowels and diarrhœa. Complete anorexia, great thirst, frequent eructations. Tongue furred white, taste insipid, abdomen distended, urine normal, sleep unrefreshing, great weakness and emaciation, striking paleness of complexion, pulse small and weak. Kafka thought the diagnosis of the hospital physician must be correct; the largest tumour was in the pyloric region. The rapid emaciation, the anæmia, and the loss of strength all seemed to point to carcinoma. He gave eight powders of *Arsenic*, one to be taken every night and morning. The same diet as in the preceding case. After taking these eight powders the vomiting quite ceased, the appetite returned, and the appearance improved. After a second course of eight powders he felt so well that he would not take any more medicine, and returned to his office business. The tumours on examination were much smaller. On examining him four weeks afterwards no trace of the tumours could be discovered. Kafka says, of course the case was not one of carcinoma of the stomach, though at first sight it seemed to be this disease.

In Nos. 9, 10, and 11, Dr. Goullon, jun., has a suggestive paper on the use of *Salicylic acid*, which he says has hitherto only been used by homœopathic practitioners (viz., Dr. Davison, of Florence) in certain forms of diphtheria, and Lewi, of Dresden, has shown that it is capable of causing a sort of diphtheritic sore throat.

At a meeting of the Austrian Homœopathic Society, among other observations, Müller said that at the Sechshaus Hospital he had successfully treated several cases of diphtheria after scarlatina with *Kal. bichrom.* 3 internally, and a gargle of 40 drops to 2 oz. of water. Gerstel mentioned that he had cured a case of burning in œsophagus and aching pain in stomach extending through to the back, coming on when at rest; relieved by movement, that had lasted fourteen days with *Cyclamen* 2 in two days. Gerstel cured a case of traumatic periostitis attended by violent pains so as to keep the patient in bed, which had been treated allopathically for ten days without result, in a short time with *Symphitum* internally. Müller said he had found the best remedy for burns and scalds to be *Tinct. of Cantharis* (half a drachm to four ounces of oil) applied externally.

An announcement is made of a homœopathic children's hospital in Vienna of forty beds, founded by Dr. Traube, which was to be opened at the beginning of 1878. It is close to the Gumpersdorf Homœopathic Hospital.

The death of Dr. Käsemann, of Lich, one of the veterans of our school, is recorded as having occurred on the 4th February, 1877.

In No. 12 Mossa relates a case of severe affection of the stomach. The patient, a lady, æt. 55, had suffered from renal dropsy in 1867. Since then she had suffered from hæmorrhoids. A fortnight before Christmas, 1875, she was seized with febrile symptoms and trembling of the left leg and thigh; frequent visceral and rectal tenesmus. She is robust, and has a tendency to accumulation of fat upon the abdomen. Mossa found her in April, 1876, lying in bed on her back, the legs drawn up to the body. The trembling now extends to the upper part of the body. She has violent pains in the stomach as from an ulcer; from this part pains of a shooting character radiate to the breast and left shoulder and downwards to the navel. She has convulsive movements in the chest and neck; in both hypochondria, which are painful to pressure, she complains of pains like an ulcer. Tongue white; appetite

tolerable; she can only take her soup lukewarm. Bowels confined; on straining she can sometimes pass albuminous-looking mucus, but no formed or coloured fæces. After such motions she has pains in the left side of the abdomen. The urine is scanty, straw coloured when the pains are bad, otherwise dark coloured. Sleep very disturbed. Liver somewhat enlarged. She had undergone a good deal of allopathic treatment without benefit, rather the reverse. Mossa gave her first *Pulsatilla*, then *Phosph. 30* without benefit. He then prescribed *Arg. nit. 3* three times a day. Under this treatment she rapidly improved, and after using six grammes of this dilution she was quite well.

In No. 17 Dr. Tritschler calls attention to the great remedial power of *Gold* in the form of *aurum muriaticum natronatum*, in congestions, chronic enlargements and displacements of the uterus, and relates a number of cases in which it proved curative.

In No. 25 Grauvogl writes:—"In thirty-seven cases of whooping cough, some of which were of the most severe character, *Naphthalin* used in the same way as described above in emphysema, cured completely in from three to eight days, which no other remedy ever did in my experience."

In vol. 95, No. 8, Hirsch gives the details of a cure with *Platina*. A lady, æt. 40, who had been in former years frequently treated for nervous and uterine symptoms of various sorts, and always with success, was suddenly attacked by a new series of morbid phenomena. The menses that had always previously been normal became all at once very irregular. They recurred at frequent intervals, often only of a few days, and were very profuse. In the intervals she had more or less leucorrhœa, clear, albuminous looking. When she came under H.'s treatment her complexion was pale, blue rings round the eyes, and she was rather thin. She had alternate rapid changes of disposition. Some days she was irritable, cross, often violent, and other days she exhibited remarkable agility and activity. Then, again, she would show depression and tendency to tears, conjoined with complete apathy and such debility that she

must lie all day on the sofa or in the arm-chair tortured with anxiety and fear of death. Then she would have days when she was uncommonly cheerful, enjoyed life, and was able to pass cheerfully through attacks of neuralgia, to which she was subject. The menses were all this time irregular, frequently recurring, and the discharge was often of masses of coagulated blood, attended with bearing-down pains. She said that though she had great dislike to coitus, she was often troubled with lascivious dreams amounting to a high degree of ecstasy, which terminated in a profuse discharge of viscid fluid. She would not submit to an examination, but said she had been examined by a specialist, who had declared there was nothing abnormal. When she was cheerful the appetite was good, when depressed the reverse. The motions were sometimes diarrhœic, but generally she was constipated. Hirsch prescribed *Platina* 15, a dose every other day. Two days after the first dose she was much better, cheerful, and inclined to walk. The menstrual discharge was also decidedly diminished. After eight doses she was quite well.

Goullon, junr., relates a case of severe sciatica, which he cured with *Salicylate of Soda*, made with one grain of *Salicylic acid*, one grain of *Carb. soda*, and six grammes of *milk sugar* rubbed up together; about a grain for a dose three times a day.

CLINICAL RECORD.

*Case of Cutaneous Emphysema occurring in the course of
Pneumonia.* By Dr. DUDGEON.

The patient is a gentleman, æt. 60, who had been a victim to dipsomania for many years, but for the last eighteen months had been a strict teetotaller. The previous winter I had attended him for an affection of the lungs, consisting chiefly of cough with muco-purulent expectoration, and attended by a long-continued crepitation at the base of both lungs, though without any marked dulness on percussion. He was not exactly ill, being able to get about and even attend to his business in the City, but he continued ailing until the spring, the crepitation and thick yellow expectoration only leaving him when the fine warm weather set in. During the many years I have known him he has always had a remarkably quick and feeble pulse, the least illness sending it up to 120.

I was sent for on the 9th October last, and was told that he had "caught cold," by which he meant began to cough severely, a week ago, but he had not sent for me before, hoping it was a mere cold, which would go off without the assistance of the doctor. He complained of some pain at the base of the right lung both anteriorly and posteriorly, and auscultation there showed mucous râles mingled with fine crepitation over a circumscribed space of no great extent. The percussion sound was but slightly altered. The expectoration which was copious was muco-purulent. There had been, so far as I could ascertain, no rusty-coloured expectoration previously, but the yellow colour of the sputa had only come on a day or two ago. His appetite was bad, but tongue not much furred, and he was able to eat quite sufficient food though without relish. He perspired a great deal when asleep, and his sleep though disturbed occasionally by the

cough was not on the whole bad. Pulse 120, weak. He complained of great debility and craved for a stimulant, which was, of course, not to be thought of. I prescribed *Arsen.* 3. I need not go into the daily history of the case. Suffice it to say that symptoms of circumscribed pneumonia continued, and on the 13th the report was: a bad night, complains of more pain (stitches) in the lung, pulse 120. Expectoration rather rusty coloured. A rough pleuritic friction sound at lower part of the thorax. Temp. 100·5°. *Acon.* 1 every two hours. 14th.— Passed a better night; pulse 120°; temp. 98·5. Pain in chest better, crepitation in right lung rather increased. Perspired much during the night. *Phos.* 2 every two hours. He went on improving slightly, till the 18th when the report is—feels weaker; he had been confined to his room the last two days; previously to that he had come down stairs every day and sat at meals with the family. He would not remain in bed during the whole course of his illness, but must be up every day, and though he had the greatest difficulty in moving about he persisted, in spite of all my persuasions, in getting up almost every day from first to last.) The pain in the chest extends right round to the front and reaches to about the fifth rib; it is sometimes very sharp, catching his breath. The temperature never again exceeded the normal. Thus he went on with few important changes, except that the pain soon subsided under the influence of *Rhus* 1. The breathing remained very short on the least exertion; the pulse ranged from 100 to 120. The expectoration continued as before, but there appeared at the seat of the pneumonic infiltration marked resonance of voice amounting almost to pectoriloquy, giving me the idea there was destruction of lung substance in that region though but to a limited extent, for the resonance of voice was limited to a small space at the base of the right lung posteriorly. This conviction forced itself upon me gradually, for these symptoms occurred while the patient seemed to be improving and was gaining strength, and while the pain was diminishing and, in fact, becoming quite insignificant. On the 29th I observed in the expectoration some streaks of bright blood, which the patient imagined to be from the throat, but which did not appear to me to bear that character. However, as nothing new could be discovered in either objective or subjective symptoms I did not alter the medicine he was taking, *Phos. ac.* 2. The following

day (30th October) the expectoration showed no traces of blood; the pulse was 115; cough and physical signs as before. Confirmed in my suspicions of a small abscess or vomica in the lung, I prescribed *Hepar s. 6*. Next day at my visit in the morning I was shocked to find the whole of the right side of the chest, the anterior part of the neck up to the lower jaw, and the left side of the chest about two fingers' breadth below the clavicle, distended with emphysema, which crackled under pressure, whereby the air was displaced, running underneath the skin from one part to another. With all this the pulse had fallen to 100, and the breathing was better. The patient complained of no discomfort, nor was his cough more severe than it had been, rather less so. As he was not alarmed or agitated, though usually of a very nervous disposition, I said nothing calculated to excite his fears, and made no change except to enjoin rest in bed, friction with oil on the affected parts, and I prescribed *Arnica* 1 alternately with *Kal. bich.* The perforation through which the air got beneath the skin was evidently just over the seat of the vomica, at the posterior and inferior part of the right lung, for there the emphysema seemed to be greatest. The crackling sound on applying the ear was greatest at that spot. Not to alarm the patient I did not offer to come again later in the day, but privately told his wife to send for me if she observed any increase of the swelling or if the patient was distressed in his breathing. I was not sent for, and next morning (1st November) I found the emphysema had not spread, he had had a good night, and even the cough was considerably better. The emphysema steadily declined after this, so that on the 4th I was able to leave off the *Arnica*, and I now gave him *Phos.* The emphysema continued to decline, and on the 18th I was able to convince myself that it was all gone. It first disappeared from the neck, then from below the clavicle on the left side, and its superior limit gradually descended, until on the eleventh there was only a slight remnant of it just in the neighbourhood of the pulmonary abscess. All this time the signs of a cavity in the lung had been gradually going off, and towards the end of November there was no appreciable difference in the auscultation signs of both lungs. The patient still remained weak, though very much improved in that respect, and his pulse was still liable to get up, and his breathing became short on very moderate exer-

tion. Otherwise he was very much in his usual condition. He ate well and slept well, and the cough was almost nil. The expectoration had ceased to be muco-purulent, and consisted merely of white frothy mucus from the third or fourth day of the appearance of the emphysema.

Though cutaneous emphysema is a common sequel of a fractured rib, and is occasionally met with in whooping-cough and other severe spasmodic coughs, as also in pneumothorax, I think it must be rather a rare phenomenon in connexion with pneumonia. Fraentzel (in Ziemssen's *Cycl.*, vol. iv, p. 757) says:—"Cutaneous emphysema is sometimes observed in caseous pneumonia without pneumothorax in the case of a vomica reaching as far as the pleura pulmonalis, causing adhesions between this and the pleura costalis, and perforating both folds at once." A case of general emphysema produced in the course of a pneumonia is related by Patruban in the *Æst. Zeitsch. f. prakt. Heilk.*, v. 32, 33, 1859. The patient was a girl, aged 10. She was attacked by a severe cough, attended with inflammatory symptoms, and after a few days the sputa became fetid. There occurred dyspnoea, high fever, and swelling of the left side of the neck. There was emphysematous swelling of the right supra-clavicular region, which in the course of a day extended to the whole of the right side of the neck, to the parotid region and upwards, and along the acromion into the dorsal region. On the second day the emphysema extended over the pectoral muscles down the abdominal muscles of the left side to the mons veneris, across the mesial line of the body to the inguinal region. From this it extended upwards and downwards, until in four days it extended over the whole surface of the body. On the tenth day of its appearance there came round, tympanitic, emphysematous swellings on the left calf and at the angle of the right scapula. The skin was very sensitive to the touch. Cough in violent fits; expectoration moderate. On the eleventh day no displacement of the heart, no signs of pleuritic exudation, no pneumothorax could be discovered. At the middle of the back part of the right lung there was bronchial breathing and amphoric resonance on coughing. The emphysema extended up in the head to the linear semicircularis of the parietal bones and to the root of the nose. The jugular fossæ were quite obliterated, and the clavicles could not be felt. Voice hoarse; swallowing difficult; great

dyspnoea. She died on the twelfth day after the emphysema showed itself. The autopsy showed complete pleuritic adhesion of all the right lung, and at the lower part of its inferior lobe a cavity the size of a pigeon's egg, filled with fetid pus and surrounded by pus-infiltrated parenchyma, into which numerous bronchial tubes opened. On forcibly separating the adherent pleura an opening the size of a bean was found from this cavity into the posterior mediastinum, where the air had spread upwards to the neck and thence over the body. A similar case is described by Cruveilhier, *Gaz. Hebd.*, iii, 11, 1856.

There are, no doubt, many cases of this peculiar complication of pneumonia on record in our literature, but I am unable to lay my hand on more than the above, which do not correspond to my case in this, that the opening was into the posterior mediastinum, whereas in my case the opening was more externally. The pathological process in my case and that quoted above by Patruban seems to have been much the same, viz. an abscess in the lung-substance occurring in a lung with adherent pleura. Fortunately in my case the leak soon closed, otherwise I might have seen the emphysema extending all over the body. Cutaneous emphysema from a fractured rib is of little importance, and generally subsides soon after the application of the appropriate bandage, the wound caused by the broken bone having a tendency to heal rapidly. But in the case of a perforation by ulceration through the walls of the lung and the pleura pulmonalis and costalis the probability of a rapid healing up of the ulcerated orifice is not nearly so great. I have noticed a great tendency to suppurative destruction of lung tissue in the pneumonia of dipsomaniacs, and as this gentleman had formerly been of that persuasion his lungs were probably predisposed to the formation of abscess.

The affection in this case, I believe, must be of considerable rarity, for though Fraentzel mentions the possibility of its occurrence, and in the case I have quoted from Patruban the reporter in *Schmidt's Jahrb.* (v. 106, p. 43) refers to Cruveilhier's case, and incidentally mentions that the abscess did not usually open into the posterior mediastinum, it is worthy of observation that Jürgensen, in his classic article on pneumonia in Ziemssen's *Cyclopaedia*, makes no allusion to it as a possible complication or accident in pneumonia, nor does Wilson Fox in his contribution on pneumonia to Reynolds' *System of Medicine*.

The treatment I employed offers nothing of special interest. My first idea on perceiving the emphysema was to put a bandage tightly round the chest, but I was deterred from doing so by the strong objection of the patient to anything that should compress the thorax ; so I resolved to wait and see if the emphysema spread before I applied the bandage. Fortunately the emphysema did not extend, and I limited my external appliances to frictions with oil, but whether they were of any service is a matter of doubt. I ascribe the limitation of the emphysema to the decided amelioration of the cough that followed the administration of *Kal. bich.* This lessening of the cough allowed the opening from the vomica to heal up rapidly. Unlike Patruban's case above quoted, there was never any tenderness of the emphysematous skin in my patient.

CORRESPONDENCE.

NAJA.

To the Editors of the British Journal of Homœopathy.

GENTLEMEN,—Please allow me through your Journal to call the attention of the profession to the fact, that we have now a new and reliable supply of the very valuable drug *Naja*. It has been prepared by Messrs. Thompson and Capper, homœopathic chemists of this town, in the same way and with the same care as our recent supply of *Crotalus* was, with, however, this slight difference, that in the case of *crotalus* the original stock was the pure venom in its naturally liquid state received direct from the fang of the living snake in this country, whereas in the case of *naja* the original stock has been the pure venom that had been received and dried on glass in India, and brought to this country in small glass tubes carefully sealed.

In the case of *crotalus* the venom was, with the assistance of Dr. Drysdale, Dr. Proctor, and Mr. Isaac Thompson, received in small glass vials direct from the fangs of the living snakes, and immediately mixed with equal quantities of pure glycerine. This

was afterwards, and before any dilutions were made from it, tested by injecting a few drops of it underneath the skin of rabbits, birds, and mice; death with the usual symptoms was the result within a few minutes. This preparation was then entrusted to Mr. Isaac Thompson, of the firm of Thompson and Capper, who added glycerine to it so as to make the proportion one of the venom to nine of the glycerine, in order to make sure of preserving the venom free from decomposition, glycerine being the best menstruum for preserving animal substance from decomposition. This preparation of one in ten was called ϕ as the strongest officinal preparation, and it is the preparation mentioned under that designation in the *Pharmacopœia*, 2nd ed., p. 123; and it is the preparation from which all our dilutions of *crotalus* are now, or ought to be, made.

As an assurance that glycerine preserves the venom potent, even in a less proportion than one in nine, I may mention that a few days ago I injected underneath the skin of a dog a few drops of some that I have had for five years, half venom and half glycerine, and death with the usual symptoms was the result.

In the case of *naja* we have had two supplies of the dried venom, one was presented to Messrs. Thompson and Capper by Dr. J. H. Ramsbotham, of Leeds, and which was given to him by a medical friend who received it direct from the secretary of the snake-poisoning commission in Calcutta, the other was received by myself direct from Surgeon Edward Nicholson of the Army Medical Department, and author of an excellent treatise on Indian snakes, and which he himself collected and brought over to this country.

As four drops of the liquid venom yield one grain of dry residue, these two supplies were separately dissolved in glycerine in the proportion of one grain to three, so as to represent venom of the natural strength. These were then separately tested by Mr. Isaac Thompson and myself; of one of them as much as would represent one fifth of a grain of the dried venom was injected underneath the skin of a cat, and of the other as much as would represent one grain was injected underneath the skin of a dog. In the case of the cat death with the usual symptoms took place within fourteen minutes, and in the case of the dog within ninety-five minutes. Glycerine was then added to both so as to bring them up to one drop of the liquid venom

in ten, the ϕ of the *Pharmacopœia* and corresponding with that of crotalus.

From these Messrs. Thompson and Capper have prepared the ordinary dilutions, and it is to be hoped that all homœopathic practitioners and chemists will procure a supply of this new and reliable preparation, which, as with crotalus, may be had as low as the first centesimal dilution.

I am, Gentlemen, yours truly,
JOHN W. HAYWARD, M.D.

117, Grove Street, Liverpool;
Dec. 1st, 1877.

OBITUARY.

DR. CLOTAR MÜLLER.

HOMŒOPATHY has sustained another great loss. Dr. Clotar Müller has for many years been one of the most prominent personages in the German homœopathic world. Son of the renowned Dr. Moritz Müller, one of Hahnemann's earliest disciples, he worthily followed in a course pursued with so much honour by his eminent father. He founded and conducted the *Vierteljahrschrift* for many years, and after a short pause established the *Internationale homöopathische Presse*, which has exercised such a beneficial action on the external and internal development of our system. In May last he was attacked with embolic pneumonia, from which he completely recovered, but sought rest and sunshine in a southern climate. He removed for the winter to Lugano in Switzerland, and there was attacked with pleurisy from which he seemed to have recovered perfectly, so much so that a friendly physician who had come to attend him was on the point of leaving him, when he suddenly expired in his chair. The cause of death was probably embolism in the brain. Homœopathy can ill afford to lose such an able representative, and the many friends whom he made in his native country and here and in America, where he was for a short time in 1876, will deeply regret the death of a genial and highly cultivated colleague.

BOOKS RECEIVED.

Traité des Maladies oculaires. Par le Dr. H. C. ANGELL, traduction par le Dr. A. DEKSEERSMAECKER. 1st fascicule. Paris, 1877.

The Homœopathic Physician's Visiting List and Pocket Repertory. By RT. FAULKNER, M.D. Second Edition. New York: Boericke.

A System of Obstetrics on Homœopathic Principles. By W. C. RICHARDSON, M.D. St. Louis, 1877.

Traumatism as a Factor in the Diseases of Women. By R. LUDLAM, M.D. Chicago, 1877.

Ziemssen's Cyclopædia. Vols. xv and xvi. Sampson Low, 1877.

A New Uterine Repositor and Retracting Speculum. By R. T. COOPER, M.D. Dublin, 1877.

On the Removal of Foreign Bodies from the Ear. By R. T. COOPER, M.D. Dublin, 1877.

Leçons de Clinique Médicale. Par Dr. P. JOUSSET. Paris, 1877.

Éléments de Médecine Pratique. Par Dr. P. JOUSSET. Second Edition. Paris, 1877.

Encyclopædia of Pure Materia Medica. By T. F. ALLEN. Vol. vi. New York, 1877.

Pathology and Treatment of Diphtheria. By W. C. DAKE, M.D. New York, 1877.

Homœopathy the Science of Therapeutics. By CARROLL DUNHAM, M.D. New York, 1877.

Revue Homœopathique Belge.

The Monthly Homœopathic Review.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The United States Medical Investigator.

The North American Journal of Homœopathy.

The New England Medical Gazette.

El Criterio Médico.

Bibliothèque Homœopathique.

L'Art Médical.

Bulletin de la Société Méd. Hom. de France.

The Calcutta Journal of Medicine.

Allgemeine homœopathische Zeitung.

Ohio Medical and Surgical Reporter.

The Homœopathic World.

The Homœopathic Times.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

HAHNEMANN'S DOSAGE.

By Dr. HUGHES.

IN the discussions about dose which from time to time arise in the school of Hahnemann, the practice of the master is frequently cited by either side, and statements made on the point by one party are frequently contradicted by the other, so that the would-be learner is left in confusion. It has seemed to me that it would be a useful contribution to the controversy if a chronological account were given—taken from the original documents—of all that Hahnemann wrote on this subject from his first promulgation of the homœopathic method until his death. I am not unmindful of the valuable materials brought together by Dr. Dudgeon in relation to Hahnemann's dosage in his *Lectures on Homœopathy*. But at the time of their publication it is obvious that my esteemed colleague had not at his command several of the most important sources of information on this score:—I refer to the first edition of the *Reine Arzneimittellehre* and the *Chronischen Krankheiten*, and the second edition of the first and second volumes of the former work. With these now before me, I

am able to fill up certain gaps in his statement, and to present a complete account of the facts.

1796—1798.

It was in 1796 that, in his essay entitled "A new principle for ascertaining the curative power of drugs, with a few glances at those hitherto employed," Hahnemann first propounded the homœopathic method. In this paper he several times speaks of "small doses" as being necessary when similarly-acting medicines are given, the context showing (and, indeed, sometimes stating) that he means doses too small to produce the physiological effects of the drugs. That such smallness did not, in the case of most medicines, mean their use in even fractional quantities, appears from his recorded practice during the next two years. In 1797 we find him reporting a case of colic in which he gave *Veratrum album* in four-grain doses, and another of asthma, treated by *Nux vomica* in the same quantities. In 1798 he relates a series of cases of continued and remittent fevers occurring in that year, in which he gave "a few grains of *Arnica* root," *Ignatia* in doses of two or three grains to children from seven to twelve, from one-fifth to half a grain of *Opium*, thirty to forty grains of *Camphor*, six to seven grains of *Ledum*. In another paper "On some periodical and hebdomadal diseases," appearing in the same year, he speaks of giving eight grains of *Ignatia* and half-drachm and drachm doses of *Cinchona*.

1799.

To this year belongs the introduction, sudden and without explanation, of what are now known as infinitesimal doses. In a pamphlet "On the cure and prevention of Scarlet Fever," published in 1801, Hahnemann relates his treatment of an epidemic of this disease commencing in the summer of 1799. He mentions the use of four medicines only—*Ipecacuanha*, *Opium*, *Belladonna*, and *Chamomilla*, and speaks of all as given in quantities of a minuteness

hitherto unknown in medical practice. His tincture of *Ipecacuanha* was to contain one part of the drug in two thousand of alcohol; of this from one to ten drops were to be taken, according to the age of the patient. *Opium* was so diluted that a drop should only represent the five-millionth of a grain, and children below four were to have even this dose broken up. *Belladonna* was given in a dose of the 432,000th part of a grain of the extract; and for prophylactic purposes a solution was made containing only a twenty-four millionth part of a grain of the same, of which from one to forty drops, according to age, were to be taken every third day. The tincture of *Chamomilla* was to contain the 800,000th part of a grain of the dry extract, of which one, two, or more drops were to be given.

1801.

In the second part of *Hufeland's Journal* for this year Hahnemann answers the question aroused by his pamphlet—What effect can these minute doses of *Belladonna* have? I am not now concerned with his defence of them; I have only to note that he speaks several times of the effects of a millionth part of the ordinary doses, and says,—“Those who are satisfied with these general hints will believe me when I assert, that I have removed various paralytic affections by employing for some weeks a quantity of diluted solution of *Belladonna*, where for the whole treatment not quite a hundred-thousandth part of a grain of the extract was required; and that I have cured some periodical nervous diseases, tendency to boils, &c., by not quite a millionth of a grain for the whole treatment.”

1806.

Hahnemann says nothing more upon the subject of dose (not even in his *Fragmenta de viribus medicamentorum positivis*, published in 1805) until his essay on “The Medicine of Experience,” which appeared in *Hufeland's Journal* in 1806. Nor, indeed, does he advance here beyond the

point he seems to have reached in 1799—1801. He speaks of the "smallest possible dose" sufficing, of its being of little or no importance how small the dose is; but whenever he comes to particulars, he mentions only the hundredths, thousandths, and millionths of an ordinary dose with which we are already familiar.

1809.

I find no further mention of dose (beyond such general statements about smallness as those cited above) until we come to 1809. In a paper, entitled "Observations on the three current methods of treatment," published in *Hufeland's Journal* of that year, we meet with a paragraph stating that in certain so-called "bilious conditions" "a single drop of the tincture of arnica-root will often remove, in the course of a couple of hours, all the fever, all the bilious taste, all the tormina; the tongue becomes clean, and the strength is restored before night."* But in another communication belonging to the same year we find that in the case of two potent poisons Hahnemann had come to attenuate much farther than three years back. For a fever which had prevailed for a twelvemonth past in Germany, and which he describes in the *Allg. Anzeiger der Deutschen* for 1809, he names as remedies *Nux vomica* and *Arsenicum*, according to the symptoms, recommending the former to be given in doses of a trillionth, the latter in those of a sextillionth of a grain, *i. e.* in the 9th and 18th dilutions respectively.

1810.

In this year appeared the first edition of the *Organon*; and we naturally expect to find in that section of it devoted to the subject of dose some more detailed exposition of Hahnemann's views upon the point than had as yet been vouchsafed. Little is said, however, beyond what we have already seen in the "Medicine of Experience." In a note

* *Lesser Writings*, translated by Dudgeon, p. 599.

to § 247, he writes:—"When I speak of the dose employed in homœopathic practice being the smallest possible, I cannot, on account of the difference in the power of medicines, give a table of the right measure and weight of the medicines."

1814.

In 1814, in an article "On the treatment of the typhus or hospital fever at present prevailing" (it was the time of the uprising of Germany against Napoleon which followed his retreat from Russia) we have further insight into Hahnemann's posology. The medicines he recommends, according to the symptoms, are *Bryonia*, *Rhus*, and *Hyoscyamus*. The first two are to be given in the twelfth dilution, and the third in the eighth, of a scale different from the centesimal, in that six drachms instead of a hundred drops of alcohol are to be used at each advance in attenuation. This would (as Dr. Dudgeon says*) make the 12th dilution correspond to something between our 15th and 16th, and the 8th to our 10th. Sweet spirit of nitre is also directed to be given under certain circumstances, and a drop of it is to be shaken up with an ounce of water, the mixture to be consumed by teaspoonfuls in the course of the twenty-four hours.

1816.

This year is an important epoch in the history of Hahnemann's dosage, or at least in our knowledge of it. In the first volume of the *Reine Arzneimittellehre*, published in 1811, he had not said a word, in his prefatory remarks to the several pathogenesies, as to the doses of the medicines he thought most suitable to be given. We thus know nothing of his views at that time regarding the dosage of *Belladonna*, *Dulcamara*, *Cina*, *Cannabis*, *Cocculus*, *Nuxvomica*, *Opium*, *Moschus*, *Oleander*, *Mercurius*, *Aconite*, and *Arnica*. Now, however, this reserve is abandoned; and in the second volume (published in 1816) and its successors, nearly every medicine is given its appropriate doses. In

* *Lectures*, p. 401.

that now before us we find the following recommendations:—

Of *Causticum* a drop of the original preparation is to be given for a dose.

Arsenicum is to be administered in the 12th, 18th, or 30th dilution, preferably the last.

Of *Ferrum* the $\frac{1}{100}$ th, $\frac{1}{10000}$ th, or $\frac{1}{50000}$ th of a grain is mentioned as appropriate.

Ignatia is recommended in the 9th or 12th potency; and

Rheum, in acute affections, in the 9th.

As to *Pulsatilla*, *Rhus*, and *Bryonia*, very similar directions are given. If the patient be robust, and his malady of some standing, a drop of the pure juice will be an appropriate dose. But in delicate subjects and acute affections attenuations are to be given—the 12th being specified for the first medicine, the 12th or 15th for the second, the 18th for the third.

These views are well illustrated by the two celebrated cases published at this time by Hahnemann as examples of homœopathic treatment, and which are given in the preface to the present volume. The first was one of gastralgia, with water-brash, of three weeks' standing, occurring in a robust woman otherwise in good health. She received a drop of the juice of the root of *Bryonia*. The second was one of spoiled stomach, which had existed five days, and whose subject was a weakly and delicate man. His remedy was half a drop of the twelfth dilution of *Pulsatilla*. Both these cases were treated towards the end of 1815.

From the same preface, moreover, we learn that Hahnemann had now adopted the centesimal scale of attenuation, —great care being taken (in which later homœopathic pharmacy has not followed him) to make each potency what it professes to be. Dry plants are to be treated with twenty parts of alcohol, and each drop of this tincture to be reckoned as containing a twentieth part of medicinal power (*Arzneikraft*) in making the dilutions. Correspondingly, the tinctures prepared from fresh plants by mixing

their expressed juice with equal parts of spirit are to be considered as of half-strength, so that two drops are to be added to 98 of alcohol to make the first centesimal dilution.

1817.

This year brings us a third volume of the *Reine Arzneimittellehre*, and in it we find the following recommendations as to dose.

China is to be given in the 12th dilution,

Asarum in the 12th or 15th,

Ipecacuanha in the 3rd,

Scilla in the 15th or 18th,

Stramonium in the 9th,

Veratrum in the 12th.

Nothing is said on this score as to *Chamomilla* and *Helleborus*. In the preface Hahnemann speaks of a drop of the thirtieth dilution of *Arsenicum* as being sometimes "altogether too large a dose."

1818.

A fourth volume of the *R.A.M.L.* now appears, containing twelve medicines. The following are the statements and recommendations about dose to be found in it.

Of *Hyoscyamus*, it is said in the preface to the medicine, that a dose which contains the trillionth part of a drop of the juice (*i. e.* of the 9th dilution) is more than sufficient for homœopathic purposes; and in a note to one of the symptoms, suggesting its use in hydrophobia, and warning against giving it in too large doses, the 12th, 15th, and 18th dilutions are mentioned as most suitable.

Digitalis is recommended, with the qualification as to "often more than enough," in the 15th dilution.

About *Aurum* he gives no definite advice, but speaks of using the first and second triturations of gold-leaf (this mode of preparation is now introduced for the first time), and the 15th and 18th dilutions of the muriate.

Of *Guaiacum* a drop of the mother-tincture is said to be a full dose.

Camphor is to be given in drop doses of the primary solution, which is in the proportion of one part in eight.

Ledum is recommended in the 15th dilution ;

Ruta in a dilution containing one part of the juice in 100,000, *i. e.* what we should now call the 5th decimal ;

Sarsaparilla in drop doses of the mother-tincture ;

Sulphur, *Hepar sulphuris* and *Argentum* in grain doses of the second trituration.

1819.

This year gives us several expressions of Hahnemann's views on the subject of dose.

1. The fifth volume of his *Materia Medica Pura* bears its date. In this we find him making the following recommendations :—

Of *Euphrasia*, *Menyanthes*, and *Sambucus*, “ the smallest part of a drop of the juice ” is mentioned as a sufficient dose.

Cyclamen is to be administered in the same proportion of the third dilution.

Of *Calcarea acetica* a drop of the saturated solution is advised ;

Of *Muriatic acid*, the smallest part of a drop of the thousand-fold dilution, *i. e.* our 3rd decimal ;

Of *Thuja* a similar quantity of the 30th.

A single drop of the juice of *Taraxacum* is to be given ;

A small part of a drop of *Phosphoric acid* in the second dilution ;

Of *Spigelia* and *Staphisagria* the smallest part of a drop of the 30th.

2. In this year was published the second edition of the *Organon*. The paragraphs on the subject of dose are very differently worded from the corresponding ones in the first edition, and are identical with those of the fifth, which we all have in our hands. In a note to one of them Hahnemann refers to the prefaces to the several medicines in his

Reine Arzneimittellehre for the appropriate dilution of each, but says that further experience has shown that it is better to go still "lower" than the doses there indicated. By "lower" he evidently means what we understand by "higher."

8. In the same year we have a short communication to a popular journal "On uncharitableness towards suicides," in which he states that "this most unnatural of all human purposes, this disorder of the mind that renders them weary of life, might always with certainty be cured if the medicinal powers of pure *gold* for the cure of this sad condition were known." For this purpose he recommends an attenuation to the billionth degree, *i. e.* the sixth potency. In the previous year he had spoken of effecting cures by using altogether from three to nine grains of the first trituration.

1821.

In this year was published the sixth and last volume of the first edition of the *Reine Arzneimittellehre*. The phrase "the smallest part of a drop," which we have so often encountered in the fifth volume, is now constantly used, and seems to imply the regular employment of globules as the form of administration. Understanding this, I may briefly state Hahnemann's recommendations as to the suitable dilutions of each medicine.

- Of *Angustura* he mentions the 6th ;
- Of *Manganum aceticum* the 24th ;
- Of *Capsicum* the 9th ;
- Of *Colocynth* the 18th and 21st.
- Of *Verbascum* the pure juice is to be given ;
- Of *Spongia* the mother-tincture for goitre; for other purposes higher attenuations (the range not specified) ;
- Of *Drosera* the 9th dilution ;
- Of *Bismuth* the 2nd trituration ;
- Of *Stannum* the 6th.

In a note to one of the symptoms of *Cicuta* Hahnemann speaks of giving a small part of a drop of the juice for a dose in impetigo.

In the same year *Aconite* and *Coffea* are recommended as the remedies for "purpura miliaris." The former is to be given in the 24th, the latter in the 3rd dilution.

1822.

Hahnemann now began to issue a second edition of his *Materia Medica Pura*, the first volume appearing in the present year. As in the corresponding volume of the first edition nothing was said about dose, I must limit myself to stating the dilutions now mentioned.

Of *Belladonna* the 80th is recommended ;

Of *Dulcamara* the 24th ;

Of *Cina* the 9th ;

Of *Cannabis* the pure juice ;

Of *Cocculus* the 12th ;

Of *Nux vomica* the 30th ;

Of *Opium* the 6th ;

Of *Moschus* the 3rd decimal (1000 *facher*) ;

Of *Oleander* the 6th ;

Of *Mercurius solubilis* the 12th (trituration) ;

Of *Mercurius corrosivus* the 15th ;

Of *Aconite* the 24th ;

Of *Arnica* the 6th.

The phrase "small" or "smallest part of a drop" is used for each of these, save that of *Mercurius solubilis* "a grain or less" is to be given.

1824.

The second volume of this edition, appearing in 1824, can have its recommendations as to dose compared with its fellow in the former issue. Making such comparison, accordingly, we find that the only material change which has occurred relates to *Rhus* and *Bryonia*. Of *Pulsatilla* it is still allowed to give a drop of the pure juice in a suitable case ; but of the two other drugs, of which formerly the same direction was given, it is now said that the juice is never required, the 30th dilution answering equally well for

all cases. *Arsenicum*, *Ferrum*, *Ignatia*, and *Rheum* are to be given as in 1816; and of *Causticum* the original solution is still prescribed, in doses of "a drop or less."

1825.

Two volumes—the third and fourth—of the second edition of the *Reine Arzneimittellehre* appeared during this year. In the third the recommendations as to *China*, *Asarum*, *Ipecacuanha*, *Scilla*, *Stramonium*, and *Veratrum* remain unchanged; and the twelfth is for the first time specified as the appropriate dilution for *Chamomilla*. In the fourth the doses of *Guaiacum*, *Camphor*, *Ledum*, *Ruta*, *Sarsaparilla*, *Sulphur*, and *Argentum* remain as they were in the first edition. *Hyoscyamus* is raised from the 9th to the 12th dilution; and in the note about hydrophobia the 24th and 30th are substituted for the 12th, 15th, and 18th, as the most appropriate potencies. Of *Digitalis* the 30th is said to be still better than the 15th; and of *Aurum* he states that he now gives the 12th dilution instead of the 1st and 2nd triturations. *Hepar sulphuris* is raised from the 2nd to the 3rd.

1826.

In the fifth volume, published in this year, the only changes which occur are as to *Muriatic* and *Phosphoric acids*. The former is now to be given in a "millionfache" instead of a "tausendfache" solution, i.e. in the 3rd potency; the latter in the 9th attenuation instead of, as hitherto, in the 2nd.

There also occurs, in this volume, one of the few notices given by Hahnemann of those potencies above the 30th which afterwards played so large part in homœopathic posology. He says that, in sycotic gonorrhœa, he finds *Thuja* more potent in the 60th than in the 30th dilution. It would seem, however, that he did not attach much importance to this observation, as subsequently, in both editions

of the *Chronischen Krankheiten*, the appropriate dose for *Thuja* in syphilis is said to be the 30th.

1827.

In the sixth volume, *Angustura*, *Capsicum*, *Verbascum*, and *Bismuth* remain as they were in respect of dose. *Manganum* is raised to the 30th, *Colocynth* to the 24th or 30th, and *Drosera* also to the latter point. *Cicuta*, of whose dosage in Hahnemann's hands the only trace hitherto was his use of the pure juice in a case mentioned, is now recommended in the 30th; and this dilution is specified as the one most appropriate for *Spongia* in all affections save goitre. On the other hand, *Ambra*, *Carbo animalis*, and *Carbo vegetabilis*—here introduced for the first time—are all to be given in a small part of a grain of the third trituration; and of *Stannum* he says that he has hitherto used the 6th, but now finds the third to answer every purpose. We shall see directly that this last exhibits his usual practice somewhere about this time with all drugs prepared by trituration and given in chronic disease.

1828.

This year brings us a very important addition to our knowledge of Hahnemann's posology at the time to which we have reached. It is the first edition of the *Chronischen Krankheiten*, of which the first three volumes now appeared. I will give all the statements about dose which they contain.

In the introductory essay, speaking of the "antipsoric" medicines generally, he says that he began by giving a small portion of a grain of the 2nd or 3rd trituration (by which process all then recognised were prepared); but that later, feeling this to be an uncertain quantity, he prepared and used the subsequent attenuations. In accordance with this statement we find him mentioning in a note cases of itch which he had treated with half-grain doses of the third trituration of *Carbo vegetabilis* and *Sepia* respectively. In speaking of the treatment of the three miasmatic diseases

he describes, he recommends—for sycosis *Thuja* 30 and *Nitric acid* 6; for syphilis *Mercurius solubilis* 6; and for recent itch, three globules saturated with a tincture made by treating five grains of *Sulphur* with a hundred drops of alcohol. If a second dose is required, he advises the 6th dilution to be used, as prepared in the usual way; and if *Carbo animalis* or *vegetabilis* should be required, they are to be given in the 12th. Recommending *Antimonium crudum* where a spoiled stomach was annoying the patient, he mentions the 6th potency as appropriate; and in a letter dated April, 1829, we find him using the medicine at this strength in certain intermittent fevers.*

In the prefaces to the several medicines the following recommendations are made as to dose:—

For *Ammonium carbonicum* and *Baryta carbonica* the 18th is said to be most suitable;

For *Calcarea carbonica*, *Graphites*, and *Lycopodium* the potencies from the 18th to the 30th;

For *Iodium* the 30th.

Of *Magnesia carbonica* he says that he has long employed the 12th, but now prefers the 24th and 30th.

For *Magnesia muriatica* he mentions the 6th as the most generally suitable, but says that we may at times go with advantage to the 12th and 18th.

Natrum carbonicum he at first employed in an aqueous solution to the 3rd degree; but now recommends the 12th potency prepared from the third trituration.

Nitric acid as an antipsoric should be given in the dilutions from the 18th to the 30th;

Petroleum in the 18th;

Phosphorus and *Sepia* in the 30th;

Silica and *Zincum* from the 18th to the 30th.

1829—1843.

We have now followed Hahnemann through the whole course of his posology from 1796 to 1828. We have seen him diligently following his experience in whatever direction

* See *Brit. Journ. of Hom.*, xi, 64.

it led him, on the whole advancing from lower to higher attenuations, but never hesitating (as in the case of *Stannum*) to take the opposite step when the facts seemed to require it. We have found him recognising throughout the great difference between medicines as regards their dose, so that his latest instructions fix this for one and the other at all points of the scale of dilution from the mother-tincture to the 30th. All has hitherto shown life and progress, and the history is worthy of our best attention. But at the point we have now reached a chilling blast sweeps over the scene, and stiffens it to a rigid and monotonous blankness. At some time in the course of 1829 Hahnemann determined to fix the dose of all medicines indiscriminately at the 30th dilution. The thing was done solely, as he himself says, for the sake of uniformity. The "medicine of experience" had nothing to say to it, for we are told in the fifth edition of the *Organon*, published in 1838, that "it holds good, and will continue to hold good, as a homœopathic therapeutic maxim, *not to be refuted by any experience in the world*, that the best dose of the properly selected remedy is always the very smallest one in one of the high dynamizations (x)," which last is his sign for the 30th. Accordingly, in the fourth volume of the first edition of the *Chronischen Krankheiten* (1830), in the first and second of the third edition of the *Reine Arzneimittellehre* (1830-3), and throughout the second edition of the later work (1835-9), every medicine whose pathogenesis is given is directed to be employed in the 30th dilution.

Not that Hahnemann himself rigidly observed the uniformity he inculcated. Without laying any stress on the cases which Dr. Dudgeon has cited, as treated by him in 1842-3, where the language is obscure; or on the contents of his pocket-case found after death, in which all dilutions from the 3rd to the 30th were present, it is sufficient to refer to the second edition of the *Chronic Diseases*. In the introductory essay thereto (1835) *Nitric acid* is still recommended for syccosis in the 6th; and in the preface to the third part (1837) he states that if, after the 30th potency has exhausted its action, the medicine is still indicated, it

should be given in a lower potency, suggesting the 24th. At the end of this preface he speaks of giving, where the same medicine had to be continued several days, a dose daily each time in a lower degree of potency. On the other hand, there are indications of a tendency to look beyond the limit of the 30th; for we read in the *Organon* of 1833—"The higher we carry the attenuations accompanied by dynamization, with so much the more rapid and penetrating action does the preparation seem to affect the vital force and to alter the health, with but slight diminution of strength even when this operation is carried very far—in place, as is usual (and generally sufficient) to x, when it is carried up to xx, L, c, and higher; only that then the action always appears to last a shorter time." By these figures he meant what we should call the 60th, 150th, and 300th potencies. In the preface to the fifth volume (1839) he speaks of "obtaining, even in the fiftieth potency, medicines of the most penetrating efficacy;" and von Bönninghausen tells us, that in his last years he not uncommonly employed the 60th.

On the basis of this survey of the facts of the case it is not unfair to argue that the truest disciples of Hahnemann in the matter of dose are those who follow him as he was in the years from 1796 to 1828, rather than those who count the 30th itself a low potency, and dwell habitually in an exalted region far above that which the master but looked into and himself but seldom entered.

A CASE OF DUCHENNE'S PSEUDO-HYPERTROPHIC PARALYSIS.

By A. C. CLIFTON, M.R.C.S.E.

M. J—, æt. 18, has been ill more than a year. She states that about a year ago she noticed purple spots, about the size of a shilling, on her legs, and felt very weak. She

bathed her legs with cold water for several days, which did them good, but at the next catamenial period she was unwell merely for a few hours and had only a slight and pale discharge. She continued to feel weak, lost her appetite, suffered with headache and palpitation of the heart, and was unable to retain her situation of general servant. Whilst in this condition she went as in-patient to the Northampton Hospital, but received no benefit, and now applies for relief at the Northampton Homœopathic Dispensary in the following condition :

It is with great difficulty she can walk a few yards ; when she does so it is with her shoulders thrown backwards, the abdomen prominently forward, the legs separated, walking in a waddling side-to-side manner, and it is with difficulty she can even stand, as her legs feel as if they will give way except when widely separated. She cannot rise from a chair without assistance. Complaints of numbness and pins and needles sensation in lower extremities ; in the upper extremities no pain or numbness is felt, but some amount of stiffness. She can grasp an object with her hand for a few minutes, but cannot retain the grasp longer than that time. Her face is pale and anæmic in appearance, appetite is poor, suffers some pain in her left side. Bowels act every third or fourth day. The catamenia are irregular, only occurring every six, seven, or eight weeks, very little and pale in colour. The urine is normal. There is no vertigo, headache, or defective vision. There is some tenderness of the lower dorsal vertebræ. When standing there is a deep anterior curve of the lumbar vertebræ, which, however, is much diminished when in a prone position. The glutei muscles are firm and hard and somewhat enlarged ; so also are the oblique abdominal muscles. The muscles of the upper arm are enlarged, hard, and firm ; the right arm across middle of biceps when the arm is extended measures in circumference $9\frac{1}{2}$ inches, and the left arm in the same place measures $9\frac{1}{2}$ inches ; the forearms are apparently normal. The muscles of the thighs and legs are much larger and harder than normal ; the circumference of the middle of the right thigh is $19\frac{1}{2}$ inches,

that of the left $19\frac{1}{2}$ inches; right calf measures $14\frac{1}{2}$ inches, the left $14\frac{1}{2}$ inches. This being her condition when admitted, the question of diagnosis was important. I was at the time treating a similar case of a little girl about six years of age, but treating merely symptomatically, not having seen this disease before. Dr. D. Dyce Brown, then of Aberdeen, was staying with me for a day on his way to London; he saw both cases and diagnosed them as the "pseudo-hypertrophic paralysis" described by Duchenne, a case of which he had recently had under his care, and an account of which he had published. Dr. Brown, however, gave me but little encouragement in the way of treatment, saying that there had never been a case known to be cured except when treated before the pseudo-hypertrophy had commenced and when only in the first stage of weakness, and that the only hope was in electricity. This I could not let the patient have, living as she did some miles from here, and as I had no institution for *in-patients*. I resolved, however, to give the patient a chance of recovery by drugs. She was advised to return home, receiving a placebo till time could be given for studying her case and getting any more leading symptoms of it previous to her present condition. On inquiry I found that as a child she had been subject to frequent violent attacks of epistaxis, frequent diarrhœa or rather lienteria, sometimes profuse flow of urine for several days together, and that her growth from twelve to fifteen was very rapid, causing weakness and fainting. These were the only additional symptoms which could be obtained. Notes were made of several medicines which appeared more or less indicated, such as *Natr. Mur.*, *Pulsatilla*, *Phos. Acid*, *Ferrum*, and *Zincum*, but *Phosphorus* was decided on as the most likely to do good. Three weeks after her first visit *Phosphorus* 3^x two drops three times a day was prescribed, and sufficient medicine was given to last her a month. At the end of this time she was rather better, felt stronger, appetite was improved, face was of better colour, there was less stiffness in her arms and less weakness in her legs. The medicine was therefore repeated.

I need not relate her report from time to time, as it was always improved in some respect or other, and therefore the same medicine was continued for a period of fourteen months, with the exception of one month when she had *Ferrum Phosphoricum* 1^x, 2 grains three times a day, and that because the catamenia, though increasing in quantity, were still very pale. It was an error, however, to have given it, as she did not improve by its administration.

At the end of the fourteenth month from commencing *Phosphorus* she walked a distance of two miles to Northampton and two miles home, though when she first came she could only walk a few yards. She is now able to do household work, her appetite is good, the catamenia are regular and of good colour, and her complexion, though rather pale, is otherwise healthy. The muscles of her arms and legs are much smaller and much less hard; but on walking, her shoulders are still thrown somewhat backwards, owing to the anterior curve in the lumbar region. For this she wears a spinal support, which I should not have recommended could I have taken her into an institution and given her appropriate treatment by friction, movements, &c. She, however, considers herself well. The course which her improvement took was the reverse of that of the development of her disease; the arms were the first to be relieved, then the numbness and pins-and-needles sensations in her legs, then the weakness of her legs, next the walking powers, followed by diminution of the enlargement and hardness of her muscles, and finally her general health and strength.

Remarks.—This case was a very well-marked case of Duchenne's pseudo-hypertrophic paralysis, and seems to me to be well worth recording, not only on account of the comparative rarity of the disease, but still more on account of the success of the treatment. This is, I believe, the only case on record where the disease had advanced to the stage of decided pseudo-hypertrophy with all the concomitant symptoms and yet was cured by the use of internal treatment alone. For although the anterior spinal curve remained and required the aid of mechanical support, I

think I may with perfect correctness say that the case was cured, seeing that at the commencement of treatment she could only walk a few yards, while at the end of fourteen months she could walk four miles and resume her domestic work. The effect of the *Phosphorus* is all the more evident, as, with the exception of one month's use of *Ferr. Phosp.*, during which time there was no improvement, she had no other medicine whatever.

In the hands of the old school no treatment but that of faradisation, and that only in the early stage, before the hypertrophic condition has been developed, has been found to be of any service.

The disease is chiefly met with in children. In the first stage there is simply general weakness and inability to walk well. When the patient does walk he does so with the lower limbs widely apart and with a characteristic waddling gait. The shoulders are thrown backwards to compensate for the deep anterior lumbar curve which is formed. The centre of gravity lies behind the line of the spinal column. With this weakness the muscles of the body, especially, at first, those of the lower limbs, become markedly enlarged and hard, so that a child looks like an infant Hercules, although he is so weak as to be hardly able to move. This hypertrophy gradually extends to other muscles of the body, till most of them became enlarged and hard. A period of inaction of the disease next follows, and lasts from two to three years. Increasing weakness then comes on, the patient is unable to move, and has to lie helpless on the couch; the muscles now are seen to waste, and he dies from pneumonia, phthisis, or some other disease.

The hypertrophy of the muscles is only apparent, hence the name "pseudo-hypertrophic" paralysis, but is produced by excessive development of the connective tissue between the muscular fibres. Sometimes also fat is developed. The pressure of this abnormally developed connective tissue causes absorption and degeneration of the muscular fibres; the transverse striation becomes less visible, and there comes to be a deposit of granular and fatty matter in them.

At first there is no absence of electric contractility in the muscles, but as the disease advances this is gradually lost. There is no loss of sensation, nor of power over the sphincters. No definite disease has been found to be constantly present in the nervous centres. In some cases nothing whatever abnormal has been found, while in others there has been an excessive development of connective tissue in the anterior and lateral columns of the cord, with corresponding disappearance of the proper nerve-substance. The ultimate source of the disease is, therefore, at present doubtful.

RATIONAL MEDICINE.

By R. E. DUDGEON, M.D.

THE great medical reformer of our times, the modern Hippocrates, called the first edition of his work, wherein his reforms were aphoristically enunciated, *Organon of Rational Medical Science*. But he published the later editions of that work under the title of *Organon of the Medical Art*, or, as Dr. Wesselhœft will have it, *Organon of the Art of Healing*. He was evidently of opinion that his first chosen title was unsuitable, and to me it seems that the second title is inappropriate. For his reformation is a reformation of therapeutics, *i. e.* of the treatment of diseases by drugs,* and the medical art does not solely consist of therapeutics, as a doctor's prescriptions are not all drawn from the *Materia Medica*. The title *Organon of Rational Therapeutics* would best express the character of the book, for Hahnemann's work was essentially an attempt, and as I believe a successful attempt, to establish therapeutics on a rational basis. But, as before said, therapeutics are not the whole of medical science or medical art, and in spite of Hahnemann's labours all therapeutics cannot yet be said to

* I am fully aware that the word *therapeutics* (from *θεραπεύω*) has etymologically no such limited meaning, but as it is usually employed in the sense of *drug-treatment* I shall so use it in these pages.

be rational. A great deal of the empirical and not a little of the conjectural still cleaves to therapeutics, and even those who are convinced of the truth of the great law of cure discovered by Hahnemann and are most enthusiastic in their practice of his rational therapeutics find the occasional necessity of resorting to the empirical and conjectural in their treatment of diseases.

But cases, and those not few in number, present themselves to every busy practitioner where therapeutics or drug-treatment is inadmissible and unavailing. And yet these cases belong just as much to the domain of the "healing art"—*ars medendi*—as do those that require drugs for their cure. The sphere of medical practice is very extensive, and the rational practitioner would have his power of doing good sadly curtailed were he to be limited to drug-giving. Outside the domain of therapeutics we are all rational practitioners. But those who are conversant with homœopathy are the only medical artists who claim for their therapeutics the character of rational. All the champions of orthodoxy in medicine agree to throw up the sponge when the question is as to the rationality of their therapeutics. The confessions of the coryphæi of old physic on this subject have been quoted again and again, they are all of the same tenor. A recent saying of Virchow, one of the greatest of living authorities in the old school, expresses curtly what all admit with more or less circumlocution, "*We have no rational therapeutics.*" In opposition to this the united voice of Hahnemann's followers declares, "*We have rational therapeutics.*"

As Hahnemann said long ago, there are but three possible modes of applying medicines to the cure of diseases :

1. To give a medicine capable of causing in the healthy a morbid state the *opposite* to that of the disease to be cured.

2. To give a medicine capable of producing in the healthy a morbid state *different* from that of the disease to be cured.

3. To give a medicine capable of causing in the healthy

a morbid state *similar* to that presented by the disease to be cured.

Now, the first mode, expressed by the formula *contraria contrariis curentur*, has only a superficial semblance of rationality. For in the application we have first to determine what are the opposites of diseases, and if we reply truly we can only say, the opposite of a disease is health. But it will hardly be said that drugs are health, so this rule is incapable of application; it is, therefore, irrational. We may grant that there are certain symptoms whose opposites may be imagined; thus, the opposite of heat is cold, and when we find a patient with an elevated temperature we may plunge him into an ice-cold bath and so reduce his temperature.* But heat is only one symptom of a disease, and never the whole disease; so to treat heat with cold or cold with heat is to treat but one symptom of a disease and not the disease itself; therefore, this application of the rule *contraria contrariis* is mere unscientific symptomatic treatment, and cannot constitute a rational treatment. Again, the opposite of diarrhœa is constipation, the opposite of a diminished renal secretion is a free flow of urine, but these are only single symptoms of a disease, and never the whole disease; so here again treatment by the rule *contraria contrariis* is symptomatic and irrational. "The doctors, like the bishops, have the keys of binding and loosing" sneered Bacon; but what avails the binding or loosing of a single symptom when the whole of the remainder of the disease is left untouched?

Still less claim to rationality has the second mode of applying medicines in disease. To give a medicine that shall excite a different morbid state to that of the disease is to produce a new disease in a part not previously in-

* This is the present fashion of treating diseases with increase of temperature, such as typhoid fever and pneumonia. But, as Sydenham long ago remarked, "This method of merely introducing different qualities can no more effect the direct destruction of specific diseases than a sword can quench a flame. What can be done by cold, or heat, or wet, or dry, or by any of the secondary qualities that depend on them, against a disease whose essence consists in none of them?" But we have got wiser than Sydenham, and expect to cure with cold a disease whose essence consists in something quite different.

involved in the disease. Thus, to treat a head affection by developing a diarrhœa is as sensible as would be the advice of a shoemaker, when we complained of his shoe pinching us, to give ourselves a headache by putting on a hat too tight for our head. This rule is, no doubt, easily acted on, for there is no disease in which we cannot find some organ of the body exempt from suffering on which we may work our wicked will. But it is not easy to understand how the patient will be benefited by adding a fresh disease to that he is already afflicted with. However, this mode of treatment was ever the favourite, because, though utterly irrational, it is so simple. It does not require a great knowledge of *materia medica*. A few powerful drugs known to act on the bowels, the kidneys, the skin, are all that is required. If the disease has spared the bowels, give a purgative and add a diarrhœa to the existing malady; if the kidneys are unaffected, give a diuretic and add diuresis to the original disease; if the skin is exempt, give a sudorific or slap on a blister to bring the cutaneous organ into a harmonious morbid state. Here the doctor is the *minister naturæ* with a vengeance. He carefully examines the patient to discover what organ has been spared by the disease, and having found it he straightway proceeds to repair the neglect of nature by making this organ properly ill. "See," he might say to the patient, "you are ill, very ill; your head, chest, liver, heart, and kidneys are all involved in morbid action, but the disease has spared your bowels. I will soon remedy that omission; take this excellent purge and your bowels will soon be as actively diseased as all those other organs. And," he might add, "if this treatment does not shorten your disease, it will at least convince you of the power of my drugs, and impress you with a due sense of my cleverness in their application, a conviction cheaply purchased at the expense of a few days more of illness than the unassisted disease might have inflicted on you." But, of course, he would not speak this way to the patient nor even think this way to himself, but would think and talk learnedly

according to the traditions of his school about counter-irritation, alterative treatment, elimination of the *materies morbi*, and what not. These delusions still cling to orthodox medicine, and to many of its adherents and especially to their patients these phrases are as meaningless but as comforting as was the word "Mesopotamia" to the pious old lady of the story. One unfortunate result they have had, and that is that they blind those who employ them to the real character of the treatment they euphemistically indicate, and keep them in a fool's paradise of content with things as they are. "If the patient is no better, but rather worse, for this sort of treatment, that is his fault; at least it is owing to the perversity of his disease, which refused to eliminate its *materies morbi* by the way we indicated, or would not allow itself to be counter-irritated in the manner we proposed, or objected to the alteration we suggested for its advantage. We, at all events, have done our duty, and our medicines have acted splendidly on the organs we set them to attack. There are some obstinate diseases which, like some serpents, will not listen to the voice of the charmer, charm he ever so wisely, plague on them! but will keep on their own perverse course, flying in the face of all authorities from Hippocrates to Abernethy." *Sanantur in libris, moriuntur in lectis*, and so it has ever been. Unfortunately, diseases will not march in the course prescribed for them by the great men who have taken them under their particular care. They seem to say—

"Alas! what is 't t' us
Whether 't was said by Trismegistus,
If it be nonsense, false or mystic,
Or not intelligible, or sophistic?
'Tis not antiquity, nor author,
That makes truth truth."

These two modes of applying medicines in diseases constitute a portion only of orthodox medicine, and being under some sort of rule may be termed "regular" methods of treatment, though it does not follow that because they are "regular" they are therefore "rational." The rules

they acknowledge being false, they are necessarily the reverse of rational, and we may call them "regularly irrational." But in addition to this regular though irrational practice there is a great deal of very irregular practice in the old school, and indeed the irregular practice is, we may say, the rule, while the regular is the exception. The Nizams are few, the Bashi-bazouks numerous, in the army of the self-styled true believers. This irregular practice is founded on no rule, but simply on conjecture. As thus: the physician from the symptoms forms his hypothesis respecting the inner nature of the disease, its hidden seat or proximate cause, and he attacks this hypothetical essence with a medicine respecting whose essential nature and power he has also formed a hypothesis, for he scorns to adopt the obvious and common-sense mode of ascertaining the powers of medicines by proving them on the healthy. And when the result does not correspond to his anticipations, when the disease, in place of being put to flight by his medicine, is not altered or only aggravated, he either tries some other hypothesis with regard to disease and medicine, or perseveres with his first conjecture until the disease wears itself or its victim out. Speculation being the order of the day in this method of applying medicine to disease, every doctor thinks he has as good a right to speculate on the nature of diseases and the powers of medicines as his neighbour. *Quot homines, tot sententiæ.* When it is an affair of opinion, one opinion is as good as another, if not better. "Whom do you regard as the head of your branch of the profession?" enquired an innocent layman of a doctor. "We are all heads," was the rejoinder. Which was a true answer as regards this conjectural method. Each speculates for himself and despises the speculations of his colleagues.

"The Galenist and Paracelsian
Condemn the way each other deals in."

The result is chaos. The reasoning may be correct, but the premises are false. Correct reasoning from false premises is the rationality of Bedlam. Here is the result as summed up by a recent orthodox writer in that most

orthodox medical periodical, the *Weekly Medical Gazette of Vienna*:—"Building goes on briskly at the therapeutic town of Babel. What one recommends another condemns; what one gives in large doses, another scarce dares to prescribe in small doses, and what one vaunts as a novelty another thinks not worth rescuing from merited oblivion! All is confusion, contradiction, inconceivable chaos! Every country, every place, almost every doctor, has his own pet remedies, without which he imagines his patients cannot be cured, and all this changes every year, aye every month!" Evidently conjectural therapeutics have no claim to be considered rational.*

* I may give a concrete example of this conjectural method. I take up the very last volume of *Ziemssen's Cyclopædia*, the latest outcome of scientific medicine, and it opens at the article *angina pectoris*. The disease is characterised by the following group of symptoms: *pain in the region of the heart, occurring in paroxysms, which usually radiates over the left side of the thorax and the left arm, more rarely over both sides and both arms; the pain is usually associated with a peculiar sensation of anxiety and constriction, and often also with other motor, vaso-motor, and sensitive disturbances.* In the first place the names by which it has been known betray the variety of pathological speculations as to its nature—*asthma convulsivum, asthma dolorificum, diaphragmatic gout, asthma arthriticum, syncope anginosa, sternalgia, stenocardia, pneumogastralgia, cardiodynia.* It has been variously ascribed to be due to gout, to ossification of the coronary arteries, to enlargement or dislocation of single organs of the abdomen pressing mechanically on the heart. Some have assumed an exclusively nervous origin for the disease, or else have assumed the existence of a nervous dynamic form in addition to the organic or heart disease. Its seat has been laid in various nerves, as the phrenic, the intercostals, the vagus, and the sympathetic. Some have stated it to be a neuralgia of the nerves of the heart, others an epileptiform neuralgia, others, again, a hyperæsthesia of the cardiac plexus. Others have considered it a paresis or paralysis of certain nerves, others a weakness from fatty heart; others, again, as the opposite to this, a hyperkinesis of the heart with hyperæsthesia; others a hyperæsthesia with spasms of the heart; others as due to over-exertion of the heart owing to mechanical obstacles to its activity; others have called it a trophoneurosis of the heart; others a vaso-motor neurosis. Others have ascribed it to increased excitement of the vaso-motor centre, others to reflex excitement due to irritation of abdominal organs, &c. Now, the particular pathological speculation as to its origin adopted by the physician would influence him in the selection of his remedy, but as speculation was equally rife as to the mode of action of every remedy it will easily be seen how improbable it must have been that the doctor could be right in his speculations both as to the nature of the disease and as to the action of his remedy. Let us look at the

But though in conjectural therapeutics, as a general rule, physicians have mostly acted on their own inspirations like Cicero's wisest man, "*Sapientissimum esse dicunt eum cui quod opus sit ipsi veniat in mentem,*" in some cases they have acted the part of his second-rate character, "*proxime accedere illum; qui alterius bene inventis obtemperat,*" and been content to follow some one whom they regard as an authority, just as the flock of sheep follow their leader, some wise-looking bell-wether, without troubling themselves to think whether or no he is properly qualified to lead them. In this way many absurd and pernicious practices have received a sort of traditional sanction and been perpetuated through ages, until some accident has shown their hurtful character or revealed a better mode of treatment. In medicine it is particularly true that

"All the inventions that the world contains
Were not by reason first found out, nor brains,
But pass for theirs who had the luck to light
Upon them by mistake or oversight."

The history of the treatment of gun-shot wounds is a striking example of this. Some one in the early days of gunpowder had authoritatively pronounced that the proper treatment of wounds inflicted by firearms was to pour boiling oil into them. Why he said so it would be hard to guess. To be sure, the good Samaritan, we are told, poured oil into the wounds of the half-dead traveller. It is not stated that he poured in boiling oil, but then those wounds were certainly not caused by firearms. No doubt the sage who suggested boiling oil for gun-shot wounds

remedies recommended for its cure—general and local bloodlettings, frictions, mustard poultices, stimulating baths, stimulating embrocations, valerian, musk, camphor, succinate of ammonia, narcotics of all sorts, cold, heat, inhalations of ether, oxygen, chloroform and amyl nitrite, narcotic clysters, hypodermic injections or the internal administration of morphia, atropia, conium, nicotin, aconitin, delphinin, veratrin, physostigmin. Besides these, courses of steel, sulphate of zinc, nitrate of silver, arsenic, bromide of potassium and calcium, quinine, phosphoric acid, digitalis, prussic acid, anti-arthritic remedies, the wearing of a magnetic plate, the application of irritating plasters, issues, setons, the induced current, faradization, &c., have all had their advocates. Truly, as Eulenberg, the writer of the article, says, "the remedies are many, the cures few."

reasoned thus :— If cold oil is good for wounds caused by cold steel, for which we have Scripture warrant, hot oil is the appropriate remedy for wounds caused by hot bullets. However that may be, boiling oil was the universally accepted treatment for gun-shot wounds, and no doctor of the period would have questioned the propriety of the treatment or neglected to employ it, any more than he would have doubted the efficacy of or refrained from using phlebotomy in inflammation or diuretics in dropsy. Now it so happened that in the course of time a French army was sent into Italy, and in crossing the Alps it had a smart engagement with the enemy in which many gun-shot wounds were inflicted. The celebrated surgeon Ambrose Paré was with the army, and having collected the wounded he proceeded to treat them *secundum artem*. But on applying to the storekeeper he was told that not only was there no oil, but not even a stick to make a fire to boil it with had there been any. “ Mon Dieu !” we can imagine him exclaiming, “ what am I to do ? No boiling oil to be had for these poor sufferers ! What neglect ! To think that the comfort of these brave fellows should be so infamously sacrificed ! I cannot even substitute boiling water for the oil, for there is no fuel to boil it with ! I will certainly write to the *Times* (I mean its French equivalent) the first post town we come to. But in the mean time what is to be done ? Faute de mieux, I will dress the wounds with cold water. Pauvres blessés ! how I feel for them deprived of the solace of boiling oil for their wounds !” And so he proceeded to dress the gun-shot wounds with the only thing at hand, viz. cold water, no doubt apologising all the while to his patients, and protesting that it was not his fault that they did not get nice boiling oil poured into their wounds, but instead those nasty damp cloths applied to them, but it was all owing to the careless bungling at headquarters ; everything, even indispensable medical comforts, such as boiling oil, having as usual been sacrificed to the exigencies of the mere fighting element. But they might rest assured that the very next town they came to he would lay in a good stock of oil and the means of boil-

ing it, so that no wounded soldier would have to complain of the treatment hereafter.

We may fancy the trembling anticipations of evil that possessed the good and humane surgeon when he looked next morning at his water-dressed wounds, and his delight on finding that, in place of gangrene or erysipelas having set in, the wounds looked altogether better than he ever saw them under the usual treatment, and the patients had been spared the dreadful torture of the orthodox remedy (for anæsthetics were not as yet). In place of writing to the papers to complain of the neglect of the commissariat, he forgot all about that and wrote to the French *Lancet* of the period, if there was one, or, as is more in accordance with the custom of those days, perhaps he published a ponderous folio in latin, with his name altered to Ambrosius Paræus, showing the superiority of the water-dressing to the boiling-oil treatment in gun-shot wounds. Not without stout resistance from the old conservative party did the new treatment prevail and eventually supersede the old. We have no doubt; heaps of old army surgeons of the most humane and benevolent disposition went on to the end of the chapter serenely pouring boiling oil into the wounds of their patients, all the while denouncing, in perfect good faith, that innovating upstart Paré, and calling on the authorities to prohibit his unscientific cold-water treatment, which was contrary to reason and common sense, opposed to all the traditions of the faculty, and fraught with incalculable evils to our brave and helpless soldiers, who ought to be protected by the state they served against the dangerous experiments of visionary enthusiasts.

But eventually boiling oil for gun-shot wounds went out, as bleeding in inflammation has gone out, at least everywhere except in Italy, the land of antiquities, where mighty kings, illustrious statesmen, and insignificant peasants, are still bled to death with sanguinary impartiality; as issues, setons and perpetual blisters have gone out—or nearly so.

It is difficult to imagine how some of the practices that have disfigured the medical art could ever have originated. The practice of bleeding, for instance. Tradition says it

was introduced into medicine by the Egyptian doctors, who observed the hippopotamus rub his round rump on rough riparian rocks till the blood flowed amain, which seemed to make him comfortable. But it is hardly likely that these grave and reverend signiors would condescend to be taught anything by such a stupid beast as a hippopotamus. More plausible is the notion that bleeding in diseases is an instinctive habit transmitted to the human race through some ancestral pachyderm who had discovered for himself the relief afforded to him by scraping his own thick hide against sharp corners. We all know how habits are retained by descendants long after they have ceased to be useful, just because they were adopted for special purposes by some remote ancestor. Thus, our pet dog turns himself three times round before he settles to his couch on the rug, because the ancestral jackal found this revolving action useful for smoothing the grass on which he made his lair. So the habit of drawing blood, useless, nay injurious though it is, is no doubt the remains of an ancestral practice not without its uses in primeval times. Like those rudimentary organs found in animals of superior organization, it indicates a thing that formerly had its uses, but for which there is now no longer any necessity. That it is a pure instance of what the learned call *atavism*—"progeniem usque ab atavo proferens"—is, I think, evident at once from its hoar antiquity (for it dates from prehistoric times), its long continuance and its universality. A doctor from at least the time of Richard of the Lion's Heart, if one may credit Sir Walter Scott, down almost to our own days, was called a *leech*, as if his main occupation was to draw blood, and the chief medical periodical of this country is the *Lancet*, showing that when it was first set up (about 1823) bleeding was regarded as the chief end of medical men; though some of the *Lancet's* supporters may now say: "nous avons changé tout cela, et nous faisons maintenant la médecine d'une méthode toute nouvelle." Its utter uselessness is another proof of its being a mere rudimentary survival. Even the *Lancet* acknowledges its uselessness, for a few years since, when a French ambassador died in London of pneumonia, the

periodical named after a phlebotomizing instrument severely censured the attending doctor for having bled the illustrious patient. The doctor's excuse for his bleeding resembled that of the *traviata* of the story for her inopportune baby: "It was only a very little one." It might be thought that the *Lancet*—the periodical we mean—would have judged it advisable to change its name when the surgical instrument—its godfather—went so completely out of fashion, but as it has not thought fit to do so we presume it anticipates a time when lancets may again become the *mode*. Similarly Mr. Windham, it is said, was always very civil to the classical gods, taking off his hat to statues of Jupiter, Mars, Mercury and the rest of the Olympians when he chanced to see them in a gallery, with the remark that we did not know but that their turn might come again, so it was prudent to keep on good terms with them.

There are other practices which cannot claim such a high antiquity as we have ascribed to bloodletting, but which, though quite artificial, nevertheless seem to come almost instinctively to medical men, as pointer puppies stand to their game as their sires were taught to do, without instruction. Such is the use of *Quinine*, *Iron* and stimulants "to give strength;" whereas experience shows that these powerful agents are more frequently promoters of weakness. Still, the idea that they are absolute, not conditional strengtheners has been transmitted through several generations of doctors, and reappears in the cerebral protoplasm of the very latest recipient of a medical diploma.

Again, there are practices which barely survive one or two generations of doctors, such as those of Brown and Broussais, just as qualities, and those chiefly of the defective sort, are sometimes transmitted from parents to children. Thus, we have read of mutilations and monstrosities being reproduced in the offspring. Cases are recorded of a parent with an amputated limb begetting children without that member, six-fingered fathers having six-fingered children, and we know of a pair of deaf-mutes having six children, three of whom have the parental

defect. There are, however, certain mutilations that have been practised for many ages, and yet have not become by long use implanted on the progeny. Such is the initiatory rite of the Hebrews, which has been performed since the days of Abraham, and is still required by his latest descendants. "De minimis non curat lex (hæreditatis)."

"There's a divinity that shapes our ends,
Rough-hew them how we will."

The third and only remaining* mode of applying medicines in disease, that, namely, expressed by the formula *similia similibus curentur*, is the only one that fulfils all the requirements of a rational method. By proving drugs on

* There is yet another way of practising medicine, as we must by courtesy call it, though, like "lucus a non lucendo," medicine is only conspicuous by its absence, which we can only notice in a footnote. This is what is called euphemistically "the expectant system"—*medicus expectat dum defluat morbus*—and is much in favour with the new physiological school, especially in Germany, though it has not taken deep root in Britain, where the prejudices of both patients and doctors will not allow them to suffer a disease to go through its course without medicine of some sort. The nihilistic therapeutics of the German physiological school make their works on practice of medicine very queer reading. Diseases are described with a minuteness and accuracy of detail in every respect that is simply admirable. Etiology, pathology, diagnosis, are all there; but therapeutics, the chief thing in the practice of medicine—the Hamlet of the play—is left out, or only alluded to in an "aside" and with a sneer. Our German contemporaries seem to fulfil accurately the part assigned to doctors by their great countryman—

"Ihr durchstudirt die gross' und kleine Welt,
Um es am Ende gehn zu lassen
Wie's Gott gefällt."

Perhaps they satisfy their minds with the philosophic reflection: quod ratio nequit sæpe sanavit mora; or they may say with the Frenchman, "tout réussit à celui qui sait attendre," but then only, one would suppose, if they adopted the view of the hyper-physiological doctor, "the chief duty of the physician is to verify his diagnosis on the dissecting table." Thirty-two years ago Sir John Forbes said, in reference to the therapeutics of that time: "Things have arrived at such a pitch that they cannot be worse. They must mend or end." Evidently the physiological school have abandoned as hopeless the task of *mending* them, so they have adopted the other alternative and *ended* them. We remember an old professor in Edinburgh saying, when a man has been twenty years in practice he should be able to write his pharmacopœia on his thumb-nail; but for the pharmacopœia of this modern school a much smaller writing space would suffice.

the healthy we can produce definite morbid pictures which can be compared with natural diseases. All we have to do in the application of this method is to find a medicine that can cause a morbid state like that of the disease, and to give this medicine in an appropriate dose. The truth of this therapeutic rule is attested by experience, and does not depend on any theory of the nature of disease or the supposed qualities of the medicine. Theories may be and have been invented to explain why such a medicine cures the disease, but the theories may be false, and yet the fact, vouched for by experience, remains. The arguments against homœopathy touch only the theoretical explanations, but no way affect the great fact that medicines given on this principle cure diseases, and this is all that is required by a *rational art*. Here there is no treatment of a single symptom, as by the *contraria contrariis* method; no attacking a healthy organ that the disease has spared, as in the allopathic method. The medicine is applied exactly to the parts affected by the disease as ascertained by the similarity of the symptoms of both drug and disease, and on these points it exerts its medicinal or healing power. How it cures is a matter for speculation and belongs to the domain of science, but the law remains true however erroneous may be the speculations. So the truth of the law of gravitation is independent of the speculations as to the cause of gravitation. It should always be borne in mind that the application of the law is an art and not a science. It is by forgetting this that so much irrelevant criticism has been wasted on the subject. Thus, we read in Lewis's work on the *Influence of Authority in Matters of Opinion* (p. 36):

“Mock sciences are rejected after a patient examination and study of facts, and not upon a hasty first impression, by the general agreement of competent judges. . . . Mesmerism, homœopathy, and phrenology have now been before the world a sufficient time to be fairly and fully examined by competent judges; and they have not stood the test of impartial scientific investigation, and therefore have not established themselves in professional opinion,

they may be safely, on this ground alone, set down under the head of mock sciences."

There are several errors in this brief passage. First of all, homœopathy is not, as above said, a science, but the practice of a law of cure—an art. Whenever it has been fairly and fully examined by competent judges its truth as a law of cure has been acknowledged. It is not a subject for scientific investigation apart from the application of practical tests. That most of those trained to the practices of traditional medicine reject it is no proof that it is untrue; this rejection is only owing to the circumstance that they have not tried it and will not try it. Like any other art it must be practically tested, not condemned untried. No doubt the vast majority of the old women who earned their livelihood by knitting stockings failed to see the excellence of Lee's stocking-frame and denounced it untried. Had it been left to the "professional opinion" of the knitters the stocking-frame would have been utterly condemned and abolished. But stocking-wearers wanted cheap stockings, so they encouraged the frame and the knitters had to give in. And thus, as patients wanted to be cured speedily and cheaply, they encouraged the homœopathic method and forced the orthodox to abandon many of their favourite practices and to assimilate their treatment ever more and more to the homœopathic method.

It is curious to observe that the attacks upon homœopathy from the earliest to the latest are invariably directed against some theoretical explanation of the law of similars, and nothing like a practical refutation of it by a careful testing at the bedside of the sick has ever been attempted, for the so-called trial of Andral was a glaring instance of an attempt to apply the rule of similars to the treatment of single symptoms, which is utterly opposed to the whole spirit of the homœopathic method.

The very latest article on homœopathy by an adherent of the orthodox school, entitled *Examen critique de l'Homœopathie par le Dr. D. J. G. Ollivier* in the *Archives de Médecine navale* of last November, is an illustration of what we have said. He attacks the explanation given by

Hahnemann of the supposed rationale of the homœopathic cure, viz. that the natural disease is converted by means of the appropriate remedy into a similar but stronger artificial disease, which in its turn yields to the reparative action of the vital force;* which may be true or false, but its truth or falsity no more affects the fact of the homœopathic cure, than the truth or falsity of the undulatory theory of light affects the fact of the decomposition of white light by the prism. If the undulatory theory does not explain all the phenomena of the reflexion and refraction of light, so much the worse for the theory. In like manner if Hahnemann's theory of the action of the homœopathic medicine does not explain all the facts of the homœopathic cure, not even the most rabid Hahnemannian would imitate the celebrated French theorist and say: *tant pis pour les faits.*

The following passage shows how thoroughly Dr. Ollivier understands and appreciates the facts of homœopathy, and how well fitted he is to pass a judgment on the doctrines by Hahnemann.

"Vomitus vomitu curatur, said Hippocrates [by the bye we were not aware that Hippocrates spoke Latin]. Just so, all my doctrine is there! boastfully cries Hahnemann. [Hahnemann never cried or even whispered anything of the sort—but let that pass]. No doubt vomiting can be cured by vomiting; but this vomiting, which disappears after the ingestion of an emetic, does not constitute the true disease, it was the natural effort employed to relieve the stomach of the saburral or bilious matters, the proximate causes of the morbid symptoms. It is not by the law of similars that can be explained the case of cure by *White hellebore* of a biliary flux termed cholera, reported in the book on *Epidemics*.† The same error occurs in his explanation of

* This very theory has been adopted by the great orthodox luminary Trouseau, who tries to smuggle homœopathy into "legitimate" médecine under the name of "médecine substitutive."

† In the first and third books of *Epidemics*, which are the only ones generally credited to Hippocrates, there is no mention of any case of this sort. Plenty of cases are given, but no treatment mentioned, at least no drug-treatment.

the mode of action of certain other drastics. *Jalap* cures colics by emptying the intestines, not by producing colics. *Colchicum* stops the course of a dropsy due to insufficient urinary secretion, by opening a way of elimination, not by causing anuria. When *Ipecacuanha* causes a fit of asthma to cease, it is not because in the form of powder it produces a more or less serious spasm of the bronchial passages, because it is never given in this form. It is because, when introduced into the stomach it determines, by reflex action, an augmentation of the mucous secretion of the bronchial tubes, which is deficient in the fits of dyspnoea characterising the suffocative attacks of asthmatics."

Vomiting cured by vomiting is not Hahnemann's homœopathy, but vomiting cured by a medicine capable of causing vomiting in the healthy, but in a dose so small as to be incapable of producing its physiological effects—that is Hahnemann's homœopathy. Of course I do not deny that vomiting caused by the presence of irritating substances in the stomach may be cured by an emetic in full dose, but that is not homœopathy, it is the mere mechanical removal of an irritant, just like picking a thorn out of the skin it is inflaming cures the inflammation. Most assuredly the cure of cholera by *Veratrum* is not *explained* by the law of similars, it is only an *illustration* of that therapeutic law. *Jalap* will cure certain colics in doses so small as to be capable of causing neither colics nor evacuations. If *Colchicum* removes dropsical symptoms by acting as a diuretic, this is an illustration of allopathic treatment, which we are far from denying to be sometimes successful. That *Ipecacuanha* will sometimes relieve an attack of asthma in very minute doses is an undoubted fact, and it is equally a fact that practitioners have been led to use it for this affection by its ascertained power of causing dyspnoea. Whether Dr. Ollivier's learned jargon about reflex action and so forth is the true explanation of its mode of action in minute doses, is quite beside the question, and does not affect the fact that the guide to its selection was the law of similars.

These and many equally glaring passages in Dr. Ollivier's work show that he is either incapable of understanding the elementary principles of homœopathy, or that he has wilfully misrepresented them. At the commencement of his inquiry he says, "I am not one of those who say with Riolan, 'Malo cum Galeno errare quam cum Harveyo esse circulator.*' We should accept truth from whatever quarter it may come. In scientific discussion sincerity marches *pari passu* with logic. Nothing can be durable or solid without sincerity. Therefore I shall act with perfect good faith in this critical study. I shall bring to it all the loyalty that is due to a medical subject of such great importance, because questions of this nature affect the most direct and the dearest interests of humanity." After this declaration it would be impossible to doubt Dr. Ollivier's sincerity and good faith, so we can only ascribe his misrepresentations to incapacity. When there is a doubt as to whether we must consider our opponent a knave or a fool, it is apt to cause us some embarrassment, but in the face of Dr. Ollivier's solemn asseverations we are precluded from the notion of attaching any suspicion of knavery to him when he presents such an erroneous picture of the system he means to criticise. Like his namesake, the last prime minister of the second French empire, he goes to war with a "cœur leger," and like him he thinks he is thoroughly ready for the attack even to the last button on his gaiters, but, still following his political prototype, it is only in gaiter-buttons that he is ready, his fighting forces are of the most miserable description.

Dr. Ollivier concludes his laboured diatribe with the words "Si mihi desint vires in me est voluntas!" We can testify that the *vires* are wanting, and we are ready to believe that the *voluntas* to upset homœopathy is present in full intensity—only in scientific matters it is not usual to take the will for the deed.

I have dwelt on Dr. Ollivier's article, not because it is

* I doubt very much if Riolan ever said this. He was much too conceited to acknowledge that he could by any possibility err, either with or without Galen. The saying was, no doubt, some student's jest.

the best or the worst of its kind, but only because it is the last. It differs in degree only, not in kind, from all the other allopathic criticisms of homœopathy we have seen, from Simpson, Forbes, and Routh, down to Brodie, Bushnan, Jürgensen, Barr Meadows, and Ollivier. Each successive writer thinks he has "dished" homœopathy—Barr Meadows even celebrates his imaginary victory by some lines he imagines to be poetry—but not one has ever attacked the essence of the homœopathic method, they have wasted their energies in assaulting some useless out-works and detached forts, but the citadel of homœopathy, founded on the impregnable rock of experience, has remained unscathed amid the storm of ill-aimed projectiles. No assailant has yet shown that homœopathy is not a rational method of treatment, and no one has yet been able to prove that any other therapeutic method has the slightest claim to be considered rational. "We have no rational therapeutics," say all our opponents, from Forbes to Virchow. There is a bitterness and affected contempt in all the criticisms on homœopathy we have read, that do not promise much for the millennial concord of the two schools of which we have lately heard so much. The wildest fanatic for reconciliation would certainly fail to discover any tendering of an olive branch in our direction by this Ollivier.

"Wer nicht im altem Gleise geht,
Der muss es bitter büssen;
Denn was die Menge nicht versteht,
Das tritt sie stets mit Füßen."

But in spite of their protestations they do occasionally practise rational therapeutics, we will not say without knowing it, but at all events without confessing it. We have only to look at the periodicals of the orthodox persuasion *passim* for proof of this. I take up the last number of the *Practitioner* for this month of February in which I am now writing, and I find a series of cases of mania treated by *Hyoscya-*
mine, as the author calls it, but the preparation used is really the extract of *Hyoscyamus*. The author, Dr. H. Clifford Gill, of the York Lunatic Hospital, says with charming naïveté, "If a moderate dose of *Hyoscyamine* be

given to a healthy man he will exhibit many of the phenomena of an attack of mania, plus certain well-marked physical conditions; he becomes loquacious, incoherent, rambling, and has certain well-marked hallucinations of vision and audition, great weakness, especially of the lower limbs, and considerable loss of co-ordination, similar to that seen in a drunken man, intermittent drowsiness, hypermetropia, dryness of lips and throat, and, not uncommonly, vomiting. Now it was once thought that if in a person already the subject of disorganised brain action another process could be induced, a reaction might take place, and a changed condition for the better be the result. Be that as it may, as a fact great benefit and amelioration does take place in many classes of cases, and this, too, when all the more common forms of narcotics, such as the various preparations of *Morphia*, *Chloral*, *Cannabis indica*, *Conium*, &c., not forgetting the universal neural panacea, *Bromide of Potassium*, have been tried and have proved failures."

Here the doctor for once practises rational therapeutics, that is to say he is guided to the use of *Hyoscyamus* by the fact that it causes in the healthy a series of morbid phenomena similar to those of the disease to be treated, and he has every reason to be satisfied with the result, and he measures his doses by eighths of grains.

The adoption of the rational therapeutics of Hahnemann by the nominal adherents of the orthodox sect, or, as we may term it, the school of irrational therapeutics, is not limited to isolated instances, but more or less pervades the whole old-school practice, as a cursory glance at the most recent works on therapeutics in England will convince any one. If things maintain the pace they hold at present, in a few years the whole of the practice of the orthodox sect will become rational, though, like Drs. Gill (just quoted), Ringer, and the rest, they may be practising pure homœopathy without mentioning the word. In phrases more or less veiled they intimate that the remedies they employ excite in the healthy morbid states similar to those of the diseases they cure, and inferentially imply that the rule for the selection of these remedies is *similia similibus*. Acting

on the Talleyrandian idea that the use of language is to conceal thought, they do not name the word homœopathy, but that does not much matter provided they give their patients the benefit of homœopathic treatment. The present race of doctors is, perhaps, too near that past generation that committed itself publicly and irrevocably by denouncing Hahnemann and all his works with all the arrogance of ignorance, to allow us to expect that it will take the generous and manly course of acknowledging the services to medicine of the discoverer of the homœopathic law. But time will gradually efface the inherited animosities even of doctors, and many years will not elapse before the name of Hahnemann will excite no more passion than does that of Harvey (though he was hated and reviled by his contemporaries as much as ever Hahnemann was*), when the practice we owe to his genius, which is superseding the old Galenic medicine even in the strongholds of tradition, shall be acknowledged as Hahnemann's by every teacher of medicine. In the mean time it is annoying to see our *Materia Medica* rifled by the enemy; and we have no opportunity of reciprocating their attentions, for they have no treasures to steal. Their happiness is never clouded by the thought that any one will ever think of stealing anything from them.

“Cantabit vacuus coram latrone.”

But though the allopathic lion is not quite ready to lie down with the homœopathic lamb, and though it has not yet abandoned its inherited *penchant* for blood and flesh, and acquired the simple tastes of its innocuous rival, it has abandoned many of its sanguinary and carnivorous propensities, and gives promise of the eventual shedding of its cruel fangs and claws.

Before concluding my remarks upon rational therapeutics, I should mention that although Hahnemann inveighed against the tendency to pathological speculations in the treatment of disease, homœopathy cannot be practised

* “Towers are measured by their shadows and great men by their calumniators.”
— *Chinese proverb.*

without a certain admixture of these very pathological speculations which Hahnemann denounced. He himself practically confessed this when he promulgated his doctrine of chronic diseases. The *psora theory*, as it is termed, is a purely pathological speculation, and its pendant, the doctrine of antipsorics, is a therapeutic speculation. It differs no way in kind from the older doctrine of phlogistic diseases and antiphlogistics. Both set out with the idea that there is a certain class of diseases distinguished by a certain definite pathological character common to them all, for which there is a certain set of remedies, to each single one of which is attributed a peculiar power over this pathological character. Against his own theory of psora and antipsorics Hahnemann's denunciation of the pathological and therapeutical speculations of previous physicians would apply with equal force; so also would his objection to arranging diseases into classes and genera; for in his theory of chronic diseases and the corresponding remedies he has arranged diseases into classes for precisely the same objects as those he condemns, viz. in order to be able to treat them in a more general way and by a more limited number of medicines than if he had insisted on his previous maxim of strict individualisation of each case and selection of the remedy with sole reference to the similarity of symptoms. Few now believe in the psora theory as Hahnemann propounded it, and not even the most rabid Hahnemannist would hesitate to treat a so-called psoric disease with any medicine that offered a homœopathic similarity to it in its symptoms, whether it belonged to the class of antipsorics or not. But we all occasionally act on the principle contained in Hahnemann's famous theory of chronic diseases, and are guided to the selection of certain drugs more by their correspondence to what we believe to be the pathology of the disease than by the mere similarity of symptoms of disease and drug. In fact, cases are constantly occurring where we can find little or no symptomatic correspondence in the pathogeneses of our medicines, and where we must either speculate regarding the pathological characters of disease and drug, or leave them untreated. The great and

real advances made by pathology of late years render this not such a hopeless task as it was in Hahnemann's time, and the excellent provings of many of our drugs enable us to form a very plausible opinion as to their pathological sphere of action. Still this—though a perfectly rational practice when it is successful—is tainted with the blemish of uncertainty on account of the risk that our idea of the pathological nature of the disease may be wrong, or that our inference respecting the pathological sphere of action of the remedy may be erroneous, or that both may be incorrect. In every case, when practicable, a selection guided by close similarity of symptoms of disease and drug is to be preferred as at once the most rational and the most successful. The speculative plan is only to be adopted as a *pis aller*, in the event of failure to discover among the recorded effects of drugs the *simile* to the symptoms of the disease. When there can be no doubt about the pathology of the disease and drug, our selection of a remedy among a number presenting similar symptoms will be much facilitated, and we can even suppose cases where there is no correspondence between the ascertained symptoms of the drug (from imperfection of proving) and those of the disease, where a knowledge of the general pathology of disease and drug would suffice to enable us to select the right remedy. But even in this extreme case there is no departure from rational therapeutics, we give the medicine that has a pathological relation to the organ or tissue affected by the disease, *e. g.* *Iodine* in periostitis.

But, as before said, it is only in therapeutics, or the treatment of diseases by drugs, that we find the broad division of practitioners into "rational" and "irrational." The medical art does not, however, consist entirely of therapeutics. Apart from therapeutics there is a large field of medical practice, and here there is perfect agreement among all sensible practitioners. We are here all equally rational or equally empirical, and where there is so much agreement it seems a pity that there should be such a great gulf of separation on account of differences respecting what is, after all, but one branch of the medical art.

Were the practice of medicine to be judged by the perusal of treatises on the practice of physic and the articles furnished to our periodicals it would seem to be almost an affair of drug-giving. But these would give no truer idea of the ordinary employment of a medical practitioner than the dainty specimens we see in a mineralogical museum would give us a correct notion of the general appearance of the earth. As the earth contains much that is not thought worthy of a place in a museum, so medical practice presents a vast number of cases that no one would ever think of embalming in a treatise or in the columns of a periodical, and very much that is quite outside of drug-giving. The practitioner who would confine himself to prescribing medicines would cease to be rational, and would certainly fail to cure many cases that daily come under his care. Nay more, with all deference to my colleagues who boast that their practice consists entirely of prescribing homœopathic medicines, I will assert that in cases that require medicine he who would confine himself to homœopathic medicines only would fail to do all the good he might. In order to illustrate these points I propose to follow the example of our lamented colleague, Dr. Watzke, and give what he called "a day of my practice." I will not say that all the cases occurred in one day, but they happened sufficiently near to one another to render it at least possible that they might all have been seen on the same day. I select them from my case-book, as each illustrates some point of ordinary daily practice, and the whole prove (if I may be allowed to parody the well-known lines)—

How few of all diseases men endure
Are those that medicine alone can cure.

1. The first one I shall mention was my own servant, who announced to me that he had not been able to sleep all night nor to take a bit of breakfast on account of sore throat. I looked into his throat and found intense inflammation of the uvula, manifesting itself by bright redness, elongation, swelling and pain, especially had on swallowing. I bethought me

of Bolle's rapid cure of uvulitis and determined to adopt it. Taking a solution of *Corrosive sublimate* in alcohol, one part of the metallic salt to ten of the spirit, I applied it to the inflamed uvula with a camel's hair brush. Instantly the uvula shrank up to its normal dimensions and the patient could swallow without difficulty or distress. Later on in the day I enquired how his throat was, and ascertained that it is was quite well.

This is a simple instance of empirical treatment. There was no guiding rule here, nothing but the experience of another in a similar case to lead me to do what he had done and found successful. Doubtless *Mercurius corrosivus* is homœopathic to inflammation of the uvula, but given in the ordinary way it does not effect a cure so instantaneously as when applied in this way, and it remains doubtful whether it cures here in virtue of its homœopathicity or by reason of its astringency. If the latter, then it is probable that another astringent metallic salt, like sulphate of *Copper*, or *Alum*, or even a vegetable astringent like *Tannin* might produce the same effect, but of this I have no experience, and being quite satisfied with the effect of the alcoholic solution of *Corrosive sublimate*, I always now employ it in such cases; and as the result is in my experience always equally satisfactory, I am content to practise empirically in this affection without concerning myself about the rationale of the cure.

2. I was called to see a lady who was suffering from severe inflammation of one eye. She told me that while travelling by rail the previous day she suddenly felt acute pain in the eye, which forthwith began to water, and the pain and inflammation had increased so much during the night that she could get no sleep. She felt assured that something had got into her eye, as she had a sensation as if there were sand in it whenever she closed the eye. On examining the eye with a lens I perceived a minute black object right in the centre of the cornea, and apparently embedded in it. With some difficulty I removed this little black object on the point of a needle and found it to be a small fragment of coke. Its removal was followed by instant relief to the uncomfortable sensations, and in a few hours the inflammation quite disappeared.

There was no need for any medicine in this case, it was a simple example of *sublata causa, cessat effectus*. The treatment was entirely rational, but had no bearing on therapeutics.

3. The next case was one of inflammation of the eyes of a different character. The patient, a lady very subject to rheumatic and neuralgic affections, had, when in good health, driven out in an open carriage on a very cold day. She was soon afterwards affected with sore throat and fever (she had formerly suffered from ague) and the eyes became much inflamed and very painful and swollen. The sore throat had disappeared under *Belladonna* and *Mercurius* which she had taken of her own accord, but the eyes remained inflamed and painful, with considerable swelling of the lids, intolerance of light, and the conjunctiva much injected. Cold air and bathing the eyes with cold water temporarily relieved the pain and inflammation, which, however, always returned. Finding that her own remedies failed to cure the eyes she applied to me. I prescribed *Apis* 2, and she told me some time afterwards that the medicine acted "like magic," and in a very short time all trace of inflammation had disappeared.

This is an instance of pure rational therapeutics. *Apis* produces exactly the same kind of inflammation of the eyes as that she suffered from, and the knowledge of this led me to prescribe it with the result stated.

4. A gentleman, of middle age, came into my consulting room to see if I could do anything for the relief of his deafness. He had been deaf of one ear, he told me, for several years, and the deaf ear was also affected with a constant singing noise, like a tea-kettle, which was even more annoying than the deafness. Otherwise he was in perfect health. I ascertained that he could only hear the tick of a watch when closely applied to the ailing ear. I applied the vibrating tuning-fork to his teeth and bade him notice which ear he heard it with. He at once said with surprise that he heard it much louder on the deaf side than on the other side on which the hearing was perfect. I then told him that I thought I could soon cure him. On looking with the speculum into the affected ear I found, as I expected, the meatus

blocked up with hardened wax. On removing this by syringing with warm water, I found the membrane of the drum of the ear quite healthy, and he could immediately hear the tick of the watch at several feet distant, in fact, as well as with the other ear.

Here again the treatment was quite rational though not therapeutical. The cause of the deafness and ringing in the ear was the accumulated wax, on the removal of which the abnormal symptoms at once ceased. I may mention that he had previously consulted several medical men, who had prescribed various remedies without benefit. By omitting to examine the ear they had failed to discover the cause of the deafness, and their treatment, however rational it might have appeared, was in fact irrational.

5. An unmarried lady, aged about 55, consulted me for noises in the ears. The right ear had for fifteen years been affected with constant buzzing noise, and the hearing of that ear was considerably impaired, she could only hear the watch at two inches. The left ear for two months had been subject to a "booming" noise, synchronous with the pulse, especially annoying when she lay down at night and often preventing sleep. The hearing of this ear is not impaired, she hears the watch distinctly at eight inches. Music, especially that of a street organ, is painful to the right ear, not to the left. She has some dull pain in the left ear. Before this ear became affected she suffered from a curious nervous affection of the legs up to the hips. She described it as feeling as if the bone was broken, and as if she had been stung with nettles. On the cessation of this affection of the legs, the booming noise in the left ear came on. It ceased on the recurrence of the pains in the legs, but recommenced when they went off. Damp weather aggravates the noise in the left ear and increases the pain in it. Nothing abnormal was to be seen in either ear on inspection with the ear-speculum. I diagnosed subacute inflammation of the periosteum of the middle ear and prescribed *Aurum* ʒ. After taking this medicine a week she reported that the noises in both ears were much worse. I now gave *Iodine* ʒ. After a fortnight she returned and complained that the noises were no better and her nights were miserable. Music was quite intolerable. Prescribed *Sulphur* ʒ. A fortnight later she reported, no improvement of the

buzzing in the right ear, but the booming in the left ear was somewhat less, so that she could now sleep at night. I now gave *Silica* 30. After taking this for a fortnight she reported that the booming in the left ear was much better, and the buzzing in the right ear considerably relieved. She could now sleep quite comfortably, and the sound of music was not so unpleasant. I gave the same medicine in the 15th dilution, which completely removed the booming noise in the left ear, and reduced the buzzing in the right ear very much. I saw her a year after this and the improvement still continued. The hearing was not altered.

In this case the selection of the remedy was assisted by speculation as to the pathological state on which the symptoms depended. Considering the buzzing noise synchronous with the pulse to be caused by a certain morbid condition of the periosteum of the middle ear, I gave medicines which are known to act on the periosteum, *Aurum*, *Iodine*, *Sulphur* and *Silica*. The first two only aggravated the evil, whereas the last two produced decided amelioration and eventually cured the symptoms, by, as I imagine, restoring the periosteum to the normal state. This may therefore be considered an instance of rational therapeutics, though by no means a model illustration of a homœopathic cure, for the symptoms were not numerous enough to enable me to decide from them alone which, among many remedies, was the proper one for the case. The supposed pathological condition of the ear enabled me to limit my choice among a small group of medicines, but did not at once enable me to fix on the true curative ones, because neither of these medicines, nor, I may add, any other in our *Materia Medica*, presents a perfect simile to the symptoms observed in this case. This was therefore one of those instances alluded to above, where pathological speculation has to be employed in order to direct the choice of a remedy. That the remedy was successful affords a strong presumption that the pathological speculation was correct.

6 A military officer, aged about 45, who had served in India, and had studied and practised homœopathy for many years, consulted me respecting a peculiar form of dyspepsia to which he

had been subject more or less for thirty years, and for which he had taken various medicines, among the rest *Arsenic*, *Belladonna*, *Chamomilla*, *China*, *Nux vomica*, *Rhus*, *Sulphur* and *Veratrum*. He was sometimes better, sometimes worse, but was never altogether free from his complaint. Latterly it had become much worse. It was always so much aggravated by tea, that he had long abandoned that favourite but neuralgia-producing beverage. For a long time past he had almost given up every kind of food except milk, which was the aliment he suffered least from. The main symptoms are a dead aching in the stomach, attended with flatulent eructations, coming on after all food or drink. He has a great tendency to diarrhoea, with straining at stool, and sometimes darting pain up rectum. When he can get a hot bottle applied to the stomach, the pain is generally relieved in about a quarter of an hour. As this gentleman had treated himself for so many years, and given a long trial to so many medicines, all apparently pretty well indicated for his complaint, I was precluded from employing any of those he had already taken without effect. My first shot was a bad one. I prescribed *Argentum nitricum* ʒ. This was persevered with for a couple of weeks, but did no good at all. The pain in the stomach after all food except milk was, as he explained it, agonising. Huskiness of the throat frequently comes on after dinner, and sometimes a bruised feeling in the bowels on both sides. I now gave *Anacardium* ʒ, whose pathogenesis contains a very accurate picture of the symptoms of this case. It was perfectly successful. After a few doses the distress in the stomach went off completely, and he was able to eat a considerable variety of food with perfect comfort.

This case may be regarded as one where the remedy was selected entirely from the correspondence of the medicinal symptoms with those of the disease. There was no question of any guidance by general pathological suitability, for any previous idea I had formed of the pathological affinities of *Anacardium* was certainly not in the direction of gastralgia. Some of the other medicines taken by the patient, and the *Argentum* prescribed at first by myself, were much more strongly recommended by general pathological indications, but these had proved altogether illusory, and the cure was effected by a medicine selected by what may be

termed an unscientific comparison of drug-symptoms and disease-symptoms. But admitting the soundness of the homœopathic law, the treatment, though unscientific, was perfectly artistic and rational. A treatment guided solely or chiefly by general pathological inferences is apt to fail us on account of the difficulty of referring many diseases, with few and purely subjective symptoms, to their real pathological cause—pathology itself being an ever-shifting science, *opinionum commenta delet dies*—but if we can find an accurate resemblance of morbid and medicinal symptoms all round, we may prescribe with almost perfect assurance of a happy result, without concerning ourselves about pathological speculations and vain search after proximate causes. The inestimable advantage of a repertory, such as the *Cypher Repertory*, for ferreting out the simile among the vast collection of symptoms in our pathogeneses is self-evident.

7. A lady, age about 30, consulted me for chronic nettle-rash, which in spite of long homœopathic treatment has only become worse. Formerly it only used to come out at night after undressing, now it troubles her even during the day. It appears on various parts of the body. A long course of Turkish baths failed to give her any relief. She suffers from piles occasionally, and complains of soreness in the groins. I gave her successively *Arsenic*, *Calcarea*, *Graphites*, and *Apis*, without permanent benefit. She became pregnant and lost the nettle-rash until two months before her confinement, when it returned in all its former intensity. Fifteen months after her confinement she again visited me (she resided in the country at some distance from London). She still suffered from the nettle-rash as badly as ever, but had abandoned all hope of ever getting rid of it, and now she came to me on account of a new symptom that tormented her. This was a frequent sudden feeling as of scalding water in the left knee. For this I prescribed *Petroleum* 6, a dose three times a day. A month later she came and reported that while taking the medicines the painful sensation in the knee had quite left her, and to her great delight she had entirely lost the nettle-rash. She was not again in the family-way. Months have now elapsed without a recurrence of her former sufferings.

Petroleum is no doubt a remedy that has been recommended, though I am not aware that it has been used, in urticaria, but it was not for this symptom I prescribed it, but for the scalding sensation in the knee. Without this characteristic symptom I might not have thought of prescribing it at all in this case, as on the former occasions when the patient consulted me the knee symptom was not present. This latter symptom proved what our American colleagues term a "key-note" symptom leading to the selection of the right remedy for the whole morbid state. The cessation of the nettle-rash must be attributed to the *Petroleum*, as there was no other ascertainable cause for its disappearance. It was nevertheless an instance of rational homœopathic treatment, unbiassed by pathological speculation, as the medicinal symptoms corresponded to the totality of the disease symptoms.

8. Two ladies, a mother and her daughter, both attired in the latest development of fashionable costume, came to consult me. They suffered from the same complaint, viz. great pain in their toes when they walked. Their feet, which they displayed to me, were swollen and tender about the toes; the proximal joint of the great toe was especially tender, red, and swollen, but some of the joints of the other toes were also red and tender. I begged to look at their boots and found, as I expected, that they were constructed on the most fashionable and unscientific principles. The heel was at least two inches high, while the front was narrowed to an acute point. I explained to my fair patients that by wearing such boots the whole of the weight of the body was thrown upon the toes, which were squeezed into a space quite insufficient for them. While boots of this construction gave to their gait that peculiar mincing hobble now so much affected by the fair sex, and caused their bodies to assume that highly desiderated attitude called the "Grecian bend," these advantages could not be purchased without serious detriment to the complicated arrangement of joints and ligaments with which nature had, without regard to the exigencies of fashion, provided the foot. I advised them to get boots with low heels and roomy in the toes, and promised them that they would then soon lose the redness and tenderness of their feet, and be able to walk with ease and comfort. They seemed quite too awfully sorry that I could

not suggest anything to enable them to retain their fashionable chaussure without the attendant torture, but they were forced to admit that my advice was perfectly rational.

9. A young gentleman while playing football received an injury to the back in the region of the lower lumbar vertebræ. He suffered much pain in the seat of the injury, and was confined to bed for some weeks. When at length he was able to leave his bed he found that the legs were so weak that he could hardly stand. The paralysis increased to such a degree that he could only move about the room with the aid of two sticks. He consulted many doctors, and was subjected to every variety of treatment. He spent some weeks at Wildbad without benefit, and when he consulted me he had been paralysed for three years. He had lost all the tenderness and pain in the back, and sensation was perfect. He was now about twenty years of age. I recommended him to try the Swedish regulated gymnastics, and sent him to Dr. Roth. After three months of this treatment, without any medicine, he was completely cured, and at present (three years after Roth's treatment) he is quite well and strong in his legs.

This is given as an example of rational treatment without therapeutics, and shows the advantage of an acquaintance with other resources of the medical art besides mere drug-giving and conventional prescriptions of mineral waters. Cases are constantly occurring in the practice of every medical man where physic is useless, and the doctor who trusts entirely to medicines will fail to cure, whereas by availing himself of some of the many appliances and modes of treatment within the domain of medicine, he may benefit patients to whom nothing in the whole pharmacopœia is of the slightest use.

10. A married lady came up from her suburban residence to consult me. Like John Anderson my Jo, "her locks were like the snow," though she had little more than half a hundred weight of years on her "frosty pow." She was by no means a robust person, having in former years suffered occasionally from severe attacks of nervous depression, and her appearance was anæmic. She had, however, enjoyed very good health for several years past. She now complained that for the last six weeks she

had every morning regularly, as soon as she got out of bed, a violent attack of diarrhœa accompanied by a sensation as if everything would come away. Living in the country at a distance from a doctor, and having an amateur's knowledge of homœopathy, she had treated herself with various remedies; but finding them of no use she had given them all up for several days. But as this renunciation of all medicine had been of no more service than the taking of her own medicine, she resolved to come and ask my assistance, which, of course, I was only too happy to give her. After carefully considering her symptoms I gave her two small phials of *Arsenic* and *Iris*, both of which seemed to be equally indicated, to be taken alternately three days each, beginning with *Arsenic*.

Treating patients who live at a distance and cannot come frequently to see their doctor, when the symptoms do not point very conclusively to one medicine, it is often better, as in grouse shooting, to have a double-barrel, so that if one misses the other may hit. I did not see my patient for three weeks, when she again visited me to consult me about her only daughter's health. "How about your own diarrhœa?" I asked. "Well, I have never had the slightest return of it since the day I was here." I felt gratified at the accuracy of my aim, evidently the first barrel had been enough. My self-satisfaction was short-lived. "But what do you think, doctor?" continued my patient, "I did not take a single dose of your medicine. The following morning I had no diarrhœa, so I ventured to wait and see if it would return before having recourse to your medicine; but from that day to this I have been perfectly well."

I was at a loss under what head to put this remarkable cure, until I read Dr. Ollivier's pamphlet, which teaches me that this is an example of pure homœopathic treatment. For Dr. Ollivier, describing the peculiarities of homœopathic medication says: "Enfin, il n'est pas rare, nous le savons, que la seule vue de ce flacon opère des actions thérapeutiques." Now that we know this on such unexceptionable testimony, all is clear; the patient was cured by the sight of the bottle containing the medicine. Hurrah! who after that will limit the powers of homœopathy? We would not have ascribed such a wonderful virtue to the sight of a bottle of homœopathic medicine ourselves, but when an

enemy asserts it we must accept his testimony as an involuntary tribute to truth—*fas est et ab hoste doceri*.

11. An old lady, very much disposed to bronchial attacks and bilious affections, had while residing on the sea-coast got a severe attack of congestion of the liver with jaundice to a very great extent. On the subsidence of these liver symptoms there remained behind the most violent and intolerable itching of the skin, which rendered life during the day a burden, and deprived her of almost all sleep at night. The skin was harsh and dry, but presented no signs of an eruption, except what was produced by the irresistible scratching. I tried various remedies without effect for some weeks, when it occurred to me to give her Turkish baths. Being beyond seventy and rather feeble, I had some difficulty in persuading her and her husband that there was no great risk in taking these baths. At length she consented, and finding they did her good she went on with them, at first every other day, then every day. After each bath the itching was perceptibly ameliorated, and when she had taken about twenty she was perfectly well, and has remained free from itching ever since, now three years.

In jaundice, as is well known, itching of the skin is a frequent symptom, but it is usually more a premonitory symptom, declining when the jaundice is fully developed. In this case it not only did not decline, but it became worse and worse after the entire disappearance of the jaundice, and lasted for many weeks, until it was cured by the Turkish baths. The treatment in this case was rather conjectural than empirical. I imagined that the skin being so dry and harsh, the itching might be caused by want of action of the cutaneous sweat glands, and knowing that the Turkish bath is a powerful purger of these glands, I put this and that together, and the result was a success. The treatment may be considered rational, because it succeeded. In medicine the Jesuitical maxim, that the end justifies the means, is not generally considered immoral. When the means succeed, we are always ready with a pathological reason for their success. When they do not succeed, we are equally ready with a pathological reason for their failure—*in utraque fortuna parati*.

12. I received a pressing message to go and see an old dispensary patient whom I had had under my care several years previously. She said she thought she was dying, but would like to see if I could suggest anything for her relief. I found her lying in bed, pale as a sheet, and bedewed with cold, clammy perspiration. Her pulse was extremely feeble and hurried. She told me her bowels had not acted for ten or twelve days, and she had been suffering intense pain and ineffectual straining for most of the time, and latterly constant vomiting, especially when she attempted to take any nourishment. She had been attended by the parish doctor, who had given her a good deal of medicine, all of which her stomach had latterly rejected. He told her he could do nothing more, hinted that the bowels were strangulated, and left her to die. Under these circumstances she had sent for me, but without much hope that I could do her any good. On making an examination I found the lower bowel obstructed by a hard mass of impacted fæces. I removed as much of this as I could mechanically with considerable difficulty. This gave her immediate relief, and in a short time a large motion was expelled naturally, and the patient speedily recovered without medicinal aid.

Here the treatment was quite rational, fulfilling the indication "*tolle causam.*" All this frightful suffering and danger might have been prevented had the doctor, relying less on the omnipotence of physic, taken the trouble to ascertain at first whether any mechanical obstacle existed to account for the constipation.

*Principiis obsta ; sero medicina paratur
Cum mala per longas convaluere moras.*

13. As I was sitting down to dinner the servant of a gentleman residing a few doors off came and begged me to go at once to his master. I hurried off and found the gentleman sitting at his table, with the dishes before him but with an anxious expression of countenance. He told me he had just eaten a bit of fish and a bone had stuck in his throat, and was causing him acute pain and made him fear he might choke. I looked down his throat but could see nothing, indeed he pointed out the seat of obstruction half way down his neck. I made him take a large mouthful of potato and swallow it. This he did, and though it caused him considerable pain, it carried the fish bone

along with it down to the stomach, and he was able to finish his dinner in comfort.

This is a trifling case, and would not be worth recording, were it not that it illustrates a not uncommon incident in practice, where the doctor has to resort to other means than drug-giving to effect a rational cure.

14. This is the last case I shall mention to complete the day's work. As I was going to bed I received a summons from a lady to come at once to see her husband, who had been taken suddenly ill with what she considered alarming symptoms. I found the gentleman in bed. He told me he had been out hunting that day and had got thoroughly chilled; on coming home, he felt severe pain in the left renal region, which had steadily increased but slightly changed its position. He had vomited, and was much distressed with sickness and flatus in the bowels. The pain was of a grinding intolerable character, and extended from the kidney down the left iliac region. There was also some urging to urinate, with pain at the end of the urethra. The urine, passed in small quantity, was clear. He thought he had caught cold in his kidney, and that it was now highly inflamed. As there was no heat of skin and the pulse was quiet I assured him this was not the case, but that he was suffering from an attack of gravel. I explained that a small calculus was in the act of passing down the ureter into the bladder, and that as soon as this occurred the pain would cease. I advised him to drink plentifully of barley water and to move about the room frequently, as by so doing he would expedite the progress of the offending body, and get the desired relief sooner. He said he thought he could not endure the pain. I gave him a prescription for a solution of one grain of *Acetate of Morphia* in six ounces of water, to take by teaspoonfuls every five minutes until the pains subsided or he fell asleep. This plan was taught me by Dr. Wyld, and I have found it very successful in procuring rest and relief from suffering during the passage of renal calculi. At the same time I told him that if he abstained from the narcotic and kept moving about and drinking plentifully he would greatly expedite the expulsion of the calculus. The following day he had several severe fits of pain, but he heroically resisted taking the narcotic, and towards evening the pain suddenly ceased and he had a good night's rest. When he awoke he felt

perfectly well, ate a good breakfast, and went to business. On examining the urine he had passed I found a small rough uric acid calculus, about the size of a hemp-seed. He had never suffered from anything of the kind before. I left him with some useful cautions respecting diet and indulgence in alcoholic stimulants, and he has not been again troubled with gravel.

Here the narcotic was prescribed (though it was not taken) not for any curative purpose, but simply to lull the pain for a time, and so enable the patient to pass through a process necessary for his relief more comfortably than he could have done without the soothing influence of the morphia. It may be thought by those who are in the habit of ordering large doses of opiates that the quantity of the narcotic prescribed in this case was ridiculously small, but practically I have found that from four to eight such doses of one forty-eighth of a grain each of morphia generally suffice to give the patient almost complete exemption from suffering, and enable him to get a few hours' refreshing sleep. The treatment here is rational though not curative, as the only cure of the affection is the expulsion of the calculus, and that is the work of time. The indication is to make the time pass as agreeably as possible. I do not say with Sydenham: "Sine opio nolo esse medicus," but I contend that opiates have their uses in the ordinary practice of the rational physician, and we should be wanting in our duty to our patients did we refuse to give them in cases where they can give relief to intense suffering of a temporary character, without materially delaying the cure.

In the above cases, which very fairly represent the daily routine of a busy practitioner, it will be observed that only a small proportion exemplify pure therapeutical treatment; and though on many days the proportion of such treatment to non-medicinal treatment may be much greater, there are days when it is even smaller than in the specimen I have given. I might have multiplied to any extent, from my own case-books, the instances where we are compelled to resort to other than medicinal remedies, and many practitioners could do the like. How many cases of over-loaded stomachs, or fits of indigestion from eating indigestible things,

do we not cure by directing the patient to put his finger down his throat, or take copious draughts of warm water to rid himself of the "pernicious stuff" he has swallowed? How many cases of gout and rheumatism do we not relieve by employing an experienced rubber, or sending our patients to Aix-la-Chapelle, Wildbad, or Bath, or even by prescribing abstinence from alcoholic liquor? * How many neuralgias have we not conjured away by the use of the induced electrical current, or by the magnetic rotary machine, or even by so-called mesmeric passes? How many lumbagos do we not cure by the Turkish bath or the lamp bath? How many cases of chronic cutaneous disease do we not remedy by similar means, or by the use of sulphur mineral waters? How many cases of brain-fag do we not send with advantage to Ragatz? How many cases of torpid livers and sluggish digestion, with all their concomitant sufferings, do we not cure by enjoining vigorous exercise in the open air, † or by some apparently trivial alteration in the diet, such as varying the everlasting bread made of emasculated and zymotised wheat, by a daily plateful of good oatmeal porridge ‡ How

* In spite of Sydenham's dictum: "Water alone is bad and dangerous, as I know from personal experience."—*Treatise on Gout*, § 47.

† Exercise, to be thoroughly beneficial, must be amusing, and should bring into play as many muscles as possible. The constitutional walk or the regular use of the dumb-bells soon becomes irksome; but rowing, fencing, racquets, cricket, golf, and other muscular sports which combine amusement with exercise do not so easily pall, and are to be preferred. Many of those most eminent in literature, science, art and politics recruit their energies by games such as those mentioned, or by hunting, shooting, fishing, or other muscular recreations. One distinguished legislator is a zealous bicyclist, and our most energetic and many-sided statesman is a skilful woodcutter. He seems to have had his prototype in very ancient times:—"A man was famous according as he had lifted up axes upon the thick trees."—*Psalms* lxxiv, 5.

‡ "OATS, n. s. A grain, which in England is generally given to horses, but in Scotland supports the people."—*Johnson's Dictionary*. Of course this was "meant sarkastic" by the great lexicographer, but Scotsmen may console themselves with the reflection that England displays the finest specimens of horses, while Scotland abounds in "buidly chieils," of whom she has no reason to be ashamed. Whether the excellence of these animal products of the two countries is owing in any measure to their diet I am not prepared to say; but as we know that bees can make an august and sagacious queen out of an ordinary larva by feeding it on a particular food, it would be rash to deny that the peculiar

many cases of dyspepsia from excessive addiction to the pleasures of the table, late hours, and sedentary habits, do we not send with advantage to Homburg or Kissingen, or to a water-cure establishment? How many cases of congested wombs and deranged menstrual function do we not restore to health and fertility by the baths of Ems? How many cases of anæmia do we not benefit by sending the patients to Tunbridge Wells, Schwalbach, or St. Moritz? Then, again, with regard to remedial means in daily use, how often have we not occasion to employ poultices, fomentations, compresses, cold and hot, inhalations, frictions, heat, cold, steam and electricity? How often must we open an abscess to avoid extensive destruction of the skin, or even the fell disease pyæmia? How often must we use some vermifugal drug to kill the parasitical infesters of the body? How often employ an enema, or other mechanical means, to remove an accumulation in the rectum? Nay, how often do we not find it easiest and best to overcome this temporary obstruction by a simple purgative? The many prescriptions that we have daily to make regarding diet and regimen, need scarcely be alluded to—*cela va sans dire*. In short, the exigencies of practice compel us to include in our armamentarium against disease an infinite number of implements besides those contained in our *Materia Medica*, and we are not the worse but the better for being as thoroughly conversant with the use of them as with the pathogeneses of our homœopathic remedies. The truly rational physician might parody Terence's well worn words and say: "Medicus sum, medicinalis nihil a me alienum puto."

When a doctor in large practice solemnly assures the public that he treats all his patients entirely on the homœopathic principle, of course we are bound to believe him, food of the horses in England and the men in Scotland may have something to do with their good qualities. The Scotch seem to attach great virtue to their favourite cereal, as is evident from the first line of one of their popular rhymes:

"Parritch is the life o' man."

Our German neighbours likewise recognise the valuable properties of oats in their *Volkssage*:

"Vernunft, Geduld und Hafergrütze
Sind zu allen Dingen Nütze."

“For Brutus is an honourable man, so are we all, all honourable men,” but then our belief is of that qualified character expressed in the saying of Tertullian, “credo quia impossibile;” and we are quite convinced that if the doctor who makes this statement were to hark back on his memory, he would recal many cases which would lead him to modify this statement, and not make such a great demand on our credulity.

No man’s practice consists entirely of cases for which drugs are the proper remedial means, still less does it consist solely of cases for which drugs given on the homœopathic principle are the true curative. The examples I have given above bear me out in this. Again, cases occur in which the most diligent research will fail to find a simile among the medicines known to us in their physiological effects. Such cases, rare though they may be, must be treated, if with drugs or mineral waters, empirically, if with other means, then as rationally as possible. The line of homœopathic curability must be drawn somewhere by every practitioner. He who is most conversant with his *Materia Medica*, and has the necessary complement of this, a thorough knowledge of pathology and diagnosis, is able to draw the line so as to include the largest number of diseases. But the line must be drawn where knowledge fails, or where reason or experience teaches us that the cases are not proper ones for drug treatment.

In the face of this inevitable limitation of homœopathic treatment, in view of the large number of cases occurring in our daily practice, which are altogether beyond the domain of drug-therapeutics, I am at a loss to understand how any practitioner can consistently call himself a homœopathist, or a homœopathic physician. True, in all cases where drugs are required, he prescribes medicine on the homœopathic principle when that is possible, but how about the cases in which drugs are not required? The assumption of this exclusive title appears to me as ridiculous as would be, in the opposite profession to ours, the conduct of the general who should call himself a “bayonetist,” because the bayonet formed part of his soldiers’ equipment,

forgetful of all his swords, lances, pistols, rifles, guns big and small, mortars, mitrailleuses, and the rest.

The physician who, when he selects his medicines, where medicines are required, according to the principle *similia similibus*, is merely a physician of advanced views. He has carried the principle of rationality into the matter of drug-prescribing. Those who do not adopt the homœopathic therapeutic law have discarded the light of reason at the threshold of the temple of *Materia Medica*, and stumble along in the dark, indignantly refusing the aid of Hahnemann's light, and moaning dolorously, "We have no rational therapeutics!" They remind us of Galileo's contemporaries. "Jupiter has no moons," they said. "Look through my telescope and you will see them," responded Galileo. "Telescope be hanged! how can that piece of metal tube, with a bit of glass at either end, show us anything?" "Only look," persists Galileo. "Never! have not all astronomers, Thales, Pythagoras, Hipparchus, Ptolemy, and the rest, proved conclusively that Jupiter can have no moons, and is the wisdom of these sages to be overturned by you and your miserable tin pipe? Hist! good dog, Inquisition, seize him, worry him well!"

And similarly we are seized and worried by our incredulous colleagues for daring to profess our confidence in Hahnemann's law as the sole safe guide in therapeutics. The persecution takes the form of professional ostracism, exclusion from the honours and emoluments of the profession, expulsion from societies, denial of the right of reply in medical journals to attacks and insults. And all this for having the honesty to confess our obligations to Hahnemann for his immortal discovery. Honesty is the best policy, no doubt, but, like some other virtues, it is sometimes its own reward. It is a pity, certainly, that our open declaration of confidence in a certain therapeutic law should excite the animosity of colleagues with whom we agree on every other point of the vast field of medical practice, or if we do not agree yet all agree to differ amicably. It is not very clear why the attempt to make therapeutics rational should be the red rag that puts the medical bull in a

fury. Time, the great effacer of scientific wraths, will no doubt extinguish this manifestation of the *odium medicum* as it has extinguished others.*

The "physiological school," as it is termed, has distinguished itself by the minute and careful manner in which it has investigated diseases, and tracked them throughout their course, from their beginnings, through their periods of increment and decline, following them with all the aids and appliances of the highly developed and perfected machinery invented for this purpose by ingenious scientists, through all their phases in every tissue, organ, secretion, and function. It has accumulated in systematic treatises and monographs a wonderful collection of morbid phenomena and processes, presenting striking and faithful pictures of all diseases. The followers of Hahnemann, the cultivators of rational therapeutics, have done and are doing precisely the same for medicines. They have accumulated a vast array of faithful medicinal morbid pictures by their provings of the effects of medicines on the healthy human body.† The *Materia*

* Perhaps the wrath displayed against their colleagues is sometimes dictated by a less exalted motive than scientific zeal. The prizes and honours of the profession being limited in number, it is sound policy on the part of the actual holders of the medical leaves and fishes to restrict the number of possible competitors—*beati possidentes!* So the orthodox monopolists give the homœopathic dog a bad name, and have reason to be satisfied with the result. But possibly the followers of Hahnemann have their compensations in other directions. Quanto più la volpe è maladetta, tanto maggior preda fa.

† It is physiological experiment which makes the practice of homœopathy possible. Its *Materia Medica* is a record of the agonies endured by those who have been subjected to the torture of drug-proving. In every case, except the accidental poisonings, the victims voluntarily submitted to the martyrdom for the good of science. They had vivisection without anaesthetics performed on them with their own consent. With self-denying courage they laid themselves on the rack and gave the signal for the physiologist to turn the screws, watch the torments of their quivering bodies, and record their shrieks and groans in his note-book. The minutely detailed sufferings of our self-immolating provers, arranged in methodical order, constitute the armoury whence we derive our defensive weapons against the inroads of fell disease. The man who daily consults this bulky record of aches and pains, of sharp and sudden agony, and "lingering suffering" long drawn out, can scarcely feel a very lively horror at the physiological experiments carried on on animals—mostly under chloroform—for scientific purposes. Pain inflicted on dumb creatures for no useful purpose or only for our own amusement is not justifiable, but many physiological dis-

Medica of homœopathy is the therapeutic pendant of the results of the labours of the physiological school in reference to diseases. It is, in fact, the therapeutic complement of the latter. The rational medicine of the future is the application of the work of the physiological provers of medicines to that of the physiological investigators of diseases. The therapeia of the latter is a blank, pure nihilism. In order to make it a real therapeia, the physiological school must do for medicines what they have done for diseases, or avail themselves of the work already done in this direction by Hahnemann's followers, and complete it where it is still defective. When they are convinced of the necessity of this—and the work of Jörg, Harley, Ringer, and some others in this direction, shows that they are commencing to be so convinced—then they will cease to travel through therapeutics from Dan to Beersheba and cry "all is barren!" On the contrary, they will then only be able to found a real and helpful medical art. The physiological

coveries of importance to human health and life have been made by experiments more or less painful on some animals. And yet, while the former scarcely evokes a comment from those hyper-sensitive humanitarians who love to hear themselves spout at public meetings, the latter has roused these feeling creatures into a fury of hatred towards physiologists, and the medical profession generally as the aiders and abettors of physiologists, as it is the doctors, they allege, who profit by the wicked works of the vivisectionists.

After howling themselves hoarse at some public meeting denouncing the shocking cruelty of the vivisection doctors, we can imagine the self-satisfied inveighers against cruelty to animals, after mutual congratulations on the success of their meeting (undisturbed by medical students), separating, one to have a "splendid run" with Her Majesty's staghounds, where he enjoys the exciting spectacle of a tame deer torn to pieces by a pack of hounds; another to engage in a grand battue of pheasants, hares and rabbits, in some friend's well-preserved coverts, where some thousand head of game are killed outright and probably an equal number get off wounded to die a lingering death of prolonged agony; another to play a lively salmon for an hour or two at the end of his line until the fish, exhausted by his desperate struggles, is drawn towards the bank and dexterously "gaffed;" another to assist at a "tournament of doves" at Hurlingham; another to chase a fox or a hare for hours till the agonised creature, incapable of further flight, is overtaken and rent to shreds by the dogs. It is wonderful to observe the curious optical effect of a beam in our own eye, how it magnifies a mote in our neighbour's eye. Thus we

"Compound for sins we are inclin'd to
By damning those we have no mind to."

school and Hahnemann's followers are working in parallel lines. True medicine will result from the combined labours of both. Each needs the other's help. When the prejudices that at present prevail among the adherents of the physiological school are extinguished, they will see, as we have long seen, that the only possible way of creating a real art of medicine, is to join hand in hand with the cultivators of rational therapeutics. The most profound knowledge of disease is but a barren science if not complemented by an equally profound knowledge of the weapons with which disease is to be combated. That this fraternal and mutually respectful alliance between the zealous students of diseases and medicines will soon be consummated can hardly be doubted.

"Then let us pray that come it may,
As come it will for a' that,
* * * * *
That man to man the world o'er
Shall brithers be for a' that."

MEDICAL COINCIDENCES.

By FRANCIS BLACK, M.D.

IN the Church of Rome no proposed saint can be canonised until the Devil's Advocate has had ample opportunity to debate the weaknesses and possible sins of the candidate. It is to be regretted that in several branches of medicine, especially in pharmacodynamics, such an advocate is not more frequently consulted before mere statements are recorded as facts; his interference would not unfrequently reduce supposed proofs of drug action to simple coincidences, and thus save the garnering of much chaff as valuable grain. If astronomers were to found their calculations on the apparent and not the real dimensions of the sun, how ridiculous their results would be; so in therapeutics numerous errors occur because the apparent is taken for the real, and the *post hoc* recorded as the *propter hoc*, e.g.

Pulsatilla in Amenorrhœa.

An unmarried lady, æt. 22, has had amenorrhœa for three years; she has tried various kinds of treatment, and she is now persuaded to try homœopathic remedies. I prescribed *Puls.* In twelve days the prescription is finished and the patient writes—“*I am quite well. On the day after seeing you and the day before commencing the medicine the period appeared.*” Had the patient commenced the medicine twenty-four hours earlier what a brilliant cure might have been recorded, instead of a curious coincidence.

Amenorrhœa.

Another case of amenorrhœa of long standing resisted every medicine I prescribed for nearly a year; I then advised the patient to discontinue all treatment. Two months after, the catamenia appeared. Had my medicine, no matter what or in any dose, been administered a little previous to this appearance, the result would have been attributed to the medicine, and a natural recovery recorded as a cure.

Hydrocele.

I published many years ago an account of several cases of well-marked hydrocele, in which I believed *Graphites* to have been the curative agent.* But a certain amount of doubt now diminishes the value of these results, reducing perhaps some of them to mere coincidences. A gentleman with well-marked hydrocele of some standing consulted Dr. Ker. He resolved to give *Graphites*, but owing to some circumstance the patient did not receive the medicine. *He returned in two months free of the hydrocele.*

Physiological action of Mercury.

A lady consulted me for a bilious disorder to which she has long been liable. The attacks occur about three times in the year; she has used various ordinary remedies and now desires to try homœopathic treatment. I prescribed trit. *Merc. sol.* 3^x about every four hours. After thirty-

* *Brit. Journ. Hom.*, vol. vii.

six hours she complained of the gums and the root of the tongue being tender, with increased flow of saliva. The medicine was discontinued; these symptoms still increased, and *Nitric acid* 1^x was ordered; but until eight days had elapsed there was no improvement, and by the tenth day the patient was well.

This lady was naturally very angry, and expressed her feelings in the freest manner, my only answer being that such effects from such doses were most uncommon occurrences.

A year after this I received a letter from this lady expressing regret for the manner in which she had criticised my treatment. She stated that six months after seeing me a similar attack occurred, and again another in five months. In both attacks salivation and tenderness of gums showed themselves, and continued unchecked for about eight days. She took no medicine during these two attacks.

The receipt of this letter reduced the supposed mercurial action to a mere coincidence.

Local physiological action of Arnica.

A lady sprained her ankle and applied steadily a strong lotion of *Arnica*. On the fourth day I was consulted; she complained of heat and itching and where the *Arnica* had been applied there were numerous red papulæ. From these points the redness extended, and soon involved the leg as high as the calf. Intense itching was complained of. Hot fomentations and camphorated oil were used, later *Rhus*. It continued in this state for three weeks, when patches of eczema appeared on the leg, soon the thigh, and especially the groins were attacked, then the eruption appeared on the right leg. In two months other portions of the body became affected with eczema.

There was a steady increase of the eczema for eight months and then a gradual decrease during two months, at the end of which time it had wholly disappeared.

The patient attributed this attack to the *Arnica*, and I

was of the same opinion, especially as this middle-aged lady was certain "she never had had a spot on her skin."

A few months after her recovery an aged aunt of this lady wrote to say her niece had suffered when about fifteen years old from a similar attack. A slight recurrence of the eczema ten months after receipt of this letter confirmed the opinion that the eczema was a coincidence and not the result of the *Arnica*.

Arnica.

A lady, æt. 40, the mistress of a boy's school had, to my personal knowledge, three attacks of sharp papular erythema due to the local action of *Arnica*, one attack occurring after applying *Arnica* to her sprained wrist, another affecting fingers and back of hand from dressing a boy who had sprained his knee. The third occurred after dressing for several days with *Arnica* the ankle and knee of one of her pupils. The eruption affected not only both hands, but also affected lips and side of nose, and was well marked lasting nearly three weeks. Five years after this, when this lady was no longer under my care, I received a letter informing me that a few days after applying *Arnica* to a pupil's bruised arm she was attacked by erysipelas of lips and cheeks which lasted about four days, and then delirium set in and she was removed to a lunatic asylum where she was detained four weeks; the mania passing off after the first ten days of detention. Her letter enclosed a full report of the attack. She was very desirous to get a medical opinion certifying the attack was due to *Arnica*, and not an ordinary case for temporary insanity.

I was unable to comply with her wish. This attack of erysipelas differed from the cutaneous action of *Arnica*, in that it had no papular appearance, it was attended by no itching which is so marked in the action of *Arnica*, and its duration was only three to four days, whereas if such cutaneous action is set up by *Arnica* it continues for at least ten days. A cursory consideration of this peculiar case held out great temptation to rank as a result that which was a mere coincidence.

REVIEWS.

The Organon. A Quarterly Anglo-American Journal of Homœopathic Medicine and Progressive Collateral Science. Edited by Drs. SKINNER, BERRIDGE, LIPPE, and SWAN. No. 1.

THIS new journal is established as an organ of the pure "Hahnemannian" party among us; and we are pleased that they should have their representative in periodical literature. We hope that all who rank themselves among them will communicate their thoughts and observations thereto, leaving the existing journals to express the mind of the (as we think it) more enlightened and progressive homœopathy which now reigns supreme in the school of Hahnemann throughout the world. Each view will then stand or fall on its own merits, and neither party will have to bear reproaches only meant for the other.

We must urge our friends, however, if they mean to represent Hahnemann correctly as well as purely, to be careful about their renderings of his German. We were astonished to find them (p. 10) quoting him as speaking in disparagement of what we always thought a most valuable discovery of his—the process of trituration. "These developments of properties (dynamizations) in crude medicinal substances, which were unknown before my time, *are not accomplished, as I first taught, by the trituration of dry substances in a mortar, but by the succussion of liquid substances, which is nothing less than a trituration of them:*" thus he is made to speak. On turning to the preface to the fifth part of the *Chronischen Krankheiten*, from which the citation is made, we found his German to run thus:—"Diese vor mir unbekanntes Eigenschafts-Entwickelungen (Dynamizationen) roher Natur-Stoffe geschehen, *wie ich*

zuerst gelehrt habe, durch Reiben der trochnen Substanzen im Mörsel, der flüssigen aber durch Schütteln, was nicht weniger eine Reibung ist." We think that the merest tyro in German would see that no comparison between trituration and succussion, to the depreciation of the former, was intended here.

There is plenty of interesting matter in this first number, mainly contributed by its editor, among which we may note two cases of vaginismus cured by Dr. Skinner, one with *Silicea*, the other with *Nux vomica* and *Ignatia*. We ought all to read *The Organon*, that we may not lose the benefit of anything which the school it represents may have to teach us.

Ophthalmie Strumense. Preuves positives d' experimentation clinique, par le Dr. Albert Dekeersmaecker. Mons, 1877.

L'Homœopathie a l'Académie de Médecine de Belgique en 1877. Réponse au défi de M. le Professeur Crocq, par le docteur Gailliard. Brussels, 1877.

Homœopathy seems stirring just now in Belgium. A new journal, *L'Homœopathie Militante*, has begun to appear in the present year; and the two pamphlets named above are devoted to the same cause. Dr. Dekeersmaecker establishes the value of homœopathic treatment by the positive proofs of clinical experimentation in the case of that obstinate disease—scrofulous ophthalmia, recording thirty-eight treated by him. Dr. Gailliard adventures a more laborious task. Professor Crocq having attacked homœopathy in a somewhat insulting manner, Dr. Gailliard has accepted his challenge to substantiate the reality of Hahnemann's pathogenesis. He has selected those of *Arsenic* and *Phosphorus*, and proposes to submit to the Academy of Medicine of Brussels a collection of their effects as observed by practitioners of the old school since Hahnemann's time, which shall conclusively verify every effect ascribed by him to the drugs. We shall be interested to see this done in the

case of *Phosphorus*, as we have little evidence at present of the bulk of its 1915 symptoms having been obtained by experimentation of a pure and genuine kind.

Repertory to the New Remedies, based upon and designed to accompany Hale's Special Symptomatology and Therapeutics. By C. P. HART, M.D. Boericke and Tafel: New York, 1876.

To all who possess Hale's *New Remedies*, as his meritorious work was called in the first editions, or the enlarged later edition designated as above, the need of a good repertory has been greatly felt, and their obligation to Dr. Hart for attempting to supply this need is undeniable. The plan on which the author has proceeded bears some resemblance to that of the ordinary repertories, such as Bönninghausen's and Jahr's, in arranging the symptoms under different sections, such as *Mind, Sensorium, Head, Eyes, Ears, &c.*; but it is an improvement on the well-known arrangement of the older repertory makers, in so far as that the conditions and concomitants are placed in their natural connexion with each symptom and not lumped together in sub-sections at the end of each of the main sections. This plan demands greater space than that followed by Bönninghausen and his imitators, but the inconvenience of the greater size of the work is more than compensated by the practical advantage of having the symptoms in their entirety under our eye.

The purely alphabetical arrangement of the symptoms of each section has this great disadvantage, that it separates widely symptoms which are close allied, and imposes a good deal of trouble on the practitioner in turning over page after page in his search for an analogue to the morbid symptom he desires to find. This might have been obviated by arranging the symptoms in classes under more general headings. This alphabetical dislocation is sought to be remedied by continual references from one symptom to another, but this becomes irksome to the searcher, and might easily have been avoided by a more scientific arrange-

ment. Moreover, the references are not always as satisfactory as they might be. Thus, to take the first section *Mind*; we find under the symptom "*Incoherency of thought*" we are referred to "*Mind, wandering of the,*" but on turning to that we are referred back to "*Alienation, mental.*" Some of the references are still more unsatisfactory. Thus, in section *Head*, under "*Lightness, sense of,*" we are referred to "*Emptiness,*" but there is no such symptom in the section. So also in Section XVIII, under "*Sexual Diseases,*" we are referred to "*Diseases, sexual,*" but we cannot find such a heading in this or any other section. In the same section, under "*Spermatorrhœa,*" we are referred to "*Emissions without erections,*" but here, again, there is no such symptom in the section; the reference ought to have been to "*Semen, emission of, unassociated with erections.*" Then the sections are not all on the same plan. Thus, the sections *Eyes* and *Ears* are arranged entirely anatomically and physiologically, and the alphabetical arrangement of the symptoms adopted in the other sections is dispensed with, which must cause considerable embarrassment to the practitioner. The orthography also, in several instances, requires amendment. Thus, we find *schlerotic* for *sclerotic*, and the *prostate* gland is invariably spelt *prostrate*, and its derivations *prostratitis* and *prostratio fluid*. However, notwithstanding these little blemishes, the work is a great boon to the practitioner, and Dr. Hart and his coadjutors deserve the thanks of their colleagues for their labour, which must have been very considerable, in the preparation of this repertory.

If we may be allowed to make one other criticism we would say that the symptoms derived solely from clinical use are rather too numerous and not sufficiently carefully selected in some of the sections.

Our Foreign Contemporaries.

FRANCE.—*L'Art Médical*, July—Dec., 1877.—The first and third numbers of the series now before us contain the record of some curious experiences with *Iris versicolor*, communicated by Dr. Claude. He had seen somewhere the 80th dilution of this medicine recommended for constipation, and, being at that time sceptical as to the efficacy of the higher infinitesimals, determined to test them by its means. He relates case after case of the most obstinate confinement of the bowels in which *Iris*, in the dilutions from the 12th to the 80th, acted more like an aperient than in the way our remedies usually behave in this condition. Like this, moreover, it seems to have had no permanent good effect against the tendency to costiveness, though it was nearly always effectual to give immediate relief. Lower attenuations than the 6th were inert. In several of the patients treated migraine was a frequent visitor, and its attacks were always rendered less frequent and severe by the use of the remedy; and in one a salivation of four years' standing was cured.

In the September number there is an observation by Dr. Jousset of a case presenting those peculiar *accès* of apnoea which were first described by the English Cheyne as occurring in a patient named Stokes. We mention this latter fact as Dr. Jousset speaks of the affection as "Cheyne Stoke's," which is hardly the form its name should assume. *Carbo vegetabilis* 12 seemed to arrest it on each occasion of its recurrence.

In the December number the same physician relates a deeply interesting case of hydrophobia lately occurring in the Hôpital S. Jacques. The patient died in the usual time, *Stramonium*, *Hyoscyamus*, and *Lachesis* having been given in vain. During the last twenty-four hours of life decided temporary benefit was obtained from subcutaneous injections of from four to six drops of a 1 per cent. solution of *Sulphate of Atropine*.

Bibliothèque Homœopathique, July—Dec., 1877.—These

numbers present nothing noteworthy. We have only to observe the appearance of two more of Dr. Chargé's useful therapeutic studies in the shape of articles on cholera infantum and scarlatina. The "Pathogénésies Nouvelles" are continued as before.

Bulletin de la Société Médicale Homœopathique de France, June—Sept., 1877. Our last notice of this journal carried us on to May, and since that time we have received the numbers up to September (no farther).

The first two of the present series contain an account of a curious "new departure" in homœopathy, advocated by a Dr. Finella. It consists in the administration of complex admixtures of our remedies, so designed as to meet every indication which a given case can present. Thus, in affections of the spinal cord a compound is administered containing three parts of *Nux* and *Aconite*, two of *Rhus*, *Zinc*, *Opium*, and *Arsenic*, and one of *Cauticum*, *Cocculus*, *Mercurius corrosivus*, and *Ipecacuanha*, with a half part of *Secale*—all in the third dilution.

In the same number Dr. Crétin calls attention to the confusion which frequently prevails in French homœopathic literature between the cochineal *Coccus cacti* and the lady-bird *Coccinella septempunctata*, both being known in that language as *cochenille*. He points out that it is *Coccus cacti* which is good for whooping-cough, while the medicine which Dr. Jousset recommends in some cases of prosopalgia is the *Coccinella*.

In July Dr. Espanet commences a series of "Causeries cliniques," which promise to be very instructive. Up to the present date they have consisted mainly of illustrations of the value of *Pulsatilla* and *Mercurius* (6th dil.) in phlegmasiæ of a venous character occurring in organs on which they have an elective action. His desire is to simplify homœopathic therapeutics by counteracting the tendency to an excessive individualisation.

Intolerance seems to flourish as actively as ever among the French doctors, for we read in the August number of the expulsion of a Dr. Rochot from the Société Médicale du Louvre for his homœopathic tendencies.

In September Dr. Guérin Meneville records a case of typhoid fever treated throughout with *Baptisia* 1x, and remarks: "M. Ozanam tells me that he has observed not long ago a similar case in which *Baptisia* had alone sustained the treatment, and had evidently abridged, as in the present instance, the duration of the fever. Our colleagues will notice that we do not say 'cut short,' but merely that the remedy has shortened the time of the fever and reduced it to its simplest possible expression."

BELGIUM. — *Revue Homœopathique Belge*, July—Dec., 1877.—Almost the only original matter contained in this series of numbers is the continuation of Dr. Martiny's "Conferences on Homœopathy" for a popular audience (which we are glad to see are about to be issued separately), and some further letters from Drs. Kafka, Jousset, and Goullon on the question of the treatment of pneumonia.

ITALY. — *Rivista Omiopatica*, August—October, 1877.—Since our last notice of this journal (which was also our first) the above numbers have reached us. We are sorry to see from one of them that our esteemed colleague Dr. Rubini, of Naples, has been unable to resist the temptation of using the "marvellous medicines" of Count Mattei. The firm stand made against these secret remedies by the homœopaths of this country has prevented their gaining any acceptance here, and we hope that Dr. Rubini's mistake may not lead to a more successful career for them in Italy.

There is nothing else to notice in these numbers.

AMERICA. — *American Homœopathist*, July — Oct., 1877.—This is a new journal, dating its existence from last midsummer. It is published at Chicago under the editorship of Dr. J. P. Mills, and appears to be designed as a representative of the new homœopathic college recently founded in that city. We have received no numbers since that of October, and hope that the journal is not defunct, for it has seemed likely to be the embodiment of much useful matter. The paper entitled "Notes on some of the Newest Remedies," contributed by Dr. E. M. Hale to the September number, contains so much really novel experience that we hope to give it entire among the *Miscellanea* of

our next number. The same number contains two cases by the editor, which, as illustrating the action of a little known medicine, we will extract in this place.

1.—*SANGUINARIA SICK-HEADACHE.* J. P. MILLS; Chicago.

Mrs. H., a very fleshy lady of fifty years, nearly passed the climacteric, complained of a distressing "sick-headache" hanging about her for years. In some degree the symptoms were almost always present. A typical headache would commence in the forenoon, gathering violence with the hours, until sunset, when it would quietly subside, or else would confine her to her bed for a day or two. The pains originated low in the occiput, drawing upward in rays, locating over the right, sometimes the left, eye, attended with vomiting—often vomiting of bilious matter. She was subject to sudden flushes of heat, burning of the soles of the feet, and that singular symptom noted in Hale's third edition, "a quickly-diffused transient thrill" felt at the remotest extremity. At times she had sensible throbbings of every pulse in the body. The urine was generally scanty before and during the severe headache, but quantities of clear urine would pass away when getting better.

Prescribed *Sanguinaria* 200, six pellets night and morning for a week. Eight months afterwards patient reported relief from the *first dose*, during the week *complete relief*, and from that time until now not a vestige of the old complaint has shown itself, neither the flushes, burning of the soles electric thrill or headache.

We have, then, as prime symptoms of *Sanguinaria*:

1. Sick-headache, pains drawing upwards in rays, from the occiput, locating over the right eye.
2. Flushes of heat.
3. Burning of the soles of the feet.
4. A quickly-diffused transient thrill felt at the remotest extremity.
5. Scanty urine; the headache passing off with the flow of large quantities of clear urine.

Remarks.—1. *Sanguinaria* for usefulness at the critical age should be classed with *Lachesis* and *Sulphur*.

2. Sun headaches, *i.e.* those increasing in violence with its ascent, decreasing as it declines, are generally preceded by *scanty*

urine and pass off attended by *profuse flow of clear urine*, which symptom I regard as a "key-note" for *Sanguinaria*.

3. The habit of recurring sick-headache is sometimes produced by the habitual use of green tea; this fact was suggested in an article written by Dr. R. R. Gregg.

4. I have radically cured cases by proscribing its use. In each case a cup of *strong tea*, it was argued, would give *temporary relief*.

2.—SANGUINARIA HEADACHE. J. P. MILLS, Chicago.

Mr. W., railroad engineer, was taken early in the morning with headache and nausea, the symptoms increasing hour by hour. At 4 p.m. the pain and distress had reached such a height that, fearing "brain fever," I was summoned. I found the patient on the bed groaning and writhing in agony, face very red, head hot, injected eyes, sensitive to light. The arteries about the head and in the scalp were distended like whip-cords, the blood coursing through them at a furious rate, giving a sensation to the hand as if the scalp and temples were alive with irrepresible pulsation. The pain was *over the whole head*; paroxysms of retching occurred every few minutes with such violence that I feared rupture of blood-vessels.

I prescribed *Belladonna* 200, in water, every half hour. Called four hours later, found patient no better. Gave *Glonoina* 2nd centesimal, in water, every half hour, to be followed if not better in two hours by *Bryonia* 30. At midnight a messenger came saying that Mr. W. was wildly delirious, with no abatement of symptoms. I sent *Sanguinaria* 200, to be given the same as the preceding. Fifteen minutes after the first dose symptoms began to abate; in an hour and a half he fell into a quiet slumber for a little time, awaking quite relieved from the acute pain, but an intense soreness continued for two or three days, which compelled him to keep quiet or to walk with great circumspection.

Remarks.—This man was subject to ordinary sick-headaches. I knew that they passed off with free flow of clear urine, that he, being an engineer, would be subject to kidney trouble, yet the violence of the symptoms and the patient's inability to describe particular sensations diverted me from the consideration of the *Sanguinaria* at first. This headache, by the way, passed off with the characteristic flow of urine.

California Medical Times, July—Oct., 1877.—Another new homœopathic periodical greets us in the *California Medical Times*. It appears quarterly, at San Francisco, under the editorship of Drs. Hiller, jun., and Sidney Worth. It is as yet of little bulk, but, as representing the numerous homœopathists of California and the neighbouring states, it ought to have a fine future before it. We give it our welcome.

North American Journal of Homœopathy, Aug., 1877 (the November number has not come to hand).—This number of the *North American* contains a list of "Clinical Symptoms of Lycopodium," compiled from published cases of cure by it, by Dr. Allen, which to those who take most pleasure in symptomatic parallels will be invaluable. For ourselves, we should have preferred an epitome of the series of cases used, with index and references. The collection, however, shows well how wide is the range of research from which Dr. Allen marks the symptoms of his *Encyclopædia* as having been verified in practice. Dr. Lilienthal commences a translation of Gerstel's exhaustive article on *Zincum*, which we have several times noticed as appearing in the *Internationale Presse*. A paper by Dr. Hering on "Our Nosodes" is of much interest. He considers that our alcoholic solutions of the animal poisons—as snake-venom—act otherwise than do the poisons themselves when inoculated; and that all "nosodes" must accordingly be proved by ingestion on the healthy body ere they can be properly used as homœopathic remedies. Dr. Deschere communicates an excellent study of *Cina*, and Dr. Lilienthal some facts about *Natrum salicylicum*, which suggest that homœopathy has something to say to its action in acute rheumatism. The useful "General Record of Medical Science" which the indefatigable editor compiles contains another case of apparent scirrhus of the stomach cured by Friedreich's *Infusion of Condurango*.

Hahnemannian Monthly, July—Dec., 1877.—From the six numbers of this excellent journal now before us we extract the following noteworthy items:

In July Dr. Oehme shows how the epileptifacient action

of *Enanthe crocata* (which we recently brought before our readers) may be turned to account by relating a case of albuminuric convulsions occurring in pregnancy which its administration (3rd dil.) rapidly arrested.

In August Dr. McClatchey, *à propos* of the power of *Salicylate of Soda* to cause deafness and tinnitus with vertigo, mentions a case of Menière's disease in which, after several remedies had proved useless, he gave two-grain doses every three hours, with almost immediate relief and cure within a week.

In September Dr. G. A. Heath, of Newark, records a case of general paralysis in an old woman, in whom the control over the stools and urine, long completely lost, was rapidly restored under the influence of *Equisetum hyemale* (1st trit.). We have already mentioned the commendations given to this drug in the enuresis of childhood. In the same number Dr. Kornderfer mentions the usefulness of honey to effect the expulsion of ascarides, and to relieve pruritus ani even when otherwise caused. This is of a piece with the usefulness of glycerine in piles, to which attention has lately been drawn.

In October Dr. Allen states that the sensation as of an undigested egg in the stomach experienced by Dr. St. Clair Smith after chewing the gum of the *Abies nigra* (as recorded in his *Encyclopædia*) has led him to give it (3rd dil.) in dyspepsia where similar feelings are experienced, and with striking benefit.

In November and December we find an interesting controversy between Drs. Burdick and Swan as to the "fluxion-potencies" prepared by the latter. As Dr. Burdick (who has eminent scientific qualifications) promises us a full paper on the subject, we will not go into it now; simply stating that his results are that the potency which Dr. Swan represents as mm. (*i. e.* a thousand thousandth, or millionth) "cannot exceed the tenth centesimal of Hahnemann, and is liable to be much lower than the tenth."

United States Medical Investigator, July—Dec., 1877.—
Dr. Woodyatt's statement of the value of *Physostigma* in

acquired myopia having been questioned, Dr. Fowler, of Chicago, comes forward in this journal for July 15th to corroborate it from his own experience, which is very satisfactory. It even shows that in all cases of apparent myopia it is well to try what *Physostigma* will do before prescribing glasses. Like Dr. Woodyatt, he gives the 3x dilution.

In the issue for September 1st, the following statements as to the value of *Baptisia* in the treatment of phthisis are an important contribution to our knowledge of this remedy. They are from the pen of Dr. Mitchell, one of the staff of the Chicago Homœopathic College.

Baptisia tinctoria has an efficacy which I have failed to find attributed to it by any other writer. It very materially modifies the febrile movement, and diminishes cough and expectoration.

I have for several years sought for a remedy that would have pronounced effect in diminishing the fever of phthisis pulmonalis. *Aconite*, so useful in sthenic fever which presents its characteristic symptoms, has, as is well known, no power to relieve the febrile movement of phthisis, unless it may be in the earliest stage of the pneumonic type.

Bryonia holds a high place in the treatment of tuberculosis, not only from the effect upon the pleuræ secondarily involved, but from its sphere of action upon the pulmonary tissue. Tessier's observations upon its use in pneumonitis, so often confirmed by other homœopathic writers, established its value in promoting absorption of exudations into the lung tissues.

Our writers give it place in the treatment of acute miliary tubercle, but do not accord it high rank in the chronic form. Before I used *Baptisia* as now, I regarded *Bryonia* as the remedy to diminish the recurring fever, prevent waste, and limit the duration of the disease, in cases where it was not contra-indicated. I believe I have added many a week of enjoyable life to some of my tuberculous patients with *Bryonia*. I have never, however, been satisfied that it was not to be superseded by a better remedy in many cases.

We cannot expect, according to the homœopathic law, any one remedy to cover the ground in all cases. Certain cases presenting a well-marked disposition to chills accompanying the fever

induced me to try *Baptisia*. In ten cases of tuberculosis treated during the past few months, I have had such excellent results that I am satisfied we have in *Baptisia* a remedy of marked power in this disease. I am aware that it is too often the habit to say—never mind the hectic in phthisis. Treat the individual symptoms. It is doubtless well to note the hemoptysis, and to prescribe for it, to do likewise with the cough and expectoration, the night sweats, the diarrhoea, &c., but shall we do nothing more to reach the general condition than recommend *Cod-liver Oil*, the hypophosphites, *Iodine*, *Calc.*, *Kali carb.*, *Lycopodium*, *Natrum*, &c.

No remedy can mitigate the fever without striking at once at its cause. I say this because it is well confirmed by the pathological conditions. In several cases, in fact, even in the same individual, during the course of phthisis, we may have all the varieties of fever, all grades of temperature curves. It is as chameleon-like in character as any malady known. The fever may be continued, remittent, or intermittent (hectic). It is, however, in the hectic variety that *Baptisia* is best indicated. Where we have a disposition to well-marked chills, either in the morning 11 a.m., or 3 a.m., or when there is merely chilly feeling, followed by fever and perspiration (not profuse night sweats, but like ague), very steep temperature curves, when there is general weakness, languor, *loss of the buoyancy so common in phthisical patients*, when there is dyspnoea, very great but very quickly ameliorated after subsidence of fever, profuse expectoration of tuberculous pus, anorexia marked, but bowels regular, laryngeal phthisis, cough quite severe and constant, and emaciation considerable. This form of fever, with its accompaniments, indicates suppuration.

It may be said in general *Baptisia* is therefore best adapted to the suppurative (hectic) fever. I find in looking over all the authorities at my command no mention of its use in such conditions. From eclectic and allopathic authorities, hints are gathered of its probable usefulness in such remarks as, "it is effective in deficient capillary circulation with atony of tissue and tendency to ulceration;" "it is valuable in dysentery with ulceration," and "it is efficacious in gangrene when used internally and locally." It diminishes the fever because it arrests the local process, *i.e.* necrosis of pulmonary tissue, that causes it. I

assume without discussion here, the origin of the fever. That it so acts is evinced by the fact that the purulent expectoration diminishes, that the cough is better, the soreness and pain in the lungs ameliorated. That it does not act by striking directly at the root of the matter, the unduly excited nervous system, is shown by the fact, that with the improvement in the lungs there is not manifest a corresponding increase in tone in the general system. *Baptisia* is claimed to be a depressor of the nervous system. I do not, however, for the reason given above, believe it exerts much, if any, specific effect upon the nervous system in phthisis.

I say the general improvement does not correspond with the beneficial effects.

When you reduce a pulse from 126 or 130 to 80 or 96—change a steep temperature curve to one comparatively smooth, reduce profuse purulent expectoration to almost nothing, and nearly banish cough in a phthisical patient, you may reasonably expect a marked increase in general strength, appetite, &c. You will not always find it as great as hoped for, since you have only accomplished one step in the curative process. The limits of this paper forbid a full discussion of the other methods to be employed. Its scope has aimed merely to place *Baptisia tinctoria* in its proper niche in a process which must necessarily involve several remedies, and much tonic and hygienic treatment.

While these are the only points we can stay to notice, there is abundance of interesting and useful matter in the present series of the *Investigator*. We would mention especially certain clinical lectures from Drs. Ludlam and Hawkes, and a paper on the action of *Argentum* and *Lilium* on the ciliary muscle, by Dr. Woodyatt, which we should have transferred to our pages had it not already appeared in the March number of the *Monthly Homœopathic Review*, where our readers have doubtless seen it.

New England Medical Gazette, Aug.—Nov., 1877.—The numbers of this journal for July and December have failed to reach us. From that of August we are pleased to learn that Iowa has followed the example of Michigan in instituting a homœopathic department in its State University. Dr. Dickenson is appointed to its chair of Materia

Medica, and Dr. Cowperthwaite (whose communications to our periodical literature we have more than once noticed with approval) to that of Practice of Medicine.

The following notice of *Stillingia* (taken from the October issue), from our industrious colleague Dr. E. M. Hale, will be interesting.

Stillingia in Scrofulosis of Children.

By E. M. HALE, M.D., Chicago.

While we possess in *Calc. carbonica* a powerful remedy against scrofulosis in children, I believe it is used too generally in a routine manner. Hahnemann's original indication that it is only indicated in children of *pale, lymphatic temperament, with tendency to fat, but general flabbiness*, is often forgotten and lost sight of. *Calc. phos.* will often prove a better preparation when there is a *tendency to emaciation*.

I have often found that *Cistus canadensis* was a better remedy than either when the patient was thin and scrawny. *Cistus* and *Stillingia* are near congeners. They correspond to similar conditions of the system. Both are remedies for the scrofulous diathesis, as we understand the term, but while *Cistus* is better when we suspect *tuberculosis*, *Stillingia* is to be preferred when there is any recent or remote syphilitic taint in the blood.

For several years I have relied upon the above four remedies, with occasionally the *Calc. iod.*, which is often indispensable.

The indications for *Stillingia*, however, are not generally known, and I will here present them as I have verified them in practice:

Enlarged cervical glands.

Moist, brownish, excoriating eruption on the scalp.

Muco-purulent discharge from the nose, with excoriations of the upper lip and *alæ nasi*.

A dull, pasty complexion.

Capricious and unnatural appetite.

Tumid and enlarged abdomen.

White, pasty stools, very fetid.

Dull red, soft, tubercular (or syphilitic) eruption on the skin, ulcerating and furnishing a large quantity of unhealthy pus. A tendency to laryngeal cough.

When these symptoms occur, give the child steadily for weeks

a few drops of the first or third dil., in a spoonful of glycerine and water, equal parts, or a syrup made of sugar of milk. This, together with an appropriate diet and good hygienic measures, will cure all cases presenting the above characteristic symptoms.

Still more valuable is this of Dr. Ludlam's, from the November number.

Tartar Emetic as a Remedy for Chronic Corporeal Cervicitis.

I beg to call the attention of the Society to the value of *Tartar emetic* as a remedy for some cases of corporeal cervicitis, which are intractable and incurable by the ordinary means. Its use was suggested by the following reflections:

1. Inflammation of the substance of the cervix, with concentric hypertrophy, is due to the effusion of serum into its tissues. That serum undergoes a form of organization which is identical with the lesion known as hepatization of the lung in acute pneumonia. The effect of *Tartar emetic* to change that condition in certain cases of pneumonia, and in some other inflammations also, as in mammitis and whitlow, renders it probable that it might be of use in corporeal cervicitis.

2. The reputation of this remedy in the olden time for the relief of a very rigid os uteri complicating labour, and the experience which some of us have had with it in this way, prove that it is possessed of a direct and specific effect upon the neck of the womb. For the relaxation produced by *Tartar emetic* was certainly active and not passive, like that of tobacco, lobelia, and other emetics, which were sometimes given for the same purpose. It does not affect the terminal nerves of the cervix uteri as it does those of the œsophagus, the stomach, and the intestines (and of the skin when topically applied), else it would be more useful in cervical endometritis with patches of pustular ulceration; but it seems to have a marked relation to the vaso-motor apparatus which regulates the circulation and nutrition of the part, and the functional derangement of which causes this form of cervicitis.

3. It is one of the best internal remedies for a catarrhal inflammation of the glandular portion of the cervix, as it is also for follicular tonsillitis. This result displays its direct and specific action upon the neck of the womb.

It is now ten years since I began to use this remedy in cervicitis, in leucorrhœa, and also in some cases of dysmenorrhœa. At first, and for a long time, it was applied topically by means of suppositories, ointments, injections, and the tampon. In some instances I certainly obtained very satisfactory results. It was of real and lasting service in two cases of obstinate spasmodic dysmenorrhœa, which had been accompanied by intractable vomiting, and proved a good remedy for catarrhal leucorrhœa also. But this local application of it was too bungling and unsatisfactory, and I became convinced, from the reasons already given, that whatever good results were obtained must be attributed to the specific, and not merely to the topical effect of the remedy.

I have since learned that given internally these conditions are quite as promptly and permanently cured. In a chronic case of corporeal cervicitis (Case No. 1821) occurring in the Hahnemann Hospital, I found the cervix uteri too large to be brought into the field of the speculum (Cusco's) at one view. The examination was made and the case carefully diagnosed in the presence of my clinical class. The neck of the womb, measured horizontally, was much larger than the body of the organ, and whenever the patient was upon her feet she suffered greatly from prolapsus.

She was given *Tartar emetic* in the third decimal trituration three times daily. This was the only remedy prescribed for the cervicitis. She had no local treatment. She reported at my clinic every alternate Wednesday, and we observed the gradual and steady diminution of the size of the cervix from the time she began to take the remedy. All the incidental symptoms improved in ratio. I never saw a more unequivocal cure than followed. She had been ill for more than two years. The prolapsus and the excessive enlargement of the cervix disappeared after about six weeks' constant use of the *Tartar emetic*.

Ohio Medical and Surgical Reporter, July—Nov., 1877.
—The July number of this journal contains a valuable communication from Dr. Geo. S. Norton, of New York, on "Gelsemium as a remedy for detachment of the retina, with some remarks on the etiology of this affection." In discussing the latter part of his subject, he concludes that the effusion which causes the separation of the retina from

the choroid is due to vaso-motor paralysis, often brought on by neuralgia of the trigeminus. He was led to give *Gelsemium* (as Dr. Allen would have us call it) as its remedy, from observing its efficacy in serous choroiditis. He relates four cases illustrative of its usefulness, which are very satisfactory. Rest in the recumbent (best supine) position he considers an essential to the treatment, with bandaged eyes or a deeply darkened room. It is of course only in recent cases that such treatment can be expected to prove curative.

American Observer, July—Sept., 1877.—Our statement in October last that we had seen nothing of the *Observer* since the beginning of the year brought us the three numbers noted above; but nothing has come from the same quarter since. We are especially sorry, as it is to this journal that Dr. Samuel Jones sends his communications, and these are always amusing and not seldom instructive. Nothing, for instance, can be more delightful than the following, from the September number:

A SILICEA CURE.

[*The following case is put on record as a tribute to the memory of him whose genius inspired the application of the remedy—DR. CARROLL DUNHAM.*]

“*Emigravit* is the inscription on the tombstone where he lies, Dead he is not, but departed, for the artist never dies.”]

ANN ARBOR, February 26th, 1877.

PROF. S. A. JONES, M.D.—Dear Sir,—In accordance with your request I send, as near as I can recollect, the outlines of my case.

During the summer and fall of 1875 I had been very attentive to study, and was also engaged actively in practice, devoting to them an average of eighteen hours a day. My habits were regular, appetite good, head clear; in fact, I felt in every sense of the word, *well*.

About the first of November I began to perceive a little sluggishness in the morning, which required an hour or two of exercise before I could get into working order. After this preliminary rousing up of myself, I was able to work with more

than usual intensity, and it was only when the town clock had struck its midnight "one" or "two" that I was warned I *must* retire.

It was now a little difficult to fall asleep, for I was frequently getting up to look up some point that was running in my mind. My memory, always good, was now more retentive than ever. Indeed, there seemed to be a general exaltation of all mental functions, and with this came a disposition to be easily annoyed. This latter feature became so noticeable, that again and again did my preceptor, Dr. Sawyer, warn me that I was overworking.

Thus passed a few weeks when occipital headache made its appearance, with fever, great restlessness, some wandering of mind, and protruded, injected eyeballs—these phenomena continuing over forty-eight hours. During this time I took *Acon.*, *Bell.*, and *Gelsem.*, without relief.

Dr. Sawyer was called in, and he prescribed, from symptoms which I do not recollect, *Hyos.* 6th, with the result of relieving the pain in a few hours. The restlessness and sleeplessness continued, with the addition of a terrible satyriasis—no emissions, however. (*Hyos.* ?).

This state of things continued for several weeks. There was great loss of amorphous phosphates, the last portion of the urine passed looking like milk. This symptom continued throughout my difficulty.

Great general debility obtained, and some well-marked attacks of chorea supervened (which were always promptly controlled by *Macrotin* 3d or 6th); loss of flesh; pale face; deep, dark streaks under the eyes; loss of appetite; great irritability; terribly despondent; then again for a few hours the other mental extreme.

The headache now became almost constant, commencing low in the back of the neck, with a feeling as though the muscles could not support the head, gradually increasing until there was a sensation as if the neck had been severely bruised (struck with a club), but it was not sore to the touch. Gradually the pain would work up over the head, leaving in the vertex a sensation of heat, or as though one had caught cold in the scalp; finally settling in the fore part of the head, and at times involving the eyeballs and making them sore.

I was now extremely nervous and uneasy, constantly moving

about; would read for a few moments, then be obliged to throw down the book and walk about and smoke.

My memory became so impaired that often I could not remember what remedy a patient was taking from one day to the next. I would sometimes ask the same question three or four times over within a few minutes. Was constantly very tired; could get relief only by lying down in a dark room, closing the eyes, and forgetting for a moment all surroundings, or by getting *very much interested* in anything. Then I was capable of greater exertion than ever, and this made me wonder if a great deal of my trouble was not imaginary; the *constantly-following collapse* always removed that delusion.

Throughout my whole trouble my bowels remained regular, though my tongue was always heavily coated with a white, dry fur—no particular thirst.

Matters continued thus for more than ten months, during which time I took a great variety of drugs without the least benefit.

My case was pronounced one of meningeal sclerosis, and very little encouragement was given by some who had had experience with such cases.

I had almost given up the great aim of my life—to be a student—when a perusal of your admirable comparison of *Silicea* with *Picric acid* (wherein you call attention to the fact that the depression of *Silicea* may be overcome by *will-force*) caused me to take, without the least idea of benefit, a dose of the 30th of *Silicea* during an unusually severe day of headache. No good angel could have more quickly lifted the terrible nightmare that had hung over me for ten long months. One more dose was taken the next day. No more headache, only a few symptoms which had been premonitory.

Thirty-five days after the first dose I packed my trunk and started for my loved haunt of pleasure—the University. The first week of study brought a little headache. Again *Silicea* did its work, and to-day, three months after the first dose of *Silicea*, I feel perfectly well.

Your grateful servant,

[Signed] N. BALDWIN, M.D.

[Dr. B— made the choice of *Silicea* because he had perceived the *geist* of the remedy, and for this perception both he and all of us are in debt to the genius of Dunham.

I can vividly recollect the occasion when he revealed to me

his conception of the *genius of Silicea*, without which I could never have written the comparison which Dr. Baldwin mentions, and I revert to it now because I may be able to give some little hint as to the manner in which our Dunham worked.

It will have been observed by those who analyse his incomparable drug-studies, that he was not a pedler of "key-notes;" such picayune jobs were not for him. He knew that Cromwell had a wart over the right eyebrow, but he could recognise Cromwell in a night that would hide all but the "trick i' th' voice" which wart-seekers can never catch. A freak of nature made the wart of Cromwell, but God voiced him as he would that men should hear him; aye, and the world of shams and unrighteousnesses hear him too! Dunham listened for the God-voice in everything, knowing that God had given a voice to everything; knowing, too, that when he had caught this, he listened to one of God's verities. His own truthfulness helped him to see the truth, for he ever sought that with all the simple, unassuming, single-heartedness of a child.

From his essay—*Homœopathy the Science of Therapeutics*—we can learn to what a searching analysis he subjected each pathogenesis; and this analysis was one source of his keen-sightedness.

But he knew that the most subtle analysis furnished only half of the solution of the problem; that without as subtle a synthesis, the application of the drug was an induction, not a deduction. He made his analysis over the pages of the *Materia Medica*; his synthesis at the bedside. From the "case" he got that symptom-*ordo* of which the loss of Hahnemann's provers' day-books has deprived us, and without which Dunham well knew that we were in danger of covering the letter of the patient's symptoms rather than the spirit of the patient's condition.

In his scrutiny of the patient, there was little that escaped his observation; yet it is doubtful if any physician who records his cases took as few notes as Dunham. He sifted a patient's detail, and noted only essentially, and his knowledge of *Materia Medica* was so extensive, that when one symptom of the patient's had put him upon the scent of the remedy, he knew what was essential in the rest of the recital.

In this manner he not only got the lost order of symptom-evolution, but he seized upon some of those finer symptoms

which are not observed by drug-provers, because a drug can never have that exquisite fulness and finish which characterises a disease. A proving is an imitation, a bungling "'prentice" job, when done by the best of us; a disease is nature's handiwork, and *that* we can only caricature.

The finer symptoms thus obtained, be it observed, are of those to which many intelligent, scholarly, and well-meaning physicians refuse a place in a *Materia Medica Pura*. As well refuse a pearl because some intrepid diver found it far, far below the wonted depth of other pearls. To reject such symptoms is to cast out the very best of Carroll Dunham's life work; and, mayhap, some are for rejecting much of Hahnemann's life work from similar considerations. Perhaps the "symptoms from the 80th potency observed on the sick," which so sorely exercise the hard and honest-working author of the most readable book in English homœopathic literature—Hughes' *Pharmacodynamics*—are of this nature. None of us *know*; and until we *know*, writs of ejectment are an usurpation of authority and a violation of law.

But, beyond all peradventure, this pearl-diving into the deeper depths demands a master. Such an one we had—yea, and still have, "for the artist never dies"—in Carroll Dunham.

Let me close this poor tribute to his genius by describing the material from which he made the synthesis that has revealed to us the *geist* of *Silicea* as applicable to many neurolytic conditions.

This material was derived from the merchant princes and the overworked and under-paid shop-girls of New York city.

"Shop-girls! Carroll Dunham treating shop-girls:" says some medical snob whose soul is somewhere *perhaps* between the buckle and the toe of his shoe.

If any man ever learned "the luxury of doing good" that man was Carroll Dunham.

"His pity gave ere charity began."

And, indeed, I have realised in the flesh and blood of my translated friend all that poor Goldsmith depicted in the pastor of the *Deserted Village*, and now that the modest blush cannot paint his cheeks to reprove me, let me instance, as Touchstone has it.

I once left Lilienthal's office, and turned my back on business

a whole month for the sake of examining the viscera, &c., of a dog which had been poisoned with a drug that was being studied. In the interim Dunham called several times to see me and found me missing. Such a neglect of business—and God knows I needed shekels then—as now, *cheu!*—led my friend to give me an awful dressing as he one day met Dr. Lilienthal. Said “S. L. :” the “polyglottic Teuton,” as McClatchey *profanely* called him; “Do you know what Chones is doing, the tam rascal?” “No,” was the response. “Studying the guts of a dog that Dr. Couch sent him, and he’s been gone a month!”

The day after I received a letter, somewhat as follows:—
“Dear Jones, I have called at your office three times to see you in regard to some points in a case. I have just learned from Lilienthal the cause of your prolonged absence. I claim the right to a share in your researches. Your friend, CARROLL DUNHAM.”

Enclosed was his cheque for fifty dollars; and a poor paper for *his* last offices—the centennial session of his beloved Institute—was the slender return for that cheque.

Alas, I have cut up dead dogs since, but the *heart* has gone out of the profession, as many a poor scholar has learned by this time! Green be the turf above thee, O man of men! They said thy “heart was diseased,” but it was worth a thousand other hearts for all that, and it shall ache no more, for He of Nazareth whom thou didst love, and imitate, so far as man may, has made it whole by a divine similitum in that its loving kindness was like His.

* * * *

Would that I could paint his looks, and depict his appearance when he was telling some one of some feature of drug-action which he had observed. But I must tell of the time, and the place, and other things which all homœopaths should know of him. Hence I will again take up the thread now broken off.

S. A. JONES.

We shall be glad indeed for some more of such reminiscences.

Upon the paper from the same pen, “On the indications for the use of Picric Acid as obtained from analyses of the Urine,” contained in the August number, we have received some criticisms from Dr. Foote, the original prover of the

drug, which must be considered ere we accept its results. We shall probably, as the remedy promises to be an important one, print the two papers together, with our own comments.

In September Dr. Gilchrist, after collecting the cases of cure of tumour on record in homœopathic literature, mentions one of his own as a pendant to that related by Dunham, in which *Colocynth*, given because of the pains present, caused the disappearance of what seemed to be an ovarian tumour.

Homœopathic Times, June—Dec., 1877.—We have been more fortunate as regards the *Times*, for our notice of its defective supply has caused previous omissions to be repaired and subsequent issues to appear with exemplary regularity. Of the many interesting items contained in the present series of numbers we extract the following:

In August Dr. C. Hering suggests, for reasons assigned, ozonised *Oil of Turpentine* as a substitute for *Quinine* in the prophylaxis of the African fevers so common and fatal to explorers in that continent.

From the September number we find that a Dr. Dessau, an old-school practitioner of New York, has been communicating to his colleagues his experience of "the value of small and frequently repeated doses;" and in December a similar discovery appears as having been made known by a Dr. Piffard with respect to the homœopathic triturations.

In a paper on "The Treatment of Diphtheria" in the October number, by Dr. W. A. Allen, the following statement is made about the drug which has gained so much repute in the treatment of this disease, *Mercurius cyanatus*. "A partial proving gave great prostration and weakness, a low febrile condition, a whitish-grey deposit upon the tonsils and uvula, extending along the right side of the tongue, with slightly swollen tonsils and difficult deglutition. I am well aware that these symptoms are not stated with as much exactness as might be attainable, but they are given as communicated to me by the prover. The prostration and other symptoms were so severe that he ceased taking

the drug—the second potency had been used—and rapidly recovered by the use of *Baptisia*.”

The *Times* announces its intention of publishing, as an appendix, a Retrospect of Homœopathic Literature. This will begin to appear with its April number, and will be separately paged and indexed for binding. We should have mentioned that a somewhat similar undertaking is being carried out, under the title of “Spirit of the Medical Press,” in the *Hahnemannian Monthly*; but we can hardly commend the writer’s power of presenting a correct *résumé* of the articles he handles. Perhaps the *Times* will do better.

CLINICAL RECORD.

Typhoid Fever cut short by Baptisia.

By Dr. HARMAR SMITH, Margate.

THE interest of the following case is entirely dependent on the question whether it was or was not a true case of typhoid or enteric fever cut short or aborted by *Baptisia*?

The father of my patient had a short time previous to her illness had a sharp attack of diarrhoea, which commenced immediately after imbibing the gas from the cesspool, and others of the family had illnesses developed after reaching the metropolis, which a London colleague attributed to the same cause. The cesspool is of large dimensions, and when shortly afterwards emptied was found to be immensely loaded.

Miss S—, æt. 12, Cliftonville, Margate.

April 25th.—Has appeared "out of sorts" for some days. To-day has had several rigors. Has vomited several times, ejecta tinged with bile and tasting bitter. Now skin hot and dry; pulse 120; headache; dry cough; bowels confined. *Tr. Acon.*

26th.—Vomited pure bile late last night; restless night; now face flushed; pulse 115. Tongue red and baked down centre, and furred at edges; skin hot and dry; dry cough; bowels confined. *Tinct. baptisia* (φ), one drop every hour.

Evening.—Drowsy all day, with occasional delirium; pulse 120; temp. 103·8°; skin hot and dry; bilious vomiting once.

27th.—Slept little; pulse 130; temp. 103·6°; short dry cough with pain in chest; bowels moved; breath foul; urine high coloured. Continue *Baptisia* and *Bryonia* p. r. n.

Evening.—Pulse 130; temp. 104·2°; no return of delirium; one solid motion. Compress to abdomen.

28th.—Slept well and lost chest pain; still hacking cough; pulse 120; temp. 104°. Continue *Baptisia* and omit *Bryonia*.

Evening.—Temp. 102; pulse 115; drowsy all day, but not incoherent.

29th.—Temp. 103·2°; pulse 115; constant hacking cough; no râles; tongue very foul, with raised papillæ; bowels confined, with urging. Continue *Baptisia* and *Nux vom.* 1x p. r. n.

Evening.—Temp. 103·4°; frequent dozing and occasional slight incoherency; purging relieved though bowels not moved. Omit *Nux vom.*

30th.—Good night; pulse 112; temp. 103·2°; copious solid motion. *Baptisia* (1x) 2dis horis.

Evening.—Temp. 103·2; pulse 112; cough; no râles; drowsiness exchanged for irritability and fretfulness.

May 1st.—Decided improvement; slept well; pulse 96; temp. 100·1°; tongue cleaning; still constant dry hacking cough. Remove compress from abdomen to chest. Continue *Baptisia* (1x).

Evening.—Pulse 96; temp. 99·5°. Refuses everything except milk and water.

2nd. *Evening.*—Temp. 98; pulse 96; all symptoms abating; a very copious solid motion; tongue nearly normal. *Baptisia* (1x) 4tis horis.

May 3rd.—Continual improvement; pulse 80; still some cough. *Acid. nitric.*; omit *Baptisia*.

5th.—Cough much better. *Ferrum.*

14th.—Still weak, but came downstairs.

The details of this case, I think, justify the title which I have given to it. If it were not an aborted case of typhoid fever what was it?

I was pleased to notice in the last number of *The Annals of the British Homœopathic Society* that the discussion after the reading of Mr. Kyngdon's interesting paper proved that there was a considerable accession to the number of our colleagues who believe in the abortive power of *Baptisia* since the question was first mooted in the Society eleven or twelve years ago. To any who are still sceptical on the matter I would recommend the perusal of Dr. Madden's cases, published in the 24th vol. of this Journal; also the cases collected by Dr. Bayes in a pamphlet published by Balliere and Co. in 1872.

MISCELLANEOUS.

Homœopathic Congress in Paris in 1878.

DR. CHANCEREL requests us to give insertion to the following circular, which we willingly consent to do :

Paris; 28th November, 1877.

HONOURED COLLEAGUE,

The Universal Exhibition of 1878 being certain to attract to Paris a large number of French and foreign medical men, the Homœopathic Medical Society of France has thought it desirable to bring together in a Congress medical men from all parts of the world who practise or study homœopathy. Having invited the homœopathic practitioners of Paris to associate themselves with it, the Assembly appointed a Provisional Partial Committee, composed of two members of the Society and a physician not connected with the Society. It moreover decided that the Medical Committee of the Hahnemann Hospital and the Federal Homœopathic Society should be invited to name on their side members empowered to represent them in the Organizing Committee of the Congress. This proposal having been accepted, the Medical Committee of the Hahnemann Hospital and the Federal Hahnemannian Society each appointed two gentlemen to act along with the three former committee men.

The Committee entrusted with the organization of the Homœopathic Medical Congress of 1878 has thus been regularly constituted by delegates from each of the groups representing homœopathy in Paris—MM. Jousset and Gonnard for the Homœopathic Medical Society of France; MM. Teste and Leon Simon for the Medical Committee of the Hahnemann Hospital; MM. Heermann and Chancerel for the Federal Hahnemannian Society; and, lastly, M. Bourdais for those practitioners who belong to neither of these three groups.

The utility of the Homœopathic Congress of 1878 is indicated by its object, which is to bring together the greatest number of homœopathic practitioners, in order that they may become acquainted with one another, come to some agreement with regard to questions that are still subjects of controversy, and establish, as far as possible, uniformity of doctrine and practice. It was at the Homœopathic Congress of Paris in 1867 that the generous and bold idea of establishing homœopathic hospitals was first broached. From this great idea there issued in succession the Hahnemann Hospital of Paris, the St. James's Hospital, and the Hahnemann Hospital of Madrid.

The *Fifth Homœopathic Congress of Paris* will commence on the 6th of August next, and will terminate on the 13th of that month, unless the Congress itself should wish to prolong its session beyond the time stated.

The Organizing Committee begs those practitioners who approve of the Congress to have the goodness to communicate to it beforehand the questions to which they would like the attention of the Congress to be directed. All the papers, letters, or communications sent to the Committee should be addressed to M. le Dr. V. Chancerel, Rue du Faubourg Poissonnière No. 98, Paris.

When the Committee shall have received from those who are favourable to the Congress the titles of all the questions proposed, it will prepare a programme, which will be sent to each of them.

All the papers ordered to be printed by the Congress will be sent to each member of Congress.

We hope, esteemed colleague, that you will join with all those practitioners who maintain the doctrines of Hahnemann, and honour by your presence the *Fifth Homœopathic Congress of Paris*

Be pleased to accept the expression of our most distinguished sentiments.

TESTE,

President of the Committee.

BOURDAIS, GOUNARD, HEERMANN,

JOUSSET, LÉON SIMON,

Members of the Committee.

V. CHANCEREL, *Secretary.*

BOOKS RECEIVED.

Ziemssen's Cyclopædia. Vol. xiv.

Is the Human Eye changing its Form under the Influence of Modern Education? By ED. G. LORING, M.D.

The Application of Homœopathy to Obstetrics. By HENRY N. GUERNSEY, M.D. 3rd edit. New York: Boericke and Tafel. 1878.

Homœopathy: a Letter addressed to a Friend. By GEORGE HILBERS, M.D. 2nd edit. London: Hamilton, Adams, and Co. 1878.

Revue Homœopathique Belge.

The Monthly Homœopathic Review.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The United States Medical Investigator.

The North American Journal of Homœopathy.

The New England Medical Gazette.

El Criterio Medico.

Bibliothèque Homœopathique.

L'Art Médical.

Bulletin de la Société Méd. Hom. de France.

The Calcutta Journal of Medicine.

Allgemeine homœopathische Zeitung.

Ohio Medical and Surgical Reporter.

The Homœopathic World.

The Homœopathic Times.

California Medical Times.

L'Homœopathic Militante.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

ON DRUG-ACTION IN RELATION TO DOSE.

A Lecture delivered at the London School of Homœopathy
May 16th, 1878.

By Dr. RICHARD HUGHES.

UPON the last occasion of our meeting we discussed several of the features of the *kind* of action produced by various drugs. To-day I have to bring before you those modifications of their influence—real or supposed—which are brought about by difference of dosage.

You will find Dr. Sharp, in his later essays, insisting much on a fact which he denominates “antipraxy,” by which he means that large and small doses of drugs exert a precisely opposite effect. He does not mean merely that they do this in health and in disease respectively, which would only be describing the apparent working of the law of similars; but he affirms that the opposition holds good in health, so that, whatever be the effect of a large dose, a small dose may be found whose action shall be of a precisely contrary kind. It was early pointed out* that, so far as this double action of medicines existed, it belonged to those primary and secondary effects long ago discerned

* See vol. xxxi of this Journal, p. 756.

in them by Hahnemann, and employed by Fletcher, Drysdale, Dudgeon, Reith and others to explain the action of homœopathic remedies. Dr. Jousset thus states the doctrine in relation to dose : *

“ 1. Every medicine produces on the healthy body two successive actions, primary and secondary. These two actions are always opposite one to another.

“ 2. The stronger the dose of the medicine the less marked is the primary action. If the dose is excessive, the secondary action only is developed.

“ 3. The weaker the dose the more manifest the primary action.”

As Dr. Sharp now teaches that between the large and the small dose, with their opposite actions, there is an intermediate point at which the medicine produces the two effects in succession, his doctrine becomes harmonious with that of his predecessors and colleagues.

I entirely subscribe to it, and teach it you from this chair, as a feature of the action of *certain* drugs. But I cannot go with Dr. Sharp, or indeed with Dr. Jousset, in affirming it of the action of *all* drugs. Hahnemann admitted two qualifications of his general statement as to the opposite primary and secondary action of medicines. The first was, that there were some (of which he specifies the metals, as arsenic, mercury, and lead) which “ continue their primary action uninterruptedly, of the same kind, though always diminishing in degree, until after some time no trace of their action can be detected, and the natural condition of the organism supervenes.” The second is expressed in a phrase he uses in the *Organon*—“ the exact opposite condition to the primary effect, *if there be an opposite condition.*” Truly, there is much virtue in this “ if.” It is obvious that opposition can only be predicated of functional states which admit of a *plus* and *minus*, as excretions and secretions, sleep, muscular and nervous tone, and the like. These are the conditions which vegetable drugs—being mostly neurotics and eliminants—influence, and hence Hahnemann’s description of primary and

* *L'Art Médical*, xlv, 182.

secondary actions applies chiefly to medicines of this order ; while the metals, which rather produce inflammation and other organic changes, do not manifest such phenomena. "The possibility, then," writes Dr. Carroll Durham, "of classifying symptoms into primary and secondary, on the basis of the relative nature of the symptoms, is not coextensive with symptomatology ; it is partial, confined to a moderate number of conceivable morbid phenomena." I quote from a paper published by this lamented physician in the *Hahnemannian Monthly* for May, 1876, and reprinted in his *Homœopathy the Science of Therapeutics* (1877), to which I would direct the attention of all who desire to have clear thoughts concerning it.

Regarding, then, as I do, the whole group of actions at present under discussion as limited in their sphere, I cannot go with those who explain by means of them the action of homœopathically-selected remedies. I am under the misfortune of disagreeing herein with my much esteemed colleague in this School, Dr. Dyce Brown. Maintaining as he does (with Dr. Sharp) the opposite action of all drugs in health according to the quantity in which they are given, he would argue that when we give in disease small doses of a substance which in large doses has caused a similar condition to that before us, we are administering an agent whose influence is in direct opposition to the morbid state. The curative process is thus antipathic, though the principle of selection is homœopathic. Now here I must recall the distinctions we have already established. In those functional exaltations and depressions which many a drug causes, common to it with others, and producible at will if a certain quantity is administered—in such a region we may have primary and secondary actions, we may have opposite effects from different doses ; and our cures may be wrought by counteracting secondary states in disease with primary states caused by the drug, or by opposing the action of one dose to morbid conditions similar to those producible by another. Such antipathic medication, whether practised under homœopathic appearances or without them, may accomplish all we require.

But I think that *plus* or *minus* functional states like these, though frequent enough in pathogenesis, are far from being common occurrences in the actual disorders we have to treat. When existing at all, they are often indications of some nutritive disturbance at their root, or single features of a complex state similarly induced. How rarely is paralysis, for example, a purely "functional" disorder! Nearly every form of it is traceable to inflammation or softening of the nervous substance; even the diphtheritic variety, which did seem to have no lesion associated with it, has been found on deeper investigation to be connected with definite central alterations. So that, although the antipathic cure of functional excess or defect is easier of conception, and perhaps more in accordance with fact than the homœopathic, I do not think that we are therefore justified in inferring that all or even the greater part of apparent homœopathy is real antipathy. When we come to nutritive disturbances—to those alterations which in their full development are inflammation and fever, we have entered a different region. There is no *plus* and *minus* of opposition possible here, no conceivable reverse action of large and small doses in health. We have got beyond dose as an important element in the result; if the contingent susceptibility be present, the drug will cause disorder in almost any quantity, and cure it in almost any. You have only to read a few detailed provings, and a chapter or two of Rückert or Beauvais, to see that this is so. Such a law as that propounded by Dr. Yeldham about the curative dose being as little below the physiological as possible fails here, however it may hold good in the absolute region; for there is no physiological dose for contingent effects. It is very significant that Dr. Sharp admits that he has not yet touched the subject of infinitesimals; all his statements about "large" and "small" apply to differences between grains and hundredths of grains. In like manner I think he will find that he has not yet touched the subject of nutritive as distinct from functional disorder. While in the latter the curative operation of apparently homœopathic remedies may be antipathic, in the former I can see no

room for such working and no evidence but against it. *Aut simile, aut nihil*; there is no trace of anything but homœopathy from the surface to the deepest root.

And there is yet one caution more to be observed. All these theories of primary and secondary action and of the opposite effect of large and small doses impose a limitation on the class of pathogenetic effects which we can employ in homœopathic practice. If homœopathy means opposing morbid conditions answering to the secondary effects of drugs by inducing the primary action of the latter, we must use such secondary phenomena only in selecting the *simile*. If we are, by giving a small dose, producing an opposite action to that of a large one, we must only take the effect of large doses into account. But facts are entirely against such limitation, and it would be disastrous to work by it. Hahnemann held just the contrary view, and believed that only the primary effects of drugs could be used in homœopathising. He therefore took special care to obtain such primary effects in his provings and used small doses accordingly, as he himself tells us. Consequently, the pathogenesies he has furnished us, and which constitute the very core of our *Materia Medica*, are quite unsuited for the purposes of those whose views I am now considering. Upon Dr. Sharp's principles he ought to give large doses instead of small to patients presenting groups of symptoms analogous to those found in Hahnemann's provings. That he does not do so, but gets excellent results from following an opposite course, shows (I submit) that his theory fails at least in being conterminous with homœopathic action. Moreover, upon Dr. Sharp's showing, all those opposite effects of the same drug—constipation and diarrhœa, sopor and insomnia, excitement and depression, and so forth—which we find in nearly every pathogenesis, must be either primary and secondary actions of a single dose, or the effect of large and small doses respectively. Hahnemann, however, clearly perceived that this was not so. He would use none but primary actions for homœopathic application, as Dr. Sharp would use none but secondary; but he soon found that the primary actions of many drugs included two

opposite states, either or both of which might be induced by it in the small doses used in his provings, and either or both removed by it in the still smaller quantities he administered to the sick. Such oppositions (antinomies we might call them) he styled "alternating effects," and distinguished them sharply from the mere "secondary effects" of functional exhaustion, which last he considered unavailable for homœopathic purposes. I think that his discernment was entirely sound, and that Dr. Sharp is unduly limiting the range of the treatment by similars in fixing it to one set of oppositions in the action of each drug. *Veratrum album*, for instance, causes diarrhœa in large doses, and checks it in small, because (he thinks) in the latter it constipates. But he would find it in smaller doses still an excellent remedy for the kind of constipation itself causes; and this cannot be because those smaller doses purge. It is wiser, therefore, to say with Hahnemann that constipation and diarrhœa are alternating effects of the primary action of *Veratrum*, that action probably being a depression of the functional activity of the intestinal nerves; and that either, if the other symptoms coincide, may be used in prescribing homœopathically. The same thing is true when opposite effects occur in succession as part of the primary action of a drug. They are then to be reckoned as parts of the order and sequence of such action, and are to be fitted to corresponding successions occurring in disease. Thus, *Aconite* causes both the chill and the heat of fever; it is, therefore, homœopathic to fevers consisting of chill and heat, and in either stage. Here, too, the explanation is probably the same, that it sets up in the healthy that essential change of which the febrile heat and chill are the complementary expression, and neutralises the same change when present in disease.

In two lectures "On the Rationale of Homœopathic Cure," delivered at our Hospital in February, 1877, and printed in the *Monthly Homœopathic Review* for the March and April of that year, I have gone more fully into these questions of the primary and secondary actions of drugs, and of the opposite effects of large and small doses. I

have examined the views propounded on these subjects, and the endeavours to explain by them the action of similar remedies, of Hahnemann and Fletcher in the past, and of my living colleagues Drs. Drysdale, Dudgeon, Bayes, Sharp, Pope, and Dyce Brown. To those lectures I must refer you for my reasons in detail for being unable to agree *in toto* with the doctrine of any of them. The only further contribution which has been made to the subject since their appearance is the paper "On the Double and Opposite Action of Drugs," which was read by Dr. Drysdale at the British Homœopathic Congress of 1877.* I fully agree with the criticisms he there makes upon Dr. Sharp's arguments, and am pleased to find him stating that he and I agree in our present views more nearly than I had supposed. I may quote the following passage in evidence thereof. "At the same time," Dr. Drysdale writes, "I admit that the bare principle of a primary excitation, followed by a secondary collapse or exhaustion, is insufficient, *per se*, to explain numerous and important *qualitative* changes in the living matter produced by the exciting causes of disease, and by drugs, and which are met by the homœopathic law of cure. Here, I think, we had better still rest the homœopathic law on an inductive basis, viz. that it simply expresses a general fact, established by a sufficient number of experiments. . . . In diseases of mere *plus* and *minus* of vital action, on the other hand, the Brunonian theory of excitement and exhaustion gives an *à priori* explanation of the double and opposite action of drugs, and of the homœopathic law of cure." This is in complete accordance with the distinction between functional and nutritive disorders which I was drawing a few minutes ago.†

I must now say a few words upon another part which dose has been made to play in drug action. I shall be here on common ground with those whose views I discuss as to either of two opposite effects of a drug being available for therapeutic comparison. But I must inquire how far they are warranted in maintaining that the opposite

* See *Monthly Hom. Review*, xxi, 656.

† See p. 211.

phenomena displayed by certain medicines are dependent upon difference of dosage, and that corresponding variations must be made in the quantity administered when we come to apply them to the treatment of disease.

The advocates of this doctrine are three of our American colleagues, Drs. Hering, Hempel, and Hale, who, however, differ considerably in their way of putting the matter.

1. Dr. Hering* distinguishes primary and secondary symptoms only as those occurring earlier or later in the provings, and states that observation will show the effects of the more attenuated doses to correspond, not to the primary, but to the secondary action of larger quantities. He would, accordingly, advise the administration of the higher potencies when the symptoms of the case before us have more resemblance to the later symptoms of the drug, of the lower when the similarity is between the drug and its earlier working.

2. Dr. Hempel takes a somewhat similar view, though going further in the interpretation of the phenomena. Let me cite a short passage from one of his lectures.

"I shall have frequent occasion to show you that drugs seem to affect the organism in two opposite ways, and may therefore be homœopathic to two pathological conditions, and antagonistic to each other relations of antagonism. We may illustrate this law by the well-known condition of fever. The first stage of an inflammatory fever is not a full and bounding pulse, a hot and dry skin, flushed face, and so forth; an opposite group of symptoms occurs. The patient experiences a chill or cold creeping along the back; he looks pale, hollow-eyed, the hands and feet are cold, the pulse is thin, feeble, rather slower than naturally, or, at any rate, not much accelerated. This condition is soon superseded by the opposite group of phenomena generally designated as fever. The chill is the primary effect of the disease; the fever constitutes a secondary effect, or the reaction of the organism. In selecting a remedial agent for this derangement, it should be homœopathic, not only to the primary chill, but also to the secondary group, fever. *Aconite* is such a remedy. *Aconite* is homœopathic to the chill which marks the first invasion of the

* *N. Archiv.* xxi, 3, 166.

disease, and to the fever which marks the beginning of the organic reaction. We are seldom called to a patient during the primary invasion of the disease; the organic reaction is generally fully established when we first see the patient. Nevertheless, we prescribe *Aconite*, knowing full well that the inflammatory stage must have been preceded by a chill.

"We say that *Aconite* is homœopathic to the chill, and we prove this experimentally by taking a large dose of this drug, of course within conservative limits, which will uniformly cause a more or less perceptible chill, coldness of the skin, depression of the pulse, all which symptoms disappear after a certain interval of time, and are followed by the opposite condition, fever. A small dose of *Aconite* will not produce the primary chill, but will at once excite the organic reaction characterised by the usual phenomena of heat, flushed face, dryness of the mouth, &c. This shows the importance of proving drugs in massive doses. It is massive doses that develop the primary drug-symptoms; small doses do not develop these primary symptoms, because the organic reaction very speedily supersedes them.

"In practice it is of the utmost importance that we should discriminate between the primary and secondary action. If we are called upon to prescribe for a group of symptoms corresponding with the primary action of a drug, we give a larger dose than we should if we had to prescribe for a group corresponding with the secondary action or organic reaction."

Kampel adds as illustrations of the possibility of a drug being homœopathic to two opposite conditions, *Aconite* and *Nux* may be used as true homœopathic remedies in cholera as well as tetanus; *Ipecacuanha* may be used for any as well as spasmodic irritability of the bowels; *Opium* cures diarrhœa as well as constipation, induces sleep as well as drowsiness and stupor; *Merc* may be used as well as promote the secretory action of the glands; *Uterine* answers in uterine hæmorrhage from any cause as well as in spasmodic uterine contrac-

Dr. E. M. Hale. In consulting the work entitled *New Remedies*, which I have already mentioned to you, you will find frequent references to

what he calls his law of dose. This law he states as follows :

“In any case of disease we must select a remedy whose primary and secondary symptoms correspond with those of the malady to be treated.

“If the primary symptoms of a disease are present, and we are combating them with a remedy whose primary symptoms correspond, we must make the dose the smallest compatible with reason ; and if we are treating the secondary symptoms of a malady with a remedy whose secondary symptoms correspond, we must use as large a dose as we can with safety.” Under the latter circumstances he speaks of drugs as “secondarily homœopathic” to the morbid condition present ; and by means of this qualification maintains that we are still practising the method of Hahnemann, though we should treat relaxed states with the ordinary doses of astringents and states of excitement with those of narcotics.

Proceeding now to an examination of these views, it will be seen in the first place that we must be agreed as to what are primary symptoms. We have hitherto understood them—with Hahnemann and all who have followed him—to be the least possible effect of a drug, the expression of the direction in which the function affected by it deviates from the right line. It is obvious that an increase of the disturbing influence would but push it farther and farther still on the same side of the normal path, and that in proportion as it did so a pendulum-like swing to the opposite side would (when its action was over) become more and more apparent. Thus the reactive and secondary phenomena of the drug—when it exhibited any—would be opposite to its least possible effect ; while Drs. Hering and Hempel would make them parallel thereto.

I think, nevertheless, that there can be no doubt of the reality of the facts to which they have directed attention ; and that Dr. Hempel’s explanation of them is the true account of their meaning. This organism of ours into which we introduce drugs to prove them is a living one ; it does not merely passively suffer under what is done to it, but

reacts thereupon. If the impression made by a foreign agent is sufficiently potent, it bends before it, with such subsequent recoil as the case demands. But it is readily conceivable that the impression may be so slight that the only notice taken of it by the organism is—so to speak—a resenting push in the opposite direction; and this also may be the earliest response to the influence of a drug, while as its action gathers force it bends the function it modifies in its own way. I think that in this way are explained those temporary phenomena of excitation under paralyzing agents—such as curare—which led Claude Bernard to the generalisation that “every substance which in large doses abolishes the property of an organic element stimulates it if given in small ones;” and, again, that “all those causes which exhaust the vital properties of a tissue or of an organic element commence by exciting them.” I cannot, indeed, think him warranted in further maintaining that “they are paralyzers because they are first excitants that exhaust;” for the period of excitation is so short and its symptoms so slight, that it cannot be conceived of as causing a collapse which should account for the long-lasting paralysis which ensues. Dr. Hempel’s view that it is a reaction of the organism seems to me exactly to explain it; and it puts it accordingly with all phenomena of the same kind in a separate class by themselves, standing on the hither side of the true primary action of drugs, in which the organism does not act but only suffers.

I therefore accept Dr. Hale’s view as to what is primary and what secondary in the action of drugs, following here in the track of all the older observers. I agree with him also that “in any case of disease we must select a remedy whose primary and secondary symptoms correspond with those of the malady to be treated,” always adding the proviso that there be such a succession of opposite states in either or both, which does not by any means hold good in all cases. But when I am told I must make a difference in dose according as the primary or secondary stage of the disease is present, I pause, and ask, Why? The only answer it seems possible to give is that in the one case I

shall be administering a remedy whose action is the same direction with that of the disease, and which, therefore, might aggravate if the doses were too large; while in the other I should be, as it were, pushing the morbid process the opposite way, and must increase my force accordingly to the utmost point consistent with the safety of the organism at large. That is, in plain words, in one I shall be practising homœopathy, in the other antipathy.

It is well to perceive the true position to which we are led by this proposed rule of Dr. Hale's. It has more than one aspect in relation to our present subject. It suggests that even in the functional states of *plus* and *minus* of which I have spoken—and to which alone I conceive it to apply—there may be a real and not merely an apparent homœopathy practised. Our attention has been already called to this point by one among ourselves of the same name phonetically though not literally as our Chicago colleague,—I mean Dr. Hayle, of Rochdale. In his Presidential Address at the Congress of 1876 he pointed out that Dr. Sharp's explanation of apparent similars as being real opposites could not hold good if both the double actions of medicines are to be used for homœopathic application. *Nux vomica* might cure paralysed conditions by its power of stimulating; but if it be also useful in spasm and irritation we cannot invoke any such opposite influence, especially as we have to give it in smaller doses. Thus the practitioners who habitually employ attenuated medicines are in all probability homœopathising really and not apparently only; while the remedies Dr. Sharp would give—he having as we have seen hardly entered the field of infinitesimals—may be such as are actually antipathic to the condition present, though on the surface seeming to be similar.

So far, I think, we can fully accept Dr. Hale's canon. But it is another thing to affirm that we should use all the secondary reactions which are observed in drug-effects as homœopathic indications, even though remedies so chosen should have to be given in the most substantial doses. It is obvious that such a mode of proceeding would lead us

into the whole sphere of antipathic treatment, without even the appearance of homœopathicity about it. It would be impossible to convince others, difficult, I should think, even to satisfy ourselves that we were practising the method of Hahnemann in giving (say) twenty grains of ergot to contract a flabby uterus after parturition. Dr. Hale would argue—the primary action of ergot is indeed to induce contraction of the womb; but after a time, by the law of action and reaction, this over-rigid condition must be succeeded by one of relaxation. Ergot is therefore primarily homœopathic to the former, secondarily homœopathic to the latter; and we are quite within the sphere of the law of similarity in giving it to induce contraction, while the dosage must be such as is sufficient to effect the purpose.

I shall certainly not teach you to apply the idea of homœopathy to such practices as these, but shall frankly acknowledge them to be what they are. At the same time I entirely assent to Dr. Hempel's statement that a medicine may be homœopathic to two apparently opposite conditions. It may be (as I have already suggested in the instances of *Aconite* and *Veratrum album*) a similar to the underlying vital disturbance, of which these two states are the successive or the alternative expressions. It may produce one class of effects by acting on one element of the part, and the opposite of these by acting on another; and so it may homœopathically cure either. It may begin its action by increasing the secretion of an organ, but its prolonged influence may cause so much congestion that secretion is diminished or arrested. In these, and in many other ways, of all which we have had or shall have examples, a medicine may be a true similar to two apparently opposite states. *Nux vomica*, as well as *Veratrum*, is applicable to both constipation and diarrhœa; *Secale* will check some forms of menorrhagia and counteract a certain form of uterine exhaustion; *Scilla* will arrest diuresis and restore the diminished secretion of acute renal dropsy. But in all these cases no difference of dose is necessary in the two spheres of action, or at least no such difference as that contemplated by Dr. Hale. We are really practising homœo-

pathy, not inducing the physiological action of our remedy under its guise; and our posology can be determined by the considerations which guide us in all other cases.

There are, indeed, only two ways of employing in disease the power which a drug has of disordering the healthy body. You may use it either to induce this physiological action in the patient, or to neutralise such action if it be already present. The former is (to use Hahnemann's nomenclature) antipathy or allœopathy according as you are acting on the disordered part or not; the latter, and this alone, is homœopathy. For the former purpose some such dosage is required as is sufficient to develop the change in question in the healthy; for the latter no such quantitative administration is necessary. When, therefore—to take an instance from another writer—Dr. Jousset tells us that for cardiac dropsy *Digitalis* has to be given in spoonfuls of a decoction representing not less than two grains of the powdered leaves, but maintains that such practice is homœopathic, because the drug causes an "asystolia" similar to that which is present in such cases, we must pause before assenting. And a very little inquiry, I apprehend, is needed to show that such asystolia in the case of *Digitalis* is but the functional exhaustion consequent upon the precisely opposite effect of the drug, and that to administer it for a similar condition in full doses is merely to induce such a contrary state in your patient as by the same means you could set up in the healthy. If this is homœopathy, I know not what is antipathy.

Of Dr. Hering's and Dr. Hempel's rules of dose I can say little. That of the former seems based upon the view that the larger the dose which produced the pathogenetic effect, the lower should be the attenuation given to counteract its *simile* in disease. Of this, however, we have no certain evidence. The ground of Dr. Hempel's canon I am quite unable to perceive.

I have now, I think, said sufficient to acquaint you with the principles as to drug-action which will regulate the teaching on the subject I shall give in this place. Very often, indeed, I shall have simply to present the phenomena

of pathogenesis to you, and to state their therapeutic applications. But whenever analysis and interpretation are possible, they will proceed upon the physiological and pathological bases now laid down. How far they are absolutely true I cannot say; they are the best at which I can arrive at present, and that is all I can do. Our comfort is that, however they may shift in the progress of time and knowledge, homœopathy as a mode of the art of healing is not dependent on them. The relation it establishes is between the observed facts of drug action on the one hand and of disease on the other; and no alteration in our view of the meaning of either can affect it one whit.

CLINICAL LECTURES, No 5.

By ROBERT T. COOPER, M.D. T.C.D.

CONTENTS.—*Gastralgia, Acid dyspepsia and Sulphur and Carbo animalis, Oxaluria and the same.*

GENTLEMEN,—I will commence this lecture by giving you a full report of the symptoms of a case of gastralgia treated by me some years ago at the Homœopathic Dispensary in Southampton.

Thomas O—, æt. 48, a joiner, ill four or five months. Pain in the region of the stomach passing down to the corresponding hip, is unable to retain food, as vomiting comes on an hour or two after partaking of it, accompanied by a fearful pain in the middle of the chest, extending from there to the stomach and to above the left ilium and round the loins; he is never free day or night from this pain, but as may be inferred it is at an excess after meals, it makes him writhe in agony and completely unfits him for work. Though a strong hearty man he is compelled to cry out in agony. Since he caught fresh cold a week ago he has been

very much worse, and nothing he has tried, neither mustard nor the many other things gives him any relief. He belches up a great deal of wind, and the stomach seems to turn very acid after taking the slightest thing. He has always been a very healthy man, and has never seen any foreign service. Bowels are confined, urine very high coloured, reddish-looking.

Treatment, for first week.—*Sulphur* ϕ , no effect.

For second week.—*Arsenicum album* 3rd dec., no effect.

For third week.—*Bismuthum* 1st dec. trit. $\frac{1}{2}$ a grain twice a day, with *Ipecacuanha*, 2nd dec. trit., a grain every night. *Result*; worse than ever.

For fourth week.—Symptoms are again taken down:—Pain begins in the middle of the chest, then goes round to the left side under the ribs, obliging him to press his hand well into the stomach, but his doing so gives no relief, and after this the vomiting sets in. He perspires profusely when suffering and trembles all over, but without feeling chilly. The pain in the chest is a heavy pain and is affected by deep inspiration. The stomach is exceedingly acid and he throws up a great quantity of stuff like vinegar. Once the pain sets in it keeps on continuously, sometimes for eight or ten hours at a time, and it makes him very thirsty.

Veratrum album ϕ , five drops to two drachms of water; five drops in a dessertspoonful of water every third hour.

In the afternoon of the following day O— called to say that after each dose of the medicine up till 3 o'clock a.m. (he began taking it on the previous evening at about 9 o'clock) he felt worse, but that since then he had steadily improved, he had had a good sleep and did not bring up his food after dinner, a luxury he had not experienced for several months. This was the last I saw of the patient, he himself looked upon the pain as completely dispersed, and in opposition to my expressed wish failed to put in another appearance.

It appears to me that the principal characteristic of the above case was that the food seemed "to turn acid" almost immediately it entered the stomach, and that probably this

acid became the chief excitant in the production of the local neuralgia. Are we then to look upon *Veratrum album* as a generally useful remedy in acidity of the stomach; I do not at all think so, its curative agency was owing not to its neutralising an acid, although the presence of this may have often caused the pain, but to its relationship to the morbid action which induced the production of acid; a very different effect from that a mere acid-neutralizer or chemical remedy would exert, the one being simply palliative, the other positively and lastingly curative. This examples a point at which the schools diverge, allopathy directing her efforts to the correction of a morbid excretion, homœopathy to the diseased action from which this excretion originates. Hence with homœopathy large quantities of antacids, purgatives, and such like weakening drugs are not required.

In Hahnemann's proving of *Veratrum album* in his *Materia Medica Pura*, we find it credited with producing "Violent pressure in the pit of the stomach, extending as far as the sternum, the infra-costal region, and the ossa illii;" and "vomiting of froth, followed by vomiting of a yellow-green sour-smelling mucus" is among its symptoms; but its relationship to the case is even better shown by there having been produced a decided aggravation followed by a curative effect, thus according quite with homœopathic theory that the seat itself of the disease is the part acted upon.

Protest who will, and theorise who may, the busy practitioner sighs for general remedies, for remedies, that is, that adapt themselves to a large proportion of fairly uniform cases. Hahnemann was, of course, right in saying that each case should be individualized, should constitute a study distinct and separate in itself, and that the case having been studied, and not until it was thoroughly studied, would we be in a position to prescribe for it. He did not as we all know intend to construct a system that would prove an immediately royal road to the treatment of disease, but, especially in its commencement, a system that offered a necessarily rugged and thorny path by which to arrive at

the desired destination. I say at its commencement, for it is very evident that the exercise of thorough study in individual cases of disease, as he required, must in process of time render more perfect our treatment of disease in its collective forms. The work of selecting drugs on the principle of similars must become less onerous as disease and its remedies become more familiarised to us. It is impossible that it could be otherwise; if there is a correspondence between the symptoms of disease, and the action of its remedies, it will, as our knowledge of medicinal action improves, be in time to come as easy to generalise regarding the effects of remedies as it now is to generalise regarding the nature of, and the class to which diseases belong. Now our friends the allopaths seldom seek information upon homœopathy without putting it to a practical test by requiring a remedy for this or that disease, and when our reply is that the very essence of homœopathy consists in taking the symptoms as a guide and prescribing in accordance with them, we give utterance to a rejoinder susceptible of being altogether misunderstood.

The symptoms of a given remedy are, or ought to be, as simple and as reliable as those of a given disease, and consequently ought to be as easily pointed out. I know I have found this to be so with cases that are thoroughly studied, and, as time goes on, as disease and its remedies become more known to us, our system must, in this way, improve, must, that is, become more easily understood, and while labour diminishes, prescribing must necessarily become more accurate. Now there is no affection more frequently instanced in these discussions than acid dyspepsia. They have their *Bismuth*, their *Carbonate of Soda*, of *Magnesia*, of *Potash*. with their *Rhubarb* and *Aloes*, and they want to know, and it is a very natural question, what substitutes have we for these, what in fact are our remedies in the same affection. We have many, but there are two drugs that I have used over and over again in chronic acid states of the *primæ viæ* from which I have derived specially satisfactory results and which I have no hesitation whatever, judging from my own practice, in putting forward as our

chief ones. Not that I am alone in using them so frequently, I am convinced to the contrary, all I claim is that if *Sulphur* and *Carbo Animalis*, I prefer the *Animalis* to the *Vegetabilis*, were used systematically in the way I am about to advise, the results would prove in every way most pleasing to both patient and practitioner. My custom is when I find a patient suffering from chronic indigestion, with flatulent pains, as Dr. Hughes speaking of the vegetable charcoal has particularized, in the stomach, pains through to the shoulders, oppression of the stomach, irritability of the heart after meals, deprivation of sleep, dark coloured urine, acid risings, and heart-burn, to give *Sulphur* in the mother tincture (*Tinct. Sulphuris fortissima*) form during the day, and *Carbo Animalis* in the second or third decimal trituration at night, the former largely diluted, the latter, and this by no means essential, dry on the tongue.

You will not in these dyspepsias get anything like so speedy or so uniformly beneficial a result from either one of these remedies, as you will from both of them given in the way described.

Nor will it do, especially if sleeplessness is a prominent symptom, to give the *Carbo animalis* in the morning and the *Sulphur* at night, for *Carbo* has the very valuable property of often enabling an otherwise sleepless person to pass into a quiet slumber. Very frequently, indeed, after a *Carbo* powder I have been suspected by patients of having given an opiate, probably from its property of allaying gastric irritation upon which the sleeplessness depended.

You may have to substitute *Arsenicum* for *Sulphur* should the symptoms indicate it; or, again, you may have to give *Nux vomica*, especially if lumbago, owing origin to kidneys excreting acid in excess or to constipation be present; these three remedies go well with *Carbo*, and it requires but an elementary knowledge of symptoms to select the appropriate one. I must confess, however, that in some instances where *Arsenic* seemed better indicated than *Sulphur*, and where it alone seemed sufficient for the symptoms, recourse had to be made to the standard *Sulphur* and *Carbo*. The following example, treated at a local dispensary, comes first

to hand, and is taken from, I should say, some hundreds of similar cases.

John H—, æt. 37, a book-keeper, subject to indigestion, but much worse the last three weeks.

Symptoms.—Very much pain across the chest and griping with flatulence in the abdomen; very much thirst. Tongue is clean and appetite good, but fears to eat from the pain that comes on after doing so, acids and sweet things, or almost anything the least indigestible, as hard meat, will at all times cause him unusual distress. Is very nervous, weak, and easily fatigued, feels faint, and perspires after any physical exertion; bowels are confined.

Arsenicum 3rd decimal was prescribed, and the following week found him complaining of night perspirations and emaciation, in addition to his usual constipation. I then gave *Sulphur* and *Carbo animalis* on alternate days, which quite set him to rights, and I heard from him after an interval of twelve months that he had remained unusually free from dyspepsia.

Here we had to deal with atonic dyspepsia, not alone the digestive powers, but the general nervous and muscular energies were in abeyance. It would be unjust, on account of the failure of *Arsenic*, to pronounce it inappropriate, as the dose in which we administered it may have been unsuitable. What we wish you to conclude from the case is that *Sulphur* and *Carbo* possess a special affinity, even greater than the symptoms of either or the combined symptoms of both would lead us to suppose, for atonic dyspepsia with flatulence and acidity.

We Londoners are often favoured with most unpleasant experiences in our own persons of what dyspepsia is from travelling on the Underground Railway. A few whiffs of air impregnated with sulphuretted hydrogen and with carbon in the Metropolitan are often sufficient to afford us a very convincing proof of the indigestion-producing properties of these universally diffused agents. The sacrifice of health for convenience in the matter of underground travelling results in a very considerable increase in the number of dyspeptic cases among this large population, as must be

apparent to even a very casual observer when he visits us for the first time and sees dyspepsia written upon the atrabilious complexion of so many in our streets.

I strongly suspect, and have had the impression for a considerable time, though I cannot call to mind having absolutely confirmed it, that these cases that do so well under our own favourite *Sulphur* and *Carbo animalis*, are characterised by that peculiar condition of urine described by Prout under the denomination of Oxaluria. Dr. Peter Earle, physician to the Norfolk and Norwich Hospital, in an address at the opening of the section of medicine, at the Annual Meeting of the British Medical Association August, 1874, thus refers to this affection. Referring to the prevalence of calculous disorders in the Norfolk district, he says:—"I refer to it (Mr. Crosse's work on *Calculous Disorders*) as well as to the papers of Dr. Yellaly, in order to call attention to the comparative frequency of occurrence in this district of the oxalate of lime calculus. My own later experience shows that this so-called oxaluric condition of urine is still very common, and a frequent attendant upon the disorders of the general poor, and of the hard-working artisans of this city and neighbourhood. The chemistry and mode of production of this oxalate of lime deposit are now pretty well understood, thanks to the investigations of Dr. Basham, Dr. Beale, Dr. Roberts, and others; but, though, in consequence of these we must give up speaking of oxalate of lime apart from its derivative uric acid, yet there is no doubt that a condition of urine so well described by the late Dr. Prout does exist, which is so definite, so distinct, often so continuous, and so constantly associated with the same constitutional symptoms, that, if we be allowed to speak only clinically and practically, instead of chemically and physiologically, we could verily speak of nothing but the oxalic *diathesis*. In these cases the oxalate of lime is the only deposit found in the urine after cooling. The density of this fluid is always high, often (I have observed) 1027; and there is constantly an excess of earthy salts in solution, with a preponderance of symptoms of depressed health. Alkaline remedies are rarely of benefit,

but acid and other tonics, and improved hygiene, are usually beneficial."

We cannot do better than conclude this lecture by giving Golding Bird's description of the symptoms of "oxaluria, with excess of urea and extractive matter in the urine," as they tally so exactly with the symptoms we have found to succumb to our *Sulphur* and *Carbo animalis*.

"Persons affected with the form of disease referable to this class are generally remarkably depressed in spirits, and their melancholy aspect has often enabled me to suspect the presence of oxalic acid in the urine. Sometimes a peculiar livid greenish hue of the surface has been observed, but more generally the face has the dark and dingy aspect so common in some forms of dyspepsia in which the functions of the liver are deranged. They are generally much emaciated, excepting in slight cases, extremely nervous and painfully susceptible to external impressions, often hypochondriacal to an extreme degree, and in very many cases labour under the impression that they are about to fall victims to consumption. They complain bitterly of incapability of exerting themselves, the slightest exertion bringing on fatigue. Some feverish excitement, with the palms of the hands and soles of the feet dry and parched, especially in the evening, is often present in severe cases. In temper they are irritable and excitable; in men the sexual power is generally deficient and often absent, an effect probably owing to the exhaustion produced by the excessive secretion of urea so common in this affection. A severe and constant pain, a sense of weight across the loins is generally a prominent symptom, with often some amount of irritability of the bladder. The mental faculties are generally but slightly affected, loss of memory being sometimes more or less present. Well-marked dyspeptic feelings are always complained of. Indeed, in most of the cases in which I have been consulted, I have been generally told that the patient was ailing, losing flesh, health, and spirits daily, or remaining persistently ill and weak, without any definite or demonstrable cause. The urine is always of a high specific gravity after being within the diabetic range, and seldom below

1025 or 1030,—this increase of specific gravity depending not only upon an excess of urea, for the urine generally crystallises readily with nitric acid, but upon the existence of an abnormally large proportion of the extractive matters of the secretion. The urine is invariably acid, often excessively so. The tendency to eruptions of minute furunculi and even sometimes of large boils, is an exceedingly frequent concomitant of this state of urine under consideration, and becomes a striking indication of the depressed state of the general health. In some instances the patients have been suspected to be phthisical. It is, however, remarkable that I have yet met with very few cases in which phthisis was present.”*

RELIGIO MEDICI.

THE title of Sir Thomas Browne's well-known essay carries with it its own significance now, as it did in his day and long before him. There would be no pertinence in inquiring what was the religion of lawyers, or of soldiers or sailors. There is nothing here common to the class which is liable to modify the sense of the unseen, or the relation to what is commonly received as regards supernatural beings or laws. It is otherwise with the *medicus*. His calling, in the first place, brings him into contact with human nature on its barest surface and lowest levels; he has many opportunities of seeing what it is stripped of all conventionalities and undisguised by the accretions of inheritance and custom. Man—and for that matter woman too—is to him a thing of structure and function, passing through the common processes of birth and growth, of healthy or morbid life, of decay and death. His study of these facts, his observation and superintendence of them, his endeavours to modify

* 'Urinary Deposits.' By Dr. Golding Bird. Fourth edition. London: John Churchill. From pp. 240—42.

their current in favour of the individuals entrusted to his care keep him constantly occupied with the purely natural and concerned with a sequence of causes and effects. He finds nothing supernatural here, and, indeed, needs nothing to account for what he sees. If he had not heard of a Divine Creator and an immortal soul from other sources, he would hardly have their existence suggested to him by the phenomena with which he has to deal. The *religio* of a mere *medicus*, if the word be taken substantively, would probably be nil; and even if it be understood adjectively, as simply qualifying a *homo* who has other characters and relations, it becomes extremely likely that such qualification will have a modifying effect upon his *religio*, so as to differentiate it from that of other *homines*.

Again, the studies of a physician, unless he be a mere craftsman, must necessarily lead him into the paths of science at large, of which the knowledge connected with the art of healing is an integral and associated part. There was a time when devotion to science was a help rather than a peril to faith and piety. For one who brought with him the sense of a Divine Being, creating and ordering all things, the discovery of the vastness, the complexity, the immutable order of the universe was but an enhancement of awe, a direct stimulus to wonder and worship. It seemed a truism once to affirm that an undevout astronomer was mad; and it has been fairly said of Newton's discovery of gravitation—"This universal attraction, this spirit of yearning impressed upon mere brute matter, seemed a parable of that aspiration, call it faith or love, which was to bring order into the spiritual world, and bid the creature revolve in its true orbit around the centre of all spiritual beings." Obviously it is not so now. The work of Science for these fifty years past has been occupied with what used to be called second causes, and more and more they have come to be felt as excluding any first. In innumerable places, where direct creative interposition was thought to have occurred, the patient work of modern research has ascertained that all may be accounted for by the operation of agencies still in existence and processes going on under our

eyes. The phenomena hitherto associated in our minds with the idea of designed adaptation to special ends are now traced to the influence of the environment and the survival of the fittest. The thought of evolution is becoming predominant everywhere. The nebular hypothesis, once counted so visionary, may now be considered an accepted doctrine; and astronomy is dealing with suns in course of formation and decay, and is able to predict with assurance the ultimate extinction of life and motion in the solar system. The origin of species after this manner is at the present day hardly disputed, and the only moot question is whether we can go on to account thus for the appearance of that *animal quem vocamus homo*. Infinities of time and space are thus becoming opened to us, all filled with one "eternal process moving on." Creation is being pushed farther and farther back, from Darwin's five or six primal forms of animal existence to Tyudall's original matter containing in itself "the promise and potency of every kind of life." As to the origination of this matter itself science has, of course, nothing to say. But the impetus which has carried her on to these outermost bounds of sensible things can hardly cease to affect her there; and her votaries, finding everything hitherto strictly natural—*natura*, that which is ever being born from that which was before it—are quite ready to assume that here, too, corresponding processes must have been at work, and that matter, even if not eternal, may well have been evolved from something prior to it as life has been from matter.

It is certain, therefore, that the study of science in the present century does not tend to favour the sense of the existence and working of God. It bears a similar relation, too, towards that other cardinal element of natural religion—the hope of immortality. Hitherto, our personal life after death has been connected with our possession of a "soul"—a spiritual substance independent of the body, immaterial, indivisible, indestructible, which must live for ever, in joy or in pain, unless its Creator should see fit to annihilate His own handiwork. To this "soul" has been ascribed by many the actions of life, by most the mental

and emotional operations; it is supposed to use the bodily organs as its instrument and means of expression, but to survive their dissolution, continuing (with whatever limitations) to live, think, and feel as before. Now here again Science, simply working in her own field, has excluded all such conceptions by finding their place supplied. As she has pushed (with no irreverence is it done or said) God out of the universe, so she has handed the soul out of doors in respect of the nature of man. She sees him possessed of life in common, not only with the other animals, but also with plants, and she needs nothing but the peculiar collocation of molecules which she finds common to all, and names protoplasm, to account for its presence. She finds mental and emotional manifestations to be not peculiar to him, but shared by him with the brutes; and in either to be the functions of a special portion of the organism, which in him corresponds in increased size and complexity with the superior quality of its operations. As her study of the universe has led her to say "No God," so her examination of man results in the conclusion "No soul." Still more definitely must this decision be stated, as arrived at from an independent mode of inquiry, if the origin of man by spontaneous evolution from the brutes be established. For then the soul is found to have no place in the history of its supposed owner, as by the other method it is rejected as without evidence of presence in his actual condition. And if it be objected: What, then, becomes of immortality? the tendency of contemporary science is to go beyond the simple agnosticism which says "I know nothing of it," and to hazard the denial of its possible existence.

If then the *medicus* of the present day be, as he ought to be, versed in the science of his time, the question of what his *religio* should be becomes a very serious one. He has been brought up, we will suppose, in the Christian faith. So far as he has personally examined into its evidence, there is nothing which should compel him as a reasonable man to reject the Revelation on which it is built; while it commends itself with persuasive force to his moral sense and spiritual instincts. His life would suffer a

terrible loss had he to relinquish its encouragements and restraints, the Divine objects it reveal to his faith, its hopes for the future, its consolations for the present. What is the course he is to pursue when he finds the conclusions to which he is irresistibly led by the study of physical facts at seeming variance with his spiritual convictions? Is he to modify his *religio* accordingly, so as to transform it into something different from that which bears the name among his unscientific fellows? Or is he to let the modification fall upon the science he accepts, refusing its conclusions so far as they conflict with those which he holds on higher grounds and counts as immeasurably dearer and more precious?

It is some such problem as this which Dr. Drysdale set himself to solve in the process of thought developed in the first of the two works mentioned below,* and his solution of which he defends against an assailant in the second. When we say that the question *Is scientific materialism compatible with dogmatic theology?* is answered by him in the affirmative, and that he himself claims to hold both without conflict or admixture, it is easy to see how he meets the difficulty. He certainly will not emasculate his science through any theological prepossessions. By "materialism" he just means that which we have expressed as the vision of the universe without God, and of man without soul; and we know no more vivid and exhaustive presentation of the doctrine than that which his first essay contains. But neither, on the other hand, will he bate one jot of what he deems well-founded religious belief through any "oppositions of science." By "dogmatic theology" he means more than a mere reception of certain bare truths of natural religion in a spirit of Sadducean scepticism as to all supernatural action here and hereafter. He will worship God as the Christian religion acknowledges Him, and in the full acceptance of the

* 1. *Is Scientific Materialism compatible with Dogmatic Theology?* The Inaugural Address delivered before the Literary and Philosophical Society of Liverpool, 1877. By J. Drysdale, M.D., President of the Society.

2. *Reply to Mr. Pictor's 'Scientific Materialism from a Non-scientific Point of View.'* By J. Drysdale, M.D.

miraculous history to which the anniversaries of the Christian Church bear witness ; he will look for his personal immortality in that specific form of the resurrection of the body by which the Christian Scriptures declare life and immortality to have been brought to light.

It is easy, we say, to see how he meets the difficulty : it is another question how he resolves it. This we think one of the most valuable parts of his argument. He proceeds, not by spoiling either his science or his theology for the sake of the other, but by compelling each to be strictly what it is. Science is quite warranted in saying (if so her investigations lead her) "I find in the world no creative interference, in man no operations implying the presence of a spiritual substance." But it is entirely unjustifiable for her to go on, and infer—there is therefore no God, and man has no immortal life. Of such things she is entirely ignorant, and must be so ; they are beyond her province, and dogmatism about them on her part is simple folly, not to say wickedness. On the other hand (and this is an original point) theology is only weakening her own position when she borrows the methods of science ; when she rests her belief in God upon supposed traces of His operations in nature or in a future life, on the essential immortality of a hypothetical "soul." It has been pleasant in the past to have had these footholds for faith ; and it is a wrench to tear oneself free from them. But if it must be done, the sooner we make up our minds to bear the pain, and do it, the better. It is just the old story again of the relation of science to Scripture. We sometimes blame the Roman Church for her treatment of Galileo ; but Protestant Christianity behaved just in the same way in the presence of geology. In either case, an adventitious value had been ascribed to the Sacred Writings—a usefulness which they did not and could not possess : they were supposed to convey accurate information regarding natural things as well as supernatural revelation of that which is unseen. An antagonism was thus brought about between them and the advances of knowledge which wrought enormous mischief. When science ascertained this point

and that, at variance with the received views of the subject, she was met, not with counter argument and demonstration, but with quotations from the Bible. To men actually engaged in physical research such an opposition must have seemed strangely irrelevant; and it was only the strong personal faith of the great men of the seventeenth century which kept them Christians. If they were to listen to their adversaries, the denial of the sun's motion round the earth struck at the very root of the inspiration of Scripture, and made it an incompetent witness to Providence and a future life, to the Incarnation and Resurrection of the Eternal Word. The same conflict took place when geology began to enlarge our conceptions of the history and structure of our own planet; and here the results have been more disastrous. Science has conquered, of course; and men's minds have readjusted themselves in accordance with the new knowledge, reading the Scriptures (so far as it touches them) in its light instead of imposing their words upon it. But in the process many have fallen: there began then that increasing divergence between the minds of the cultivators of science and that of orthodox believers which is so serious a feature of the present day. The evil might have been averted, if the astronomical controversy had taught the Church, once for all, to detach her Sacred Books from all connection with natural knowledge. She receives them as the record of God's Revelation to man, and believes that a special inspiration was vouchsafed to the recorders for their task. It is not at all necessary that she should suppose that this inspiration gave them a supernatural knowledge of physical facts any more than of historical incidents. Her wisdom would have been at once to declare that there can be no antagonism between Scripture and science, since the two move in different planes. Science cannot touch her vision of God in Christ, and she cares only for what pertains thereto. The rest is but the setting of the gem; and is of interest to her only as an heirloom for whose value she is naturally concerned, but which is quite open to the ordinary processes of discussion and investigation.

Now Dr. Drysdale would have us learn in time the same lesson in respect of the assumptions of so-called "natural religion." The two objects of faith here are God and immortality; and these are supposed to be arrived at from the intuitions of the mind, and from a consideration of the phenomena of the universe and of the nature of man. The believers in "revealed religion" share these beliefs in common; but, though they have other bases on which to rest them, they occupy largely the ground of the natural religionists, and connect God with certain natural processes and adaptations, and immortality with a special view of human nature. Dr. Drysdale, seeing that here they are on territory assailable by science, and perceiving how strongly the battle is setting against them thereon, warns them off it, for the sake of the beliefs he cherishes with them. He would have them rest entirely on Revelation, as he himself does, for assurance on these points. That its supernatural intimations correspond indeed to our intuitions and instincts he entirely recognises; but even upon these he would not have us lean too strongly. That the message received (upon adequate authority) as Divine contradicts no postulate of conscience as no axiom of reason is sufficient for its acceptance, and we should embrace it in all its consequences without further question. If it seem to harmonise with certain natural facts as known to us, well and good; but let it not be bound up with these. And, conversely, if our apprehensions of things in general do not fit in with the revelation, let it not therefore be rejected. "Why should it be thought a thing impossible with you, that God should raise the dead?" is the appeal alike of reason and of faith.

There is, of course, no finality in science; and certainly its last word has not yet been spoken as to the points now raised, especially as regards the history and constitution of man. It is quite open to discussion whether, though intellect and emotion in him as in the brute are functions of the nervous centres, his moral and spiritual faculties can thus be accounted for—whether they do not suggest a unique origin and the possession of an

element of being akin to the Divine. The conception of immortality, and of personal identity and responsibility, would undoubtedly be much facilitated by such a view; and it is natural that men who cherish such beliefs should be unwilling to lose what seems so accordant therewith. It is natural, and it is quite allowable that, so influenced, they should challenge the inferences of the physicists and biologists, and endeavour to substantiate the old ideas. It is good that truth (if it be truth) should thus have to fight its way; it is good that error shall encounter those who are interested to prove it such. The only requirement is that science shall be met on her own ground—that of observation and experiment, of induction and verification; and that—whatever motives urge to the conflict—it should be carried on in the *lumen siccum* of pure reason, undimmed by the mists of passion and preconception. Let the contest be waged: but let not—Dr. Drysdale forcibly urges—the precious beliefs connected with the points discussed be staked on its issue. They belong to another region, and are independent of the natural questions now before us. Even of old such faith in immortality as man had rested on instinct rather than reason. No one who was not intuitively led to the hope found himself the nearer to it for the subtleties of the *Phædo*; and when Addison makes his Cato say “Plato, thou reasonest well,” he goes on to ask—

“Else whence this pleasing hope, this fond desire,
This yearning after immortality?”

which shows that it was not the force of the arguments in themselves which impressed him, but the accordance of their conclusion with his instinctive apprehensions.

So far we can follow Dr. Drysdale with unhesitating acceptance. Later, however, we find him suggesting that here, as in the interpretation of Scripture, men’s minds may readjust themselves to the new conceptions: the hand of the Creator may be traced in a self-evolving universe, and the creature of mere matter and force whom we call man may be connected with continuous and immortal personality. We hardly think that he is so happy in his attempts at such reconstruction of our ideas as in the other parts of his work. Neither Fletcher’s hypothesis of a

passive soul already existing, nor Priestley's of a rebuilding of the sentient organism with identical character and memories in the last day, commends itself to us or seems worth our author's advocacy. He may well leave such questions alone, for his own argument has proved their solution to be superfluous. He with whom all things are possible has only to make His purpose known to us, and His omnipotence is the sufficient guarantee of their accomplishment.

But, putting this aside, we owe to our esteemed colleague—to whom we are already indebted for so many valuable thoughts about medical and general science—the indication of the way in which the *religio medici* may be neither unreasonable, nor spoiled of its most essential and distinctive elements. It would be unreasonable, if it rested itself upon certain natural conceptions which the progress of knowledge was fast making untenable. It would be neglecting the warning, "Let no man spoil you through philosophy and vain deceit" if it bated one jot of its fulness in deference to negations, which only presumption converts into dogmatic statements. The practical tendency of the *medicus* is necessarily towards materialism, and it seems now that his scientific creed must be of the same tenor. He will—if the true mind of humanity be in him—counteract the degrading influence of the one by opening his thoughts to those ennobling influences which raise us above the animal, by steeping them in poetry and art and music, in home affections and chivalrous sentiment. In like manner his wisdom seems to be—if his convictions will allow it—to make up for the bare materialism of his science by the full and rich spirituality of his religion. Dr. Drysdale, we say, has shown us how this may become possible without doing violence to any of our faculties, and by so helping us will have proved himself a "succourer of many." We commend both of his publications—not the least of whose merits is the nervous and idiomatic English in which they are written—to the best consideration of our readers.

DELIRIUM TREMENS.

By Dr. C. B. KER.

It is difficult to say whether the old writers knew anything of this disease. It is true that, in his translation of the works of Hippocrates, Adams says, in a note at page 323 in the first volume, "It is impossible not to recognise here a brief sketch of delirium tremens. The trembling hands from drinking, with the subsequent delirium, can leave no doubt on the subject." But as this expression of opinion is founded on the following sentence in the *Regimen in Acute Diseases*, where the course and treatment of fevers are being treated of, it will be allowed that the ground for maintaining that delirium tremens is the disease alluded to is very slight. "In the season of summer and autumn an epistaxis suddenly occurring in acute diseases indicates vehemence of the attack and inflammation in the course of the veins, and on the day following the discharge of thin urine; and if the patient be in the prime of life, and if his body be strong from exercise or brawny, or of a melancholic temperament, or if from drinking he has trembling hands, it may be well to announce beforehand either delirium or convulsion, and if these symptoms occur on even days so much the better; but on critical days they are of a deadly character."

From this passage it would, I think, be going too far to conclude that Hippocrates was describing delirium tremens. Paulus, in his chapter on "Tremblings," at page 407 of his first volume, says that trembling is caused sometimes by the too liberal use of wine, and that when it is so the patient must abstain from wine altogether until a complete cure takes place. He may allude here to the disease in question, but as *trembling* is the only one of its symptoms he gives, it is impossible to say positively that he is doing so. At the same time it is not unlikely that the disease was known in those early times. Excess in drinking has not been an exceptional event at any period of the world's history, and

such excess has probably always been followed by somewhat similar symptoms.

The following case presents no very marked feature, but I believe it to be one which the treatment almost invariably practised a few years ago, and which even now is but too common, that, namely, by opium and alcohol, would have fostered into an attack of the worst type.

E. F—, æt. 34, a non-practising solicitor, sent for me on June 22nd, 1873. His symptoms were nausea and vomiting of bile, repugnance to all food, loaded tongue, utterly despondent or rather despairing, quick small pulse, grinding of teeth, bowels regular and urine normal in quantity and colour; the mind is possessed with horrible imaginings, and he insists that he is pursued day and night by figures of grotesque shape, all courage and moral and mental energy are gone, in a constant state of apprehension of some bodily evil, pain in lower jaw; but this pain is the centre round which, hypochondriac fashion, his thoughts have tended for some years, ever since an accident which befel him. He was knocked down in the streets and kicked by a horse and his jaw broken; though there is nothing to be seen or felt, and there is no tenderness, he complains that there is nothing wrong with him but his jaw. He has had gonorrhœa more than once, and syphilis. There is a peculiar flavour in his mouth which torments him greatly, and he assured me that he was constantly spitting purulent matter, but no sign of this appeared. Is certain that he is going to die; uncontrollable restlessness, and, though in a state of great exhaustion, is constantly walking up and down; tremulousness; anxiety.

On making inquiry of his family I found that he had not only drunk a great deal of wine on the day before, but that he was in the habit of drinking largely at intervals, and, to a certain extent, every day. I afterwards found that he scarcely ever went to bed without taking an immoderate quantity of spirits, and that this practice had been indulged in for many years.

I prescribed the first decimal tincture of *Nux vomica*,

coffee, beef tea, and lemonade, and forbade alcohol in any shape.

On the next day I found that his mental and bodily distress were as great as ever, and that there had been complete insomnia; that the tongue was still covered with a pasty fur, that there was still as complete an absence of all appetite, that the eyes were suffused and the face much flushed, the urine deep-coloured and scanty, restlessness as great as ever, and the mind still possessed with horrible thoughts. He was, besides, very weak and sinking and tremulous, and the eyes unsteady. No change was made in the prescription.

The next day, the third, I found him better. He had slept well. The tongue was cleaner and the pulse quieter and the strength greater. There was no such great repugnance to food, and he was more hopeful. The monomania about his jaw is the chief feature of the day's report; he complains of its interfering with his power of eating and swallowing, and says that he will never be well till his jaw is cured. He has said the same every day for many years, and at the time when he was eating and swallowing like other people. The same prescription was continued.

The report of the fourth day was not so good. The tongue was thickly furred again, the restlessness and despondency were nearly as bad as ever, there had been scarcely any sleep in the night, and the little appetite he had recovered was lost. I accused him of having had recourse to alcohol in some shape, but this he assured me he had not. A very marked symptom he has to-day, and has had from the beginning, is dread of seeing or meeting any one. *Phosphoric acid* 1^x was prescribed.

The improvement on the next day, the fifth, was a very decided one. The tongue was cleaner, the sleep in the night had been good to the extent of five or six hours, and he felt better and less oppressed. The pulse was 76 only, and fuller and steadier. The urine was paler and more copious, and there had been a natural stool. But the appetite had not returned, and there was still a good deal of despondency, and he still harped upon his jaw as the cause of all his

suffering, and insisted that the only thing that did him any good was having it constantly rubbed and shampooed. *Phosphoric acid* was again prescribed.

Three days later, the eighth of his illness, I saw him again and found him better in every way. The tremulousness and restlessness and unsteadiness of the eyes, and scared, panic-stricken expression were all noticeable in a very diminished degree. The pulse was good and the sleep also, and what was told me with great satisfaction, the medicine had done good to his jaw.

The same medicine was once more prescribed, and, when I called next, which was on the eleventh day of his illness, I was able to pronounce him quite well. Five years have elapsed since the attack, the particulars of which I have just given, and there has been no repetition of it. Happily for himself he has abstained from alcoholic stimulants during the whole of that time. The precautions I suggested to him to take, to secure him against giving way to the sinking and craving which had proved irresistible before, have proved perfectly successful. The precautions were these:—to drink hot *café au lait*, even in large quantities, whenever the sinking or craving showed itself, and to have the means of taking it at hand even in the middle of the night; to drink plenty of milk every day between meals, and never to allow the sense of hunger to be long ungratified. He would be a very sanguine man who would go so far as to say that there is any panacea for alcoholism, and he would be a very unreasonable and unreasoning man who, coming to the conclusion that there was no panacea for that state, determined to consider it as incurable. Though it is in the experience of most of us that chronic drinking habits are rarely cured, it is nevertheless true that sometimes they are cured. Our rule, therefore, must, of course, be to consider every case that comes into our hands as capable of cure. I believe that it will be found that the dietetic management of such cases promises better than the medicinal. But the principle of the treatment has been recognised in all times, as far back, at all events, as the commencement of our era. Our great Scotch divine,

Chalmers, designated it as the expulsive power of a new affection. There is no reason why this principle should not be brought to bear upon the disease in question. The morbid appetite or craving for a poison must be converted, if possible, into a healthy appetite or longing for a food, or something, at all events, less poisonous than alcohol, whether it be a food or not.

The substances which, it appears to me, are those most likely to prove the new affection to which the old affection will give place are coffee, tea, cocoa-nibs, Liebig's extract, beef tea, and strong soups. Whichever of these is selected, and coffee I believe to be the best, should, especially at first, be given strong, so as to act as much as a stimulant as a food. If Liebig, or beef tea, or soup is selected it should be strongly spiced. After a time, however, the strength of the coffee and the soup may easily be diminished without prejudice to the end in view. The appetite should be consulted in the matter of the substitute, for success depends on its becoming a new love as powerful in its charms as was the old one. If it is distasteful, there is little chance of its exercising any expulsive power upon the old love. If it is liked, there is no greater security for an effectual cure.

There are not many diseases which have given rise to so much difference of opinion as to its management and drug-treatment as acute alcoholism or delirium tremens. The expectant treatment, on the one hand, is largely followed in this and other countries and so is the heroic opium treatment, and between these two extremes there is a variety of other modes of treatment which are recommended and practised. No fact tells so strongly in proof of the utterly chaotic state of therapeutic medicine at the present time as this one. And it is not delirium tremens only upon which so much difference of opinion as to treatment exists. There is scarcely a well-marked acute disease of which the same may not be said, acute rheumatism and pneumonia, for instance. This is a fact recognised by all. It is all the more surprising, therefore, that, the fact being admitted, there should be manifest at the same time so

great an unwillingness to adopt new methods of treatment or to acknowledge that anything can be better than that which has been proved so unsatisfactory.

Many years ago Dr. Ware, of Boston, showed that the natural course of the paroxysm of delirium tremens extended over a period of from sixty to seventy-two hours. At the end of that time sleep was obtained which terminated the attack. No treatment that has been tried since can boast of shortening the paroxysm. It lasts the three days, or close upon the three days, whatever the plan of treatment may be, opium, alcohol, tartar emetic, digitalis, zinc, or any other. Why should these powerful agents be given when the disease runs as short and probably a safer course without them? Can a treatment be called safe which involves the giving solid opium in doses of from 15 to 20 grains every two hours till sleep is obtained, as Dr. Jackson recommends; or morphia in a two-grain dose to begin with, followed by one grain every hour, "till the pupils are strongly contracted and the respirations reduced to six or eight in the minute," as Dr. Roser suggests? Such treatment can certainly not be called safe, and yet it is that which is largely followed at this time in England, and almost universally in Scotland, and that in spite of Dr. Ware's warning uttered forty years ago. He not only showed that the opium was not necessary, but he showed that it did harm; that it complicated and obscured the symptoms rather than cured them; that there was danger in its administration in consequence of its effects being cumulative; and that there was good reason for believing that it increased the violence of the delirium, caused a tendency to convulsions, prevented sleep, and induced coma.

Dr. Ware's warning was not, however, without its effect. A respectable minority has listened to it and shaped its practice accordingly. But even that minority has not contented itself with letting the disease alone. The expectant method has been followed only by a small minority of that minority. We may thus see how incurably rooted in the mind of the average medical man is the belief that disease must be interfered with. His action shows that, in his

opinion, the one thing not to be done is to let a morbid process go on uncontrolled. Sir John Forbes said many wise things, but I do not think he ever said a wiser one than this :—" It is an essential element in the philosophical knowledge of the pathology and treatment of every disease, to be aware of its natural course, progress and result." And how can we learn the natural history of delirium tremens if we treat it with heroic doses, or indeed, with any doses of the powerful drugs mentioned above? We of our school have better opportunities of studying the natural history of disease, but I am not sure that we take advantage of them. Like our brethren whose action I have been animadverting upon we too often think it necessary to interfere with the course of a disease with drug treatment. Like them we distrust the *vis medicatrix naturæ* and give drugs, even when we are compelled by experience to allow that a certain proportion of the diseases we treat run a course quite independent of the influence of drugs.

With regard to the disease now in question, which is a self-limiting one, it has been shown that, when no medicine is given, it runs a definite and happily a short course when there is not the complication of acute or chronic disease. On the other hand, it has not yet been shown that any medicinal treatment whatever has had the effect of shortening its course. It has, on the contrary, been proved that in a large proportion of cases such treatment has done harm rather than good. Must not our conclusion therefore, be to interfere with the natural course of the disease with no drugs whatever till some infallible antidote has been discovered to alcoholic poisoning?

But there may be good treatment even though it does not include drugs. It appears to me that much may be done to facilitate recovery, and I cannot help thinking that, in the case, the details of which I have given, recovery would have been as satisfactory had I contented myself with general treatment and excluded the nux vomica and phosphoric acid altogether. Tea and coffee, beef tea, Liebig's extract of meat, raw eggs beaten up in hot milk, soup, jelly, and, indeed, any food that can be taken and

digested, in fact, food-treatment; such will prove in uncomplicated cases, I believe, the best in this disease, and such is that of a minority of the minority.

But I said that a minority had discarded the opium treatment, and yet had not discarded all drug-treatment. They have advanced a certain way towards the safest practice, but they have not reached it. They have opened their eyes to and recognised the danger of opium, but they give, and in very large doses, digitalis, bromide of potassium, tartar emetic, zinc, chloroform, &c., besides alcohol in far from moderate quantities. And yet facts are in evidence against the use of those drugs as well as against opium—the facts of statistics and the facts of experience.

Dr. Morehead reduced the mortality in Bombay from twenty-four per cent. to nine by discontinuing opium and stimulants. In Glasgow that plan of treatment caused a mortality of fifty per cent. In Edinburgh the mortality, as long as stimulants were given combined with opium, was thirty-five per cent., and it was reduced to 3·89 per cent. as soon as they were given up. But the reviewer in the *Brit. and For. Med.-Chir. Review*, vol. xxiv, page 355, who is my authority for these statistics, is obliged to tell us that “in Philadelphia the deaths were one in eight, but have been reduced by the use of stimulants to one in thirty-nine.” It is very difficult to reconcile such manifestly conflicting statements. They may be accounted for partly perhaps by delirium tremens, like scarlatina, being a disease which varies much in its acuteness and severity in different seasons and localities. But, granting this, we nevertheless know enough of the disease to speak confidently as to its being one that runs, as a rule, a safe course when left to itself uninfluenced not only by drugs but by alcohol.

The expectant or non-interference plan is advocated by that ablest of clinical authorities, Trousseau. Dr. Hermann, of St. Petersburg, also, is so far of the same opinion as to allow that drugs do little good. Nevertheless, he prescribes opium, zinc, and capsicum. Dr. Laycock, of Edinburgh, adopts the expectant treatment, and lost only one in forty cases, and that was an epileptic. Boem, Scheverria, Dun-

glison, and Aitken, disapprove of much interference with this disease, either with drugs or stimulants. Aitken goes so far as to say, that it is a fatal error to give opium or stimulants, or to bleed. He says that what is necessary is to nourish and to nurse carefully, and, perhaps, to give capsicum. Niemeyer should scarcely be included among the expectants, for though he professes to have most faith in foot-baths and ice to the head, still he applies blisters to the nape and gives aperients. Dr. Chambers, too, though attaching a chief importance to ablutions and food, gives, nevertheless, aperients and emetics. Dr. Ware of Boston, Massachusetts, as I have already said, recommends a non-interfering treatment, and his opinion should have great weight, as his experience of the disease is large, and his success in treating it great.

But the list of authorities on the other side is great, on the whole greater than that of those supporting expectancy. Copland, as we might have expected, speaks strongly on the necessity of drug and other treatment. Though a loyal and laborious disciple of medicine, he was steeped in the traditions of a past time, and, while protesting boldly against some of the abuses of ordinary practice, he yet remained a slave to polypharmacy, thus in great measure neutralising the good he unquestionably did. In delirium tremens he gave opium in large doses; he also bled and cupped and leeches; he applied blisters and gave injections and aperients and emetics; and by way of compensation he supplied his patients with stimulants and cordials. The practice of Sir T. Watson is somewhat similar, as is also that of Elliotson and Graves, of Dublin. Professor Billroth, of Vienna, gives opium, tartar emetic, and stimulants. Burr gives bromide of potassium, but only when opium fails. Foehér, always opium, except when there is fever. Lyons, capsicum, in 20 to 80 grain doses. Ogle and Roser and Marston, opium. Reid and Peacock and G. M. Lows, digitalis. Morton and many others, tartar emetic. Pirrie treats with camphor and ammonia, though acknowledging the fact that the disease tends to a spontaneous cure, especially when assisted by a supporting diet, and the fact

that opium and alcohol did more harm than good. Other medicines that have found strong advocates are turpentine chloroform, sumbul, ox-gall, calomel, chloral, cannabis, hydrocyanic acid, and bromide of camphor. As a prophylactic Hering, of Philadelphia, suggests sulphuric acid, which should be mixed in certain proportions with all the food and drink that is taken. A practice in force in Sweden is not unlike Hering's. They saturate every article of food taken with the favourite alcoholic beverage. It is expected that, in both cases, disgust will take the place of longing, and the habit of drinking be thus broken.

Dr. R. Hughes and Dr. Moore, of Liverpool, give us the homœopathic treatment of the disease. The medicines they recommend are, dependent upon the symptoms, hyoscyamus, belladonna, stramonium, arsenicum, phosphorus, tartarus emeticus, nux vomica, and opium. Dr. Moore contributed an able paper many years ago to the eighth volume of the *Brit. Journ. of Homœopathy* on the subject of the disease. He says that stimulating drinks should be discontinued, if possible, and that the diet should be a farinaceous one chiefly.

Our treatment is safer than the drug treatment of the Old School, but still it is drug treatment, and it has not been shown to be more efficacious than expectancy. We have to deal with the effects of an irritant poison, a poison which has an elective affinity for nervous tissue, to which it is conveyed by the blood. Our treatment should be in accordance with that which is usual in other cases of poisoning. We do not give hyoscyamus or stramonium in a case of snake-poison, for we have no reason to think that they are antidotes to it. Have we any reason to think that they are antidotes to alcohol poison? If we have not why do we give them? We, like our brethren, cannot make up our minds to content ourselves with good nursing and good food. So far, we too are steeped in Old School traditions. In this disease we have one, the paroxysm of which is of definite duration. At the end of its course it is terminated by sleep. Do we know of any medicine that has the effect of bringing about that sleep in less than sixty or

seventy hours, and with it the termination of the disease? As far as I know we do not. Our interference, therefore, it appears to me, will be more likely to do harm than good. Not that sleep is the cure, and so to be brought about by any means. Sleep is the sign of the cure, not the cure itself, as so many insist, and it will come when the poison, the cause of the disease, is eliminated, and not till then.

There need not much be said on the subject of the causes and effects, the diagnosis and prognosis, the pathology and morbid anatomy, of delirium tremens. One would have supposed that all were agreed as to the cause. There is no doubt that most believe that alcohol immoderately drunk is the cause and the sole cause. There are many other causes given, however. It is believed by many that there are certain drugs which are quite as apt to cause the disease as alcohol, and some diseases also. Such drugs, for instance, as tobacco, opium, stramonium, and quinine, and such diseases as acute rheumatism, erysipelas, and traumatic shock. Mental excitement, too, is said to be capable of producing an attack, as is any state that causes asthenic irritability of the nervous system. Barlow, indeed, goes so far as to say that delirium tremens is rarely if ever caused by alcohol. It is here apparent, therefore, that the very definition of the disease is one of the disputed points connected with it. But an explanation of the fact that many drugs and diseases are considered to be causes lies in the circumstance that any disease in the drunkard, any accident, any mental emotion, any drug, may prove an *exciting* cause. But the man must be a drunkard for such exciting cause to produce an attack of delirium tremens. He is walking on the verge of a precipice, and a very slight touch knocks him over. A similar explanation may be given of the belief which is still very prevalent, a belief which has apparently justified the brandy treatment of the late Dr. Todd and others, that the sudden withdrawal of the accustomed stimulant is, in a large proportion of cases, the cause of the attack. Such cases are generally traumatic ones. A hard drinker is brought into the hospital suffering from the effects of some accident. He is prostrated from the combined effect of

injury and shock. He craves for his usual stimulant and calls loudly for it. He does not get it, but, in the course of a short time, he is attacked with delirium tremens, and the attack is charged to the refusal of the stimulant, but most illogically so. A drunkard may be said to be always on the verge of an attack, but, as a rule, some exciting cause other than an additional quantity of the stimulant is needed before the paroxysm shows itself. Such cause, an accident for instance, fires the train that has been laid. But, in the meantime, alcohol has been taken off from his allowances, and that fact is said to explain the explosion. "Of all errors," says Dr. Aitken, "in popular acceptation connected with the malady, none is greater than that which affirms the exciting cause of a paroxysm of delirium tremens to be a sudden stopping or withdrawal of the accustomed quantity of stimulants."

Considering the fact that alcohol saturates almost every tissue in a man's body, that it is found in his blood and serum and bile and urine, that it is smelt in his brain as well as in his clothes, that it may be set fire to even in the ventricles of the brain, the wonder is, not that it occasionally shows its effects in the shape of the disease we are now treating of, but that it produces so little mischief even when it is drunk in large quantities, and that, not only for a few days or weeks, but through the whole course of a long life. There are two factors to be taken into account. One is alcohol and the other is man's constitution. The former is a poison to the latter only in certain circumstances. It must be called, therefore, a relative rather than an absolute poison. One man is poisoned by a comparatively small quantity; another swallows enormous quantities, and not only appears none the worse for them, but positively the better.

When alcohol acts as a poison and kills, there are no invariable indications of its presence to be detected on post-mortem examination. Cerebral hyperæmia is often seen, but rarely signs of cerebral inflammation. The brain is found indurated, the convolutions atrophied, the tissue œdematous, with steatomatous degeneration of the small

arteries. There is sometimes injection of the brain membranes, and sometimes opacity of them. There has been found in some cases an abnormal amount of serum in the ventricles. In a large number there are to be seen the marks of chronic gastritis. The liver is often found fatty, as is also the heart and the kidney. And it is not surprising that fatty degeneration is an effect of the abuse of alcohol. The alcoholic molecules which are absorbed from the surface of the stomach are carried into the circulation. As a result of this carbonic acid accumulates in the blood to the extent of thirty per cent. more than its normal proportion. At the same time it is exhaled in smaller quantity from the lungs, and passed off from the kidney also in smaller quantity, urea being found in the urine of drunkards to a small extent only. It is not surprising, therefore, that fatty degeneration should be one of the effects of this accumulation in the system of carbonic acid. But though the bodies of drunkards, and especially of those that die of delirium tremens, are never free from the signs of disease, still the pathology of that malady is confessedly obscure. None of such signs are invariable, some being found in one case and some in another, but none in all. The same may be said in the case of many other persons besides the alcoholic person. On post-mortem examination there are no such signs seen after poisoning by prussic acid, strychnine, or most of the serpent poisons, as amounts to absolute proof that such poison caused death. So much, therefore, relating to the physiology and pathology of alcohol being still undetermined, and so much of the treatment of delirium tremens uncertain and disputed, the conclusion seems a natural one to arrive at that the less we interfere with its natural course the better.

REVIEWS.

Clergyman's Sore Throat, or Follicular Disease of the Pharynx, its local, constitutional, and elocutionary treatment, with a special chapter on Hygiene of the Voice.
By E. B. SHULDHAM, M.D., M.R.C.S. London.
Gould, 1878.

WE think it necessary to start an objection to the title of this little book. Clergyman's sore throat, or the affection termed *dysphonia clericorum*, is not follicular disease of the pharynx, but is an affection of the mucous glands of the larynx, which are not follicular but racemose; hence, as Voltaire said of the holy Roman empire, that it was not holy, not Roman, and not an empire, so we may say of Dr. Shuldham's title, that the disease which he adopts as the name of his book is not follicular and not in the pharynx. It is true that the laryngeal disease that constitutes clergyman's sore throat is often combined with follicular pharyngitis, and it may be that what cures the pharyngeal affection cures also the laryngeal disease; but the dysphonia or aphonia that characterises clergyman's sore throat is not dependent on the condition of the pharynx, but on that of the larynx. True, Dr. Shuldham states that it is the extension of the glandular affection of the pharynx to the larynx that makes up the affection termed clergyman's sore throat; but this is not always so, for the disease so called sometimes originates in the larynx and only thence extends to the pharynx, or even never spreads to that portion of the mucous membrane. It is well to be exact in our description of diseases, and to fix their pathology and seat as accurately as possible. Practically, in reference to treatment, Dr. Shuldham's error may not be of importance, as in most cases the symptoms of follicular

disease of the pharynx are our guide to the treatment of the voice affection; but though it may not be always prudent to call a spade a spade, we think it must be always right to call a disease by its correct name.

With this exception we have nothing but praise for Dr. Shuldham's little book. It contains a good description of the symptoms and progress of the disease, has some excellent remarks on its etiology, and the therapeutic means for its cure are well and distinctly described. Among them the author enumerates various mineral waters, from which, however, we miss those of Mont Dore, which have been much resorted to of late for similar affections, and we have seen some cases much benefited by them.

But the medicinal treatment constitutes by no means the most important or the most original portion of Dr. Shuldham's book. He has a chapter on the elocutionary treatment of weak voice, another on the art of breathing, chiefly in reference to the mode of breathing proper for public speakers, actors and singers; and lastly, a chapter on the hygiene of the voice, which contains many valuable hints.

Dr. Shuldham's little book will be of much value to all who are compelled to make considerable vocal efforts, for it will not only teach them how to preserve their voice, but will enable them to restore it when enfeebled by neglect of hygienic rules, or by the catarrhal and other affections of the laryngo-pharyngeal mucous membrane that so often impair the character of the voice, or even extinguish it altogether. We can cordially recommend it.

Medical Trades' Unionism and the New Medical Act, being a letter addressed to His Grace the Duke of Richmond and Gordon. By JAMES COMPTON BURNETT, M.D., F.R.G.S. Liverpool: Holden. 1878.

AN old lady lately went to the exhibition of paintings of the R.S.A. in Edinburgh and was observed by her minister to be earnestly contemplating a picture of Potiphar's wife, in which the frail Egyptian was represented as

usual as a beautiful woman. "Well, Mrs. Bruce," said her pastor, "you seem to admire that picture." "Na, na, minister," quoth she, "it's no that; I was just wondering what ailed the lad at her." Similarly, on seeing Dr. Burnett's pamphlet, we felt inclined to ask, "What ails the lad at the Bill?" To us it appears that the Bill is a very sensible bill, and there is nothing in it to which a sensible practitioner of homœopathy could object, but much that he must approve*. It twice asserts perfect freedom of medical opinion—viz. in Clause 11, where it prohibits the erasure of a doctor's name from the register, "on account of his adopting or refraining from adopting the practice of any particular theory of medicine or surgery;" and, again, in Clause 14, where it says, "the examination rules shall not require a candidate to adopt or refrain from adopting the practice of any particular theory of medicine or surgery." But this is not all the merit the Bill possesses from our point of view. Clause 14, par. 6, seems to open a way for obtaining recognition for places or courses of study that might not be recognised by the examination rules framed by the General Medical Council. It will be obvious that this clause holds out a prospect of getting lectures on medicine delivered by lecturers of the most advanced opinions (otherwise, who have adopted the reformed system of therapeutics called homœopathy) being placed on a footing of equality, as regards the examining boards, with lectures of the most conservative and orthodox type. If, then, the Bill passes as drawn up—if no alteration be made in the points indicated—we shall have every reason to be content with it.

Dr. Burnett's pamphlet is an admirable work, and it represents in forcible language the claims of Hahnemann to respectful attention on account of his own intrinsic merits and his acquirements. It shows how wisely, philosophically, and honestly he acted in the matter of the discovery of the homœopathic law of therapeutics. It describes the unworthy manner in which his professional

* These remarks apply to the Bill in its original form. We reserve our opinion on it as altered in the House of Lords.

colleagues received his discovery. It points out how the orthodox medical authorities, unable to refute the truths enunciated by Hahenemann, have endeavoured to quench them by a conspiracy of silence. Dr. Burnett would have the state provide for the teaching of homœopathy side by side with allopathy in the medical schools, and he would make it compulsory on every candidate for a diploma or licence to practise to pass an examination in both systems. That may be desirable or not, but, at all events, they are quite apart from the purposes of the present Bill, which is chiefly concerned with the establishment of conjoint examining boards, which shall see that candidates shall possess a certain minimum of medical knowledge. It would be rather an inconsistency if this Bill, which declares perfect freedom of medical opinion, both to candidates during examination and to practitioners on the register, should proceed to compel all candidates to pass an examination on "a particular theory of medicine or surgery." Of course the framers of the Bill will do nothing of the sort, and we think it would be a misfortune were they to adopt Dr. Burnett's suggestion. Much better to keep the legal enactments relative to medical education and examination for licences free from all allusion to "particular theories," and to confine them to general terms when referring to medical subjects. When we have text-books on therapeutics like that of Ringer, and on *Materia Medica* like that of the ex-homœopathist Phillips, from which candidates must learn their therapeutics and *Materia Medica*, the time cannot be far distant when examining boards will of necessity examine their candidates on the homœopathic uses of drugs. And this without any compulsion on the part of the state, any attempt at which would rouse a storm of opposition on the part of all the partizans of orthodoxy who are now being indoctrinated, *sans qu'ils en sachent rien*, with homœopathy, and would not be approved by many even of the disciples of Hahnemann.

Though we think Dr. Burnett's pamphlet a mistake, we must testify to its spirited and amusing character, and, though it is little likely to influence the framers of the new

Bill, it is well adapted for circulation among the public. One little literary criticism we would make, and that is that the Greek words of which "homœopathy" is formed are ὁμοιον πάθος, not ὁμοιος πάθος, as Dr. Burnett has it (we presume the "δ" is a printer's error for "θ"); the noun is neuter, and therefore requires a neuter adjective.

The Diseases of Infants and Children, and their Homœopathic and General Treatment. By E. HARRIS RUDDOCK, M.D., 3rd edit., revised and enlarged by GEORGE LADE, M.D. London: Homœopathic Publishing Company, 1878.

The Lady's Manual of Homœopathic Treatment. By E. H. RUDDOCK, M.D., 7th edit. London: Homœopathic Publishing Company, 1878.

THE popularity of these two manuals of homœopathic practice, evinced by the number of editions that have been disposed of, is justified by their intrinsic merits.

The first one has been considerably improved by the careful revision of Dr. Lade, and contains a great deal of useful information respecting the diseases of children and their treatment that must be of great service to mothers who are not within an easy distance of a practitioner conversant with the homœopathic treatment. Under the head of scarlet fever Dr. Lade recommends his already published plan of sponging the body three times a day with warm diluted acetic acid (1 to 6), which he maintains prevents desquamation of the cuticle. He advises a similar treatment of smallpox.

There seems to be some confusion in respect to the cutaneous affection vulgarly termed ring-worm or scald head. We have first a paragraph (§ 84) entitled, "Parasitic Diseases of the Skin," and under this we find enumerated *Tinea tonsurans*, *T. favosa*, *T. decalvans*, *T. versicolor*, *Scabies* and *Phthiriasis*. Then we have another paragraph (§ 85) entitled, "*Tinea capitis*—Ring-worm." Now it strikes us that "*Tinea capitis*" is merely a general name that includes

all the other Tinesæ mentioned in the previous paragraph ; and if they are to be considered parasitic diseases, so must it. However, we must not expect infallible pathology in a popular treatise. On the whole we can recommend both these works to the classes to whom they are addressed, for if they do not offer much that is original, they give a fair representation of ordinary homœopathic treatment, and we must not expect to find in a work addressed *ad populum* the same amount of completeness and preciseness we should look for in one addressed *ad clerum*.

OUR FOREIGN CONTEMPORARIES.

GERMANY.—We resume our notice of the *Allgemeine Homöopathische Zeitung* where we left off.

The opening address of the President of the German Central Society at the meeting of the 10th August last at Dessau (reported in No. 10, vol. xcv) gives some interesting particulars respecting Hahnemann. He said :

“ It was about the year 1781—the precise date cannot be given—that Hahnemann, after taking his degree on the 10th August, 1779, had settled for a time in Hettstädt, came for the first time to Dessau, where he did not do much in the way of practice, but devoted himself to chemistry, and attached himself to the laboratory of the apothecary Häseler. He became betrothed to the step-daughter of Häseler, the daughter of his predecessor, the apothecary KÜchler. He soon was married to her, and in order to get a livelihood he competed for and obtained the post of parish doctor in Gommern. In the registry of St. John's Church in Dessau is the following entry :

““ On the 1st December, 1782, Mr. Samuel Hahnemann, Dr. Med., Electoral Saxon parish doctor in Gommern, 28 years old, eldest legitimate son of Mr. Christian Godfried Hahnemann, artistic painter in the porcelain manufactory of Meissen, and of his wife Johanna Christiana, was married to spinster Johanna Henrietta Leopoldina KÜchler, 19 years old, only legitimate

daughter of the late Godfried Henry Kuchler and of his wife Martha Sophia, in St. John's Church here.'

"He immediately removed with his wife to Gommern, where, at the end of 1783 or the beginning of 1784, his eldest daughter Henrietta was born. After not quite three years he resolved to give up practice altogether, and he removed to Dresden, where his son Frederick was born in 1786. Notwithstanding his large family, which in 1802 numbered eleven children—among whom were twins—his wander years commenced: to Leipzig, Georgenthal near Gotha, Brunswick, Wolfenbüttel, Königalutter, Altona, Hamburg, Eilenburg, Machern near Leipzig, whence in 1802 he came a second time to Dessau. Here, where he did not practise during his two years' residence, he occupied himself chiefly with literary work, and wrote the works he published from 1803 to 1805, namely, the *Fragmenta de viribus Medicamentorum*, perhaps, also, partly the *Medicine of Experience*, published in 1806, and the commencement of his *Pure Materia Medica*. In 1806 Hahnemann was again off, this time to Torgau, whence he went in 1811 to Leipzig, and underwent there the examinations to qualify him for practice in 1812. His son, who was then M.B., was respondent. He remained in Leipzig till 1821. His history in Leipzig is well known. The open hostility and secret manœuvres of the doctors and apothecaries drove him at last out of the town, and under the patronage of Duke Ferdinand he found, in Coethen, a place where he could carry on his practice undisturbed and display his full activity. Duke Ferdinand and his successor, Duke Henry, always protected him from the attacks which were made upon him even here. He remained in Coethen until 1835, when having in his eightieth year married a second wife, he was carried off to Paris by her."

B. says that Hahnemann must have asked permission to settle in Coethen, for among the state documents of the dukedom occur the following:—"Acts relating to the permission graciously awarded to Dr. Hahnemann, of Leipzig, to settle in this capital, and as a homœopathic physician to dispense his own medicines." It is dated 2nd April, 1821, and runs as follows:

"We hereby announce to the commissioners of the State administration, that we have graciously accorded to Dr. Hahnemann, upon his humble request, permission to settle here as a

practising physician, and to prepare the remedies required for his treatment; and hence the §§. 15, 17, and 18 of the Medical regulations of 1811 have no application to him. In other respects, Dr. Hahnemann is subject to all the rules and regulations of State and police, and to all the regulations of our Medical Direction, and our commissioners of the State-Administration will arrange all that is necessary, especially in regard to the Medical Direction."

Hahnemann was created "Hofrath" on the 13th May, 1822, and on the 1st June the following decree respecting him was promulgated :

" Hofrath Dr. Hahnemann, having practised the homœopathic method here for a year, and no case of death or accident from this method having come to my knowledge, I having, on the contrary, learned that many patients have been relieved and cured, I am confirmed that if homœopathy is not more advantageous than allopathy, it can at all events be considered as on a par with the latter. I therefore consider it my duty as a ruler to maintain it for suffering humanity, especially for my subjects, and as none of the physicians of the dukedom has yet adopted the homœopathic system, and, owing to the great age of Hofrath Dr. Hahnemann, it is to be feared that his strength may not last very much longer, I have resolved to allow one of his most distinguished disciples, Dr. Theodore Mossdorf, a native of Dresden, to settle in this country as a practising homœopathic physician, and to prepare and dispense the remedies required in his treatment. On condition that Dr. Mossdorf is willing to render all assistance to Hofrath Dr. Hahnemann, he will not only receive a patent of naturalization, but also be admitted as my subject. Dr. Mossdorf will be exempt from the usual examination, seeing that homœopathy is founded on quite different principles from allopathy, and hence it would be improper to subject a disciple of homœopathy to an allopathic examination, just as it would be improper to ascertain the suitability of a Protestant candidate by making him be examined by a Catholic bishop. In other respects it is, of course, understood that Dr. Mossdorf has to submit to all other state and police laws and regulations, and has to obey the orders of my Medical Directors, from which, however, like all my subjects, he can appeal to me. The Commissioner of the State Administration has to do all that is required

for carrying my resolution into effect, and to make it known to all whom it may concern."

This Dr. Mossdorf married Louisa, Hahnemann's youngest daughter (his widow still survives him and lives in Coethen.) He did not remain many years in Coethen, as he and his father-in-law did not get on well together. It should be mentioned that Mossdorf received from the duke a yearly allowance of sixty thalers, for medical attendance on the duke's servants.

On the rupture with Dr. Mossdorf, Hahnemann addressed a letter to Duke Henry, who had succeeded his brother Ferdinand. This letter is in the archives of the principality, and bears date 6th August, 1832 :

"Most Serene Duke, most Gracious Lord!

"For some years I availed myself of the permission most graciously accorded by your lamented brother, my never-to-be-slightly-honoured patron, to associate with myself a homœopathic medical assistant independent of the allopathic medical authorities, whom I would have still retained, had his moral conduct been only tolerable.

"Now I am compelled, by my great age and the afflux of patients from far and near that overtaxes my powers, to select another successor and assistant, and my choice has fallen on Dr. Lehmann, of Leitzkau, a man who has for several years enjoyed a good repute as an allopathic physician, and a person of quiet and steady character, who has now embraced homœopathy from conviction, and displays such an active zeal for this health-promoting art, that he gives hopes of being able, with my aid, to do some excellent service therein."

"I have considered it my duty to announce my choice to your Serene Highness as your most obedient servant

"SAMUEL HAHNEMANN."

But Duke Henry was by no means so favourably disposed towards Hahneman as his brother Ferdinand, who had been cured of a serious nervous complaint by Hahnemann, and was therefore bound to him by ties of friendship and gratitude. Duke Henry was earwigged by the medical authorities of the state, and was by them persuaded not to allow Dr. Lehmann the independent position that had been

accorded to Mossdorf, but only to permit him to settle in Coethen as Hahnemann's assistant, without the power of taking patients independently, and subject to the control of the medical authorities. This inferior position did not please Hahnemann, so, on the 3rd December, 1832, he addressed the following remonstrance to Duke Henry :

"Most Serene Duke, most Gracious Lord !

"I beg to offer my most humble thanks to your Serene Highness for your gracious permission to choose Dr. Lehmann as my medical assistant.

"Dr. Lehmann, who was already well versed in the homœopathic doctrine, has by zeal, under my guidance, in a short time attained such proficiency in it that I can already reckon him one of my good disciples.

"He has already procured me some relief in my excessive labours.

"But the afflux of patients given over as incurable by your allopathic physicians to the homœopathic system, from far and near, increases daily, so convinced are the public that real and permanent cure is only to be obtained from the new system of medicine.

"I therefore make bold once more to beg your Serene Highness, humbly but confidently, that you would generously please to accord to Dr. Lehmann, in order that he may be able to give me his aid in full efficiency, the same *independent* position towards me as was enjoyed by Dr. Mossdorf my former medical assistant, by the grace of the unforgettable Duke Ferdinand, your lamented brother.

"Only thus can I have in Dr. Lehmann a true and lasting aid and support, and on my decease your Serene Highness will have in your capital a true homœopathic physician trained under my guidance—whereas otherwise he will soon return to his own country to practise as a homœopathic physician in Magdeburg, and I in my advanced age will be again left alone, and will be compelled to turn away more than half of the patients who flock to be cured.

"Your Serene Highness's most obedient,

"SAMUEL HAHNEMANN."

Duke Henry, without consulting his medical authorities,

accorded the favour asked in a decree dated 12th January, 1833, which runs as follows :

“ We grant permission to Dr. Lehmann to settle here as a practising homœopathic physician for the purpose of assisting Hofrath Hahnemann, and as such to prepare the medicines he requires for his treatment. In other respects Dr. Lehmann is subject to all state and police laws and regulations.

“ HENRY.”

The storm against homœopathy in Coethen burst out after Hahnemann's departure, and a petition, signed by all the apothecaries of the principality, was got up, begging that not only Hofrath Lehmann (he had been created Hofrath), but all other homœopathic practitioners who might settle in Coethen, should be deprived of the permission to dispense their own medicines. This petition was rejected by the duke, who confirmed Lehmann in the permission formerly accorded, to prepare and dispense his own medicines, without reference to Hofrath Hahnemann.

In No. 11, Hirsch relates a case of perityphlitis of considerable severity, which was cured in fourteen days by *Merc. sol.* and *Bell.* internally, and cold compresses externally.

In No. 14 Mossa gives the history of a very severe case of pemphigus neonatorum in an infant of ten days old. There was a good deal of fever, great heat of mouth, and almost the whole body, including the head and face, was covered with bullæ the size of a shilling, filled with transparent or opaque serum. Mossa saw the child on the third day of the illness, when many of the blisters had broken, displaying purulent ulcerated surfaces secreting serous ichor. There was diarrhœa thin and greenish. The medicine prescribed was *Ran. bulb.* 1, which acted very favourably. In four days after commencing the medicine, therefore on the eighth day of the disease, the child was cured, all except the diarrhœa, which yielded to *Merc. sol.* 3.

Hirsch relates a case of serious prosopalgia in a lady, which he treated with *Spigelia*, which seemed quite homœopathic, but in vain, until he persuaded her to leave off

her tea, on doing which and continuing the *Spig.* she was very soon cured. The same medicine was successful in a case of *neuralgia cervico-occipitalis* of a very serious and periodical character. It had lasted a week, and came on every evening at the same hour. The pain in the occiput was of an aching and stupefying character, and there was stiffness and painfulness of the neck. The attacks lasted several hours, and the patient lay all the time motionless and drowsy in bed. Her allopathic doctor tried *Quinine* without result, and then proposed applying a blister and sprinkling the raw surface with *Veratrin*. To this the patient would not consent, so M. was called in, and effected a rapid cure with *Spigelia*.

In No. 16 is a report of the meeting of the Rhineland and Westphalia Homœopathic Society, in which Dr. Orth relates a number of cases of inflammatory affections of the eye, which he treated successfully, but his descriptions do not clearly indicate the precise character of the diseases treated, so that they are not so instructive as they might have been. He likewise gives an account of several cases of epithelioma of the face, or perhaps more correctly, lupus exedens, two of which were successfully treated with *Kal. sulphur.*, which may stand for *Sulphuratum* or *Sulphuricum*, internally in the 6th, externally in the 3rd or 1st dilution. Another case of epithelioma of the upper lip was successfully treated with *Aurum muriat.* 30 and 6. Hendricks related a case of ozæna in a gentleman who had long been treated allopathically. The nasal bones were swollen, the root of the nose much depressed. The discharge was not very copious, but so fœtid, that when he came into the waiting room all the other patients quitted it after a few minutes. It was possibly of syphilitic origin. He had been subjected to a mercurial inunction treatment and a course of *Sarsaparilla* without benefit. He was cured in three weeks with *Aurum met.* 4. He related an interesting case of ovarian tumour in a woman, aged 60, who had been given up by her former medical attendants. The abdomen was much swollen and painful to touch. In the right hypogastrium was a smooth painful swelling, the size of a

In No. 24 Buchmann relates his experience with different doses of *Drosera*. He reminds us that Hahnemann directs us to give a single dose of *Drosera* 30 in whooping-cough, alleging that in this way the disease is cured in from seven to nine days. He cites the authority of Mühlenbein, Trinks, Tietze, and Bethmann in corroboration of this statement of Hahnemann, and says that in this disease *Drosera* in repeated doses at short intervals is very apt to produce aggravations, whereas in one dose of the 30th dilution it almost invariably cures in the short time stated without aggravation. On the other hand, he says that *Drosera* in a low dilution, as the 1st decimal, may be repeated at short intervals in cases for which it is indicated, with great advantage, and he gives his own experience of its rapid curative effect in a violent tickling cough to which he was subject in autumn and spring, which often troubled him extremely at night. Two or three doses of this preparation at rapid intervals always checked his cough and secured him a good night's rest. He has found the same preparation, or even the mother-tincture equally efficacious in the bronchial catarrh of children with tickling cough, and in the nocturnal cough of phthisical patients.

No. 26 has an article on the attempt of Dr. Wyld to bring about a close approximation of the adherents of the two schools. In reference to this matter we may remark that the *Frankfurter Zeitung* lately published an article announcing that the English homœopaths had completely abandoned homœopathy on the strength of the Wyld-Richardson correspondence. It gave an utterly erroneous account of what Dr. Wyld had written, representing that he had in the name of British homœopathic practitioners generally abandoned all the distinctive peculiarities of homœopathic practice, giving up even the principle *similia similibus*. This article seems to have agitated the homœopathic world of Germany not a little, and we have received several copies of the Frankfort newspaper from representatives of our school in Germany with requests to let them know the real facts of the case. We can hardly

wonder at the alarm created in Germany by the misrepresentations of the newspaper, when we know how our own dovecot has been flattered by the affair, though we are all aware of the true state of the matter.

The *Popular* homœopathic journal announces that our lamented colleague Dr. Clotar Müller has left a considerable sum of money for the purpose of founding a homœopathic hospital in Leipzig, but the editor of the *A. h. Z.* says he has not yet received any corroboration of this report.

The first No. of vol. 96 commences with an appeal to homœopathic practitioners to abide more closely by the teachings of Hahnemann, a departure from which, he thinks, accounts for the stationary if not actually declining position of homœopathy in Germany.

Sörge relates a case of serious brain affection in a child of six months old. The symptoms were great heat of head, fixed eyes directed upwards, with contracted pupils and restless turning about of the head. The remedies used were *Belladonna* 1^x every hour, with cold applications to the head. In five days the child was well.

Sörge relates in the 2nd No. a case of severe sore throat, with accompanying liver affection and bitter eructations, which did not yield to *Merc.*, but was rapidly cured by *Nux vom.* 2^x.

In No. 7, Kirsten gives a case of indurated chancre which had been treated for seventeen weeks by the late Dr. Lutze with *Mercury*, apparently in considerable doses, as the patient had been salivated. He prescribed *Conium* 3, a dose three times a day, and in a short time the chancre and its induration was quite gone. He alleges that *Conium* is the remedy for indurated chancres.

In No. 9, Mayländer gives his experience of the hypodermic injection of *Bicyanuret of Mercury* in some cases of constitutional syphilis. This method was described by v. Sigmund as practised by him with remarkable success in the General Hospital of Vienna with a solution of 1 to 100 of the mercurial salt. The first case given by Mayländer was in an unmarried woman thirty-six years old,

who for two years had been affected with ulceration of the skin and mucous membrane of the lower half of the nose and of the upper lip, with the formation of thick scabs and great disfigurement of the face, for which she had been fruitlessly treated by several renowned physicians. The ulcers were circular in shape, and covered with thick very adherent scabs. When these were forcibly removed the ulceration appeared as irregular, deep, reddish-brown sores with eroded borders, showing cutaneous papillæ that bled easily. The general health was but little affected. The diagnosis was chronic cutaneous chancres, apparently supervening on a papulous eruption. On the 17th October she had the first hypodermic injection of *Bicyan. Hydr. O2*. On the 16th November she got twenty injections, at first twice a day, from the 5th to the 10th November once a day and from the 12th to the 16th November every other day. The injections caused no discomfort. At the same time she used a gargle of a weak solution of *Kal. chlor*. From the 7th to the 10th November she had slight tenesmus, with some mucous diarrhœa without blood; no sore throat. On the 10th December the patient was dismissed apparently perfectly cured.

The next case was a married woman twenty-eight years old. Hitherto quite well, in the beginning of June there appeared deep rhagades in the lips and corners of the mouth. Then there appeared a psoriasis of the mucous membrane of the tongue, then in the palms of the hands and soles of the feet. On the latter, especially on the heels, the skin was so deeply chapped that walking was very painful. Lastly, the psoriasis appeared on the inner surface of the great and small labia. She had been subjected to an antisiphilitic treatment, and had taken large doses of *Iod. pot.* without benefit. On the 5th October Mayländer gave her *Hydr. precip. Øv*, and afterwards 2nd trit. three times a day. She was six months pregnant, and was filled with anxiety about the child. In order to effect a rapid cure, on the 25th October Mayländer began to inject hypodermically *Merc. bicyan.*, as in the former case, using also the *Chlorate of potash* gargle. After each injection

the patient experienced for about an hour a slight burning in the injected spot, but no inflammation or induration of the skin resulted. After seven injections in twelve days, she had considerable tenesmus and mucons discharge from the rectum, and slight sore throat, but these symptoms disappeared on leaving off the injections for three days. After six more injections in eight days she had some tenesmus, with frequent mucons and bloody diarrhoea, and a pretty smart attack of sore throat. After the subsidence of these symptoms she got six more injections, one every other day, from the 29th November to the 2nd December. She was dismissed cured on the 4th December.

Pröll mentions a curious symptom observed by him when he was proving *Viscum album* (the mistletoe of the pear tree). He began with one drop of the tincture, increasing the quantity every day by a drop, until he took forty drops at a time. When he had reached this quantity he felt in the dorsum of the left hand as if a large spider were crawling over it. Soon afterwards he felt the same sensation in the dorsum of the right hand. He then left off the proving. About a fortnight afterwards, about 10 a.m., when he was going to see a patient, he felt very queer, as if he must fall down. He felt a glow that rose up from the feet to the head, and it seemed to him as if he was on fire. At the same time his face became very pale. On taking a glass of wine this sensation went off. This kind of aura epileptica recurred three times during the winter. In this same winter, while travelling to Pesth to see a patient, he suddenly felt in the right foot a violent aching pain from within outwards that compelled him to take off his boot as it felt too tight. This sensation went off in an hour. He had frequent recurrences of these symptoms during during two years. Pröll mentions that Huber has found *Viscum* useful in certain forms of gout, especially podagra, and it used to be employed against epilepsy by the Druids.

In No. 11 Buchmann describes his treatment of chronic eczema, which he has found successful in the most inveterate cases.

It is of great importance to regulate the diet. Children who have not cut their back teeth are put on a diet of milk alone, or with flour soup and an oatmeal biscuit. Older children, up to seven years old, must not have either rye bread or potatoes. If they cannot take wheaten bread they should have brown bread. Adults should eat but little meat. Pork and goose flesh should be strictly prohibited. For eczema of the head and neck he gives *Ars.* 30 night and morning. For eczema of the trunk and upper extremities *Sp. sulph. φ*, a dose every night. For eczema of the lower extremities he gives *Chelid.* 3 night and morning. For inveterate cases of eczema he gives one dose of *Sulph.* 200. He finds powdering the eczematous parts with flower of *Sulphur* very useful in removing the swelling, redness, and itching. Sometimes the irritability of the cutaneous nerves is so great that the powdering with *Sulphur* cannot be borne; in such cases he powders with potato starch, and applies the *Sulphur* powder on sound portions of the skin, usually by sprinkling the *Sulphur* inside the stockings. When there is great inflammation he applies cold water compresses, and makes the patient keep his legs in a horizontal position. If the inflammation is not very considerable the cold compresses are only worn at night. If neither cold compresses nor *Sulphur* powder can be borne the legs are powdered with potato starch until, by the internal use of *Chelid.*, the irritability of the cutaneous nerves is subdued. When ulceration is present the formation of scabs must be prevented, as the ulceration increases beneath them. In order to do this he applies a plaster made with powdered chalk and rape oil, spread on linen, and removed morning and evening. During the day the legs must be bandaged with a calico roller from the toes to the knees. After the use of the rollers the plaster and bandage should be worn for some time until the skin gets into its normal condition. When there are no ulcers, the cold water compresses at night and powdering with *Sulphur* and a bandage, with *Chelid.* 3 internally, suffice to effect a cure. In eczema of the hands gloves should be worn day and night, and when the skin is very rough the plaster should be applied.

In No. 12 Lorbacher details his experience of the treatment of condylomata. The first case was a girl of 21, who had been infected $1\frac{1}{2}$ year previously. Since then she had a syphilitic leucorrhœa, upon which there came later an eruption of condylomata. They were broad and moist, extending over the border and inside of the great labia, the perinæum and anus. At first, from shame and ignorance, she said nothing about them, but when they increased they gave her so much pain that she was forced to seek medical aid. The surgeon to whom she first applied tried various remedies in vain, and at last talked of burning them away, which frightened her, and she consulted Lorbacher. Inspection showed the inside of the thighs, the groin, and the nates corroded by a brownish, greasy, fœtid secretion, which proceeded from the condylomata. These were of a long form, and of firm consistence. She had besides a moderate amount of white leucorrhœa. Menses quite regular. For the first six weeks she got *Thuja* in different dilutions, which did some good; but when improvement ceased she got *Staphisagria* 2, three drops night and morning. In a fortnight there was manifest improvement. The condylomata decreased so rapidly that after eight weeks of it they had quite disappeared. The leucorrhœa had ceased some time before. Now, after six months, she has not had the slightest recurrence of the disease.

The second case was a girl of 23, of chlorotic appearance, who confessed to an infection six months previously. She came on account of agonising toothache. Inspection showed few sound teeth; those of the left side were especially bad, and there was a dental fistula there; the gums were swollen, spongy, bled easily, and were suppurating. There was a swelling of the left parotid gland. On examining the genitals they were found in much the same state as the first case, as the leucorrhœa was more purulent and profuse. On account of the state of the gums and teeth *Merc. sol.* was first prescribed. This was continued for three weeks, and did some good to the teeth and gums, but had no effect on the condylomata. *Staph.* 6 was next given, 3 drops 3 times a day. Under this remedy the teeth and gums

rapidly improved, and in six weeks they were quite comfortable, the scorbutic condition of the gums had disappeared, the fistula was healed, and the parotid gland was nearly normal. Then the condylomata and the leucorrhœa began to improve, and in six weeks more she was quite cured. The *Materia Medica* has, among the symptoms of *Staph.*, "formation of soft moist growths behind the corona glandis," and its action on the teeth and gums is well marked.

The death of Dr. Kurtz, of Dessau, and of Dr. P. J. Meude, of Winterthur, are announced in this No.

In No. 15 Lorbacher gives his experience of the beneficial effects of *Thuja* 30 and *Causticum* 30 in arthritis deformans. The indications for *Thuja* are the presence of pale and not very hard swellings, generally painless, particularly of the wrist and metacarpal joints of the fingers. *Causticum* is more adapted for painful contractions. Many cases are cured by an alternate use of these remedies. Amelioration usually begins within four weeks.

In No. 17 is a report of a discussion on cephalalgia in the Vienna Homœopathic Society. Alb was called to see a corpulent lady forty years of age, who suffered from violent nervous headache, which commenced regularly at 6 a.m., increased till noon, and then gradually subsided. The pulse at the same time was quickened, the face red. *Nux vom.* and *Ign.* relieved the pain, but a single dose of *Acon.* cured the headaches completely. Müller related a case of Fothergill's prosopalgia, with redness of cheeks and ears, in which *Spig.* and *Bell.* did no good, but two doses of *Acon.* cured. Porges said that characteristic indications for *Acon.* were that the pain was limited to a small spot, and the lobe of the ear was red. Von Marenzeller said *Sepia* was indicated when the pain appeared in the morning immediately on waking. In headaches occurring periodically he obtained rapid good effects from *China* and *Chinin.* 1st trit. Müller cured a case of Fothergill's faceache of tertian type after unsuccessful use of other remedies with *Chin. Sulph.* 2. Weinke cured a case of agonising pain in the back, coming on every night at 12 o'clock, with *Eucal. glob.* 1. He recommends it also in periodical face-

ache. In migraine, when the pain is so severe as to induce lethargy with severe pain in forehead above the nose, *Zincum met.* Porges treated a student for violent pains in the occiput, without benefit. An allopathic friend cured him in a short time. On inquiry what remedy he gave, he found it was *Zinc. metal.* 6 grains.

No. 19 contains the following case taken from a Bohemian agricultural periodical. A woman suffered so severely from gout (rheumatism) that for six months she could neither sleep nor rest, whilst her right arm was so weakened that she was quite unable to raise it, and could neither dress nor undress herself. Her husband heard of a countryman who had been rendered incapable of work from rheumatism, but who was cured after an accidental sting by a bee. He persuaded his wife to try this remedy, as the bee's sting could not be so bad as the pain she already endured. She consented, three bees were placed on her arm and pressed in so that the poison bladder was emptied. The effect was astonishing. The following night the patient enjoyed a long and sound sleep, such as she had not had for six months; whilst the agonising pains were almost entirely gone. The arm was somewhat swollen from the effects of the stings, but the swelling quickly yielded to cooling applications. All pain was gone, the arm recovered its full power, and since then she has had no trace of rheumatism.

In No. 23 our good friend and fellow editor Dr. Lorbacher expresses his fears that homœopathy is going to the bad because, among other things, Dr. Dudgeon "has proposed to give up the name of 'homœopath' and to proclaim our method as 'rational medicine.'" This is scarcely an accurate account of what Dr. Dudgeon did say, not only in the article in our last number, entitled, "Rational Medicine," but also in one that appeared in the *British Journal of Homœopathy* for April, 1876, entitled, "Physician or Homœopath?" He showed that, as we had never assumed the name of homœopath, we were not disposed to assume it now, when, owing to the spread of homœopathic principles among all classes of medical men, it was evident

that homœopathy was in a fair way to be acknowledged as the best if not the only therapeutic rule we possessed, and therefore the proper foundation of the therapeutic art; and he endeavoured to show that it fulfilled all the requirements of a rational art, and hence was especially suitable for those who sought to make their practice conformable to the demands of rationality. It is not very probable that by what Dr. Dudgeon said, "homœopathy will gradually be swept away with the stream of modern will-o'-the-wispish therapeutics, and vanish from the scene," as Dr. Lorbacher seems to fear. Homœopathy is hardly to be likened to a religious creed that must disappear if subjected to the light of reason, and that owes its being to the fact that it is not amenable to the laws of rationality. No greater mistake could be made than that of representing homœopathy as a creed in place of a rule deduced from experience. We have suffered in the past from the affectation of orthodoxy by our opponents and the imputation of heresy on ourselves. Let us not imitate the fatal policy they pursued of investing our method with the purblind dogmatisms of a religious creed, which sees nothing good beyond its narrow limits, and no salvation out of its own pale.

In No. 24 Maintzer has a paper on the principle *Sim. sim.*, in which we find it stated that "Professor Rühle, in Bonn, said a couple of years ago, in a lecture: "It is very extraordinary. If a person has got a flow of saliva from taking too much mercury, we can remove this flow of saliva by means of a medicine which causes salivation in the healthy, viz., by iodine. Hitherto we have had no explanation of this fact." No, we have not yet had an explanation of it that is altogether satisfactory, but the circumstance itself is not after all so very extraordinary as the learned professor seems to suppose; for if he were to ask any of his colleagues who practise according to Hahnemann's method, he would find that such a circumstance was one of the most ordinary in their experience, and that they would consider it very extraordinary indeed if a remedy capable of causing similar symptoms in the healthy did not remove those sym-

ptoms when they occurred spontaneously in disease. But one half of the world does not know how the other half lives. So, what is a most ordinary circumstance to us is "very extraordinary" to Professor Rühle and his set.

CORRESPONDENCE.

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

GENTLEMEN,—In the notice of the *Organon* in your last number, you criticise our translation of Hahnemann's own words. Allow me to point out that the passage objected to was copied *verbatim* from Dudgeon's translation of the *Organon* (p. 317), but by one of the "devices of the (printer's) devil" the word "not" was erroneously introduced before the word "accomplished," and escaped detection in proof-reading.—Yours truly, E. W. BERIDGE.

MISCELLANEOUS.

Remarks on the London School of Homœopathy.

As your readers are aware we have from the beginning been deeply interested in the success of the London School of Homœopathy. Reviewing its progress during this its second year we are, greatly to our regret, forced to the conclusion that the results are very far from corresponding with the anticipations which might reasonably have been formed. We have already expressed our opinion that in the constitution of the school there was much that was faulty. But our present action is stimulated by that of the School Council. It has been induced, by certain clauses in the new Medical Bill, to reconsider the question of its constitution. Having been invited to state our views, we take this opportunity of giving the result of a recent inquiry by us into the whole state and position of the school, and of adding a few practical suggestions. The report says, at page 5 :

“There have been found several practical difficulties which militate against the regular attendance of students who are attending the courses at other hospitals and colleges, the chief of which is want of time, the student’s whole time being so occupied with dissection, lectures, and hospital practice, that he cannot well add attendance on our lectures to his other work. It has been found, therefore, that the class of professional men to whom our lectures have been most useful hitherto are those who, having already obtained their diploma, have time to devote to the adding a knowledge of homœopathy to their other acquirements. This number will always be small.”

This we may supplement by a statement made in the British Homœopathic Society, to the effect that no medical students attend; by medical students being understood such as have not yet qualified. No medical students attending, and it being admitted that the number of qualified medical men attending will always be small, this serious question is raised—Does the present

school, for which a very large sum of money has been subscribed by the medical men of our body and their friends, fulfil the expectations and intentions of its founders ; and, if not, how is the evil to be remedied ?

In the first place, with regard to expenditure, no exception can be taken to the sums devoted to the lecturers and official staff, whose appointment and work are in every way commendable. In the next place we think that too large a sum (£675) has been expended on advertising, printing, &c. ; but such expenditure, we take it for granted, will not be repeated. The next item, however, requires serious consideration. A sum of £735 has been contributed to the London Homœopathic Hospital, being at the rate of 350 guineas per annum for the years 1877 and 1878. At this rate, for the five years for which subscriptions are promised to the school, the latter will be involved in an expenditure of, in all, £1837 10s. The ostensible object of this expenditure is the supporting, in the hospital, ten beds in aid of its clinical teaching. But we have not found on inquiry that ten beds have been set apart for any such purpose, nor that any additional beds have been opened in the hospital, nor that any more careful selection of cases suitable for clinical instruction has been made. In these circumstances we are justified in concluding that the above large sum has been devoted to the general purposes of the hospital. But, as our money was not subscribed for that object, we believe this contribution to be wrong, and that it ought at once to be discontinued.

Clinical teaching, doubtless, is an important part of medical education, but the opportunity for it is incidental only to the main purpose of a hospital, which is charity. No school can support a hospital. Its funds are totally inadequate for such a purpose. Where a school and hospital flourish together, the latter has resources other than those derived from the school. Even were it desirable that clinical classes for non-qualified medical students should be established as the chief feature of the school, and to which its funds were to be devoted, the sum given (while it greatly exceeds all other expenditure by the school) is totally inadequate to effect any practical improvement. It is folly to suppose that in our small body funds can be procured to raise the number of beds from 50 to 120. If qualified medical men are the sole objects of our instruction in

homœopathy, the same objection applies, with the additional one that no special expenditure at all is required for them. It is sufficient that they be allowed to walk the wards: but in fact no payment is at present given by the school for clinical teaching.

Efficient clinical teaching can be given without any special expenditure. Such teaching has been given in the Vienna Hospital and in many of our dispensaries. Without any disparagement to the London Homœopathic Hospital as a charitable Institution,—such an Institution it certainly is, and as such its success is gratifying—and without invidious remark or inquiry into the cause of its failure as a place of clinical instruction, the fact is admitted that it has failed and still fails as such. Moreover it has furnished no convincing statistics of the efficacy of the homœopathic treatment of acute disease, with the single exception of the cholera returns when the hospital was in Golden Square.

Clinical instruction is of two kinds. First; where formal lectures are given founded on certain cases in the wards, the aim of the lecturer being to give medical students a complete practical picture of the nature, progress and treatment of disease. Such complete teaching is very valuable to medical students, but a large hospital is required for it. Second: where instruction is given at the bedside, a great portion of which is not the direct utterance of the physician or surgeon; it is made up of hints which the student picks up from the mode in which the case is examined and treated.

The first method is beyond the means of our hospital and the requirements of the few medical inquirers who attend it. The second is the method which is really required by the inquirer into homœopathic therapeutics, and it is fortunately one which can be fully carried out in a good hospital of even thirty or fewer beds; and it is one which affords abundant facilities for its exercise in out-door patients seen either in a hospital or at their own homes. There is no field where the inquirer can better be shown the rapid and beneficial action of remedies than in the very commencement of those acute and sub-acute diseases which are to be met with at the patient's own house, but rarely, if ever, at a hospital. On this point we can confidently appeal to an experience of over thirty years, which enables us to testify to the success of the second method.

At the Congress at Bristol in 1876, when the scheme of the school was first mooted, it was distinctly declared that the school was not to be connected with the hospital, and it is a departure from this understanding that the funds of the school should be devoted to the support of the hospital.

Our duty, therefore, is to cut off all unnecessary expenditure of our funds on the London Homœopathic Hospital, and concentrate our efforts on the maintenance of the classes of *Materia Medica* and *Practice of Physic*. These are the only parts of medicine essentially affected by the homœopathic theory. We must then address ourselves to the mode of getting them taught to real students of medicine during the years of study which elapse before they qualify.

Besides the reasons given in the above extract from the report for the complete absence of such students during the first three terms the school has been existing, we must press on the notice of subscribers the necessity of recognition by the licensing bodies. From inquiry among students we find that, although the clinical instruction given at the London Homœopathic Hospital cannot compete with that in the University College Hospital, and other large hospitals, yet, in spite of the distance and the homœopathic teaching, some would even now be willing to attend our classes if they counted in their curriculum and were not duplicates of those they are already compelled to attend. For this and the numerous reasons formerly given recognition is the great, and, in fact, the indispensable desideratum for classes of homœopathic teaching, in order to reach the students who are to be the future medical practitioners of this country. Unless this end is gained, we never can expect the school to be a successful agent for propagating a knowledge of our therapeutics. The ability to influence unqualified medical students is the true source of the powerful propaganda in America, and to this our constant efforts ought to be directed. To attain this end our classes should be divested of every hindrance, and we must apply to the licensing bodies, to the Medical Council, to the Privy Council, or, finally if necessary, even to Parliament for the privilege. It will be no easy matter to secure this privilege; but, with persevering efforts, it will not, we hope, be unattainable.

In the first place, it is possible that in the new Medical Bill, the right of admitting single classes or lectureships to qualify

for the examinations of the licensing bodies may be vested primarily in the Privy Council, and to it we may apply. Next, failing that, the right of new medical colleges consisting of a few lectureships, and not connected with a hospital, may be obtained by petition. With this end in view we have had an interview with an able anatomical teacher, popular and experienced, who is willing to join us in the formation of a "Free Medical School," so styled, in which our lectures would form the classes of *Materia Medica* and of *Practice of Physic*, simply so styled. If necessary it would not be difficult, in addition, to obtain lectures on *Chemistry* and *Botany*, and a medical school might thus be formed for which we could apply for recognition. If opened in a suitable locality, intermediate between the great medical schools, it would obviate the objection now felt by students: for not only would the lectures qualify, but, as two or more lectures could be attended in succession, there would not be the loss of time in going from one place to another.

This or some such equivalent plan should be the goal of our present efforts. But as time and persevering efforts will be required, we must, above all things, husband our scanty pecuniary resources in order to keep the lectureships going till we get recognition, and for a sufficient time afterwards till they become self-supporting. It is evident, however, that if we are to get efficient teachers we must, for some time to come, supplement students' fees with liberal grants, not only to lecturers on *Materia Medica* and *Practice of Physic*, but also to those on *Chemistry* and *Botany*.

The Report of the London School of *Hemœopathy* draws attention to the discussion at the Liverpool Congress on the question of its designation, whether that should be general or special, and it states that, on that occasion and at meetings of the Medical Governors, it was decided by large majorities to adhere to the original and special name of the school. It adds, "the chief reason assigned for the change of name is from the belief of those who advocate the change that our present name will stand in the way of the public recognition of our lectures by the legally-appointed examining bodies; but before so grave a change can be made, it would be incumbent on those who demand it, to show us that recognition would certainly follow such a sacrifice."

That a majority of our fellow-workers differ from us in opinion is to us a matter of great regret, but not a reason why we should not persevere in urging a course which we deem essential to success, and one which involves no sacrifice even if recognition did not follow the step. The very expression of our claim to teach our opinions with recognition, even if rejected time after time, forces on the profession a conviction of our sincerity and our desire to be included, not excluded from rational medicine. We are hopeful that, in time, the minority who share our views, will grow into a large majority, which will result in greatly improved relationship between the two schools.

We desire to place this question before your readers in a simple light. A great and commendable movement is made to teach the Homeopathic method. The promoters tell us that there is a growing disposition in the profession to be so taught, and that the marvellous difference between the rate of progress of Homœopathy in England and America is due to the absence of teaching facilities in this country. If such be the case, then it is necessary that this school should be in accord with the profession, or at least not in the relation of antagonism to it. Now, in this country, with the existing embittered feelings against the word Homœopathy, the title "London School of Homœopathy," is a direct challenge, and is regarded as an attack not as an invitation. We do not say this at hazard, but as the result of inquiries we made when thousands of the announcements of the introductory lectures were issued to medical men and medical students.

The success of the American Colleges is not owing to their title or simply to their teaching, but because their ability to teach is combined with their power of granting licenses to practice.*

* The tendency of the Americans in their latest schools, hospitals, and periodicals, is to drop the sectarian title altogether. For instance:—Twenty-sixth announcement of lectures at the *New York Ophthalmic School and Hospital*. The Trustees of this Institution take pleasure in announcing that the course of Instruction will commence," &c. There is no mention of Homœopathy here. Also,—“Our aim is to thoroughly educate physicians in the treatment of these diseases,” &c. But the word Homœopathy is not mentioned even in advertisements of the Institutions giving the results of successful Homœopathic treatment.

In a letter received lately by Dr. Dudgeon from Dr. Talbot, of Boston,

In England we need never dream of receiving such powers, nor do we think they would be desirable, but it is not too much to hope that we may train students who may receive their licence elsewhere.

We have anticipated from the first, and said so in a previous letter, that few or no students would attend the London School of Homœopathy, and the result has proved us to be correct. Surely, no one can be satisfied with this well-organised movement and large expenditure of money ending in simply teaching those who are already qualified practitioners, a number which the Report admits "will always be small;" very small we would say, judging by the many calls on the time of medical men after they have passed. This number must necessarily be restricted to medical men who live either temporarily or permanently in London after getting their diploma; whereas classes for non-qualified students reach men from all parts of the world.

If America be our model, our true field must be among *bond fide* medical students, and our aim to teach them *Materia Medica* and the Practice of Physic in such a manner as to compete with the best teachers. Our present lecturers are quite equal to the task. Besides imparting instruction in homœopathy, they will require to give the student such a full knowledge of the whole field of *Materia Medica* and homœopathy as will enable him to pass the examinations of the licensing bodies. This must be our united aim, and even should we fail, for many years to come, in our application for recognition, still our attitude as physicians, not as homœopaths, will gradually enlist in our favour the most liberal minds in medicine, securing to us not only legal but professional recognition. We beg those who are interested in this question, one on which we believe hangs the future of homœopathy in England, to consider the subject, not only from the stand-point of our therapeutics, but from that of ordinary medicine. To the consideration of such we recommend the perusal of a paper by Dr. James Ross, in the June number of the *Practitioner* where they will see the view he takes of our sectarian position. It is valuable as showing the

after expressing his agreement with the view brought forward in Dr. Dudgeon's article on "Rational Medicine," he mentions that the Medical School of the Boston University, which has no sectarian title, was never so prosperous as now, and that in the matter of a full medical curriculum it leads all other American medical schools.

opinions held by not a few liberally-minded medical men. We also advise a careful perusal of an essay on homœopathy by the great Hufeland* published many years ago, a translation of which appeared in the *British Journal of Homœopathy*. It will be found at the 177th page of the sixteenth volume, and it is well worthy at the present time of earnest study.

There are thirteen conclusions he arrives at, and we shall quote from some of them points which bear on our argument. X. "Homœopathy exercises just that sort of *hurtful and confining influence over the minds of its partisans* which every one-sided system must do, and which we had reason to complain of during the prevalence of Brown's system." XII. "The conclusions from all I have adduced are these: *no homœopathy, but yet a homœopathic method in rational physic! No homœopaths, but yet rational physicians who make use of the homœopathic method in the right place and in the right way.*"

Having given his conclusions, Hufeland goes on to say. "May what I have said above be received as it has been written, with calmness, benevolence, and pure love of truth, without party spirit and hatred, and may it contribute to bring about mutual understanding and union! Not opposed to one another as enemies, but extending to one another the hand of friendship, united by one noble idea, one common object, and by the same general principles of rational and experience-founded pathology and therapeutics, let us ever go forward to the attainment of our great common goal—the *physical welfare of the human race!* I observe with pleasure the advent of that time, and the gradual amalgamation of the two parties—those of them, at least, whose

* Hufeland was the greatest medical authority of his day. He was for many years the editor of the well-known *Journal der practischen Arzneykunde*, in which Hahnemann published many of his first homœopathic essays. In the essay above alluded to Hufeland, says, "The first thing that induced me to state openly my position in respect to homœopathy was that I considered it wrong and unworthy of science to treat the new doctrine with ridicule and contempt. It is in my nature to lend a helping hand to the persecuted. Persecution and tyranny in scientific matters are especially repugnant to me; here we should meet with only liberty of thought, thorough investigation, rational refutation, mutual respect, and rigid adherence to the subject, but no personalities. In addition there was the esteem which for many years I have entertained for the discoverer, and which I owed him for former writings, and his important services to the medical art."

object is not mere sectarianism and selfishness, but the elucidation of truth."

* * * *

"The peculiar and most important problem for homœopathy is to search for and to find new specific medicines. May it succeed in discovering these for many diseases, and it will merit our cordial thanks."

We would not be misunderstood as advocating any plan that would aim at abandoning the word "homœopathic" as applied to our personal beliefs, our journals, our literature, or our societies; that is to say, to any simple ignoring of the word in these matters as anything voluntary or coming from ourselves. On the contrary, we hold it to be positively dishonest and ignominious to conceal, or shirk the avowal of, our opinions as long as they are unjustly treated or persecuted.

We make this statement deliberately, as it has been alleged that because we advocate the non-sectarian denomination of our school, for the purpose of conforming to the requirements of the examining boards, we are thereby abandoning homœopathy, are ashamed of the name, are "striking our flag," and so forth, and all to curry favour with our opponents; than which nothing can be further from the truth.

J. DRYSDALE.
F. BLACK.
R. E. DUDGEON.
C. B. KER.

Comment Unnecessary.

"In a word, Sir Dominic, we understand one another's business here."

The Spanish Friar.

At a late meeting of the Medical Council, Sir Dominic Corrigan moved "that Section 29, Clause 14, of the Medical Act Amendment Bill should run thus: "The examination rules shall not require a candidate to adopt the practice of any particular theory of medicine or surgery," instead of "The examination rules shall not require a candidate to adopt or refrain from adopting the practice, &c." The motion was negatived.

In the 12th century, we are told, the charge of extirpating heresy through the instrumentality of the Inquisition was

entrusted to the followers of St. Dominic. Is it possible that Sir Dominic feels that he is called on to perform the same office for medical heresies in the 19th century that the disciples of St. Dominic undertook for religious heresies in the 12th ?

The reason (if that may be so called which has none) alleged by Sir Dominic for his proposed omission was, of course, the horrible conduct of those who practise homœopathy. He related several instances of their stupendous ignorance and dishonesty ; but, with an indiscretion unpardonable in a grand inquisitor, he in one case mentioned the name of the homœopathically murdered patient, which allows us to test the truthfulness of his accusations. He said, " Archbishop Whately was a noted homœopathist. He had a varicose ulcer on his leg, and insisted on having none but homœopathists to attend him. He was found dead in his bed, floating in his own blood, because homœopathists would not permit the use of an instrument."

Dr. Scriven replied to this in the *Lancet* of the 18th May. He said that he was the physician who attended the late archbishop in his last illness ; that his disease was senile gangrene ; that the disease first appeared in the tendo Achillis in June, spread gradually upwards, destroying the gastrocnemius muscle and its tendon, and leaving the deep layer of muscles bare and clean. He died from exhaustion on the 8th of October. On removing, after death, the dressing that had been applied the day before, it was discovered that a small vessel had given way, allowing the escape of one and a half or at most two ounces of blood.

To these statements of Dr. Scriven Sir Dominic makes the following reply in the *Lancet* of 25th May :

SIR,—In the *Lancet* of May 18th there is a communication from Dr. Scriven in which he says " he attended the late Archbishop Whately in his last illness," and asserts that I " have been entirely misinformed as to the nature of his disease and the cause of death," in having attributed it to hæmorrhage which might have been avoided by any ordinary surgical care, but that there were only homœopaths to attend him.

Dr. Scriven's correction of my mistake, as he is pleased to call it, is as follows in his letter :

" After death I removed the dressings which had been applied to the leg the day before, and discovered that a small vessel had given way, allowing the escape of an ounce and a half, or at most two ounces of blood."

That is his own statement, in his own words, that after death, and after the removal of the dressings, which had been allowed to remain applied from the day before, he then discovered that a small vessel had given way, and

that one and a half ounce or, at most, two ounces of blood had escaped. How he discovered the size of the vessel, and how he measured the quantity escaped, he does not tell us.

The following is the account of the cause of death given in his life and correspondence by his daughter, E. Whately, vol. ii, p. 419:—"The physician arrived at his usual hour (12 o'clock), ten minutes after Dr. Whately had breathed his last. We then found that the immediate cause of death had been the bursting of an artery in the leg."

I do not think it necessary to make any comment.

Yours truly,

D. J. CORRIGAN.

Dublin; May 18th, 1878.

We can easily understand why Sir Dominic thinks it unnecessary to make any comment on this very extraordinary controversy, but in proportion as he thinks comment unnecessary we think it necessary.

We should like, for instance, to have seen Sir Dominic's comments on his own statement that Archbishop Whately was suffering from *varicose ulcer* of the leg, confronted by the archbishop's medical attendant's assertion that the disease was *senile gangrene*, which had already destroyed a great portion of the extremity.

We should like to have seen Sir Dominic's comments on his own allegation that the archbishop "was found dead in his bed floating in his own blood because homœopathists would not permit the use of an instrument," contrasted with the statement of the archbishop's medical attendant, that blood from a small vessel had escaped beneath the bandages to the extent of one and a half or two ounces.

To be sure, Sir Dominic does make a sort of comment on this when he sneeringly observes that Dr. Scriven omits to mention how he discovered the size of the vessel and how he measured the quantity of escaped blood. Of course, it is generally believed in the best allopathic circles that when a doctor becomes acquainted with the homœopathic system he loses all perception of the relative size of objects. Still it is not generally supposed that he is disposed to think great things small; on the contrary, he is usually accused of considering what his opponents call small as very large. Thus, he considers his own minute doses quite large enough, and he holds the smallest doses of his allopathic colleagues to be enormously large; so that from the supposed homœopathic point of view, Dr. Scriven would naturally be disposed to regard a small

blood-vessel as large, and if he called it small the chances are that it was very small.

But surely a doctor, even though he be a convert to Hahnemann's doctrine, might be credited with the power of estimating the quantity of a fluid he sees when that does not exceed a couple of ounces. Suppose Dr. Scriven had said the quantity was three to four tablespoonfuls in place of appraising it in ounces, would Sir Dominic have trusted him to be able to judge of the amount of effused fluid so reckoned? To be sure, according to Sir Dominic, the quantity of blood effused was sufficient to float the dead body of the archbishop, and no reasonable number of ounces or of tablespoonfuls would be able to effect this; so, perhaps, Sir Dominic is prudent in insinuating that Dr. Scriven could know nothing about the quantity of blood, as he does not mention how he measured it. The difference between the two statements is altogether irreconcilable without some such imputation on Dr. Scriven's power of estimating quantities. There is nothing inconsistent in the account given by the archbishop's daughter of the immediate cause of her father's death with Dr. Scriven's statement; for it is extremely likely that a small effusion of blood occurring in a case of senile gangrene that had lasted above three months, and produced extreme exhaustion, would be the immediate cause of death, though death could not, in the nature of things, have been long delayed, even had no effusion of blood occurred.

We should like Sir Dominic to have informed us what sort of instrument he would have used to prevent the erosion of a small blood-vessel in a case of senile gangrene, since he tells us that the prelate was found "floating in his own blood because homœopaths would not permit the use of an instrument." Had there been such an instrument known to the profession we are sure Dr. Scriven, homœopathist though he is, would have been only too glad to use it. It is a duty Sir Dominic owes to his ignorant colleagues and to humanity in general, to describe the instrument by which he prevents such a disastrous catastrophe in senile gangrene. We presume Sir Dominic's patients, when they became affected with senile gangrene, by means of his wonderful instrument live much longer than three months, enjoy life, and never lose even an ounce of blood from the bursting of blood-vessels, great or small.

Sir Dominic makes a statement which seems to call for some comment from us, though Dr. Scriven has not noticed it. He says that Archbishop Whately insisted on having none but homœopaths to attend him. Now, if we remember rightly, and Dr. Scriven can correct us if we are wrong, the deceased prelate and his friends were very desirous of having the most renowned physicians in Dublin to meet Dr. Scriven in consultation, but they were in vain applied to—none would consent to see the Archbishop while Dr. Scriven was in attendance. The consequence of this refusal was that Professor Henderson was summoned from Edinburgh to advise with Dr. Scriven. This being so, in place of saying what he has said, Sir Dominic should have written, "the orthodox authorities insisted on Archbishop Whately giving up his trusted medical attendant before they would consent to give him the benefit of their experience." It is, of course, too late now to regret the matter; but if Sir Dominic had only condescended to waive his prejudices against homœopathy, and met Dr. Scriven at the prelate's bedside, he might have suggested the use of his wonderful instrument for preventing erosion of arteries in the gangrenous process, and perhaps the venerable ecclesiastic might still be alive and hearty. Oh! Sir Dominic! how could you be so cruel as to refuse your potent aid out of mere unreasoning prejudice against a system of medicine you do not understand and are too proud to enquire into? If Sir Dominic really possesses the miraculous instrument for preventing the destruction of arteries by gangrene he blames Dr. Scriven for not employing, his conduct in refusing it to Dr. Whately in his extremity seems highly reprehensible, if not criminal.

Sir Dominic considers it unnecessary to make any comment on the correspondence. Suppose things had been the other way. Suppose Dr. Scriven had accused Sir Dominic of allowing a patient affected with a varicose ulcer to be found dead, floating in his own blood, in consequence of neglecting to use some instrument, and suppose Sir Dominic had been able to show that the patient had not varicose ulcer, but senile gangrene; that the bleeding was not owing to the neglect to use an instrument, but was a common accident in the disease, and that it was so small in amount as only to be capable of being regarded as the immediate cause of death in a person already moribund, would Sir Dominic have thought it unnecessary to make any comment on the misrepresentations of his accuser?

We can imagine the flood of indignant rhetoric that Sir Dominic would have let loose against his malignant calumniator; the scathing eloquence with which he would have denounced his misrepresentations; the bitter irony with which he would have taunted his ignorance and presumption. But when Sir Dominic is the calumniator, when Sir Dominic is the misrepresenter, when Sir Dominic is the ignorant and presumptuous accuser, Sir Dominic thinks it not necessary to make any comment.

And he does right. Every one can make his own comments on the affair, and we suspect Sir Dominic would not feel highly flattered were he to hear them.

It is in truth a sorry sight to see a titled and highly placed physician, one of the rulers of the medical profession from his position in the Medical Council, prostituting his high position by becoming the propagator of unfounded and ridiculous calumnies against colleagues no way his inferiors in medical knowledge, honourable feeling, and gentlemanly conduct—indeed, he might learn much on all these subjects from those he reviles. Sir Dominic was properly snubbed by his colleagues in the Council by having his illiberal and inquisitorial motion negatived, but no doubt he feels satisfied that he is perfectly justified in throwing any quantity of dirt at the homœopathic enemy, in the hope that some of it may stick. When passion and prejudice are the ruling motives, reason and gentlemanly feeling are apt to be laid aside. Were Sir Dominic to be accepted as a fair specimen of the Medical Council, we should, indeed, have occasion to say, like Oxenstiern, "See with how little wisdom the (medical) world is governed!" But, as the result of Sir Dominic's motion showed, all the members are not so bad as he is, so we cannot say of this Council, as was said of another celebrated one. "All the Council sought false witness," though one of them certainly did and found it too; and when its falsity was brought home to him he thought it "not necessary to make any comment"—least said is soonest mended.

The first play we ever saw—now, alas! more than half a century ago—was, we well remember, entitled "Dominic the Deserter and the Gentleman in Black." Poor Dominic the deserter lay under the delusion that the gentleman in the sable suit was a certain unmentionable and underground potentate who was bent on mischief, whereas the said gentleman was a

most amiable and benevolent character, constantly engaged in doing good. Similarly, Dominic the doctor—who might also be fittingly termed the “deserter,” as he has deserted those grand principles of liberality and urbanity that should characterise the members of a liberal and humane profession—Dominic the doctor, we say, labours under the delusion that homœopathy is something very wicked, is, in short, as Launce Gobbo says, “saving your reverence, the very devil himself,” in place of being a mild and efficacious system of applying drugs to the treatment of disease. Entertaining these notions our Dominic the doctor seems to think that all means are fair in combating his imaginary “foul fiend,” so he resorts to pitiful dirt-throwing, which, however, only besmudges himself and leaves the object of his hysterical aversion quite unscathed. In fact, the champion of homœopathy appears with a fresh lustre as a quiet unimpassioned gentlemanly person, compared with the sorry figure cut by his calumniator, standing pilloried before the world begrimed with the slanderous mud he raked together in order to befoul his inoffensive colleagues. “Calumnies, like birds, return home to roost.” With this we take our leave of Sir Dominic, and leave him to the pleasing reflections of the *mens conscia*—not exactly *recti*—of a detected calumniator.

The Congress.

THE Congress of medical men practising homœopathy will meet early in September at Leicester. Notice of meeting and business will be published in the *Monthly Homœopathic Review*,

Homœopathy and Sectarianism.

THE June No. of the *Practitioner* contains an article by Dr. James Ross, of Manchester, entitled “*Are there Laws of Thera-*

peutics?" which is written, like all Dr. Ross's essays, in a spirit of the most enlightened liberality and toleration towards those who hold theories of medicine different from his own and from those of the majority, which we would like to see more generally prevalent among medical authors. Dr. Ross is an ardent defender of the liberty of opinion in medicine, and he censures in strong language the course pursued by the dominant medical faction towards the partisans of homœopathy. But while censuring the intolerant conduct of the self-styled orthodox journalists in respect to homœopathy, he accuses the disciples of Hahnemann of a similar spirit of intolerance in their behaviour towards those who rejected the doctrines of the Founder of Homœopathy. Thus especially does he find fault with the declaration of the editors of this Journal, that "our paper will be open for the expression of every shade of opinion, provided that the principle of *similia similibus curantur* be fully admitted by the writers." He says that such a declaration "savours too much of exclusiveness and intolerance to be considered catholic in a large-minded and liberal sense." He goes on to say that "the homœopaths may say that the sectarian position which they assumed was forced upon them by the intolerance of their opponents, who refused to admit homœopathic communications in the leading medical journals, and prevented papers on homœopathic subjects from being read and discussed at the medical societies." But supposing all this to be true—and a good deal of it is true—there was no occasion for the homœopaths to have accepted a sectarian position; and indeed, had they been the catholic-minded men that they represented themselves to be, they would not have accepted it. If the privileges of the ordinary societies and journals were denied them, it is clear that they were justified in establishing societies and journals of their own. They ought, however, to have called their society "The Therapeutical Society," or some such name, and have made it clear in their code of laws "that any registered practitioner of known respectability would be welcomed as a member, provided he wished to cultivate the science and art of the treatment of disease in any way which would have seemed to him best." He also says that we should have called our Journal "'The Free Lancet' or some such name, a name which would have implied that the existing *Lancet* had become intolerant, exclusive, and sectarian."

Perhaps, as things have turned out, this might have been the best course to pursue. But when this Journal was established it was regarded by its promoters as an organ for the publication of papers and communications that would have been refused admission to the established organs of medical opinion, as, in fact, a complementary periodical to those already in existence. It was only after repeated efforts to obtain insertion in the established journals for articles on homœopathic subjects had failed that the necessity for the establishment of a periodical where homœopathy might be freely discussed became apparent. Had the promoters of this Journal been aware that the existing organs of medical opinion would have summarily rejected all articles, whether bearing on homœopathy or not, which were written by adherents of the homœopathic system, they might have given their periodical a more general name indicative of their views with regard to the freedom of opinion that ought to prevail on medical subjects. But we are afraid that such a course might not have led to the result that Dr. Ross seems to think might have occurred. We know that the title of the *Art Médical*, which has nothing sectarian in it, has not secured for that journal the co-operation of any medical writers in France who are not declared partizans of Hahnemann's therapeutic doctrines. Nor have the unsectarian titles of many of the American medical periodicals attracted the contributions of the self-styled orthodox. The taint of homœopathy in a periodical deters all non-homœopathic medical men from writing in its pages. However catholic may be the title, the admission of an article bearing on the homœopathic method, unless it be to condemn it utterly, suffices to ensure its condemnation by the leaders as well as the rank and file of the dominant sect. We very much fear that the temperate and judicious articles of Dr. Ross in the *Practitioner*, although they are, on the whole, adverse to our doctrines, may prove disastrous to the circulation of that periodical, though, as a rule, most of the articles that appear in it are orthodox enough. The great body of old-school practitioners were highly offended by the mild and temperate appreciation of homœopathy by the venerable Hufeland, and they must have changed their character very much if they are more tolerant of the somewhat similar, though less appreciative, essays on the homœopathic method of Dr. Ross.

Metallohomœopathy.

Charcot, in his lectures on Metalloscopy and Metallotherapy (reported in the *Lancet* of 2nd March), says that cases of hysterical hemianæsthesia occur, where the insensibility is removed by the application of plates of metal, in one gold, in others copper, iron, zinc, &c. Whichever metal temporarily removes the hemianæsthesia is the medicine to be given alternately in the form of one of its salts. Under its use the hemianæsthesia ceases, but if the cure is not complete the whole train of morbid symptoms is renewed by the application of plates of the same metal. If the cure is complete, the metal will not bring back the morbid symptoms.

Iodine in the Bite of the Rattlesnake.

I have treated about one dozen cases of poisoning by the bite of the rattlesnake within the last three or four years, curing every case splendidly with *Iodine* alone. I gave from one to two drops of the tincture every hour, according to the severity of the case. Have had severe cases, one especially, a lady about thirty, had been bitten about thirty hours when called to see her; swollen terribly; mottled spots appearing over the entire body; breathing with great difficulty, and apparently near death. Gave *Iodine*, four drops every hour. In a few hours all the symptoms were better, and in a few days were entirely well. I have used for the last four years no other remedy. I have never tried the dilutions, but doubt their efficacy in a recent case, but would most certainly try them in cases where the primary effects had passed off, and my patient was labouring under the secondary results of the poison. I do not know whether I cured these cases homœopathically or not, but it will cure every time notwithstanding.

E. F. BROWN, M.D.

— *Cincinnati Medical Advance.*

Notes on Some of the Newest Remedies. By E. M. HALE, M.D.,
Professor of Materia Medica and Therapeutics, Chicago
Homœopathic College.

In the following notes the writer does not suppose he is going

to impart to the members of the Homœopathic Medical Society of the State of Wisconsin much that is entirely new ; but from the fact that his speciality for many years has been the study of new remedies, and his enthusiasm in investigating each new drug as soon as it appears, he may impart some information of value.

The main portion of this paper will be taken up with purely practical experience from the writer's own practice, or from his gleanings and observations.

Taking the medicines, for convenience, in alphabetical order, mention will be made of the following : *Amyl nitrite*, *Bromide of Camphor*, *Bromide of Zinc*, *Bromide of Nickel*, *Benzoate of Lithia*, *Grindelia*, *Eryodiction*, *Jaborandi*, *Picric acid*, *Salicylic acid*, *Salicylate of Quinia*, and *Viburnum*.

Amyl Nitrite

This singularly volatile drug is a close analogue of Glonoiné. It also resembles, in some degree, *Belladonnâ*. A few drops inhaled, or a portion of a drop taken internally, causes almost immediate excitement of the circulation, with such a decrease of tension in the arteries that the face and whole body become red and flushed. The heart beats violently, the temporal arteries throb, and vertigo with confusion of mind occurs. These are primary effects, the secondary action is the reverse, characterised by faintness, coldness, and alarming collapse.

With singular inconsistency Dr. Ringer, the foremost exponent of English allopathy, advises it for many of its primary symptoms. He was the first to recommend it in certain "*arterial flushings*," almost exactly like the symptoms it causes. These "*flushings*" you are all familiar with. They occur principally at the "*change of life*," but may occur at any age. In women they generally depend on uterine irritation—transmitted by reflex action of the great sympathetic to the medulla, and thence to the vasomotor nerves, which become temporarily paralysed. I have used the *Amyl* in very many cases of "*flushings*" from a variety of causes, with generally good effect. It will succeed when *Sepia*, *Sanguinaria*, and *Lachesis* fail. The method of administration may be by *olfaction* or *ingestion*. A few drops of the 1x or 2x dilution in pure alcohol is placed on a little cotton in a vial, and the patient should inhale a few deep inspirations several times a day,

especially when the "flushings" appear; or a few drops of the 2x or 3x dilution may be taken in water, or the pellets saturated with these dilutions. It is so excessively volatile that the doses have to be repeated very often—every fifteen or twenty minutes. I do not imagine it will ever be useful in the cure of chronic maladies, but it is very valuable in acute affections manifesting sudden and transient symptoms.

You have doubtless heard of its great value as a palliative in angina pectoris—how it quickly stops the terrible agony of that condition. From analogy we may safely deduce that it would prove useful in any cramp-like spasm of internal hollow organs.

In my experience I have found that such a deduction was justified, for it has arrested violent cardialgia, enteralgia, and even the pain from the passage of renal and hepatic calculi.

In one of the late numbers of the *Hahnemannian Monthly* I gave my experience with it in an affection allied to angina pectoris, namely, dysmenorrhœa, when it is of the spasmodic variety. Several of my patients would not pass a period without it, for they know a few inhalations will dissipate the intense pain as soon as it appears.

There is a variety of headache in which the *Amyl* is very efficacious. It occurs in weak, nervous subjects, usually women. The pain is so severe that it is almost agonising; the face is cold and pale, as well as the hands and feet, and the subject lies almost unconscious of everything but *pain*. A few deep inhalations of the pure *Amyl*, or the lower dilutions will often arrest immediately the great suffering.

In cases of sudden syncope or collapse from mental or nervous shock, no remedy acts so quickly as *Amyl*. It excites the heart to immediate action, and allows the blood to circulate freely in the brain, but after the first effect, or reaction, is over, its use should be supplemented by *Ignatia*, *Camphor*, or *Veratrum alb.*

Bromide of Camphor.

I am very partial to the scientific use of all bromides, and believe that homœopaths make a great mistake when they neglect them.

Of all the bromides none are more useful than the *Monobromate of Camphor*. I have used it for several years, and always carry the 1x in my pocket case.

Of all remedies for the various manifestations of that protean disorder, hysteria, none are so useful. It is especially indicated in hysteric headache, spasms, vomiting, and sleeplessness. If I were called upon to name the greatest remedy for the nervous ailments of women it would be this. It calms, soothes, and stills the tempest of pain and erethism which sweeps over the female organism.

In diseases of children it is equally useful, and those who use it understandingly will soon learn to value it as an indispensable agent in the treatment of infantile spasms, sleeplessness, colic, teething, and even cholera infantum. Since the appearance of my *Therapeutics of New Remedies*, in which I made but brief mention of this medicine, I have published many cases illustrative of its use in infantile disorders. It is especially in typical cases of cholera infantum that I entreat you to use it. This disease is primarily seated in the great nerve centres, and it is a waste of valuable time to use any but neurotic remedies. When the life is rapidly ebbing away, and collapse is approaching or present, the *Bromide of Camphor*, in the 1x or even the 3x, frequently repeated, will snatch the victim back to life.

Bromide of Nickel.

The only mention of the preparations of Nickel, in our materia medica, is the pathogenesis of *Niccolum carb.* in the Symptomen Codex, but I am not aware that it has ever been used much by our school, no clinical record having come under my notice.

By referring to the head-symptoms, however, it will be seen that it causes a peculiar headache—a *bruised aching*, as if the head were being dashed in pieces, with *heaviness*, vertigo when rising, also tearing, stitches, hammering, boring, &c.

These headaches resemble those of *Nux*, *Ferrum*, *China*, and *Arsenicum*.

The *Sulphate of Nickel*, which I mention in the *Therapeutics of New Remedies*, was introduced into use by Dr. J. Y. Simpson, of Edinburgh. He prescribed it successfully in *periodical adhe-aches*, and more lately some American physicians have found it successful in *neuralgic headaches*. I have cured periodical headaches resembling the cephalalgia described in the provings of the *Carbonate of Nickel*. It occurred to me that the *Bromide of*

Nickel, on account of its greater solubility, and the addition of the bromic influence, would be a better preparation than the carbonate or sulphate. I present this to the profession through the Wisconsin State Society for trial in headaches. Until we have separate provings of this salt, the symptomatology of the carbonate can be used whereby to select it. I would advise the 2x or 3x trituration or attenuation.

Bromide of Zinc.

This combination has been but little used except by its originator, Dr. Hammond, and by Dr. Delamater, who estimate it very highly in certain cerebral affections.

As homœopaths we value *Zincum* as a great remedy in diseases of the brain and nervous system. We know that *Zinc*, by its ultimate primary action, causes and cures cerebral depression, anæmia, and even paralysis. It is our sheet-anchor in cases of senile atrophy, softening, and brain-fag. It has saved thousands of children from the fatal effects of hydrocephalus and hydrocephaloid conditions. In my opinion the bromide will prove more useful than *Zinc* alone, for it has a quicker action, and is absorbed more readily.

It is but a few months since I produced this drug, but I have already learned to value it highly. I prescribe it for the known effects of both *Bromine* and *Zinc*.

Teething children often suffer intensely from pain in the nerves of the head and face. These pains often throw the children into an exhausted condition, marked by stupor alternating with wakefulness, until they are so worn out that symptoms simulating hydrocephalus appear. In such cases the 3rd or 6th attenuation acts promptly.

In the brain-fag of business men I prefer the *Phosphide of Zinc*. But if this condition is attended by *violent pain** in the head—periodically—the bromide is superior.

In chronic congestion of the brain attended by a tendency to dementia or melancholy, the bromide is also useful. In some respects it is an analogue of *Picric acid* or *Cimicifuga*.

(*To be continued.*)

* I expect to find that the *Bromide of Nickel* will rival any drug we possess for cerebral neuralgia.

OBITUARY.

MADAME HAHNEMANN.

THE widow of the Founder of homœopathy died on the 28th of May, at her residence in the Faubourg St. Honoré, Paris, at the age of 78.

No 54

The deceased lady was the second wife of Hahnemann, and the history of her conquest of the affections of the sage of Coethen, if not exactly romantic, is not without its interest to the admirers of feminine enterprise and skill.

In 1835 Mlle. Melanie D'Hervilly, being of the exact age of the century, namely 35 years, undertook a journey to the dull little capital of Anhalt-Coethen, nominally for the purpose of consulting the celebrated Dr. Hahnemann, who resided there with his daughters. She travelled in the dress of the robust sex, which she exchanged for feminine habiliments when she paid her first visit to Hahnemann. Her malady, whatever it might have been, but of this we have no record, required an almost daily visit to the aged physician, who speedily became fascinated with the matured charms of his patient, and offered her marriage, which was unhesitatingly accepted by the adventurous lady, though the amorous swain was then in his 80th year.

The match was greatly disrelished by Hahnemann's daughters, but he overcame their opposition, and followed the bent of his own inclinations.

No sooner was the nuptial knot tied than the bride persuaded her husband to emerge from the obscure little capital of the tiny dukedom, and seek in Paris a field more worthy of his talents and reputation. Her interest with M. Guizot procured for him leave to practise in the French metropolis, and so to Paris he travelled, leaving Coethen in Whitsuntide of the same year, the

pair travelling together as father and son, for the lady again assumed her masculine attire, which she apparently found to be the most convenient travelling dress.

Before quitting Coethen, Hahnemann divided his fortune among his daughters, giving to each about £900, and retaining £2000 for the purpose of starting in his new career. By legal deed, duly drawn up, the whole of the money he might earn in his new sphere was secured to his wife, and his children were debarred from all claim to any portion of the fortune he might die possessed of.

Hahnemann lived eight years after his removal to Paris, during which period he had an enormous practice, and no doubt he left a very considerable sum of money to reward the devotion of his widow. After his death Mme. Hahnemann continued to practise, and, thanks to her name, retained many of the patients of her deceased husband, and attracted many new patients to her consulting rooms. Thus her connexion with Hahnemann was not only advantageous to her during his life, but was a source of considerable emolument to her after his death.

Though her union with the illustrious Founder of homœopathy had been so profitable to Mme. Hahnemann, her gratitude towards him did not assume the form of wasting any of the money he had earned on ostentatious funeral obsequies. Probably she thought that as expensive "pompes funebres" would not profit the dead, she might as well practise a strict economy in the matter of his burial. Many of Hahnemann's friends in Paris were desirous of testifying their respect for him by attending his body to the grave, but this wish his widow disappointed by keeping the time of his funeral a profound secret. Early one morning a common hearse drove into the court yard of the mansion in the Faubourg St. Honoré, the coffin was put into it, and the hearse was speedily driven off to the Montmartre Cemetery, followed on foot by the bereaved widow, by Hahnemann's daughter, Madame Liebe, and her son, and by a young doctor of the name of Lethière. These were the only mourners. The body was consigned to an old vault without any ceremony, religious or otherwise, and to this day we understand there is no tombstone or inscription to distinguish his obscure grave, so that it would now be difficult; if not impossible, to discover the last resting place of the great man.

Madame Hahnemann inherited all the valuable manuscripts Hahnemann left behind him, amounting to many volumes of cases and contributions to the *Materia Medica*, together with a copy of the *Organon*, revised and corrected by his own hand for a sixth edition of that interesting work ; but his widow never published any of them.

Last year Dr. Bayes wrote to her on behalf of the London School of Homœopathy, to inquire if she would entrust some or all of these interesting and valuable records to the School for publication. Madame Hahnemann replied that she had the finally corrected copy of the *Organon*, the publication of which she was willing to superintend, if only the admirers of Hahnemann in this country would raise a sufficient sum, the interest of which would be equivalent to the income she derived from her practice. As this income could scarcely amount to less than £1000, the modest sum she required for her labour in superintending the publication would not be less than £20,000, which was somewhat more than Dr. Bayes felt justified in promising in the name of British homœopaths ; so nothing came of this transaction. It will be interesting to hear what disposition the deceased widow has made with regard to the literary remains of her late husband.

On the whole, we cannot think that Hahnemann's second marriage has been altogether advantageous to homœopathy. No doubt the transference of the sphere of his operations from the obscure German town to the great centre of literature and science might have been of immense benefit to homœopathy. But, whether owing to his own inclinations or to the influence of his wife, Hahnemann kept very much aloof from intercourse with the chief scientific representatives of his method during his stay in Paris, and he associated almost exclusively with an admiring circle of amateurs and dilettanti, who encouraged him in all his later extravagancies, flattered him with their uncritical applause, and inspired him with a dislike to all the educated physicians who had embraced his system, but who would not accept all his dicta without subjecting them to the test of experience and reason. On the other hand, we are warranted in supposing that Hahnemann's life in Paris was much more pleasant to himself than it had been in Coethen, and it is reasonable to suppose that under no circumstances would it have been likely that Hahnemann, after the age of 80, would have been willing to listen with patience

to the criticisms of those who might have differed from him on theoretical or practical points, so we may comfort ourselves with the reflection that his last years were spent in comfort and luxury, and for this his second wife, whatever opinions we may form as to her motives, deserves the kindly remembrance of all his admirers.

BOOKS RECEIVED.

Clergyman's Sore Throat. By E. B. SHULDHAM, M.D. London: Gould, 1878.

Family Practice. Ninth Thousand. London: Gould, 1878.

Ischiatic Neuralgia, Femoro-popliteal Neuralgia, Sciatica. By J. MARTINE KERSHAW, M.D. Second Edition. St. Louis, 1878.

Facial Neuralgia and the Visceralgiæ. By J. MARTINE KERSHAW, M.D. St. Louis, 1878.

Cyclopædia of Practice of Medicine. Edited by Dr. ZIEMSEN. Vol. xvii. London: Sampson Low, 1878.

Medical Trades-Unionism and the New Medical Act. By JAS. COMPTON BURNETT, M.D. Liverpool: Holden, 1878.

Allen's Encyclopædia of Pure Materia Medica. Vol. vii. New York: Boericke & Tafel, 1878.

Aphasia and Ataxia of Syphilitic Origin. By C. R. DREYSDALE, M.D. London: Baillière, 1878.

Aids to Chemistry. Part II. Inorganic—the Metals. By C. E. ARMAND SEMPLE, B.A., M.B., &c. London: Baillière, 1878.

Phosphates in Nutrition. By M. F. ANDERSON, L.R.C.P. London: Baillière, 1878.

Corso di Medicina Omeopatica. Per Prof. CATALDO CABALLARO. Vol. iv. Palermo, 1876.

Revue Homœopathique Belge.

The Monthly Homœopathic Review.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The United States Medical Investigator.

The North American Journal of Homœopathy.

The New England Medical Gazette.

El Criterio Medico.

Bibliothèque Homœopathique.

L'Art Médical.

The Calcutta Journal of Medicine.

Allgemeine homöopathische Zeitung.

Ohio Medical and Surgical Reporter.

The Homœopathic World.

The Homœopathic Times.

California Medical Times.

L'Homœopathie Militante.

The Medical Record.

THE
BRITISH JOURNAL
OF
HOMŒOPATHY.

OUR EDITORIAL TABLE.

THE field of homœopathic literature has been unusually productive during the last six months; and we propose to devote the initial article of our present number to a survey of its-fruits.

Beginning, as is meet, at home, we have first to notice—

The Laws of Therapeutics, or the Science and Art of Medicine: a sketch. By JOSEPH KIDD, M.D. C. Kegan, Paul and Co.

The appearance of a volume from Dr. Kidd's pen will arouse a peculiar interest. Long identified with our body, a frequent contributor to this Journal, and a member of the medical council of our London Hospital and School, he has yet occupied a somewhat distinctive position as regards homœopathy. When, recently, the papers announced his being sent for to Berlin, to attend upon a distinguished statesman, and the advocates of our system were pluming themselves thereupon, the *Lancet* endeavoured to destroy their gratulation. In a paragraph headed "Homœopaths and Homœopaths" it said, "Dr. Kidd is, we believe, a practitioner who repudiates the description attributed to him, and who by no means avowedly pursues the method of

Hahnemann in his treatment." We were ourselves too well aware of Dr. Kidd's divergence from most of us in certain points of practice if not of doctrine to rebut altogether this statement. It has been very opportune, then, that after a few weeks both the *Lancet* and ourselves should have been able to learn from our colleague's own words what his real therapeutic position is. The large measure of success and public confidence he is known to have gained would, moreover, at any time have claimed attention for such a publication, and have led us to hope for interest and instruction from it.

The general tenor of the volume is eminently satisfactory to us, far more so, we apprehend, than it will be to our old-school contemporary. Its object is to urge the necessity of bringing therapeutics under the domain of *law*, instead of being content to leave it in its present state of empiricism. Inquiring into the possible laws of the action of remedies, he finds them to be two only, that of contraries and that of similars. The former he shows to lead to palliation only, and therefore to be of merely temporary and exceptional usefulness; the latter he proclaims as clearly as any of us could do the great and prevailing law of cure. He advocates, therefore, the habitual observance on the part of the physician of these two laws, each in its place; and, while admitting that some remedies must at present be used empirically, would have their field of action as limited as possible.

In what respect, then, does it appear from his book that Dr. Kidd differs from other practitioners of homœopathy? In the first place, he altogether throws overboard the Hahnemannian posology. "Twenty-seven years ago," he writes, "I saw that the essential truth of Hahnemann's law was totally independent of his speculations about dynamisation. Adopting with great delight the law of 'similia similibus curantur' as the chief, though not the only, foundation for therapeutics, I learned for myself that Hahnemann's 'sober' teaching, the use of the pure undiluted tinctures, was a far better guide to heal the sick than Hahnemann 'drunk' with mysticism, calling for the

exclusive use of infinitesimal doses. The latter I gradually cast aside *in toto*, as untrustworthy and unjust to the sick, whose diseases too often remained stationary under globules, but were most effectually and quickly cured by tangible doses of the same medicines which failed to cure when given in infinitesimal doses."

Now, we can have no fault to find with Dr. Kidd for thus accepting the law of homœopathy, but rejecting its ordinary dosage. On the contrary, we are glad that that non-essentiality of dose which we are always proclaiming should become actual in practice, and be tested in respect of successful result. That Dr. Kidd should have worked homœopathy on such lines for twenty-seven years, and over no small range of ground, and at the end of the time should express hearty confidence in his mode of proceeding, is a fact of considerable significance as regards either school of medicine. But we hardly think him justified in claiming "Hahnemann sober" in his support. He does so on the strength of the fact that of the two cases Hahnemann published in 1816 to illustrate his mode of prescribing, one was treated with "the strongest or mother tincture of *Bryonia*;" and that when cholera invaded Europe in 1831, he "prescribed *Camphor*, in large doses, frequently repeated; at the time, too, when he was full of the idea of infinitesimal doses, which he recognised were not potent enough to grapple with that terrible disease." But we must remind Dr. Kidd that in the companion case of 1816 *Pulsatilla* was prescribed in the twelfth dilution; and that, although *Camphor* was recommended to be freely given, *Veratrum* and *Cuprum* were advised (when its opportunity was passed) in the thirtieth attenuation, showing that the unusual dosage of *Camphor* was not determined only by the severity of the malady.

Another point in which Dr. Kidd is peculiar is the large use he avowedly makes of what are commonly called "auxiliaries," claiming them all for the domain of law, and chiefly for that of similars. We are all of us wont to maintain that counter-irritants, galvanism, and the application of heat and cold are homœopathic in their *modus operandi*,

but we hardly employ them the more for this belief. Dr. Kidd does so, and devotes a chapter of his book to each of these therapeutic measures, besides others to mechanical agencies, to the removal of obstacles to the action of medicines, and to food. Illustrating the value of all these means by cases, chiefly from his own experience, he fairly presents to his readers the whole art of the physician, as he conceives it.

We think this book likely to do a great deal of good. Many practitioners of the old school will read it who would never open an avowedly homœopathic work, and will learn from it the value of direct specific medication, in preference to the roundabout and often injurious measures they are in the habit of employing. They will see that the homœopathic law surely guides them to remedial means of this kind, and that it can be practised (to some extent at least) without the adoption of those minute doses which so offend their prejudices. On the other hand, while no one who values infinitesimals will lose his faith in them on account of what he reads here, we shall all be encouraged to a large range of dosage and a liberal cultivation of remedial measures of all kinds for the aid of those under our charge.

Hailing Dr. Kidd's volume for these reasons, we have not cared to criticise it minutely. We could have wished it to have been more carefully written and printed, but this is a small matter. We heartily commend it as it is to the welcome of our colleagues of either school of medicine.

We turn next to France, whence we have received—

Traité de Matière Médicale Homœopathique, comprenant les pathogénésies du Traité de Matière Médicale Pure et du Traité des Maladies Chroniques, par Samuel Hahnemann, traduit sur les dernières éditions allemandes, par Dr. LÉON SIMON et Dr. Vt. LÉON SIMON. Tome première. Paris. Baillière et fils.

The MM. Léon Simon—inheriting that honoured name by emulation as well as by descent—tell us that they have undertaken the present work to fill a gap. M. Jourdan's

French translation of the *Reine Arzneimittellehre* has long been exhausted, so that many physicians in that country know the pathogenesies of Hahnemann only by such *résumés* as are contained in Jahr's and other manuals. They justly consider such substitutes for his full work insufficient, and have set themselves to give their compatriots the benefit of the master's original observations. For this we are sure that they will earn their thanks, and we might have left to our French colleagues the duty alike of acknowledging and of criticising the present work. Since, however, many English practitioners of homœopathy read French much more easily than German, there are not a few who (in the present deficiency of a good English version) would be glad to read Hahnemann in the translation of the MM. Léon Simon, as hitherto in that of Jourdan. For their sakes, therefore, we are bound to examine the work before us.

Our translators propose to throw together in one alphabetical series the whole number of pathogenesies contained in the *Reine Arzneimittellehre* and the *Chronischen Krankheiten*, taking either work in the latest German edition. They will not limit themselves, moreover, to translation alone, but will attempt to arrange the symptoms produced by each drug, for this purpose modifying the order adopted by Hahnemann. They have redistributed his symptoms, beginning with those of a general kind (including disturbances of sleep, febrile phenomena, and mental and moral disturbances), and then going on to the local symptoms as manifested in the various regions of the body. Each subdivision is separately designated, and in each the symptoms of Hahnemann's own observation belonging to it are placed first, and then (in one collection) those of his fellow-provers and of authors.

Now we must confess to a regret that our authors have not thought good to translate the works of the master just as they stand in the originals. These ought, we apprehend, to be considered as more than materials for homœopathic practice: they are classics in the literature of our system, one day, we hope, to take such rank in that of medicine at

large. It is the intencion of our own Hahnemann Publishing Society to render the *Materia Medica Pura* into English after this manner, and we have reason to hope that America will do the same thing for the *Chronic Diseases*. However, the MM. Léon Simon have thought otherwise, and, taking their work as it stands, we are much indebted to them for the labour they have bestowed upon the task of rearrangement. We certainly greatly prefer the order they have adopted to that of Hahnemann, and think it likely to promote the intelligent study of the pathogenesies. They have also enriched their work by lists of concordances and antidotes, and also by pharmaceutical and (occasionally) clinical remarks. For *Aconite*, moreover, they have added the symptoms obtained by the Austrian provers; it is to be regretted that they did not follow the same course with regard to *Bryonia*.

Having thus acknowledged the excellent work our colleagues have done for French-reading homœopathists, they will pardon us if we find fault with them on certain points, assured that we only do so in the interests of their own undertaking in its future progress.

1. MM. Léon Simon announce their translation as made "from the latest German editions," and so of course it should be. But they seem to be unaware that a third edition of the first two volumes of the *Reine Arzneimittellehre* was issued in 1830—1833. We suspected this from their stating Jourdan's version (1834) to have been made from "Die reine Arzneimittellehre, Dresden, 1825," whereas he used the edition of 1830.3 for the medicines of the first two volumes; and also from their affirmation that Hahnemann's own symptoms and the observations of others were "nettement séparés dans les éditions allemandes," which does not hold good of the third. When we turned to the four medicines which this error would affect, viz. *Aconite*, *Arnica*, *Belladonna*, and *Bryonia*, we found our suspicions confirmed. The pathogenesis of *Aconite* has lost 112 symptoms thereby, these being added in the third edition, chiefly from a proving which had appeared in the third volume of the *Archiv*. The other medicines have not

suffered so much, *Arnica* being only forty-six, and *Belladonna* eighteen symptoms short, while *Bryonia* has the same number in both editions. But the perpetuation of the error would make a serious difference as regards some subsequent medicines—notably *Ignatia*; and we therefore call our authors' attention to it.

2. The chief peril incurred by the mingling of the pathogenesies of the *Materia Medica Pura* and the *Chronic Diseases* is that the prefaces and notes of the master tend to be lost. They are often much fuller in the earlier than in the later work, and if the pathogenesis of a medicine which occurs in both is taken from the *Chronic Diseases*, we are apt to lose accordingly. We are glad to find, in the present version, the notes of Hahnemann faithfully reproduced; but we cannot say so much of the prefaces. They are treated in a very indeterminate and unsatisfactory manner. Sometimes a portion of them is rendered verbatim, but mingled, without sign of distinction, with the remarks of the translators; sometimes they are greatly condensed; rarely are they presented as they stand in the original. We shall hope to see them in a better form in subsequent volumes. We think that, when the alternative presents itself, the version should always be made from the *Chronic Diseases*, and any further matter contained in the *Materia Medica Pura* added between brackets. When (as here with *Aurum*) the opposite course is followed, the latest observations and the opinions of the master fail to appear.

3. The third particular in which we desiderate improvement in this new translation has regard to Hahnemann's citations from authors. We have often pointed out in these pages to how much injury symptoms so obtained are liable when they are rendered direct from his German instead of from the originals from which he himself took them. No version, we think, should be executed at the present day without an endeavour being made to deal with these symptoms as we should do with texts of Scripture or quotations from classical authors. We could wish, indeed, that the MM. Léon Simon would go farther, and make their edition of Hahnemann's pathogenesies doubly valuable

by verifying, correcting, and illuminating his citations from their originals, as is being done in Allen's *Encyclopædia*. The information given there is, of course, at their disposal, and they might well supply some of its gaps from the great libraries of Paris to which they have access.

We shall hope to find advance made in these particulars in the subsequent volumes of the M.M. Léon Simon's work.

Belgium has sent us two *brochures*. The first is entitled—

Lettre sur l'hygiène de la Vue, par le docteur ALBERT DEKEERSMAECKER. Mons.

In this pamphlet our Belgian oculist shows himself as observant of all that has regard to the hygiene of the eyes, as previous publications have shown him cognisant of the remedies necessary for their diseases. It contains many valuable hints.

The second is a short treatise on—

Les Affections diarrhéiques des Enfants et leur traitement Homœopathique, par le docteur H. RICHALD. Brussels.

Upon the management, general and medical, of children attacked by this frequent and dangerous malady Dr Richald gives his readers much useful information, and shows himself an enlightened and careful practitioner.

From Spain we receive a translation—

Lecciones sobre las enfermedades del Corazon, por el Doctor EDWIN M. HALE. Traducidas de la segunda edicion Inglesa; augmentada por D. JUAN MANA. Barcelona.

We congratulate our Chicago colleague on the estimation of his work evinced by this Spanish version. As we have not received the "second English edition," we looked with some interest to see if the strictures we felt it our duty to make on the description of the sounds of the heart in the first edition* had led to improvement. We are glad to report that the matter is here correctly stated.

* See vol. xxx of this Journal, p. 170.

Our Italian contribution is also a translation, but this time into English instead of from it. It is—

A Treatise on Typhoid Fever and its Homœopathic Treatment.

By C. F. PANELLI, M.D., of Naples. Translated by G. E. SHIPMAN, M.D., with copious additions. Chicago: Duncan Brothers. London: Turner, 170, Fleet Street.

Dr. Panelli having had a good many cases of typhoid to treat, and having studied his *Materia Medica* with assiduity and applied it with success to meet the many individual varieties the malady assumes, has thought it well to give his colleagues the benefit of his researches and observations. We have thus a volume containing a very full study of the symptomatology of typhoid, and a number of indications of the same kind for its remedies. He seems to use many more of these than most homœopaths employ, and is unaware of the virtues of those of later introduction, as *Baptisia* and *Gelsemium*. Dr. Shipman has rendered the work into readable English, and has added an appendix of "Symptomatic indications," taken from a yet unpublished portion of Dr. Hering's *Analytical Therapeutics*.

And now we come to America, which is as usual our chief source of supply. We give, as is meet, the first place to—

The Encyclopædia of Pure Materia Medica: a Record of the Positive Effects of Drugs upon the Healthy Human Organism. By TIMOTHY F. ALLEN, A.M., M.D. Vol. VII.—*Nicotinum—Plumbago littoralis*. New York: Boericke and Tafel. London: Turner, 170, Fleet Street.

Faithful to the *nulla dies sine linea*, Dr. Allen allows no year to pass by unmarked by the appearance of one if not two volumes of his great undertaking. The range of the present one will show how many valuable medicines it contains; and we have only to say that here, as hitherto, the new pathogeneses have been most industriously constructed, and the old ones richly augmented. Of the former we may mention *Ænanthe*, *Physostigma*, *Picric acid*, and

Plantago, as especially noteworthy ; of the latter *Opium* and *Phosphorus*—the former having 350 authorities and 2300 symptoms, the latter 232 of the one and 3920 of the other. We congratulate both Dr. Allen and ourselves on the steady, rapid, and most satisfactory progress of this gigantic work—one which would have made Hahnemann's heart glad, and which ought to render his method more widely and accurately applicable than ever it has been before.

The Application of the Principles and Practice of Homœopathy to Obstetrics and the Disorders peculiar to Women and Young Children. By HENRY R. GUERNSEY, M.D. Third edition, revised, enlarged, and greatly improved. Philadelphia : Boericke and Tafel. London : Turner, 170, Fleet Street.

In January, 1868, we received Dr. Guernsey's work at its first appearance. The second edition failed to reach us ; but we now receive the third, a quarter as large again, and purporting to be as much improved as augmented. It can hardly be, indeed, that another ten years should have passed over so industrious a worker as the author without adding to his store of experience, and making the information he supplies of greater value to others.

In noticing the first edition, we expressed dissatisfaction with the enunciation there made, without apology or defence, of a doctrine of impregnation widely different from that ordinarily held. We are glad to find that Dr. Guernsey now finds it necessary to sustain his view by argument ; though even now we think it would have been better if he had first stated the ordinary doctrine on the subject, and then given his reasons for advocating a modification. It is undoubtedly a difficulty in the way of the common view that conception should have occurred in cases of imperforate Fallopian tubes and absent os uteri. But when Bischoff found that in mammalia, after intercourse had taken place, the surface of the ovaries was generally covered with spermatozoids (Hermann), it seems impossible to doubt that the semen containing them had reached its destination through the Fallopians, and that this is their

ordinary route. Dr. Guernsey now admits that "the actual reception of some portion of the semen into the ovule is necessary in order to impregnate it," and also that the ducts in the uterine walls and ovarian ligaments, which he supposes to transmit the "fecundating principle," have not been ascertained to exist, and are "probably quite invisible." The plate he appended to illustrate his hypothesis he now credits to Bartholinus (or, as he strangely calls him, Bartholiniana); and it is certainly more worthy of the science of its date (1677) than of that of the present day.

The two other points on which we commented were Dr. Guernsey's use of special "key-notes" as indications for remedies, and his unbounded reliance on medicinal treatment in almost every kind of disorder, including ovarian tumours, uterine displacements, and hernia. On the former head we have nothing fresh to say. The "key-notes," of which Dr. Guernsey may fairly be called the father, as he is certainly the best expounder, have multiplied during the ten years' interval which separates the two editions; and the student cannot better learn these supposed "characteristics" of our remedies than by reading the indications given for them in various morbid conditions in the present volume, in which he will be greatly aided by the "Clinical Index" appended. As to the other point, Dr. Guernsey says in his preface, "It is proper that the author should here place on record an expression of his increased confidence in the methods of practice strictly medical, which were laid down in the first edition of the work, and which were regarded by certain critics as chimerical. Increased experience has only served to add to the author's faith in the efficiency of homœopathic medication in the greatest exigencies of life, and this faith has been additionally strengthened by the related experience of many of the most eminent and skilful practitioners of the homœopathic school."

We have only to repeat our previous commendation of Dr. Guernsey's work to any who desire a practical treatise on obstetrics in combination with a multitude of characteristic indications for homœopathic remedies.

Diseases of Infants and Children, with their Homœopathic Treatment. Edited by T. C. DUNCAN, M.D., assisted by several Physicians and Surgeons. Part I. Chicago: Duncan Brothers. London: Turner, 170, Fleet Street.

Dr. Duncan, the editor of the *United States Medical Investigator*, has long shown a special interest in the maladies to which infancy and childhood are liable, and now announces his intention of issuing a treatise on the subject. He has appealed to his colleagues for help, and seems from his title-page to have received it. We can hardly judge of the work from this first part, as it includes only such branches of the subject as ante-natal development, diseases of the fœtus, congenital deformities, viability, hereditary transmission, and the management of the infant after birth. Much industry seems to have been shown, however, in compiling and presenting the requisite information on these heads; and we shall look for matter of real value from subsequent parts of the treatise.

A Plea for Pure Homœopathy against Eclectic Homœopathy.

By EDWARD BAYARD, M.D.

At a meeting of the Homœopathic Medical Society of the County of New York, on March 8th in the present year, the following resolution was carried, with only three dissentients:

“*Resolved*, That in common with other existing associations which have for their object investigations and other labours which may contribute to the promotion of medical science, we hereby declare that, although firmly believing the principle *Similia similibus curantur* to constitute the best general guide in the selection of remedies, and fully intending to carry out this principle to the best of our ability, this belief does not debar us from recognising and making use of the results of any experience; and we shall exercise and defend the inviolable right of every educated physician to make use of any established principle in medical science, or any therapeutical facts founded on experiments and verified by experience, so far as in his individual judgment they shall tend to promote the welfare of those under his professional care.”

Dr. Bayard sends us a report of his speech made on the occasion, opposing the resolution; but we need hardly say that it meets our entire approbation. It is the only legitimate ground on which a practitioner of medicine can stand. If his practice is to be purely homœopathic, it must be so in virtue of the superior results he obtains thereby, and his proper preference of the method accordingly. It cannot be by his pledging himself beforehand to use that and no other. We are not surprised to hear that there are prospects of the right hand of fellowship being held out on the part of the old school in New York to those who have accepted this statement of their position.

The Science of Therapeutics in Outline: a Systematic Arrangement of Principles concerned in the Care of Human Health, showing their several departments. By J. P. DAKE, A.M., M.D., Nashville.

Dr. Dake is one of those who, if a New Yorker, would have cordially assented to the profession of faith made by the County Society, but who is not the less convinced of the supreme value of the homœopathic method. He shows, by the classification adopted in the present *brochure*, how wide is the field of extra-medicinal therapeutics, embracing the application of the agencies he styles "physiological," drugs being in contra-distinction "pathogenetic," *i. e.* capable themselves of disordering the body, and in virtue of that power restoring it to order when this has been subverted. Even among these last he (like Dr. Kidd) recognises the value of the palliation induced by antipathic measures. The deliverance is timely, and to our mind entirely satisfactory.

Diseases of the Brain and Nervous System. By S. MARTINE KERSHAW, M.D. Part I. *Facial Neuralgia and the Visceralgiæ.* St. Louis.

Dr. Kershaw seems to intend supplying homœopathic literature with complete treatises on the maladies affecting the nervous system. We are unable, however, to gather from the present instalment that he has any special qualifi-

cation for the task he has undertaken. His account of the pathology and diagnosis of neuralgia is taken from authors, chiefly from Anstie, and his indications for remedies present little that is new. Perhaps the work will improve as it proceeds.

Prolapsus Uteri and its Homœopathic Treatment. By W. EGGERT, M.D. Chicago: Duncan Brothers.

Dr. Eggert considers prolapsus uteri as nothing but the symptom of a diseased condition of the whole system, and treats it purely medicinally accordingly. This pamphlet gives the medicines he has found (or thinks he might find) useful, with their symptomatic indications.

EFFECTS OF POISONS.

THE latter part of the seventeenth volume of Von Ziemssen's *Cyclopædia* is of especial interest to us. It treats of the toxicological effects of certain drugs, and is in fact a record of the physiological action of various potent substances, which are or may be employed as medicinal agents.

The first division, by Boehm, relates to poisoning by metalloids, acids, alkalies, earths and their salts.

Chlorine.—Authorities differ as to whether the action of this substance is to be regarded as only a local irritant or caustic, or whether a more constitutional or specific action must be ascribed to it. The primary effects of the gas when inhaled are, first, irritation of the nerves in the mucous membranes of the organs of respiration, and, second, certain reflex actions caused by that irritation. Spasmodic closure of the glottis was formerly considered the cause of death. But it has recently been observed, that animals placed in chlorine gas were only temporarily affected by closure of the glottis, which, however, went off after a time, when they were able to breathe the gas. Workmen em-

ployed in chemical works and in manufactories where they inhale larger or smaller amounts of gas, are not very decidedly injured, and may live to an advanced age. The symptoms of acute chlorine poisoning are violent coughing, flow of tears, sharp pains in the thorax, and dyspnoea. If the poison acts for a longer time, there occur spitting of blood, difficult respiration, temporary spasms of the glottis, and pneumonia, that mostly ends fatally. It has been credited with the production of phthisis, but this has been denied by all recent authors. Workmen exposed to the fumes of chlorine lose flesh, have an unhealthy colour, and suffer from mild catarrh of the stomach and chronic bronchitis. Inflammation of the trachea, the bronchi filled with a bloody fluid, and congestion of the lungs, have been found in fatal cases.

Iodine (tincture of iodine and potassium iodide).— There seems to be no doubt that both iodine and the salt named can be absorbed through the skin. It is eliminated by the urine and also by the milk in nursing women. The emaciation attending iodine poisoning is attributed by our author to the derangement of the digestion accompanying it, whereby the general nutrition of the body is affected. The existence of a so-called "iodine fever" is doubted, as no rise of temperature in the body has been observed, though there is often flushed face and quickened pulse. Iodine paralyses the power of voluntary motion in frogs, apparently by its action on the spinal cord. Workmen exposed to the fumes of iodine experience a copious flow of tears and slight fits of coughing. Many cases of fatal poisoning by iodine have ensued on its injection into various cavities and ovarian cysts.

Large doses of *Tincture of Iodine* taken internally cause violent burning pains in the fauces, pharynx and œsophagus, as well as in the stomach and abdomen. Nausea, retching, and sometimes vomiting follow. The stools, which are usually profuse, are at first pappy, later bloody and slimy. At the same time there is generally complete anuria.

Injection of *Iodine* into ovarian cysts is sometimes fol-

lowed by violent pains, then weakness and apathy, paleness of face, cyanosis of the visible mucous membranes, coldness of the extremities. The pulse grows weaker, very quick, and soon disappears at the wrist, while the heart's sounds are forcible and even increased in intensity. There is generally repeated painless vomiting provoked by any attempt to take nourishment, intense thirst, diarrhœic stools, suppression of urine. If the patient survives this stage the paleness of the skin gives place on the second or third day to a deep flush, the temperature rises to the normal level, the pulse gets slower, and is again perceptible in the extremities. The vomiting persists, but the kidneys begin to secrete slightly albuminous urine. During the next few days the characteristic exanthema, angina and coryza, appear. In one case death occurred quite suddenly on the tenth day, apparently from paralysis of the heart. Rose assumes the pathognomonic effect of iodine poisoning to be prolonged arterial spasm, which would account for the above symptoms, viz. the paleness of the skin, the extinction of the pulse in the extremities, the suppressed urinary secretion, the increased action of the heart being caused by the difficulty experienced in the attempt to overcome the obstacles to the circulation promoted by the arterial spasms. The cessation of the spasm was shown by the reddening of the skin and the relative rise of temperature.

In some cases a single moderate dose of *Iodine* is followed by violent vomiting and diarrhœa, dizziness, palpitation of the heart, headache, and slight convulsive movements.

The symptoms of *iodism* caused by the prolonged use of small doses of *Iodine* or *Pot. iod.* are—1, nervous disturbances; 2, derangements of digestion; 3, affections of the mucous coats of the eye, nose and throat, with anomalies of secretion; 4, affections of the skin; 5, atrophy of certain glands.

The nervous disturbances, besides those above mentioned are motor and mental disturbances of the character of general paralysis, and neuralgic pains in the lower and

anterior part of the left epigastrium, simulating pleurodynia, though Ricord calls it neuralgia of the fundus ventriculi.

Conjunctivitis with marked lachrymation may occur on the second or third day, but sometimes does not appear till the second or third month.

Coryza and angina (cynanche) are very common. Salivation has been noticed, the saliva having a salt taste; sometimes a mumps-like swelling of the salivary glands has been noticed, but there is no foetor of the breath, as in mercurial salivation. The coryza is characterised by a copious secretion of watery mucus and slight reddening of the Schneiderian membrane. In the angina the patients complain of intense itching in the throat, without much difficulty of swallowing; the posterior wall of the pharynx is deep red and intumescent. The coryza is accompanied by intense frontal headache.

The iodine exanthemata are variable in form and seat. The commonest form is an eruption of acne-like nodules on the face (forehead, temples), neck, and upper half of thorax, more rarely on abdomen and extremities. Sometimes there occurs an *erythematous* form in the shape of urticaria-like knobs more or less universal. Out of this is developed the more common *papular* form. The larger papules have a deep red areola, vanishing for a moment on pressure. A *pustular* exanthem is sometimes developed from the papular; it occurs in scattered spots on face, throat, and extremities. The pustules sometimes develop into small dermal abscesses. Œdema of the eyelids, the skin of the abdomen, and forearms, has sometimes been noticed.

Hæmoptysis and metrorrhagia have frequently been noticed. (We have ourselves met with a case where the slightest homœopathic dose of Pot. iod. immediately caused hæmoptysis, but this was in a case of syphilitic phthisis.)

The mammæ often become completely atrophied under the use of iodine. Hufeland alleged that the testicles were also liable to atrophy from iodine, but this has not been observed by later writers.

The pathological anatomy of iodism is scanty. The mucous membrane of the stomach has been found of a brownish colour, and the kidneys showed a similar colour when cut into. Slight hæmorrhages in the pelves of the kidneys have been seen.

Hermann found, in a case of poisoning by tincture of iodine, the mucous membrane of pharynx, epiglottis, and œsophagus covered in spots with an orange-yellow pseudo-membrane. Beneath the false membrane the mucous coat was swelled and suppurating.

Bromine and potassium bromide.—Little is known of the poisonous effects of bromine beyond a severe spasm of the glottis, which the inhalation of its vapour causes.

Acute poisoning by Pot. brom., which has been observed after the first small doses of the drug, is shown in general tremor of the muscles, formication, and transient parietic phenomena. Sometimes general restlessness and nervous agitation are observed, also increased salivary secretion, eructations, and nausea. Depression of spirits, dizziness, disturbance of vision, somnolence, and sleep with bad dreams; unsteady gait, thickness of speech, bluntness of sensibility and of reflex excitability.

Bromism is produced by the prolonged use of larger or smaller doses. The symptoms are composed of—1, disorders in the sphere of the central nervous system; 2, anomalies of digestion and nutrition; 3, affections of the skin. The nervous disturbances usually precede the exanthem.

The symptoms of bromism begin after a few days with feeling of great exhaustion, weakness of the muscles, and vague pains through the whole body. The patients become depressed in spirits, listless, apathetic, have an extremely unsteady gait, and a thick, indistinct mode of speaking, with sometimes partial amnesia. Single words fail them in conversation. A striking disturbance of memory in writing has been noticed; some words are written which are quite incomprehensible, and other words only half finished.

In higher degrees of bromism absolute stupor supervenes, with marked diminution of mobility. The patients on

attempting to move forward fall down, the movements are ataxic, or attempts to move provoke a general and prolonged trembling of the muscles. The entire condition has been compared to the later stages of general progressive paralysis of the insane. One form of bromism is characterised by paroxysms of insanity and delirium, but as these occurred in epileptic patients they have been ascribed to the checking of the epileptic fits.

One of the most striking and characteristic symptoms of bromism consists in the peculiar change in the reflex excitability of the palate and throat. The sensibility of these parts is not affected, but the roughest touch does not provoke the usual active reflex contractions of the pharyngeal muscles. There is often marked diminution of the sensitiveness of the mucous membrane of the urinary tract, and of the conjunctiva.

The patient has a bad complexion; his face is of an earthy hue, the expression is dull, and the mobility of the countenance impaired; the mucous membranes are pale; the salivary secretion is sometimes increased, but more frequently the cavity of the mouth is dry, the breath fetid, and the nose stopped by hardened secretion, the weight of the body diminishes in consequence of loss of appetite, and sometimes as a result of obstinate diarrhœa. Dyspnœa and croupy cough have been observed. Sometimes there is palpitation, sometimes weakness and irregularity or retardation of the pulse.

The exanthemata occur during the first two or four weeks, last about a week, and then disappear, whether the treatment is continued or not. The exanthem usually assumes one of the forms of acne, and consists of discrete dark-red blotches; they attain the size of smallpox pustules, and show a depression in the centre and suppurate. They heal leaving a dark-coloured spot on the skin. The exanthem is usually confined to the face, especially the forehead, mouth, and nose, less frequently is it seen on the cheek, neck, breast, and back. It is not painful nor itching.

In rare cases the skin disease occurs in the form of erythema, urticaria, eczema, or furuncles.

Death sometimes ensues with phenomena of asphyxia, apparently from paralysis of the heart or nerve centres.

Poisoning by the mineral acids, as *Sulphuric*, *Hydrochloric*, and *Nitric acids*, refer almost entirely to the corrosive action of those substances on the tissues, and need not detain us.

Little is known respecting the poisonous effects of *Hydrofluoric acid*. A man who swallowed half an ounce of this acid died thirty-five hours afterwards, the symptoms being violent vomiting, followed by collapse.

The inhalation of *Sulphurous acid* has been followed by inflammation of the lungs. By small doses the vaso-motor centre is first excited and afterwards paralysed; large doses cause paralysis at once. Prolonged exposure to an atmosphere containing from 5 to 7 per cent. of the gas causes severe bronchial irritation, long-continued fits of coughing, and conjunctivitis.

Acetic acid causes in animals periodical tetanic spasms, in men general tremor of the muscles, shivering, and rapid collapse. When taken by the mouth it causes severe burning pains extending to stomach and abdomen, dysphagia, bloody vomit, diarrhœa, and collapse.

Oxalic acid in large doses is a corrosive poison like sulphuric acid. Cyon tried to prove that it was a heart poison. It sometimes causes formication on trunk and extremities, numbness and anæsthesia of the finger-tips, dragging pains in the back and lower extremities, tonic and clonic spasms, and sometimes fatal tetanic paroxysms. Pains in the region of the kidneys and loins, extending to the extremities, with painful urination, have been observed.

Ammonia and *Sal ammoniac*.—Ammonium compounds when absorbed in poisonous quantities produce great increase in the frequency of breathing; this is ascribed to irritation of the respiratory tract in the medulla oblongata. They also cause tetanic convulsions from irritation of the spinal cord. They all produce an enormous increase in the blood-pressure. Very large doses diminish the blood-pressure so much that the animal dies, at the same time they

deprive the respiratory centres of their excitability and vitality.

Inhalation of the gas produces the usual symptoms of irritant gases, as spasmodic expiration and temporary closure of the glottis. After the cessation of the spasmodic reflex movements a persistent and violent burning pain is felt throughout the whole extent of the air-passages. It is combined with quick and laboured respiration, interrupted by fits of coughing. The vocal cords cease to perform their work. Either complete aphonia ensues, or speaking aloud causes severe pain and coughing. The mucous membrane continues to swell, dense masses of exudation are formed and ulcers, whereby the lumen of the air-passages becomes more reduced and the breathing more laboured. A painful feeling of suffocation, accompanied by violent pains in the region of the larynx and under the sternum, deprives the patient of sleep. Even a slight poisoning by ammonia fumes causes a severe catarrh of the air-passages, which lasts a long time. Occasionally pneumonia has been found at the autopsy. Edema of the lungs is a more frequent occurrence.

When caustic ammonia is taken by the mouth, the lips, tongue and palate swell, the latter assuming a bright scarlet hue; small extravasations of blood are observed in them. Sometimes profuse salivation occurs. The vomit often contains blood and much tough mucus. Often obstinate, profuse, bloody diarrhœa, sometimes passed involuntarily, are observed. There is severe epigastric pains and general tenderness of the abdomen. The pulse usually becomes very rapid, small, and weak. The temperature of the body is reduced and the extremities are cold. The patient presents the picture of prolonged collapse; the face is pale, the eyeballs sunken and surrounded by dark rings; the visible mucous membranes are livid or cyanotic. The sensorium is usually unaffected. At a later period sopor, somnolence, and rarely convulsions ensue. There are wandering pains in the muscles, formication and complete anæsthesia, ringing in the ears, and dizziness. The course of the poisoning by ammonia compounds is usually slow,

lasting several days and sometimes weeks. A croupy pseudo-membrane was observed in the larynx and trachea of one patient.

Caustic and carbonated alkalis (potassium and sodium).—Concentrated solutions have a corrosive action similar to mineral acids.

Potassium salts cause paralysis of the heart; but this is only a temporary effect, as the animal may be restored to life by persistent artificial respiration, showing that the poison does not cause a profound alteration in the physiological condition of the heart.

The effect produced by potassium on the rest of the nervous system consists in a transitory state of excitement followed by general paralysis. More or less general clonic spasms precede the paralysis of the motor and sensory nervous centres. Respiration does not cease until after the heart's action stops. On the other hand, respiration is not restored until some time after the heart has resumed its action. The animal is in a state of total narcosis, and does not respond to irritation of any kind. After some time the reflex actions gradually return, and then an abnormal increase in the reflex excitability is often observed. Then a slight touch will often cause spasms. The effect on the stomach and intestines is the production of gastro-enteritis.

Poisoning by *Nitre* manifests itself by violent vomiting and purging, combined with severe pains in epigastric region and abdomen. Sometimes the vomit is bloody. There are coldness of extremities, cold sweat, and sometimes painful strangury and tenesmus. Pulse frequent, small, irregular, respiration laboured. There is a feeling of intense anxiety, pains in the back, spasmodic contraction of certain muscles (pectoralis, calves of legs), aphonia, general convulsions, loss of consciousness, coma. During recovery there are various nervous symptoms (twitchings, neuralgic pains, &c.) and disorders of the digestion, lasting a long time.

Barium compounds.—The action of barium must be compared to that of the narcotic poisons. It exerts an undoubted influence on the circulatory apparatus. The

older toxicologists even called barium a heart poison. Paralysis of the heart has often been observed. The cessation of the heart's action occurs during *systole*. In this it resembles *digitalis*. The blood pressure is enormously increased by the injection of small quantities of barium solutions into the veins; this increase is usually preceded by a not inconsiderable lowering of the pressure. The pulse at the same time becomes much more rapid. It is probable that the muscular coats of the blood-vessels, as well as the heart, are affected by the poison, as division of the spinal cord in the neck does not interfere with the development of this phenomenon. The smooth muscular fibres of the intestine and bladder are also excessively contracted. There occur at the same time diarrhœa and vomiting. Frequent tetanic spasms are seldom absent. Other symptoms are nausea, anxiety, and vomiting, followed by epigastric pains, profuse diarrhœa, some colicky pains, ringing in the ears, diplopia, præcordial anguish, weakness of the muscles eccentric pains, cramp in the calves, and general convulsions. Loss of sensibility and paraplegic symptoms have been observed. Coldness and paleness of the skin are among the most constant phenomena.

Alum.—The most constant symptoms are pains in the cavity of the mouth, in the œsophagus and stomach, vomiting, sometimes bloody, dysphagia, torturing thirst, retention of fœces, great weakness of muscles, depression, great anxiety, and convulsive tremor of the muscles. Pulse small and frequent. The autopsy disclosed yellowish-grey deposits on the mucous membrane of mouth, pharynx, and œsophagus. Stomach, intestines, and kidneys hyperæmic.

The next subject treated of is *poisoning by anæsthetics*. The first of these substances is alcohol.

Concentrated alcohol, from its great affinity for water, acts on the animal tissues like an irritant corrosive poison. But the most important injuries occur from its absorption and reception into the circulation. It can be absorbed through the unbroken skin, "by the pores," according to Joey Ladle. In the form of vapour it can be taken up by the lungs. It goes through the tissues of the mucous

membranes straight into the blood-vessels. Introduced into the stomach it is absorbed directly by the gastric veins, and is not taken up by the lymphatics and lacteals. It can be absorbed by the surface of suppurating wounds. Intoxication sometimes occurs from the application of spirit lotions to stumps of amputated limbs. It is eliminated by the breath, the urine and the perspiration. It is not shown how the uneliminated alcohol is disposed of in the body, though many guesses have been made on the subject. From the large amount of testimony to the diminution of the excretion of carbonic acid and uric acid and the lowering of temperature caused by alcohol, it is beyond doubt that alcohol diminishes the forces concerned in tissue metamorphosis.

Alcohol first increases then diminishes the energy of the heart. It brings about a diminution of all secretions, hence the common notion that it assists digestion must be modified. It ought rather to be said that it retards and even arrests digestion. But it increases the excretory function of the kidneys. Drunkenness in its various degrees is only acute alcoholic poisoning.

Acute alcoholic poisoning in its first stage causes general excitement of mind as well as body, succeeded by coma, narcotism, and almost complete paralysis. If large quantities of alcohol are introduced into the system at one time, profound general depression of all vital functions occurs at once. A person thus poisoned is usually found in a state of coma and stupor, with various degrees of general anæsthesia, deep stertorous respiration, small, rapid, compressible pulse, dilated insensible pupils (in less severe cases the pupil is contracted to a pin's point). Face red and bloated, sometimes cyanotic, skin of trunk and extremities cold and covered with clammy sweat. Mucous membrane of mouth and throat often whitish. Vomiting not a constant symptom. Sometimes thin slimy stools mixed with blood. Death may even occur, but it is generally preceded by convulsions. If the patient lie long on the ground, acute gangrene often occurs in those parts of the skin exposed to pressure. The tongue is often dry, red, and fissured. The coma sometimes

alternates with furious or frisky delirium; convulsive movements or chronic spasms are often observed. The post-mortem appearances are not remarkable. Sometimes the mucous membranes of the digestive tract are swollen and red, sometimes ecchymosed. In some instances there has been observed remarkable resistance to putrefactive processes. The cerebral meninges are usually much injected, and there are sometimes serous exudations.

Chronic alcoholism.—The habitual abuse of alcohol is one of the primary causes which combine together to generate many forms of disease, but it cannot be said that it is peculiarly the cause of imbecility, paralytic dementia, melancholia, tubes dorsalis, atrophy of the liver, Bright's disease, and other affections with which it has been improperly credited.

The diseases specially belonging to chronic poisoning with alcohol are—1. Delirium tremens. 2. Chronic alcoholism. As these are more subjects for a special pathological treatise, we must not dwell upon them in this place. Suffice it to say in this article by Boehm, they are treated of at length and in a tolerably satisfactory manner. One practical remark we may call attention to. It is that alcoholism in the father is worse as regards the offspring than alcoholism in the mother.

With regard to the use of *absinthe*, a compound containing several ethereal oils (notably that of *wormwood*) in addition to alcohol, which is very much drunk in France, it has been observed that habitual drinkers of it are very subject to epileptiform convulsions. Magnan found that moderate doses of oil of wormwood sufficed to bring about paroxysmally occurring tetanic convulsions in dogs and other warm-blooded animals.

Chloroform.—The great utility of this substance as an anæsthetic has induced much careful investigation into the causes of its occasional fatal effects when used for the purpose of causing insensibility to pain. In experiments performed with it decrease of arterial pressure was found to be a constant effect, showing a paralysing effect on the heart, which no doubt is one of the most frequent causes of the

fatality attending its administration. Various other theories have been given relative to the cause of death from chloroform inspiration, but we need not dwell on them.

The most common cases of poisoning by chloroform are when it has been given for surgical purposes. But there are other cases in which it is taken as a sort of intoxicating agent for the pleasure it affords, and then it gives rise to a sort of chronic poisoning.

Ether.—Cases of poisoning with sulphuric ether when given for anæsthetic purposes are so much rarer than poisoning from chloroform inhalations, that in some countries ether has almost superseded chloroform as an anæsthetic. Its effects nearly resemble those of chloroform.

Chloral hydrate.—The idea of Liebreich that chloral hydrate was decomposed in the blood into chloroform and formic acid has been contested by other observers. It is at all events extremely doubtful if any such decomposition is effected. Small doses diminish the frequency of the respiration, whilst larger ones cause stertorous breathing and stoppage of respiration. The experiments of Heidenhain have established the paralysing effects of chloral on the centre for vascular nerves. This paralysis is manifested by an enormous diminution of the arterial blood-pressure in animals. In man it is shown by the feeling of weakness and ultimate failure of the radial pulse. A great many cases of poisoning from its use, either under medical treatment or for the purpose of obtaining sleep, have occurred since its introduction. The differences in the susceptibility to the action of this drug are very great. Some persons appear to be absolutely unaffected by it, whilst very small doses will produce very unpleasant effects in others. Over-indulgence in stimulants hinders the effect of chloral. The symptoms it causes as long as they are salutary are those of simple narcosis. As a rule no dreams occur during the sleep. Sometimes there follow headache, want of appetite and muscular weakness. During the narcosis, the temperature of the skin and the frequency of the pulse and of the respiration are diminished. Sensation is not so far abolished as to permit the performance of painful

operations. Sometimes there is great excitement, as in the chloroform narcosis, manifested by talking, laughing, crying, and all sorts of movements. When death ensues it is not preceded by any outward warning. The patient sinks into a helpless condition, from which he never wakes again.

Chronic poisoning by chloral is shown in disordering the digestion; in one case jaundice was produced. Numerous cases of skin disease have been produced by it. They may assume the forms of various exanthems (erythema, urticaria, papulæ, pustulæ, &c). It often gives rise to bedsores, ulcers, blisters on the trochanters, knees, knuckles, tips of the fingers, face, ears, and other parts. Besides these there sometimes occurs an erythematous blush, spreading itself over a large surface of the skin, sometimes on the face, and then with hyperæmia of the conjunctiva and retina.

The effects of *Amylene*, *Bichloride of Methylen*e, and *Bichloride of Ethytedene* differ inappreciably from those of chloroform.

Nitrous oxide.—When inhaled along with oxygen or atmospheric air it produces a condition of cheerful inebriation, hence its name “laughing gas.” But used as it is by dentists without administering oxygen it produces narcosis, combined with the first stage of suffocation. If its use were prolonged for a few minutes death by suffocation would necessarily result. Though used to an enormous extent by dentists very few accidents have resulted, and these appear to have been simply due to suffocation, and not to any specific poisonous effect of the gas. In fact, pure hydrogen will produce precisely the same effects.

We may pass over poisoning by *Carbonic oxide*, *Carbonic acid*, *Bisulphide of carbon*, and *Sulphuretted hydrogen*, as these are substances not likely to come into use as medicines.

Prussic acid.—The oil of bitter almonds, though not poisonous, is usually found so intimately combined with prussic acid that it is often the cause of toxical effects. Prussic acid also exists in considerable quantity in the leaves and kernels of the cherry laurel, also in the stones and kernels of peaches and plums, and the seeds of several other mem-

bers of the almond and apple tribe. The chemicals containing prussic acid are potassium, ammonium, and mercury cyanides. Formication and numbness of the parts follow the immersion of the finger tips in this acid. A typical poisoning case commences with 10 or 12 unusually hurried respirations, immediately succeeded by an attack of tetanic convulsions, during which the diaphragm remains contracted and immovable. Should the animal not die, then all the muscles become relaxed, and deep respirations succeed with very short inspirations, strikingly long expirations, and unusually long intervals between the individual breaths. After the first convulsive seizure all reflex irritability and sensation are totally lost. The cause of death in prussic acid poisoning seems to be paresis of the respiratory centres. The effect on the heart and circulatory organs originates partly in the respiratory disturbances, and partly in a directly paralysing effect of the poison on the vaso-motor nerves. The convulsions of prussic acid poisoning are the expressions of a transient but energetic irritation of the central apparatus of the brain and spinal cord. Such is the explanation of the toxic action of this powerful substance by Boehm, the author of the article; we cannot say that it is very lucid.

Nitro-benzin.—This substance has an odour strongly resembling prussic acid. It is obtained by dissolving benzin in concentrated nitric acid and decomposing the solution with water. It is a bright yellow oily liquid, and has been mistaken for a liqueur, and caused fatal accidents in consequence. It is used for flavouring liqueurs and sweetmeats, and so causes accidents. The symptoms of poisoning do not occur, as a rule, until a considerable time after the ingestion of the drug, from half an hour to two hours. It causes general feelings of discomfort, weariness, nausea, and a rapidly increasing, peculiar, dull, benumbing of the head. The skin is often of a dirty-livid colour, particularly on the face; this afterwards reaches a high degree of cyanosis. Vomiting sometimes. With increasing anxiety, dyspnoea, confusion of head and intellect, the true narcotic symptoms are developed. They are sometimes of

an irritant, sometimes of a paralytic, character. Sometimes there are general convulsions, sometimes particular members are affected; tetanus and trismus have been noticed. At the height of the poisoning consciousness is quite lost, as well as sensation and reflex irritability. The pupils are dilated, but still act feebly. Contracted pupils have also been observed, also rotary spasms of the ocular muscles. The face is ashy grey, the lips purplish red, the fingers blueish black. Either a convulsive or a comatose stage precedes death by asphyxia. There is often vomiting, pains in abdomen, scraping in the throat, and swelling of the tongue. Sugar has been found in the urine. Results of post-mortem examination negative.

Anilin.—This is obtained from nitro-benzin. It is a colourless oily sort of fluid, having a bitter and peculiar smell. It forms the basis of many beautiful colours used in dyeing. These colours are not in general poisonous of themselves, but they are often injurious owing to their admixture with arsenic, especially the green anilin colour. In like manner the eczematous or papular skin disease caused by wearing articles of clothing, dyed with corallin, are owing to adulteration or admixture with other substances. The cases of poisoning recorded have been all caused by breathing the vapour of anilin or from its application to the skin (for psoriasis). The first symptoms are oppression in head, nausea, vertigo, and headache, sometimes vomiting. Gradually a sense of suffocation, dyspnoea, somnolence, even occasionally to loss of consciousness. Pains in extremities, muscular weakness with fibrillary cramps and convulsions, and anæsthesia of skin, have been noted by all observers. The colour of the skin is blueish grey, that of the mucous membrane of the nose and the ears and nails is of a dark cyanotic hue. The pulse and respiration are quickened at first; afterwards the pulse becomes slow and compressible. The breathing is dyspnoic. All these symptoms vanish after one or two days. Few fatal cases have been observed.

Charcot has described chronic poisoning by anilin. There were general nervous symptoms, vertigo, stupidity, muscular

cramps, and muscular weakness in the extremities, hyperæsthesia, anæsthesia, or neuralgic pains, along with gastric symptoms. (How vague!)

Carbolic acid.—In a concentrated form this acid acts on the skin like other caustic acids and metallic caustics. When it is absorbed from the surface of a wound the urine often assumes a dark green or almost black colour after standing for some time. The cause of this is as yet unknown. When frogs and other animals are poisoned by it, after a stage of paresis they are subject to clonic convulsions in the extremities, gradually increasing in severity, like those caused by strychnine. The breathing becomes quickened and superficial. This occurs even when the vagi have been divided. On the other hand, the frequency of the heart's beats is diminished.

In human beings poisoned by it, with large quantities, there occur loss of consciousness and voluntary movements. Coma supervenes. Breathing becomes stertorous or laboured. Pupils very contracted, and insensible to light. Skin cool, moist, and livid. Urine and fæces suppressed. Vomiting occurs at the beginning, when the pulse is strikingly slow, later on it is accelerated. The dark colour of the urine, as in poisoning by external application, is sometimes seen. There are violent pains in the œsophagus, below the sternum, and in the stomach, with vomiting. The mucous membrane of the mouth is coloured white.

Nitro-glycerine or *glonoin.*—In frogs and mammals there were tetanic convulsions, dyspnœa, quickened pulse, mydriasis, and general paralysis.

In human beings small doses cause severe and persistent headaches, with knocking or hammering in temples, increased by moving head. There have also been observed heaviness of head, clouds before eyes, vertigo, quickened pulse, palpitation, and heat of face. Larger doses cause dyspnœa, oppression of chest, lassitude, muscular weakness, and stiffness of jaw-muscles. One observer lost consciousness after ten drops; on awaking he had severe headache and muscular tremblings. When swallowed it causes burning

in throat, pains in epigastrium, hiccough, nausea, vomiting, colicky pains, diarrhœa.

We must reserve to a future number, the consideration of the other toxical agents treated of in von Ziemssen's *Encyclopædia*.

THE PHARYNX; CLINICAL VALUE OF THE CONDITION OF ITS MUCOSA.

By EDWARD T. BLAKE, M.D.

ISAMBERT writing of what he calls "Scrofulous angina," says: "Cases of angina which may be referred to scrofulous diathesis, are commonly met with in practice, yet they occupy but a very restricted space in works on pathology one, certainly not in keeping with their frequency and importance. I do not mean to say that they have been overlooked or unnoticed; but for want of a methodical description, they have not taken a fit place amidst the well characterised diseases of the *primæ viæ*. When we turn to the classical authors for the articles which ought to be devoted to these cases, we are surprised to find but short notices of the scrofulous angina, which seem to be written from a theoretical point of view, or with the object of assigning them a place in a complete nomenclature of disease, rather than descriptions made from actual observation, and showing us the distinctive characters and the special lesions of an affection which we but too often confound with syphilis, tuberculosis, and even the malignant degenerations of the pharynx and larynx. In the general treatises of pathology which we possess, the chapters devoted to chronic angina do indeed recognise a chronic catarrh of a scrofulous nature; they admit especially that chronic amygdalitis (or rather hypertrophy of the tonsils) and that granular angina are frequently associated with the strumous diathesis; that among ulcerated angina, scrofula vindicates the possession

of a certain number of them, but they do not afford us the means of recognising these hypertrophies and those ulcerations, and of distinguishing them through characters which are properly theirs, from ulcerations of other kinds which may be confounded with them."

Dr. G. Isambert is Vice-Professor of Medicine at the Paris School of Medicine; what he most truly says of one kind of pharyngeal disease might, with equal truth, be urged of all the disorders which invade that important thoroughfare of life.

Primary, uncomplicated disease of the pharynx is, in my experience, uncommon; this is my conviction concerning even acute pharyngeal disorders.

Take the different forms of amygdalitis; recent pathological research has taught us already that tonsillitis may be Catarrhal, Croupous, Diphtheritic, Gouty, Erysipelatous, Consecutive (following other exanthemata than scarlatina), Strumous, Tubercular, Syphilitic, Catamenial and Artificial or Medicinal. Our successors may show that some of these are identical—they are much more likely to increase the number.

It is even more emphatically the case that *chronic* affections of the pharynx are a mere expression of some more or less complex pathological condition existing elsewhere.

An excellent example is ordinary follicular pharyngitis. Dr. Henry Bennett pointed out that in women, this usually indicates pelvic disease. I have shown that in men it means pulmonary emphysema. I do not forget that the complaint known as Clergyman's Sore-throat is ordinarily thought to be local, it is often treated as a local disorder. I would merely ask those who frequently encounter this condition, to make a point of carefully examining the chest, I think they will be surprised to find how frequently the case is complicated with a barrel-thorax, prolonged expiration, dyspnoea after exertion and the typical perithoracic vascular zone.

It is probable that parsons are prone to pharyngeal disease, not because they preach, but because they have been athletes.

Thus the parson of an adjoining parish heralds his approach by tremendous efforts to "clear the throat." So much is this a recognised habit, that a profane young lady, living opposite the vicarage, has nicknamed this excellent man "The Village Scrapper!" Curiously enough he was well known at Cambridge as a crack bowler.

Again, in one of the outlying villages, the rector has a well-marked granular throat; he also has the præcordial vascularity so typically present, that I selected him as one of the illustrations for my paper on the subject, read at the Liverpool Congress. He too when a student was an athlete—an ardent oarsman and winner of the Silver Sculls.

A short time ago, a large and powerful man, a canon in the church, consulted me for "relaxed throat." He had been to see Sir W— G— the day before, and had, I understood, received a clean bill of health from that distinguished and fashionable physician. One of the duties of this clergyman was to fill a very large building with sound, and he complained of experiencing a growing inability to make himself heard: his voice had degenerated into a kind of shout or bark. With his huskiness had come that cutaneous disorder so frequently combined with, and so closely allied to follicular disease, viz. acne.

On examining the chest, I found the lungs highly emphysematous; heart and liver, as we should expect, both enlarged. Besides the customary emphysematous friction over the lower portion of the thorax, there was a large area of pleuritic rubbing, as big as one's outspread hand, in the right mammary region. *Aconite*, *Bry.*, *Nux.*, and *Hepar.*, with the aid of poultices and followed by the use of the Harrogate waters, completely set up this worthy canon, who is now thundering away from the pulpit to his heart's content!

The more the various physical signs usually associated with *angina clericorum* are studied by us, the more we shall be convinced that it is very rarely either a local, primary, or uncomplicated disease. Hence its high value

as a clinical sign if we attend carefully to what this sign indicates.

Follicular pharyngitis most frequently suggests:—

- A. In men, emphysema.
- B. In women, pelvic disease.
- C. In children, struma.

The pharynx may indeed be called the *semaphore of the chest*, for few chronic changes of the pulmonary apparatus are unaccompanied by characteristic modifications of the pharyngeal mucosa.

Thus *strumous pleurisy* shows an engorged state of the pharyngeal acini.

In *tubercular phthisis* they burst and ulcerate.

In *emphysema* they enlarge and their efferent vessels become varicose, and so on.

The vocal changes in these cases are probably much more frequently reflex than we are apt to imagine. Those who employ the laryngoscope are at first astonished to find the larynx often to all appearances sound, even in sustained cases of aphonia. This is not difficult to understand when we remember how hard it is to vocalise with a dry mouth, witness the effects of fear which arrests the flow of saliva and at the same time impairs vocalisation. Compare too the well-known instance of the American body of cavalry who, losing their way in the prairie, passed many days without water. These men found that they could not speak to each other, because of the dryness of their tongues, on which sugar lay without melting.

A dry state of the pharynx abolishes the voice; this is a simple experiment with which military officers are well acquainted on a dusty field-day; it is one which we may all try for ourselves.

Thus we see that the dysphonia or the aphonia of clergymen, may spring from a diseased pharynx, the larynx being at the time quite intact. The fact is the amount of pharyngeal dryness, not the amount of laryngeal complication, is found to be the measure of voice impairment.

Even the converse of this holds good. We may have extensive organic disease of the larynx, producing much

less dysphonia than an enlarged tonsil or a syphilitic soft palate.

The *raison d'être* of this paper is a witty review on a little work treating on this subject which appeared in the last number of this Journal (p. 254). It is certainly hard on the writer that the reviewer should tax as an error what is really an important though generally ignored fact, viz. that the vocal disturbance is often entirely reflected from the posterior pharyngeal wall, just as I have pointed out in my Congress paper before referred to, that a relaxed uvula does not cause a cough by titillating the epiglottis, but the wall of the unnaturally irritable pharynx. This serves to throw some light on what the reviewer hints at, viz., that these throats are benefited by pharyngeal rather than by laryngeal remedies, to wit, *Æsculus*, *Antimony*, *Arum*, *Belladonna*, *Carbo veg.*, *Dulcamara*, *Kali bich.*, *Lachesis*, *Mercury*, *Nux*, *Phytolacca*, *Sulphur*. It helps us to understand why the simple act of brushing the pharynx with an astringent, often relieves the dysphonia. The distant origin of this disease does much to explain its remarkable intractability, for I cannot remember seeing a complete and permanent cure after the age of thirty. The reviewer makes the absolute statement that "the dysphonia or aphonia that characterises clergyman's sore-throat is not dependant on the condition of the pharynx but on that of the larynx." This is possibly the popular view with the profession at large, the reviewer will pardon my saying that a more careful observation of clerical calamities will convince him of its untenability.

Acute Specific Diseases.

Many of these manifest their presence in the throat. Most markedly of course scarlatina; Sir William Jenner has shown that its congener, erysipelas, is rarely present without more or less throat complication. This is an interesting and welcome support of the correct choice of our specifics *Apis* and *Belladonna*. *Fas est ab hoste doceri.*

Diathetic Throat Diseases.

Not only do the acute specific diseases confirm their existence by the condition of the throat, but so also do most of the well-distinguished diatheses.

Struma affects both tonsils fairly symmetrically. This is not perhaps the place to discuss the question of the existence of a "strumous" or "scrofulous" diathesis. The words are convenient and will be retained, though most physicians I imagine only think of these conditions as evidences of tissue-starvation either hereditary or acquired. This view explains the difficulty of discriminating between some forms of scrofula and congenital syphilis. Nutrition can be so impaired by specific disease, that the child of a syphilitic parent may, though not inheriting the specific taint, be so badly nourished, on account of parental ill-health, as to exhibit scrofula.

That strumous manifestations are more common in the children of tubercular parents than of others, there seems little doubt. A marked instance came under my immediate notice recently.

After a long season of exposure to wet, my coachman aged 50, fell ill with right arytenoiditis. No remedy touched it. *Pari passu* with its advance, tubercle was deposited in the right apex. A *vomica* soon formed and in a few weeks the poor fellow expired. He was notably a small eater.

Charitable efforts were made on behalf of his wife and family and they were placed beyond the reach of want. But of course the removal of the breadwinner must mean irregular, if not inadequate, food to the survivors. In a few months a little girl fell ill with strumous ulceration of the throat. This spread with great rapidity, resisting all treatment, and soon caused death.

Here was an evident case of innutrition lighting up into activity, what might otherwise have remained a mere latent tendency.

The mother and the remaining children enjoy fair average health.

Syphilis exhibits a specific affinity for the back of the tonsil and is usually asymmetrical.

Rheumatism is not rare, but there does not seem to be essential relationship. The best remedy I find is *Actæa*.

Gout affects one tonsil.

Cancer is an exception: there is no proof of elective affinity. The extremely small proportion of 4 cases out of 8298 of all kinds of malignant disease,* sufficiently shows this, even allowing the widest margin for diagnostic error.

Amongst the less recognised causes of throat disease we place the irritating effects of noxious gases—especially

Sewage Poisoning.

In the very young this may take the form of diphtheria, said now to be identical with croup. But in adults who have been possibly protected to a certain extent by previous throat-disease, we often see a pale throat, with patches of indolent superficial ulceration. Combined with the throat are often present languor, morning headache, dyspepsia, and nausea. An important element in diagnosis is that treatment is followed by negative results, whilst removal to a pure atmosphere leads to speedy convalescence.

Emotions.—We do not attach enough importance to the influence of the mind on the voice. This influence acts partly *vid* the pharynx.

Parent Duchatelet, in his work on *Prostitution in Paris*, observes that *puellæ publicæ* nearly always experience a curious change in the voice quite apart from any disease of the vocal apparatus. This change commences soon after they begin to ply their nefarious trade.

We know how unusually exposed these poor wretches are, especially at the commencement of their career, before callousness brings a little relief, to excessive play of the emotions—anger, terror, jealousy, and chagrin. Their moods constantly oscillating between the extremes of wild mirth and profound despair.

* *Paris Register.*

If temporary agitation may make one husky or speechless surely such constant chronic anxiety must greatly modify the voice.

But there is a pathological explanation of the modified tones of prostitutes. We know, without referring to the name given by the German writers to the pain of pelvic adhesions [*colica scortorum*], how prone these poor girls are to pelvic diseases, not alone from venereal infection, but from late hours, from exposure, excitement, under-feeding, excessive alcoholism, fatigue and misery. We have shown elsewhere how pelvic disease leads to pharyngeal complications.

I am quite sure that I have seen the best developed pharyngeal conditions in persons of highly nervous and excitable temperament.

The physiological changes which take place in the pharynx at different epochs, have scarcely received the attention they merit: the breaking of the voice in boys, its development in girls, at the time of puberty, has probably as much to do with the pharynx as the larynx. The sexual sympathies of the throat are well-known: not to speak of *globus*, which is perhaps more spinal than pharyngeal, we have the catamenial amygdalitis, first observed by the German pathologists as occurring chiefly at the early menstrual periods. That very intractable complaint pharyngeal neuralgia is, I think I have observed, most frequently seen in pelvic patients who have been over-dosed with mercury.

Then again there is the curious adenoid disease of the palatine roof, associated with spermatorrhœa.

In middle life, the soft palate becomes relaxed, especially in emphysematous subjects; hence the tendency to snore, which is aggravated by the inability to be content with nasal respiration alone.

In later life, fat is deposited behind the mucosa, increasing the dyspnœa so often present, by diminishing the pharyngeal calibre.

Finally, it is well to remember that affections of the cervical vertebræ may imitate or complicate pharyngeal disease.

REVIEWS.

Saggio analitico sugli effetti tossici e fisiologici e sulle applicazioni terapeutiche delle Solanee virose. Roma, Meyer, Carrara e Ci. 1877.

THE first thing that strikes us on seeing this book is, that it is published without an author's name. We are not aware of any other instance of a purely scientific and no ways popular medical work published anonymously. We are quite at a loss to understand why the author has departed so much from established custom as to conceal his name. Nor does the preface of the publishers throw much light on the matter. They merely say that it is his modesty that impels him to preserve his anonymousness. Now modesty is a very fine thing in its proper place, but we cannot think that it is legitimately or becomingly used in suppressing the name of an author who promulgates statements and opinions which are of no value unless we know whose these statements and opinions are. In a science like that of medicine, where there is so little that is capable of logical proof, authority is what we mainly rely on. But here is a book giving an account of the toxical and physiological effects and the therapeutic applications of the important medicinal plants belonging to the Solanaceæ, and we are left without the slightest hint as to its authorship. From other sources we do indeed know who the author is, but the same knowledge will not be procurable by others who may be induced to get the book. It would have given some authority to the work were it stated that the author's name is Dr. P. Braghely, and that he is professor of surgical pathology, apparently in the University of Rome, but on the last point we have no positive information.

The Essay gives a fair summary of the physiological and

toxic effects of *Belladonna*, *Stramonium*, *Hyoscyamus*, *Tobacco*, and *Mandragora*, from old school sources, but of course all the labours of our school in eliciting and elucidating these effects are passed over in silence.

The therapeutic applications of these substances from the old school point of view are given with unusual fulness, but, trammelled by the bonds of traditional prejudice, the author fails to see the rationale of their action, and accordingly their homœopathic and antipathic uses in the orthodox school are mixed up without distinction, to the bewilderment of the reader. At the very end of the book the author does indeed give a list of the morbid states for which these powerful drugs are recommended by Hahnemann, though where he finds those therapeutic data in Hahnemann's writings he does not inform us, and we know of course that they are not to be found there. Probably he has taken them from Jahr's *Manual*, under the idea that this popular work is by the author of homœopathy himself. Were Dr. Braghely a resident in London, he might be strengthened in this delusion by the fact that several of our homœopathic chemists' shops are ornamented with a gilded bust of Hahnemann, standing on one or two books conspicuously labelled "Jahr," which strikes us as being as appropriate as a bust of Shakespeare standing on a volume of Cowden Clarke.

When speaking of *Belladonna*, our author mentions the fact of its recommendation by Hahnemann in the treatment of scarlatina with contempt; "starting from a false principle the consequences could not be a bit more correct." However, he is of a different opinion as regards the value of Hahnemann's discovery of the prophylactic power of *Belladonna* against scarlatina. This he is a firm believer in, and he adduces much allopathic testimony in confirmation of its value.

He is however obliged to admit that Guersant extols the good effects of *Belladonna* as a remedy in scarlatina. His paragraph is an admirable specimen of allopathic fairness, and deserves to be given entire :

"Guersant constantly prescribed *Belladonna* in this form of disease (scarlatina), and, as it would appear, with success,

if the numerous facts he adduces can be considered of any value when weighed against medical judgment."

Another unconscious testimony he gives to the value of the homœopathic employment of *Belladonna* is its use in erysipelas. Gueren, he says, judging from the circumstance that *Belladonna* causes in the healthy a scarlatina-form pseudo-erythema, whence the homœopaths have concluded it to be a remedy for scarlatina, thought of using it in the erysipelas of new-born infants, because he believed it would act in this case as a substitutive medicine!

On the whole we may say, that Dr. Braghely's Essay will not teach much to those who are familiar with what has been written upon the subject within our own school.

Experimental Researches on the physiological and therapeutic action of the Phosphate of Lime. By L. DUSART. Third edition.

THIS brochure has too plainly for its aim the recommendation of Dusart's syrup and wine of the lacto-phosphate of lime to be altogether satisfactory from the professional point of view. It is, however, scientifically written; and the cases recorded—many of them observed in Paris hospitals—are beyond suspicion. The author makes out a very good case for the value of phosphate of lime as a supplementary food; and his preparations of it seem to supply the salt in a pleasant and easily assimilable form. The improvement in appetite, which invariably and speedily results from its use, is very striking.

Boston University School of Medicine. Sixth Annual Announcement and Catalogue. June, 1878.

Third Annual Report of the Chief of Staff of the Homœopathic Hospital of New York City, for the year 1878.

WE are glad to find from these Reports that two of the

chief homœopathic institutions of the United States are flourishing. The Boston University is taking the lead in medical education across the Atlantic in insisting—as it has done from its commencement—on the following points :

“*First.*—The requirement that the candidates for admission must either present the diploma of a Bachelor of Arts, or pass a suitable entrance examination.

“*Second.*—The provision of a carefully graded course of instruction covering three scholastic years.

“*Third.*—The requirement that every student pass a successful examination upon the work of each year before promotion to the next.

“*Fourth.*—The requirement, as a condition of graduation, not merely that the candidate shall have studied medicine three full years, but that he shall have attended a reputable medical school for three years.”

It is now pushing on in the same direction by extending the lecture term of each year from five to eight months ; by reviving the degrees (long lost in America) of Bachelor of Medicine and Surgery ; and by providing “an optional four years course for those who wish to pursue their professional studies with exceptional thoroughness.” Boston University degrees in medicine must already be held in high esteem, and they promise to become more valuable still in the future. 153 students have graduated from the institution up to the present time ; we hope to hear of many more of them.

The Ward’s Island Hospital continues its useful work. Its death-rate in 1877 was only 206 out of 4,475 cases, *i. e.* 4·60 per cent. Of those dismissed during the year, 60·75 per cent. were cured 85·83 per cent. improved, 3·42 per cent. only unimproved. It must be remembered that most of those admitted are chronic cases.

A Manual of Therapeutics, according to the method of Hahnemann. By RICHARD HUGHES, L.R.C.P., &c. Second edition, mainly rewritten. Leath and Ross.

We can of course only note the production of this new

edition; but as our readers may like to know how far the "rewriting" spoken of has extended, we give as a specimen the section on pneumonia, which can be compared with that of the previous edition.

"Having now finished the consideration of the diseases connected with the bronchial tubes, we come to those of the pulmonary parenchyma, *i. e.*, the air-vesicles themselves. Of these we will first discuss

Pneumonia, by which I mean the true primary inflammation of the lungs—the "croupous pneumonia" of the German pathologists. The treatment of this disease has been one of the great battle-fields of statistics. The orthodox treatment by blood-letting, calomel, and large doses of tartar emetic resulted in a mortality of from 20 to 30 per cent.; and this was long regarded as the normal fatality of the malady. When, therefore, homœopathic treatment showed a death-rate of some 6 per cent. only, it was thought a remarkable triumph of the new system. But then expectancy stepped in, and demonstrated that a considerable proportion of the usual number of deaths was due to the treatment employed; for when nothing was done a much smaller percentage of patients succumbed, very nearly in fact that which appeared in the homœopathic statistics. The latter were accordingly considered to be no more than the results of letting the patients alone, and the triumph of nature over art in the cure of disease was thought to have found a striking exemplification. Already, however, Dr. Henderson was able to show that the average duration of the disease was materially less under homœopathic than under expectant treatment;* and the subsequent results of the do-nothing plan in the hands of Dietl and others made it evident that his first percentages were unusually favourable. Dr. Jousset shows † that, taken altogether, they make the mortality of expectancy nearly 19 per cent., while that of homœopathy rarely reaches to six. He also disposes of the astonishing results claimed by the late Dr. Hughes Bennett, by pointing out that he has excluded certain complicated cases which, if reckoned with the rest, would

* See his article on the whole subject in vol. x of the *British Journal of Homœopathy*.

† *Leçons de Clinique Médicale*, p. 440.

have made his mortality 25 instead of 3·10 per cent. It is now recognised on all sides that no uncomplicated case of pneumonia in a fairly healthy person at neither extremity of life ought to be fatal. The cases presenting complications constitute the real danger; and a just comparison between rival methods must include these in the general mass.

The latest development of old-school treatment in pneumonia is that expounded by Jürgensen in Ziemssen's *Cyclopædia*. It consists of cold baths and quinine to reduce the fever, with alcohol to neutralise the depressing effects of the former and the intoxication liable to be induced by the latter in the large doses in which it is given. Under this eminently scientific and pleasant treatment he can only claim to have reduced the fatality of the disease to 12 per cent., which is still at least double that of homœopathy.

Dr. Jousset, in another of his lectures, points out a further proof of the difference between homœopathic and purely expectant medication. Under the latter, as is well known, a sudden defervescence is wont to occur somewhere about the seventh day of the malady, while the physical signs persist for some time longer. Under homœopathic treatment, on the other hand, the fever diminishes gradually and the pulmonary mischief *pari passu* with it, so that after a few days there is little trace left of either.

What, then, are the remedies with which these favourable results are obtained? They are happily as few as they are effective. I will speak of them one by one. Let me say, however, before going farther, that besides the references I have already made you will find valuable information on the homœopathic therapeutics of pneumonia in articles on the disease by Dr. Russell in the ninth volume of the *British Journal of Homœopathy*, and by Dr. Clotar Müller in the first volume of the *Vierteljahrschrift*, in Bähr's section devoted to the subject, and in Tessier's *Clinical Remarks concerning the Homœopathic Treatment of Pneumonia*, translated by Dr. Hempel.

The first question concerns the value of *Aconite*. It would seem obvious that if you saw your patient early, while the temperature was high and the signs of exudation slight, you would be doing right in at least beginning his treatment with this great antipyretic. You would be acting in accordance with

the modern view of the pathology of the disease, which regards it as a specific fever out of all proportion to the local inflammation (which is only its expression), and running an independent course of its own,—defervescence occurring at or even previous to the height of the consolidation. It would seem possible to anticipate this crisis by our Aconite, and so to be rendering an unquestionable benefit to our patient, whose distress depends far more on his general than on his local symptoms. If, moreover, Drs. Stokes and Waters be right, that there is a stage of pneumonia prior to that of engorgement, characterised by dryness and intense arterial injection of the pulmonary membrane, and revealing its presence to the ear by a harsh, loud, puerile respiratory murmur in the spot where dulness and crepitation are afterwards discovered,—if, I say, these observers are right, Aconite might fairly be expected to extinguish the whole morbid state unaided.

I think, nevertheless, that if you expect much from Aconite in pneumonia you will be disappointed. Given in substantial doses, indeed, as an "arterial sedative," it may do something, and hence perhaps Bähr's commendation of it in the earliest period of the disease. But if you will read Tessier's cases you will see that in homœopathic attenuations it had little effect; and Jousset entirely omits it from his list of remedies. Still more decisive is Kafka's experience. "Croupous pneumonia," he writes, "always begins with a chill, more or less violent, followed soon by febrile symptoms, for which homœopaths prescribe Aconite. We used to follow this plan; but Aconite, that often heroic remedy, has *never* given us any results in these cases. In catarrhal and rheumatic inflammations it has a powerful and rapid action, but in the fever accompanying croupous inflammations we may say that its influence is negative; not only is the temperature not lowered, but the pulsations of the heart do not diminish in frequency, there is no perspiration, and the febrile heat becomes still stronger and more dry."

I believe, indeed, that we have in pneumonia a disease which is inflammatory from the very outset, and in which the fever is so high simply because of the intensity of the local process. I follow Henderson in ascribing the early and rapid defervescence to the self-limiting character of the disease,—the pulmonary exudation, when at its height, extinguishing the inflammation by the

pressure it exerts, just as the surgeon endeavours to cure an orchitis by strapping the testicle.* Hence Aconite, which has no power of inflaming the lung, has little influence over the fever which accompanies that process when idiopathically occurring. You cannot, indeed, do any harm by giving a few initial doses if the symptomatic features are present which indicate the drug; but even here I think you will generally find that the patient's anxietas depends upon the distressed state of his chest, and is best relieved by the medicine which touches the local inflammation. This will generally be found in either *Bryonia* or *Phosphorus*.

The claims of *Bryonia* on our notice are very strong. The hepatized lungs found in the animals poisoned by it, the croupous exudation it has produced in the bronchi, and the short, quick, and oppressed breathing, with heat and pain in the chest, fever, and bloody expectoration experienced by its provers show its perfect homœopathicity to the essential elements of the disease. Not less weighty is the clinical evidence in its favour. Tessier found it already in high repute in homœopathic practice, and his records of its action give it the support of scientific and trained observation. He frequently reinforced it with *Phosphorus*, giving the one by day, and the other by night; but Dr. Jousset generally finds *Bryonia* alone to suffice. Both of these physicians have preferred it in the dilutions from the 12th upwards. Bähr speaks no less highly of it, but would restrict its use to the period when defervescence is setting in and the lung is thoroughly hepatized. The symptomatic indications for *Bryonia* are the severity of the pains in the chest (and therefore any pleural complication which may exist), and the causation of the attack by dry cold winds: pathologically, it corresponds to the most thoroughly fibrinous nature of the exudation.

Phosphorus was first brought into notice as a remedy for pneumonia by Fleischmann of Vienna, who was always fond of single specific remedies for definite types of disease. This he considered he had found in the present instance; and he was able to report (in 1844) 377 cases of pneumonia treated by *Phosphorus* alone, with only nineteen deaths, i. e., 5 per cent. His last seventy-eight cases had all recovered. The homœopathicity of *Phosphorus* to true croupous pneumonia is hardly so demonstrable as that of *Bryonia*, though it unquestionably

* See *Brit. Journ. of Hom.*, xxxiv, 308.

irritates and congests the lungs. Our present knowledge of its pathogenesis would rather lead us to limit its use to catarrhal pneumonia, or to the true disease when occurring secondarily, as in typhus. Experience, however, has shown that it is difficult to define its sphere of usefulness, and that it may either come in (as Jousset recommends) to reinforce Bryonia when that medicine is not telling, or from the outset when the latter is not specially indicated, with the utmost advantage. The comparative delicacy of the patient, with the absence of the atmospheric exciting cause and the severe pains of Bryonia, have been to me the sufficient indications for the drug. It would probably suit an inflammation having a less fibrinous and more corpuscular exudation.—Phosphorus seems to act equally well in the 24th dilution of Tessier and Jousset, and the 3rd decimal of Fleischmann and Bähr.

Dr. Kafka would have us abandon both Phosphorus and Bryonia in the earlier periods of croupous pneumonia in favour of *Iodine*. The former medicines, he considers, only moderate the intensity and shorten the duration of the disease, while Iodine arrests it then and there. "Often," he writes, "after the fifth or sixth dose" (of the first, second, or third decimal dilution, repeated every hour or so) "the dyspnoea, the oppression, and the pain diminish, the cough becomes easier, the fever abates: after six or ten hours the pulse falls from 120—112 to 100—92, very often a slight moisture is perceptible, and the patient feels better * * * On examination of the chest, we ascertain still all the objective symptoms of pneumonia, but it is arrested in its evolutions, and we soon see the period of resolution set in; expectoration is easy, thin, rarely puriform; it diminishes rapidly to such an extent that, twenty-four hours after the exhibition of Iodine, the cough and expectoration have completely disappeared." The use of Iodine here is borrowed from its employment in croup; and, as in that disease, *Bromine* is sometimes found preferable. I have no experience, and know of none, corroborative or otherwise, as to this treatment; I must limit myself to bringing it under your notice. But that pneumonia may be arrested at its commencement I fully agree with Dr. Kafka, for I have more than once seen it done by Bryonia—which, however, I have always given in the first decimal dilution.

Another important remedy in pneumonia is *Tartar emetic*. You know its reputation in old-school practice, and have read in my *Pharmacodynamics* the demonstration of the homœopathicity of its action, which is also evidenced by the small doses (gr. $\frac{1}{4}$ to $\frac{1}{8}$) in which it is found curative by Hughes Bennett and Waters. In homœopathic practice it is considered especially indicated in the second stage of the malady, when resolution is taking place, but is ill supported, oppression and prostration occurring. Here its action is unanimously commended. It is also praised by Drs. Wurmb and Caspar* when œdema of the lungs occurs. It would seem especially suitable to the pneumonia of influenza and of delirium tremens.

I have last to speak for *Sulphur*. Jahr recommends our reliance upon this medicine as soon as Aconite has done all it can accomplish; and Wurmb and Caspar think it the most effective means for promoting resolution after defervescence has occurred. Bähr praises it, as we have seen, when the second stage draws to its close in uncertainty whether reabsorption or purulent dissolution is about to take place.

This last condition—the “yellow” or “grey hepatization” of the morbid anatomists—which used to be so frequent and so much dreaded in the days of heroic treatment, plays little part in the clinical history of pneumonia now. When it does occur, and Phosphorus has not been given before, it may check the supervention of the suppuration. Should it have fully set in, Carbo vegetabilis is praised when great prostration is present, Hepar sulphuris and Sanguinaria when the constitutional symptoms are chiefly those of hectic. Of circumscribed abscess of the lung I shall speak presently.

I have said that when the exudation is slow in being absorbed, Sulphur will quicken its departure. When, however, you meet with pneumonia already in the chronic condition, I think you will get most benefit from Lycopodium.

Of catarrhal pneumonia—where the inflammation runs down the bronchial mucous membrane into the air-cells—I shall speak among the diseases of childhood, to which stage of life it almost exclusively belongs. I may just say, however, that in its occasional occurrence in old people it finds its best remedy in Tartar emetic.”

* See *Brit. Journ. of Hom.*, xi, 389.

OUR FOREIGN CONTEMPORARIES.

FRANCE.—*L'Art Médical*. Jan.—June. Dr. Jousset follows up the case of hydrophobia of which we spoke in our last notice as related by him in the number for December, 1877, by a series of clinical lectures on this malady and its treatment, which are full of interest and instruction. In the May number he begins the consideration of purpura hæmorrhagica. The chief articles of note besides those in the series before us are a continuation of Dr. Imbert-Gourbeyre's *Histoire des préparations calcaires*, and the contributions of Dr. Frédault, *De la tympanile hystéralgique*, on Claude Bernard, and on *La cellule vivante et la théorie du protoplasma*. The learning of the former author and the philosophic thought and observation of the latter render their communications of no ordinary value. It is impossible to present them in any abridgement; we can only counsel those who desire to profit by the best work of our French colleagues to take and to read *L'Art Médical*. We may mention, however, that in the rare affection Dr. Frédault describes he finds *Taraxacum* the most useful medicine, placing in the second rank *Nux vomica* and *Cuprum*. Dr. Jousset has assiduously followed up the experiments carried on by Charcot at the Salpêtrière with regard to "metallo-therapy," and has shown from time to time in the pages of this journal how entirely they harmonise with the homœopathic doctrines. In the April number he gives the following summary of the results at which Charcot has arrived, and points their moral:

"First fact.—The symptoms of hemianæsthesia disappear under metallic applications.

"Second fact.—Although the symptoms appear alike in all the patients, they nevertheless require different metals for their cure. Thus, one is sensitive to gold, another to iron, another to copper, and so on. In a word, to combat hemianæsthesia it is necessary to seek the metal which will suit the particular case; it is necessary to *individualise*.

"Third fact.—The metal which dispels hemianæsthesia

by its external application cures, or at any rate considerably ameliorates, not merely one symptom, but the malady itself, if it is administered internally.

“Fourth fact.—The metal which, given internally, causes hemianæsthesia to disappear, reproduces this hemianæsthesia and induces a general malaise if applied to the surface.

“Fifth fact.—If a metal, by its external application, has removed hemianæsthesia, and if the metallic application is continued after this disappearance, the loss of sensibility is established, and becomes more marked than before the experiment.

“Sixth fact.—When a metal is given internally for too long a time there supervenes an aggravation, and it is necessary to suspend the medicine.

“On these facts, which stand independently of any explanation, we find already the principal laws of the ‘medicine of experience’ which we call homœopathy.

“1. Drugs reproduce in subjects relatively healthy the symptoms which they cure.

“2. Drugs indicated by the law of similars can produce aggravation of the symptoms which they cure.

“3. It is sometimes necessary to suspend remedies in the treatment of chronic diseases.

“4. To find the curative treatment we must individualise.

“5. The most contested principle of our progressive therapeutics—the action of infinitesimal doses—is a direct inference from metalloscopy. It is impossible to explain the action of metals externally applied by electricity, since the same metals produce the same effect through gastric absorption. If electricity cannot in any way account for the curative action of gold, of copper, of iron, &c., when taken up by the stomach, how shall it explain the action of the same metals applied to the skin? Two effects so similar as the disappearance of the same symptom in the same patient under the same medicine cannot have but one cause—that which experiment teaches as necessary in the internal administration of the remedy, *vis.* the absorption of the copper

or iron or gold. Now, in the experiments of M. Charcot, these metals have been given internally in doses considerable enough, but it will readily be allowed that the absorption effected by the application of a metal to the skin, during ten minutes, must stand in the category of infinitesimal dosage."

Bibliothèque Homœopathique. January—June. The therapeutic articles of Dr. Chargé, and the *Pathogénésies Nouvelles*, continue to be the only noticeable features of this journal. The former, in the present series, treat of intermittent fever; the latter include *Helonias*, *Lithium*, and *Leptandra*. In the February number Dr. Turrel makes a grave misstatement which deserves to be rectified. He represents the Austrian provers of *Argentum nitricum* as having obtained among their symptoms "convulsions violentes, attaques d'épilepsie." Now we need hardly say that no provers ever carry their experiments so far as to produce such effects. "Convulsions" do appear in Dr. Müller's pathogenesis, but as a citation from a recorded case of poisoning; and "attacks of epilepsy" are not even mentioned. Our Hahnemannian friends must be somewhat more careful if they wish the credit of our symptomatology to be sustained.

Bulletin de la Société Médicale Homœopathique de France. October, 1877—June, 1878. We have now received the numbers of this journal which were in arrear, and are able to give a continuous account of it to the present time.

Since December last Dr. Claude has become the general secretary of the society, and the editor of its *Bulletin*. His wide knowledge of foreign languages enables him to render great service to both, by giving in his own tongue accounts or detailed versions of what appears in the journals of other countries, the meetings of the society and pages of the journal gaining much thereby.

The numbers before us are, as is meet, chiefly filled with the papers read and the discussions elicited by them. Several of those are of much interest. A set of four cases of malignant jaundice, in which all remedies proved useless

in averting the fatal result, were communicated by Dr. Crétin earlier in the year (see number for May); and the present series contain his commentaries thereupon, and a full discussion on the subject. In the course of the latter Dr. Gonnard related a case in which a pregnant woman, after a severe emotional shock, showed all the symptoms of the commencing malady, but was restored to health by *Aconite*, given—as Tessier recommends—in the mother tincture, 20 drops a day. Dr. Ozanam, in an elaborate paper on the treatment of intermittent fevers, introduces a new remedy for them in the shape of the *Helianthus annuus*, with which— 3 to ϕ —he has effected several cures in cases which have resisted *Quinine*. The special indications seem hardly established, save that its paroxysms are irregular both as to time and in their constituent features. Dr. Partenay communicates some further successful experience in diphtheria with *Mercurius cyanatus*, which in France, as in America, bids fair to take the highest place among our remedies for the disease. Dr. Molin speaks thus of the *Salicylate of soda*:—"I have employed this medicine in 'rhumatisme nouveau' (our rheumatic gout or rheumatoid arthritis), occurring in women at the menopausal epoch. I have given it in the dose of a centigramme daily, for ten days in succession. Under the influence of this treatment the pains have disappeared, the engorgements and nodosities of the fingers have subsided, and the patients have been able to use their hands." Dr. Claude has had no less success with the drug, in the third trituration, in the deafness with noises in the ears to which it is so thoroughly homœopathic.

Dr. Hayward will read with interest the following comment of the latter on his advocacy of flannel garments in the *Monthly-Homœopathic Review* of December last.

"In the course of his enumeration of the causes of taking cold, the author notices thinness of garments, and protests against the British practice of exposing children and adolescents to the rude influences of the outer air, without sufficient covering. Now, when we have our cold weather, our colleague should pay us a visit, and walk some Thursday in the Champs-Élysées, at the time when the

schools, colleges, and charitable institutions send their inmates abroad. More muffled in their 'gâteuses' than Maitre Jacques Charmolue, procureur du roi en cour d'Eglise, in his furs, gravely and languidly, an inevitable eyeglass ensconced in their orbits, they promenaded the walks at length. Around them, neck uncovered and wrists bare and reddened with the wind, run, leap, and gambol the 'boys' and 'misses' of our Anglo-American colony. Let our colleague then tell us on which side he finds strength and health, and if these incessant gymnastics do not counteract the consequences of loss of heat by the surface. I feel myself quite distressed, I admit, in thinking of the poor little creatures whom, on the very day of their birth, they do not fear to pass without graduated change from the genial warmth of the amniotic fluid to the sharp and chilling atmosphere of their parks and squares. But as to our own young compatriots, I consider that a less pusillanimous hygiene than is customary would do them no harm." We may relieve our friend's well-founded distress on account of our *nouveaux-nés* by assuring him that no such airing is given them.

BELGIUM.—*L'Homœopathie Militante*. Jan.—June.—A new homœopathic society has been formed at Brussels, under the title of "La Société Belge de Médecine Homœopathique." It has thought it good to have an organ in the press, and has named it—in token of the polemics which our method is exciting in Belgium (of which the now discontinued *Révolution Médicale* of Dr. Flasschoen was an earlier expression)—*L'Homœopathie Militante*.—The most active champion on our side at present is Dr. Gailliard, of Brussels; and he has undertaken the post of general secretary to the society, and editor of the journal.

The first six numbers of our new contemporary are now before us, and they show abundance of original work and polemical energy. Among the most valuable contributions is an exhaustive pathogenesis of *Quinine*, collected by the president of the society, Dr. Ch. de Moor, from a multitude of authors, and presented in the form of extracts from their

works. This is vastly more instructive than the mere citation of symptoms with which Hahnemann and most of his followers have contented themselves, and we hope to see the example extensively followed. Dr. Gailliard himself is very active alike in collecting pathogenetic fragments, in pointing the moral of such recorded observations as have a homœopathic bearing, and in answering attacks made upon our doctrines and practice. He has achieved a great success by means of his memoir on arsenicism (much to our disappointment he has omitted phosphorism for the present) which we mentioned in our last number as about to be submitted by him to the Royal Academy of Medicine of Belgium. Instead of the usual contemptuous rejection of anything proceeding from the school of Hahnemann, this memoir has been accepted, and referred to a commission for examination, whose report was presented on May 25th by Dr. Cousot. In his June number Dr. Gailliard gives an account of the reading of this report, with a sketch of the circumstances which led to his taking action in the matter. It is amusing to find that our assailant, Dr. Crocq, to whose insulting attacks Dr. Gailliard's memoir was an answer, was absent on the occasion. Dr. Gailliard considers that the Academy's judgment of his work has been as impartial as could have been expected. We must refer our readers who are interested in the transaction to the full narrative he gives, and must content ourselves with congratulating him that by his means (to use his own words) "for the first time, the name of Hahnemann has been pronounced with courtesy in the bosom of the Academy; for the first time, the primordial principles proclaimed by Hahnemann have been made the subject of a serious examination on the part of an academic commission, which has approved them and recognised them as true; for the first time, a work emanating from a physician owning Hahnemann as his master has been equitably examined by an Academy."

Among other contributors to the Journal we notice Drs. van den Berghe, of Gand, van den Heuvel, of Antwerp, Richald, of Mons, and Dekeersmaecker, of Brussels. The first has communicated to the June number a series of

cases of coxarthrocace, in which *Kali carbonicum* 80 was of striking efficacy. The last has begun with February a series of articles on the value of sclerotomy in affections of the eyes, which promise to be of much value to oculists. We must also call attention to the three cases of spontaneous gangrene recorded in the March number by Dr. Eenens, of Hal, all occurring in sexagenarians, and all cured by the alternate use of *Arsenic* and *Lachesis*, each in the 6th dilution.

We welcome *L'Homœopathie Militante* as a valuable accession to our periodical literature.

Revue Homœopathique Belge. Jan.—June.—Belgium now possesses two homœopathic journals, and, as they have not the *raison d'être* of representing the two sections of our school (neither being of strictly "Hahnemannian" sentiments), it is hardly likely that both will continue to flourish in so small a country. We fear that it must be the older one which will go to the wall, for Dr. Martiny finds few *collaborateurs*, and his own energy, great as it is, can hardly sustain a monthly journal unaided.

The numbers of the *Revue Belge* now before us present, as usual, little original material, though the reports of the meeting of the *Cercle Homœopathique de Flandres* would alone be sufficient to make them a desirable possession.

ITALY.—*Rivista Omiopatica*. Dec., 1877—June, 1878.—This journal reaches us very irregularly. Since October, 1877, up to which time we acknowledged it in our last notice, five numbers only have been received, those for November, 1877, and February and March, 1878, being missing.

We find nothing to notice in those which have come to our hands. The *Rivista* is made up chiefly of translations, and these are usually taken from the contributions of the pure Hahnemannians among us. The editor, Dr. Pompili, is nevertheless active enough to repel any assault made upon our system; and we find him running a vigorous tilt, now with Professor Mantegazza, now with the *Civiltà Cattolica*.

An application made in the Italian Legislature by one of the deputies for the foundation of a Chair of Homœopathy in one of the State Universities has been refused for the present, but in such a way as to show that we may live in the hope of seeing Italy follow in the steps of Hungary in this particular.

INDIA.—*The Calcutta Journal of Medicine.* Aug. and Sept., Nov. and Dec., 1877.—These two double numbers are all that have reached us since we last acknowledged our Indian contemporary, when we noticed it up to February, 1877. In the second Dr. Sircar finishes his exposition of Dr. Sharp's *Essays on Medicine*, and promises in his next number to give his opinion of them, to which we shall look forward with interest. There is nothing else to notice in them.

GERMANY.—*Internationale homœopathische Presse.*—We resume our review of this journal with the last No. of vol. ix.

The first article is from the pen of Dr. Goullon, junr. It is a comparison of *Apis mellifica* with other allied medicines. This paper was contributed by the author to the World's Homœopathic Convention at Philadelphia in 1876, and is actually a chapter from a larger work of the same writer "on the homœopathic uses of *Apis*." He compares it with *Belladonna*, *Arsenic*, *Cantharis*, *Graphites*, and *Thuja*, and points out its resemblances to and differences from these remedies. Like most of Dr. Goullon's essays on *Materia Medica* this one is distinguished by a great display of the author's thorough acquaintance with the pathogenetic effects of the medicines he has selected for comparison, and by a complete knowledge of their clinical uses. As a specimen of the more complete work it gives us the assurance that the latter will be a valuable contribution to our knowledge of the therapeutic virtues of an important and indispensable remedy.

Dr. Huber continues his essay on the "Physiological effects of Mercury on the Digestive Organs."

This is followed by a short paper by Dr. Ludlam on "membranous dysmenorrhœa as a consequence of suppressed cutaneous symptoms."

Dr. Goullon comes next with a reply to Jürgensen's attack on homœopathy in Volkmann's collection.

Vol. x begins with an article on cirrhosis of the liver by Dr. London, late of Jerusalem, now of Carlsbad, or rather, we should say, it is a translation by this gentleman of a paper on that disease by Dr. Salzer, of Calcutta.

Dr. Goullon, junr., gives a review of Petersen's work, from which in a former number of this Journal we gave an extract criticising the new physiological school.

This is followed by an article from the annual report of the West Jersey Homœopathic Society on *Cactus* by Drs. George and Fuller. The authors point out that the chief characteristic of the pathogenesis of *Cactus* is a feeling of constriction in various organs, and especially in the heart; and they give several cases where a rapid cure of this cardiac contraction was effected by this remedy.

The next article of importance is one by our lamented colleague, Dr. Clotar Müller, on *Phosphorus* in the morbus maculosus Werlhofii, or purpura hæmorrhagica. He reminds us that it was our homœopathic colleague, Dr. W. Arnold, of Heidelberg, who first directed attention to the homœopathicity of *Phosphorus* to this disease, several striking cures of which he published. Dr. Müller says that he has had frequent opportunities of testing the value of this treatment, and that he is so convinced of the superiority of *Phosphorus* over all other remedies that the cases in which he has had to resort to any other medicine for the cure of purpura are quite exceptional. He proceeds to show the great resemblance of the pathological condition of the blood in cases of poisoning by *Phosphorus*, with that observed in the disease, and he gives the history of a case illustrative of the curative power of the medicine.

No. 2 begins with an amusing article by Dr. Mayntzer, of Zell, which was rejected by an allopathic medical journal as being unsuitable for its orthodox pages. At this we do not wonder, for it is a fierce denunciation of all the methods

so dear to the old school, and a tirade against vaccination, which he alleges to be unscientific and disastrous. We are somewhat surprised to meet with it in the pages of our serious contemporary, and perhaps its admission is due to the enforced retirement of Dr. Müller on account of ill-health.

Dr. Koeck continues his instructive histories of remarkable cases:—A lady, fifty-four years old, since the cessation of her menses had every year been troubled with an affection of the legs. They swelled, became very hot and red. This extended from the feet up to the knees. They were the seat of horrible pains that gave her no rest day or night. This condition lasted from two to three months, and after its subsidence, though her doctor said she was well, she was unable to walk in consequence of the great swelling brought on by the exercise. She had been treated by three allopathic doctors; one gave her leeches and purgatives, the second treated her with cold compresses, the third rubbed in mercurial ointment. When Koeck saw her she had had two days previously an attack of rigor, chiefly in the back. This attack recurred the previous day, and was followed by general heat, and in the night the violent pains in the legs came on. The legs swelled, were hot to the feel, the colour of the skin was bluish red, pulse 120, bounding, intermitting every five to seven beats; urine dark red, clear, without sediment, bowels confined. Besides the pain and burning heat, she complained of a peculiar drawing-like cramp in the course of the saphena interna vein, extending from the ankle to within two inches of the internal condyle of the tibia. This vein felt hard to the touch, pressure caused pain, and the course of the vein was marked by a deeper colour. After *Apis* 3 for three days the drawing pain ceased, but burning pain came on instead. This yielded to *Arsenicum* 6 in a few days, and the swelling subsided and the redness disappeared. *Calc. arsen.* 4 was now given, and in six weeks the lady was quite well and has continued so ever since—three years. The diagnosis was phlebitis with formation of thrombus.

Dr. Koeck gives his experience of his treatment of cholera during the prevalence of an epidemic of that disease

in Munich. He says that the statistics collected by the police authorities showed that while 50 per cent. of the cases treated allopathically died, only 25 per cent. of those treated homœopathically terminated fatally. In his own practice he treated 27 true cases of cholera, of whom 2 died, one an old woman of eighty-four, who was already dying when she came under his care; the other a girl, eight years old, who succumbed to a second attack of the disease; whilst her father and mother, two sisters and a brother, who also had the disease, recovered. He relates in detail the case of the mother who had already been treated by the allopathic doctors, who pronounced her past recovery. She was cured with camphor in the 1st centesimal dilution, followed by *Cuprum ammoniaco-sulphuricum* and *Arsenic*. Koeck mentions with approbation the theory of Dr. Horn, that cholera depends on a peculiar electrical state of the air and earth, the former being negatively electric, the latter positively electric, whereby cyanogen is formed in the blood, as he was able to prove by chemical analysis.

The next case related by Koeck is one of cerebro-spinal meningitis in a woman aged thirty-seven. For some days she had complained of headache, which she did not think much of, supposing it to be owing to standing over the kitchen fire whilst engaged in cooking. But her headache becoming worse she was forced to go to bed. She had lain down but a few minutes when she was seized with rigor lasting a quarter of an hour; this was followed by heat and maddening headache. Cold wet cloths were applied to the head, which gave some relief, but she was delirious all night. When Koeck saw her she was still delirious, she struck her head with her hands, which had to be held by those about her. The head was drawn backwards, swallowing was difficult, thirst great, heat of hands and feet, head very hot, pulse 96, tongue dry, bowels confined, urine dark red, some bronchial catarrh. He ordered a clyster, and prescribed *Belladonna* 3. In the evening she was quieter, the bowels had been opened, she slept occasionally; the *Belladonna* was continued during the night; pulse 112. The following day she complained of violent pains in

head, neck, and back; had great thirst, and again became delirious. He now gave *Cupr. acet.* 2, a drop every two hours. The next day the stiffness of the neck was gone, consciousness restored, pulse 92, and after taking the remedy for a week she was out of bed. *China* completed the cure. Koeck had already experienced the beneficial effect of *Cupr.* in this disease when he was assistant physician in the military hospital; many soldiers were affected with the disease, and one after the other succumbed. He wished to try the effects of *Cupr.* in homœopathic doses, but could not do so in the ordinary way. At last the head physician having ordered him to inject *Morphia* subcutaneously in a desperate case, instead of doing so he injected half a Pravaz syringeful of an aqueous solution of *Cupr.* 3, which soon removed the stiffness of the neck; and by repeating this every night the patient was restored, much to the astonishment and satisfaction of the head physician, who had no idea but that the cure was owing to his prescription of *Morphia*, which had not been given.

The subsequent numbers of this volume offer nothing of particular interest. The last number contains an exhaustive study of *Mezereum* by Gerstel, occupying 140 pages, a valuable contribution to pharmacodynamics, executed in the same masterly style as was apparent in the study of zinc by the same author.

A notice at the end of this number informs us that the *Internationale homöopathische Presse* will cease, but in place of it will be published a collection of scientific essays on homœopathic subjects after the manner of Volkmann's *Clinical Essays*. Notice will be given of the date of publication of the first number of this new organ of homœopathic literature.

Hirschel's Zeitschrift für homöopathische Klinik.—We resume our notice of this journal with the twenty-third number of vol. xx.

Dr. Herzberger gives his experience of the treatment of variola and varioloids in an epidemic of those diseases in South Bohemia in 1873. He obtained the best results from the administration of *Thuja*, which, without being an

absolute specific, was very efficacious in lessening the severity of variola and conducting it to a favourable issue. He says that by its means the suppurative stage is prevented. When there was considerable fever, as there is at the commencement, he found it useful to alternate *Aconite* with the *Thuja*. He gave the *Thuja* in the 2nd or 3rd dilution, the *Aconite* in the 3rd. The occurrence of gastric symptoms was no contra-indication for the use of *Thuja*, but in the putrid forms of the disease *Acid sulph.* 3, alternated with *Thuja*, was found serviceable. In the complications of pleuro-pneumonia, *Phos.* and *Arsen.* alternately were given. When the sore throat was prominent, *Merc.* 4 alone, or alternately with *Bell.*, was given with success. After the subsidence of the complication *Thuja* was again resorted to. Under the *Thuja* treatment the convalescence was short and no after diseases were observed. The average duration of the disease was from ten to fourteen days, few exceeded this, many fell short of it. Of 75 cases treated 5 died, 1 a baby two months old, 3 men and 1 woman. He found *Thuja* decidedly useful as a prophylactic. Of 300 who took it in doses of a drop of the 1st and 3rd dilution twice a day, only 14 caught the disease, and that in a very mild form. In the houses of the poor from four to seven persons were often together in one room, and some even sharing the bed of the patient down with smallpox. He mentions, among other cases, those of two infants at the breast who were thought too young to be vaccinated, but who got *Thuja* as a prophylactic. Their mothers caught the smallpox, and their infants took it from them, but in a very mild form.

No. 24.—The discussion in the Berlin Homœopathic Society on *Iodine* was resumed. Träger and Windelband both alleged that *Iodine* was an excellent remedy in primary syphilis, without previous administration of *Mercury*. Träger maintained that a scrofulous boy affected with gonitis was treated by him with *Iodine* 30, and his body became covered with a papular exanthema. The gonitis was not ameliorated. Windelband treated successfully an actress for menostasia dolorifica of many years' standing,

with large doses of *Tinct. iodine* after many other treatments had been tried in vain. He had also seen very good effects from *Iod.* in the acute hydrocephalus of scrofulous children. Jacobi had cured many cases of morning diarrhoea of scrofulous children with *Iodine*. Weil had seen good effects from *Kal. hydriod.* in chronic rheumatism of the knee and arthritis nodosa. Fischer, while still an allopath, had seen rapid benefit in the gastro-malacia of a child two years old from very small doses of *Tinct. iod.* He considered the cures of meningitis basilaris tuberculosa by *Iod.* as homœopathic, for *Iodine* has in his experience caused tuberculous phthisis. Ameke recommended *Kal. hydriod.* in parenchymatous nephritis with much albumen in the urine. Sulzer remarked that he had often given *Iod.* in pneumonia with good effect.

Windelband cured an obstinate case of stomatitis ulcerosa with *Kal. chlorat.* 3^x every four hours. In twenty-four hours the pains were gone, in three days the cure was perfect. He had found the same remedy useful in gonorrhœas of all kinds, and also in leucorrhœas. He had cured four cases of nephritis parenchymatosa with much albumen in the urine with *Kal. chlorat.* 2^x alone; 2 after scarlatina were cured in from two to three weeks, 2 genuine chronic cases in from five to six weeks. He had also employed it with success in badly suppurating buboes. Ameke found *Kal. chlorat.* of use in hooping-cough, with much opaque, white mucous expectoration. Fischer cured a case of hooping-cough in a child in whom the mucus was so viscid that it stretched in long strings from the mouth to the ground with *Kal. bich.* in a few days. Windelband gave with good effect in hooping-cough *Cochineal* dissolved in water by the aid of *Carbonate of Potash.* Sorge's treatment of hooping-cough was first *Belladonna* 1^x every three hours and afterwards *Verat. alb.*

Träger cured an old lady of gouty-rheumatic swellings in the palms and finger-joints with *Rhus tox.* 2^x in three months.

Fischer and Träger cured itching chilblains with *Nux v.* 15.

The treatment of syphilis was discussed in the Berlin Society. Sorge gives *Merc. corr.* 2^x, ten to twelve drops three times a day, or *Merc. oxyd. rub.* 2^x, or even in the proportion of 1 to 19, two to three grains three times a day. He thinks these medicines may often be advantageously used in still larger doses. Windelband gives *Merc. corr.* in a solution of *Chloride of Sodium*, whereby it seems to agree with the stomach. When *Merc. corr.* ceases to do good he gives with success the *Tinct. cupr. acet.* of Rademacher in doses of three to five drops every three hours. This remedy is especially useful when there are buboes of bad character, and when the skin and throat are much affected. Rapp recommends *Nitric acid* internally as well as locally in bad and rapid ulcerations of the throat. Fischer gives *Nitric acid* 15^x in the contraction of syphilis and mercurial diseases. *Mercury* he gives in the 2^x dilution. He found *Carb. an.* very useful in glandular indurations. Sulzer gives *Merc. corr.* 2^x and *Merc. oxyd.* in the same dose alternately week or fortnight about; in this way he cures syphilis in about six weeks; in perforating ulceration of the velum he gives *Aur. met.* 3^x or 4^x. Windelband often cures primary syphilis with *Tinct. iodii*, five drops three times a day, without previous mercurial treatment. Windelband rapidly effected a cure of sphaclous chancre with the application of *Iodiform*, without its being followed by lues. Sorge cured condylomata with *Cupr. acet.* 1 to 80. Windelband treated condylomata with *Pulvis herbæ sabinæ* sprinkled over them; Sorge used the same remedy locally in tincture. Several spoke in favour of the treatment of condylomata with *Liq. Ferri Acet.* and *Sesquichlorid.* Deventer cured indurations of the tongue with *Aur. mur. natron.* Nocturnal bone pains yielded to *Kal. iod.* or *Mezereum* 1.

Herzberger gives his experience of a cholera epidemic in Bohemia. The cases generally came on suddenly without previous diarrhoea, and were mostly very severe. The remedies found of most use were, *Aconite* at the commencement, then *Verat.* and *Cupr.* alternately. He saw four cases for which *Camphor* was indicated. Of 26 bad cases he only lost 4.

Statistics of Homœopathy in Germany.—In V. Meyer's *Directory*, published in 1860, there were 264 practitioners, now there are 298. 141 of those in Meyer's *Directory* are still alive, the new accessions are therefore 157 in fifteen years, so that in Germany there is a considerable increase of homœopathic practitioners. The homœopathic hospitals in Germany are:—1. Mayländer's Hospital in Berlin; 2. Weil's Eye Hospital in Berlin; 3. Katsch's Hospital in Coethen; 4. Lütze's Hospital in Coethen; 5. Cœrtleb's Lunatic Asylum in Gotha; 6. Metz's Children's Hospital in Hildesheim; 7. Metz's Poor Hospital in Hursum; 8. Leder's Hospital in Lauban; 9. Buchner's Hospital in Munich; 10. Böhler's and Fiedler's Town Hospital in Plauen; 11. Schneider's Children's Hospital in Magdeburg. Other hospitals are about to be opened in Stuttgart and Randegg.

In Vol. XXI, No. 3, Deventer relates the case of a hackney-coach driver who had in the splenic region and over the short ribs an enormous lipoma the size of a man's head, which interfered much with respiration, and was a great trouble to the patient. Langenbeck and Wilms both refused to operate on account of the danger. Deventer gave first *Calc. carb.* without result, then *Æthiops antimonialis* with a little relief; lastly, he gave *Hydrarg. auratum* (an amalgam of gold and mercury) twice a day. Under this treatment, in 1½ year the lipoma gradually atrophied and finally disappeared.

Sorge (No. 4) directs attention to the excellent effects of *Carbo animalis* in scirrhus of the breast, enlarged indurated glands of scrofulous nature, and indurations and scirrhus of the womb. He adduces a proving by Weise in which the taking of the pure *Carb. an.*, made from burnt beef or veal, with a small admixture of bone, caused painful lumps in the mammæ, and hard swellings of the parotid and submaxillary glands, together with a copper-coloured rash on the face, forehead, and nose.

No. 5.—Goullon, junr., gives a case of croup in which *Phosphorus* effected a surprising cure. The patient was a boy between three and four years old. The croupy inflam-

mation of the larynx had already lasted several days, and the allopathic attendant had employed emetics and painting the neck with iodine. The resistance of the child rendered an inspection of the throat impossible. He still retained perfect consciousness; his breathing was gasping, and he had the characteristic short, hard, dry cough. The weary head fell hither and thither; the child was exhausted for want of sleep. The allopathic doctor had said that the only chance for the salvation of the patient was tracheotomy, which, however, he hesitated to perform. Goullon applied a cold compress to the neck and gave *Iodine* and *Bromine* alternately. The following day the father came and reported no improvement, but the reverse, the child seemed on the point of being suffocated. No sleep and no relief to the breathing. While the father was with Goullon a telegram came from the mother to say that the child was apparently dying. Goullon prescribed two grains of *Phosphorus* dissolved in half an ounce of *Almond oil*, to be rubbed on the chest every half or quarter of an hour, and a few drops of *Spirits of Phosphorus* (containing $1\frac{1}{2}$ grains of *Phos.* in 6 ounces) every half hour. The next night was very bad, the child became of a livid blue colour and the belly was sunk in. The following day some improvement was manifest, and in the afternoon the child could rest a little. The improvement rapidly went on, and the patient was cured without any other medicine.

Pröll relates a case of general dropsy from cirrhosis of the liver, which was cured in a short time by Rademacher's remedy, *Tinctura Seminum Cardui Mariæ* ʒ, 8 drops every three hours. In fourteen days all the dropsical effusion was removed.

No. 6.—Strupp relates the following cases:

1. A young lady of eighteen complained of complete loss of appetite; if she took a little beef-tea or a cup of tea she had an indescribable pain in the scrobiculus cordis, which seldom went off until she threw up what she had taken. Sleep was very disturbed. She became melancholy, and could not engage in any occupation. One dose of *Cyclamen* ʒ completely cured her.

2. A lady twenty-five years old, mother of one child, of anæmic appearance, had long suffered from a stomach affection, and been treated allopathically without benefit; on the contrary, the remedies used seemed to have aggravated the symptoms, and added headache and confusion of the head. She left off all medicine, trusting to get better by regulating her diet. But in place of getting better, her appetite fell away completely, her sleep became much disturbed, and some time after the ingestion of even a small quantity of simple food she would have an attack of vomiting of yellowish watery fluid. *China*, *Nux*, and *Sulphur* did some good, but the stomach affection always returned. She now got *Æthusa cynap.* 12, one dose per diem, and in a short while the vomiting ceased and the stomach gradually resumed its tone, so that she could resume her occupation, which was that of a singer.

3. A child (sex not stated), aged nine years, had for a considerable time, and without apparent cause, suffered from sickness, which was for a long time unheeded by the parents, until it became so bad as to cause vomiting every morning of thin, transparent mucus, complete loss of appetite, emaciation, anæmia, apathy, and extreme prostration. Then several renowned childrens' doctors were consulted, who treated the child with *Iron*, but as it grew worse they consulted Strupp. He deeming that the anæmia, &c., was the result of the stomach affection prescribed *Æth. cyn.* 12, one dose daily. Under this treatment the child rapidly improved, and was soon quite well.

4. A woman, aged thirty-six, well formed but pale, had been exposed to a good deal of exertion in nursing a sick child. She had been much disturbed at night, having to rise frequently from her warm bed and stand about in the cold room. The menses, which were on her, suddenly stopped, she felt internal rigor, which extended over the trunk and remained for three days. It then ceased, and there occurred tearing pains in hands and feet, for which she used hot foot-baths, after which she felt stupefied, the head was confused, she had ringing in the ears, complete loss of appetite, and great thirst, which she could not satisfy, as she vomited

everything she took, and she had great rumbling in the bowels. Then came on complete loss of sleep and diarrhoea of reddish mucus. The tongue was red, cracked, and dry. She had cough, with scanty expectoration of viscid, dark-coloured mucus. The cough, which plagued her especially at night, caused retching and vomiting, with very bitter taste in the mouth. She could not take any nourishment without producing vomiting. For three weeks she was treated ineffectually with *Bell.*, *Ann.*, *Arsen.*, *Tart. em.*, *Phosph.*, and *Æth. cyn.* Great weakness ensued, for which *Chin.* was given without effect. At last *Arsen. hydrogenisat.* 12 was prescribed. This produced an immediate good effect. After the first dose she had refreshing sleep, the cough was allayed, appetite returned, and she was able to take some chicken broth. Two days later she got another dose of the medicine, and in a week she was so much better that she could leave her bed. In two weeks the menses returned and she soon recovered perfectly.

Schüssler relates a case of a woman, aged sixty, who for six years had suffered from neuralgia, which recurred every night. The pains attacked at one time the legs, at another the arms, sometimes the right sometimes the left, and was generally accompanied by cramp-like twitchings of the muscles. By day she was quite well and had a healthy appearance, though the pains lasted all night and deprived her of sleep. He gave *Magn. phosph.*, 6th trit., a dose every two hours. In three days she was quite well.

No. 7 Lembke gives a proving of *Mezereum*.

Herzberger relates four cases of cerebro-spinal irritation.

1. A woman, aged thirty, had become overheated by exertion, and sat down in a cold room to cool herself. She got a chill which showed itself in a rigor. On the second day, whilst taking leave of her friends, she suddenly fell down in a faint, and was carried to bed. The patient, a short woman of delicate appearance, dark hair and complexion, lay still and appeared to recover from her faint; she complained of pain in forehead and occiput, but whilst she was telling her symptoms she suddenly fell into convulsions, that presented every variety; from risus sardonicus to

trismus, opisthotonos, tetanus, &c., so that two strong men could scarcely hold her in bed and keep her from hurting herself. *Ars.* 8 was first given, then *Bell.* 2 alternately with *Tart. em.* 1 every half hour. The convulsions ceased, consciousness returned, and in twelve hours she seemed quite well, all except some headache. Then the symptoms recurred in her head and nape, her eyes were wide open, and she said she saw points and angles with golden stars; then the convulsions returned alternating with terror. There was not much turgor of the vessels of the head and face; cold compresses did not soon become warm. The pulse small, 90; no effect observed from stimulant applications to the calves and soles of the feet. *Ignatia*, *Platina*, and *Hyo.* were given without result. Then *Atropin* 4 was administered. After a few doses she got much better, and in two days was convalescent.

2. A boy, aged fifteen, who had been exposed to the weather in feeding cattle got ill. He was a strong lad, sat up in bed and panted like a dog; speech unintelligible, interrupted by short rough cough; inspiration deep, expiration rapid and short, auscultation shows a highly emphysematous condition of the lungs; complexion livid; pulse slow. *Bell.* 2 was given. In a few minutes the respiration became normal. He became quiet. The *Bell.* was repeated at lengthened intervals. The cure was completed with *Ant. tart.* and *Anacard.* Three weeks afterwards in consequence of a fresh chill he again fell ill. Dull, deep-seated headache, disturbance of the senses, apathy, restlessness, and cries with desire to run away, and paralytic weakness of the lower extremities; weak, moderately rapid pulse. After *Acon.* and *Bell.* he got *Atrop.* 4 and *Zinc. met.* 4, which rapidly cured him.

3. A young lady, aged about twenty, suddenly fell from her seat in church, unconscious, and was carried into the vestry. Sprinkling with water, rubbing with vinegar, smelling salts, all useless. She lay on the bed like one dead, pale and cold. Breathing slow, scarcely perceptible, heart's beats and pulse extremely weak and slow. Jaws closed, joints flexible, the limbs retain the position in which

they are placed. She shows no signs of pain [when pinched. *Acon.*, *Bell.*, *Nux*, *Cicuta*, *Lauroc.*, *Veratr.*, were given without effect. Then *Plat.* 4 was administered. Half a minute afterwards she opened her eyes, consciousness and power of movement returned, and after a second dose she soon recovered completely. She had been subject to convulsive and hysterical affections during each monthly period, but had never previously had a cataleptic attack.

Herzberger relates another somewhat similar attack in a young lady of eighteen, cured with *Plat.* 4.

4. A woman, aged forty-eight, mother of eight children, whose menses had ceased two years previously, had been affected for several months with very painful cramps in the abdomen. She had been long treated allopathically, but though she was sometimes better, the attacks always returned. After a free interval of two weeks she had suddenly a new attack. She complains of pain as if the bowels were torn out of her with burning and tearing pains, then violent pain in the left iliac region, which gradually increased, going into the back and then to the thighs and legs; when the pain mounted to the chest, then she said, "It is all up with me." Her daughter explained that when this occurred she lost consciousness, ceased to breathe, and the limbs were convulsed; after this there was no pain, and then the same symptoms recurred. These attacks last several days and nights, often a whole week. The patient looks delicate, and her expression is that of profound suffering. Besides costive bowels and some digestive sufferings she has nothing the matter. Pulse during the attacks small and feeble. She got a dose of *Plat.* 12, whereupon the pains in the abdomen ceased, and the attack was cut short. Two hours later the pain returned in the left groin extending to the back. *Bell.* 12 was given. This also stopped the attack. *Bell.* and *Plat.* were now given in alternation at long intervals and no more attacks occurred.

No. 9.—From Dr. Mossa's monograph on *Argentum nitricum* we extract the following observations by O.

Müller, relative to two forms of headache in which this medicine is indicated :—

1. She awakes in the morning with a peculiar, severe, constant ache in the forehead, that generally begins above the eyebrows, and rising up is limited by the coronal suture, at the same time the head is much confused, giddy, and stupid; she has vertigo; on this account she has to be careful when walking, in order to avoid knocking against things or falling to one side, for the vertigo does not turn her, but *draws* her to one side or the other. Not unfrequently she has dimness of vision and noise in the ears. The stomach seems to hang down loosely, the body is lax and unbraced, and at the height of the attack her senses leave her; attacks of faintness. All this is relieved by eating a good dinner, or after taking a glass of good wine, but coffee seems to aggravate or even bring on an attack. After dinner the patient is better, but suffers from loss of memory, want of power of collecting ideas, diminished elasticity of mind, appetite little or not at all impaired, though the tongue is not clean, and there is considerable loss of epithelium in the morning. Bowels generally torpid, urine often highly coloured, scanty, or copious and limpid. *Arg. nit.* ʒ. ʒss, one drop morning and evening, cured in six to eight days.

2. Hemicrania, situated in one of the frontal protuberances, or at one side of the glabella, just above the superciliary ridge, or in one spot, or the whole of one side of the forehead or vertical region, extending over the frontal bones. The character of the pain is seldom well defined, consists generally of pressure, digging, throbbing, sometimes shooting. It is always preceded by prodromata; there are discomfort, chilliness, loss of appetite, dimness of vision, pale face, nausea, &c. Trembling of the whole body is characteristic, and at the height of the attack death-like nausea, generally ending in vomiting of watery mucus, or bile, or of the ingesta. At the height of the attack loss of consciousness, the patients lie with closed eyes and dread the light, emaciation, &c. After the attack has passed, seldom anything remains except slight weakness and temporarily

impaired memory. In the intervals of the attacks the patients generally enjoy undisturbed health.

The following case from Granvogl's *Lehrbuch* is given :—A blooming girl of nineteen, regularly menstruating, has for five years suffered constantly from aching pains all over the head, sometimes only on the crown, sometimes on the left frontal bone, relieved by firm pressure. She complains also of frequent vertigo and impaired memory. On going up-stairs her breathing is affected, and she gets palpitation of heart, tongue white. Appetite and sleep good, great sleepiness during the day, now and then stomach-ache, often for weeks, with nausea and even vomiting. Trembling of hands. Pulse 98; burning feeling in the cardiac region. She can breathe deeply without pain, but cannot retain her breath long; respiratory sounds normal; no cough. Urine pale and deficient in salts. After the fourth dose of *Arg. n. 2*, she remained free from her headaches, her breathing became easier, the palpitation diminished, and her memory improved. Two days sufficed for her cure.

Goullon, junr., relates the following case of cure of rheumatism by a bee-sting. Father B—, Franciscan friar, had such severe rheumatism in the right hand, that he could not lift anything; the ordinary embrocations did little for his relief. One day when walking in the garden near a bee-hive, a bee stung him in a vein. A jet of blood issued from the little wound. The friar, a man of seventy years, was first stupefied, when he came to himself he applied earth to the wound. The consequence was that the following day his hand was quite cured.

Goullon relates that he had a patient, an old gentleman affected with cancer of the rectum, to whom he gave *Hammamelis* in various dilutions. It caused some slight alleviation of the rectum symptoms, but brought out a very obstinate eczema of the lip, that formed dirty-coloured scabs on the red part of the lower lip, beneath which a thin matter exuded.

Vol. XXII, No. 4. Herzberger gives an interesting case of a woman aged fifty, who, after a rather long fast, eagerly attempted to swallow a large piece of underdone beef, which

stuck in her œsophagus, and could neither be swallowed nor ejected. Under these circumstances, with constant suffocative attacks and ineffectual attempts to swallow liquids, which would not pass the obstruction, she spent a couple of days, and was almost exhausted with the agony of imminent choking. Probangs and forceps were tried in vain, they only increased the spasmodic retching and choking. Herzberger gave her a few doses of *Lachesis* 6, and after taking them at intervals of a few minutes, the offending morsel slid gradually down into the stomach, and the poor woman was instantly relieved from her agonizing symptoms.

No. 5. Herzberger gives some remarkable cases of epilepsy; we give one of these: A little girl, five years old, while playing with some companions, was pushed backward into a cold stream. The fright and chill brought on violent fever which lasted several days. A fortnight later she got convulsive movements in her limbs with spasmodic closure of the jaws. These attacks lasted about half an hour, and recurred every four to seven days. They came on at all hours of the day and night, and were occasioned by any mental excitement. The father called in all sorts of advice from regular doctors and quacks, and the patient was subjected to all kinds of treatment. The only effect was that the attacks recurred more seldom, but assumed the form of violent epilepsy; she fell down, became unconscious, the thumbs were turned into the palms, she had convulsions and foamed at the mouth, terminating in sleep. The longer the attacks were delayed the more violent they were. It was hoped that when the catamenia occurred they might cease, but it was not so. She began to menstruate at fourteen years, and still had the attacks every five or six weeks, sometimes sooner. The child was then brought to Herzberger. He found that she was pretty well developed; she had no functional disturbance, but her face wore an expression of extreme melancholy. Herzberger gave her twenty-four powders of *Ignatia* 4. The first twelve to be taken, one, night and morning, the remainder, one every third day. He saw nothing of her for a year, when she came to him and said she had had no attack since taking the powders.

Years have since elapsed and she still remains free from the disease.

Herzberger gives the following case of chorea in which a remedy seldom used seemed to do good. A girl aged eleven, after a fright, or chill, and a good scold from her teacher, began to be affected with trembling movements of the whole body. There was epilepsy in the joints. Her appearance was healthy, and when she kept her hands in her pockets nothing abnormal was noticed. But as soon as she took her hands out of her pockets she was affected with a trembling jactitation of both arms and legs, that did not cease until she again put her hands into her pockets. This affection was so severe that she was unable to feed herself, nor could she walk above a few steps. She got *Bell. Plat.* and *Cupr.*, without effect. Three injections were given, which did good to her frequent headaches and sleeplessness, but left the chorea unaffected. Now *Asterias rubens* 12 was given, and in eight days all traces of the morbid affection had disappeared.

Koeck gives an interesting case of rheumatism. The patient was a girl, aged twelve, who, from being exposed to a draft of air from an open window at school, got some rheumatic pains in the muscular part of the left leg, which, in a few days, yielded to *Rhus tox.* 2. She went back to school, was exposed to the same pernicious draught, and had another and more violent attack of rheumatism. On the left side the ankle, knee, wrist, and elbow, were enormously swollen, red, very tender, and could not be moved in the slightest degree; the pulse 120, temperature high, perspiration slight. Koeck prescribed *Acon.* 2 and *Bry.* 2, alternately every two hours. The next day no improvement, on the contrary, the right shoulder-joint was affected, and later in the day the elbow and wrist. The patient whined continually. *Camphor* 2, allayed the pains for half an hour, but they soon returned in their former severity, and *Camphor* failed to relieve. As *Acon.* and *Bry.* continued for two days remained without effect, Koeck gave *Natrum salicyl.* 1, in 5 gr. powders, one to be taken twice a day. By evening she was already better, half an hour after the first

powder improvement had commenced. In three days of this treatment the pain was gone, the swelling and redness and pain of the joints had quite disappeared, and in ten days the girl was again on her legs, the knee-joints only being somewhat stiff. This stiffness yielded to *Natr. mur.* 6.

No. 9. Mossa directs attention to the value of *Lactuca viros.* in whooping cough, and gives several cases illustrative of its beneficial action.

Koeck gives a case of a very severe lacerated wound of the fingers, which healed by first intention under the external use of a lotion containing one-third per cent. of *Salicylic acid.*

Koeck communicates another case of rheumatism cured by *Natr. salicyl.* The patient was a man who, for three weeks, had been confined to bed with rheumatism. During all this time he had suffered intense pain that did not allow him an hour's sleep. Both wrists were swollen and inflamed, and he was bathed in perspiration. The pulse was 182, the first heart's sound was an obscure blowing murmur. He complained of dyspnoea, palpitation, cough, with scanty expectoration, the most violent pains, constant thirst, confusion of head, and vertigo. Koeck prescribed *Natr. salicyl.* 1 in solution, every two hours. The same evening the fever had much abated, the dyspnoea and palpitation were diminished, and he passed a tolerable night. In three days of this treatment the pains were quite gone, the swelling much lessened. *Natr. mur.* 4, completely removed the exudation in the wrists. On the fourth day after the decline of the fever the heart's sounds were normal.

Mossa, in this and several subsequent numbers, gives an article on the physiological and therapeutic action of *Cina* and its alkaloid, which is of considerable value.

Herzberger relates some cases of neuralgia. The two following are the most interesting: 1. A servant girl was attacked by severe intermitting pains in the left parietal region, shooting, tearing, burning, that extended to the temporal and parietal regions, and was particularly severe in

the eyebrow. She employed various domestic remedies, and the pain diminished, but the upper lid was paralysed and hung over the eye so that it could only be raised with the finger. The appearance of the eye itself when the lid was raised was normal. She still had the pains though in a minor degree. She got twelve powders of *Spigel.* 3, one to be taken night and morning. After taking the powders she was quite well, and the paralyzed lid could be moved with perfect facility.

2. A man, aged fifty, had been exposed to damp and got a severe chill. Thereupon he had some pain in the right side of his face. The pain never quite left him though it diminished at times. After taking some domestic remedies for several days the pains became much mitigated, but he was shocked to find that the right side of his face was completely paralyzed, so that chewing, talking, and swallowing were performed with great difficulty. *Causticum* 6, a dose night and morning, was prescribed, and in a fortnight he was quite well.

No. 22.—Dr. Schwenke supplies an omission in Dr. Bürckner's account of Hahnemann's sojourn in Coethen, by relating how it was that he came to fix on that town for his residence when Leipzig became intolerable to him on account of the persecutions of his colleagues and the apothecaries. "The ducal chief chamberlain, von Sternegk, it was to whom the credit must be awarded of having first directed the Duke's attention to Hahnemann. Von Sternegk had been cured by homœopathy of a complicated disease that had defied all the resources of allopathic treatment, and he persuaded the Duke, who was a great sufferer, to consult Hahnemann and try the new method of treatment. This trial succeeded beyond expectation and prepossessed the Duke in favour of homœopathy, so that at von Sternegk's suggestion Hahnemann requested from the Duke permission to settle in Coethen, which was readily granted to him, so that homœopathy found protection from its persecutors in a town and at the hands of a prince, who thereby can claim the gratitude of all who can appreciate the blessings and the great value of Hahnemann's doctrines."

Koeck was called to a distant town to see an old lady, aged seventy-nine, who had hitherto only suffered occasionally from cramp in the calves, that readily yielded to *Rhus*. On coming into the room he perceived a very foetid odour; the lady, who had previously been strong and healthy looking, was now emaciated to such a degree she could scarcely be recognized. Eight weeks previously she had received a scratch in the middle of her right calf, the wound in place of healing grew larger and larger and formed a large ulcer. The whole of the back of the leg, from six centimètres below the popliteal space to the same distance above the ankle, and throughout the whole breadth of the calf, showed a large discoloured space, deprived of skin. Amid the blackish-grey matter there appeared some islands of dark red flesh surrounded by gangrenous tissue. The whole wound was bounded by bluish-black blistered epidermis, beneath which lay an ugly greenish-black slough. The latter could be removed with the forceps without pain, but the flesh islands were very painful to the touch. She complained of having pains in the flesh of the calf extending all over the leg, even where nothing abnormal could be seen. The toes were very cold and the seat of a disagreeable formication. There was also pain about the ankles, particularly at night. The temperature of the body was high, there was intense thirst, and a burning from the stomach upwards. Appetite nil. Pulse 96, intermitting every seventh beat. The patient had been treated allopathically for six weeks, at first with *Chamomile* fomentations and bathing with *Carbolic acid* applications. Koeck bathed the leg in a 5 per cent. solution of *Carbolic acid*, and afterwards enveloped the leg in *Carbolic acid* compresses. He gave internally *Arsen.* 5 every three hours. The first night after this prescription the patient was able to sleep for some hours, and in three weeks the report was—"The pulse no longer intermits, appetite excellent, the burning has completely ceased, the sore is nearly healed." In less than two months the old lady was again on her legs.

No. 24.—Koeck gives the case of a lady, aged sixty-two, who twelve years previously, at the menopause, began to be

affected with swelling of the right breast, while the left breast grew continually smaller. During these twelve years she had undergone all sorts of treatment, such as *Iodine* and *Iodide of Potassium* internally and externally, mercurial inunctions, plasters, poultices, compresses, mineral-water baths, &c. All in vain, the heart grew larger and larger, and when Koeck first saw her it was as large as a child's head and stone-hard, but not adherent. Nothing abnormal was to be observed in the colour of the skin, no retraction of the nipple, &c. The left breast had quite disappeared. She had to support the enlarged breast with a spinal bandage, and she was told by the first surgical authorities that her only cure was the surgical operation of extirpation. Koeck gave first *Carb. anim.* 6th trit. This not producing any effect after some days, he ordered *Hydrastis canad.* a few drops of the tincture in almond oil to be rubbed in twice a-day. A fortnight afterwards the lady reported that the swelling had become somewhat softer. A few days after this she complained of agonizing pains in the tumour, which was inflamed, hot and red, and very tender to the touch. Suppuration was commencing, so the *Hydrast.* was discontinued and *Silica* 6 given. After pointing for three days the abscess opened spontaneously, and two litres of pus were discharged, whereupon the tumour completely disappeared, and the lady was restored to perfect health.

Vol. XXIII, No. 2.—Herzberger says that *Phytolacca* occupies a place between *Rhus* and *Bryonia*, and does good in neuralgia when those two remedies are not exactly indicated. 1. An innkeeper's wife, forty years old, had become much heated before the kitchen fire and got a chill by going into a cold cellar. She was attacked with rigor and pain in the left hip-joint that made every motion painful. All sorts of domestic remedies were employed, but the pain persisted and extended down to the knee posteriorly, and she had no cessation of pain when she lay perfectly still. Though she complained of feeling a swelling, no swelling could be detected, but pressure and movement aroused the pain. The pain was shooting, tearing, aching, sometimes

also jerking and tearing from the sacrum down behind the trochanter, extending to the knee and calf. The knee-joint also was painful on being moved. Though motion aggravated the pain it was very violent even when at rest. After a powder of *Bellad.* 2 there was some remission of the pain in the hip- and knee-joints but the motion was as bad as ever. *Bry.* and *Rhus* were given without effect. After *Phytolacca* 1 the pain next day was sensibly relieved and she could sit up. Four days of the *Phytolacca* removed the pain so that she could again perform her household duties with comfort.

2. A working man, aged thirty-five, after a long walk, during which he got wet through, was seized with shooting, tearing, aching pains in left shoulder, axilla, and side of the chest, that varied in intensity, often interfering with his breathing. The pains are sometimes brought on by moving and relieved by rest, sometimes they occur when at rest and are relieved by movement. They often spread over the pectoralis major, and are sometimes felt in the clavicular space. The pulse is quick and there are morning exacerbations. *Bryonia* 3 improved his general health but did not relieve the pains. Ten doses of *Phytolacca* 1, every six hours, removed the neuralgia.

The American journals we must reserve for our next number.

MISCELLANEOUS.

Kreasote in Cauliflower Tumour of Uterus.

We had an interesting visit from our esteemed friend Dr. Neidhard, of Philadelphia, who has been for some months in Europe on account of his health, which we are pleased to think has benefited much by the change. He mentioned to us a remarkable cure of cauliflower excrescences round the os uteri, which had been diagnosed as such and pronounced incurable, except by surgical interference, by several of the most eminent surgeons of the city. The excrescences surrounded the os and discharged a fetid yellow matter of a very offensive character. *Kreasote* was administered in the 2nd decimal dilution and immediately brought on a sort of metrorrhagia which alarmed her medical attendant, so much so that he speedily stopped it with *Secale*. On this the patient, who had confessed herself relieved while the hæmorrhage was going on, said that she felt quite bad when it was stopped, so that Dr. Neidhard resumed the employment of *Kreasote*, which again brought on the discharge. Notwithstanding the continuance of this not very slight hæmorrhage for upwards of 3 months the patient gained in strength and health, and in less than a year the whole of the disease was completely removed, and though there was some time afterwards a slight recurrence, this was again removed by *Kreasote* with the same attendant hæmorrhage, and the patient was soon quite cured and has remained well.

Notes on Some of the Newest Remedies. By E. M. HALE, M.D.

(Continued from p. 295.)

Benzoate of Lithia.

Those who have used *Benzoic acid* in certain urinary troubles

know that when certain symptoms are present it is indispensable.

It is well known that the alkaline salts of many acids are more useful than the acids alone. The *Benzoates of Potassa* and *Ammonia* are important medicines in the treatment of post-scarlatinal dropsy, rheumatism, and certain kinds of vesical calculi.

We have a very suggestive proving of *Lithium carbonicum*, by the aid of which we have cured many cases of obscure rheumatic and gouty affections, especially when the heart is involved.

If we study the pathogenesies of *Benzoic acid* and *Lithium* it will be observed that the symptomatology of the two covers a large array of urinary disorders and rheumatic ailments.

I have now used this preparation several months and am much pleased with its action in post-scarlatinal dropsy, when the urine is *dark, brownish-red*, has a *pungent odour*, and there are present such symptoms as *swelling of the joints*, rheumatic pains, and cardiac symptoms, such as you will find in the provings of one or both drugs. I believe the long-continued use of this medicine, in the medium attenuations, will prove successful in chronic gout with concretions in the small joints. In dropsy I like the action of the 1st dec. trituration, in doses of a grain or two repeated every two or four hours.

Grindelia.

There are two species of *Grindelia* now used in medicine, the *Grindelia robusta* and *Grindelia squamosa*, both are natives of California. They are physically remarkable for the large amount of resinous matters which they contain. Belonging to the same *genus*, their action on the human organism is quite similar. We have already a few suggestive provings and a large amount of clinical experience obtained by their empirical administration. As with other medicines, the provings verify the trustworthiness of the clinical experience. The sphere of action of *Grindelia* appears to be principally manifested upon the *mucous membranes* and the *nervous system*. As a general rule this is the case with all the gum-resins. Taken into the system they have to be carried out through the mucous surfaces whose function is to *eliminate*. Consequently the bronchial

mucous membrane, and that lining the genito-urinary tract, are usually chiefly affected. But we know that in case such alimentary organs refuse to do their office, the drug imprisoned in the system attacks other portions of the organism. Therefore we find that *Grindelia*, as well as *Copaiva*, *Terebinth*, *Balsam Peru*, *Sambucus* and *Stannum*, often cause severe nervous symptoms.

The *Grindelia robusta* has been particularly useful in "humid asthma," a disease which generally originates in catarrhal bronchitis. At first the dyspnoea depends on an abnormal accumulation of mucus in the smaller bronchii; it is tenacious and difficult to detach. The patient feels and knows that if he begins to expectorate he will get relief. As the disease becomes chronic the "strain" on the respiratory nerves leads to such irritability that *spasm* results. This is called "spasmodic asthma." *Grindelia robusta* corresponds to these symptoms and conditions, and its provings already shadow forth a similar symptomatology. In purely nervous asthma, or the so-called paralytic asthma, where the bronchial tubes are so relaxed by paralysis of their circular muscular fibres that inhalation is easy, but *expiration* difficult, I do not think *Grindelia* will be found useful.

But there is a dyspnoea, due to paresis of the respiratory nerves which obtain their vitality from the spinal cord, in which *Grindelia* is especially indicated. In a recent proving, which I communicated to the *North American Journal of Homœopathy*, occurs the following symptom: "*A fear of going to sleep on account of loss of breath, which awakes him.*" This symptom occurs in chronic asthma, sometimes, and very often in *cardiac asthma*. It is due to deficient spinal innervation. We have but few remedies which meet this symptom. *Lachesis* has been used, also *Arsenicum*, *Nux*, and *Ignatia*, but *Strychnia* 6 is better than all. Soon after that symptom was published, Dr. Wesselhoeft, of Boston, greatly relieved a case of dyspnoea from heart disease, with this peculiar symptom. He gave a low dilution. *Eucalyptus*, akin dred remedy, has relieved a similar symptom.

The curative dose of *Grindelia* in asthmatic affections has a very wide range. Eclectics and allopaths report brilliant cures from teaspoonful doses of the strong fluid extract down to a few drops of the tincture. I have greatly relieved acute catarrhal

asthma, even in children, with the lowest dilutions in drop-doses. The dose is of small consequence, so that it does not reach the point of causing medicinal aggravation—a result which I have rarely seen in any remedy, and which is generally a myth.

Many cases of chronic bronchitis, and cough with mucopurulent expectoration after pneumonia, has been cured by this medicine. It will doubtless prove useful in catarrhal conditions of the urinary and genital organs.

The *Grindelia squamosa* developed in some recent provings very severe eye-symptoms resembling acute iritis, and a Dr. Fishe, in the *Pacific Medical Journal*, reports several cases cured by its use internally and externally. He used appreciable doses. It may prove to be a very valuable agent.

Eriodyction.

This plant, known in California under its Spanish name of "Yerba Santa" (or Holy plant), resembles in some points the *Grindelia*. In other respects it appears to be an analogue of *Phosphorus*, *Hepar sulph.*, *Bumex*, *Causticum*, and other medicines which have a specific action on the larynx and bronchia. It causes a blennorrhagic condition similar to that of *Grindelia* and its analogues, but it differs in this respect, namely, that there is not much asthmatic dyspnoea, but instead we have a constant, irritating cough, with great soreness in the chest, a feeling of excoriation, rawness, and other symptoms denoting great hyperæsthesia of the mucous surfaces. Like *Grindelia* it is *primarily* homœopathic to inflammatory action, and when used for acute bronchitis or laryngitis should be used in the middle attenuations. The higher the febrile irritation, the more pain there is present, and the drier the cough, the higher should we go in the scale of dilution. But when the acute disease has passed into the chronic stage, and there is great weakness of voice, profuse mucopurulent expectoration, soreness and cramp in the chest, loss of appetite, emaciation, &c., then will *Eriodyction*, in appreciable doses, act beautifully. Dr. G. M. Pease's provings in *Allen's Encyclopædia* show that it affects the right lung (bronchia) in preference. It is as useful in acute

and chronic coryza as in bronchitis. Altogether, I predict that it will prove a valuable addition to our *Materia Medica*.

Jaborandi.

The botanical name of this plant is *Pilocarpus Pinnatus*. It belongs to the same family as the *Ruta graveolens*. Its physiological analogues are supposed to be *Aconite*, *Gelsemium*, *Veratrum viride*, &c., but in many respects it differs remarkably from them. A remarkable antagonism exists between *Jaborandi* and *Belladonna*, notwithstanding many of its objective symptoms appear to resemble those of the latter. A few minutes after a large dose is taken the face and whole body become hot, flushed, and red, the temples throb, and soon a profuse perspiration breaks out, which in some cases becomes enormous in quantity. Simultaneously with the sweat, or soon after, the salivary and buccal glands begin to pour out great quantities of saliva, and this hypersecretion of the mucous membrane extends all through the intestinal tract, causing in some cases vomiting and diarrhœa. If it does not act in this manner on the skin and mucous membranes, it acts on the kidneys, causing copious diuresis. The sight becomes dim and the pupil contracted. It causes, primarily, increased action of the heart with vaso-motor paralysis with the peculiar dilatation of the arterioles. In this it resembles *Amyl* and *Belladonna*. But unlike these medicines, copious sweat attends its primary action. The secondary action of *Jaborandi* is just the contrary to its primary. The heart beats slowly and feebly, the skin is pale, cool, and *dry*. The salivary glands cease to pour out even a normal amount, and the mucous surfaces are *dry*. As showing the antagonism between *Jaborandi* and *Belladonna* we have only to mention that the copious sweat and salivation caused by it is immediately *arrested* by the administration of *Belladonna* or *Atropine*.

Homœopaths have made but little use of this drug. It is used in a very empirical manner by the old school.

By consulting the symptoms in the excellent pathogenesis in *Allen's Encyclopædia* it will be seen that its symptomatology is very large and wide.

Primarily it will prove curative because homœopathic to the following symptoms:

Abnormal sweats, which occur from paresis of the vaso-motor nerves. I have had many cases of abnormal sweating which greatly taxed my skill. Some of them I have cured with *China*, *Veratrum alb.*, *Sambucus*, *Aconite*, or *Oimicifuga*. Others were relieved by *Belladonna*, or *Atropine*, or *Quinine*. *Jaborandi* in the attenuations ought to cure these cases, for in the provings it is recorded by some of the provers that it *arrested the copious and easy sweats to which they were subject*.

Flushings followed by sweats at the "change of life," should be relieved by *Jaborandi*, for they have a very close similarity to its primary action.

Salivation, when due to cold, to nervous disorder, or even mercurial poisoning, ought to come under the curative influence of this medicine in small doses.

Vomiting and diarrhœa, when due to acute gastric catarrh, should be arrested by this drug, also those intestinal affections which follow checked perspiration, or suppressed salivation during teething.

Secondarily, the *Jaborandi* may be used successfully in just the opposite conditions of the skin and mucous membranes, *provided always* that the condition has been preceded by symptoms simulating the primary effects of the drug.

It has been used successfully in some skin diseases when the skin was harsh and dry. It has cured uræmia from desquamative nephritis, whether occurring after scarlatina, or during pregnancy. It relieves chronic bronchitis and asthma, and has cured bad cases of ophthalmia. Dr. Ringer uses with success the *Jaborandi* to increase the secretion of milk. Dr. Laycock has cured by its use some cases of diabetes insipidus. There are many other disorders which may be cured or palliated by this unique medicine.

Remember, however, that if the symptoms resemble those of its primary effects, the attenuations from the 3rd to the 6th must be prescribed; while for secondary effects the lower dilutions will act efficiently.

Picric acid.

Since the publication of my *Therapeutics of New Remedies* I have used this acid a great deal, and have learned to value it as

one of our best restoratives of a wasted and worn-out nervous system.

In many cases it is far superior to *Phosphorus*, *Phos. acid*, *Nuxvomica*, or *Zinc*. It has the pathogenetic power of causing (primarily) excessive congestive irritation of the cerebro-spinal nerve centres, and even the cerebrum. This primary action is soon followed by an excessive irritation with loss of sustained power. The patient or prover finds that the least mental or physical effort exhausts. This irritation and congestion and also the exhaustion is attended by pain in the occiput, cervical region, and sometimes the whole head. It differs from the bromides in causing cerebral anæmia with irritation. It is homœopathic to the brain-fag of students, school girls, and literary or business men and women.

With the 10th dilution I have cured many cases of chronic headache, generally located in, or proceeding from, the base of the brain. The characteristic symptom which guided me in the selection has been, that the slightest excitement, mental labour, or overwork, would bring on the cephalalgia.

In the treatment of certain morbid conditions of the sexual organs of both sexes it is indispensable. These conditions are—(1) over-excitement from irritation of the cerebellum; (2) impotence or weakness with irritability. The drug needs further investigation, but may be used even more with advantage.

OBITUARY.

DR. F. A. HARTMANN.

WE regret to have to record the death of Dr. F. A. Hartmann, so well known to British homœopathists during the period of his residence in Norwich. He was son of the celebrated Dr. F. Hartmann, of Leipzig, one of Hahnemann's earliest disciples and friends, and the author of many well-known works. Dr. F. A. Hartmann won many friends in England by his genial manners and excellent practical knowledge of homœopathy. We take the following notice of him from the *New Zealand Herald* of May 27th:—"At an early hour on the 21st of May Dr. Franz A. Hartmann died at his residence, Alten Road. Though he has been ailing for some time past, his death was somewhat unexpected. Dr. Hartmann was the son of Dr. F. Hartmann, of Leipzig, who was a contemporary and friend of Hahnemann, the founder of the homœopathic school of medicine. Having completed his education and obtained his degree of M.D. at the University of Leipzig, Dr. Hartmann removed to England in the year 1850, and became a resident of Norwich, and soon took a leading position there as a physician and the medical officer of the Norwich Homœopathic Hospital. But failing health and the coldness of the climate induced him to seek a more genial clime. He, therefore, left England in 1869 for Sydney, where he practised his profession for nearly two years, but, not liking the place, he came on to Auckland in 1871. Here, by his skill and courtesy, he soon obtained an excellent practice, and was much esteemed by all with whom he came into contact. He identified himself with all popular movements, and was highly esteemed by his own countrymen. He was instrumental in establishing a homœopathic dispensary here, and through its means the wants

of the poor have been cared for, and a large amount of human suffering has been alleviated. By the death of Dr. Hartmann a great loss will be sustained, as, in addition to his numerous patients, there were a large number whom he befriended with his advice and counsel, and many who were unable to pay the usual fees were treated gratuitously by the deceased gentleman. He expired at half-past two o'clock on Tuesday morning, in his 53rd year, quite conscious, and aware that his end was approaching. Mr. Whitaker and Mr. Von der Heyde were present at his death. The deceased's remains were, on May 22, consigned to their last resting place in St. Stephen's Cemetery, Judge's Bay. The hearse was followed to the grave by all the German residents in Auckland, as well as a large number of the other citizens of influence, amongst whom we noticed Mr. Whitaker, Mr. Owen Jones (Jones and Ware), Mr. Von der Heyde (Henderson and Macfarlane), Captain Nearing, and the leading members of the medical profession. The Rev. Mr. Dudley, of St. Sepulchre's, officiated at the grave-side."

BOOKS RECEIVED.

A Text-book of Therapeutics and Electro-Surgery. By JOHN BUTLER, M.D., L.R.C.P.E., &c. New York: Boericke & Tafel. 1878. London: Turner, 170, Fleet Street.

Von Ziemssen's Cyclopædia. Vol. XIII. "Diseases of Spinal Cord," &c. London: Sampson Low. 1878.

The Laws of Therapeutics; or, the Science and Art of Medicine. By JOSEPH KIDD, M.D. Kegan, Paul, & Co. 1878.

Transactions of the Homœopathic Pharmaceutical Association of Great Britain, 18th July, 1878.

Allen's Encyclopædia. Vol. VIII. "Plumbum—Serpentaria." London: Turner, 170, Fleet Street. 1878.

Revue Homœopathique Belge.

The Monthly Homœopathic Review.

The Hahnemannian Monthly.

The American Homœopathic Observer.

The United States Medical Investigator.

The North American Journal of Homœopathy.

The New England Medical Gazette.

El Criterio Medico.

Bibliothèque Homœopathique.

L'Art Médical.

Bulletin de la Société Méd. Hom. de France.

The Calcutta Journal of Medicine.

Allgemeine homœopathische Zeitung.

Ohio Medical and Surgical Reporter.

The Homœopathic World.

The Homœopathic Times.

California Medical Times.

L'Homœopathie Militante.

The Organon.

INDEX TO VOL. XXXVI.

- Abdominal pain, КОРСК on, 87
Abies nigra in dyspepsia, 189
Acetic acid, toxic effects of, 324
Aethusa in vomiting, 370; —, in anæmia, 370
 Ague, *helianthis ann.* in, 356
 Albuminuria, *calc. ars.* in, 92
Alcohol, toxic effects of, 327
 Alcoholism, chronic, 329
 ALLEN'S *Encyclopædia*, 75, 313
Atum, toxic effects of, 327
 Amaurosis, *phos.* in, 93
Ammonia, toxic effects of, 324
Amyl nitrite, 296
 ANGELL'S *Diseases of the Eye*, French translation of, 79
 Angina pectoris, orthodox treatment of, 138
Anilin, toxic effects of, 333
 Aphasia, MURPHY on, 79
Apis, GOULLON on, 360
 Apnœa, JOUSSET on, 183
Argentum, headache, 374
Arnica, local physiological action of, 177
Arsenic and its compounds, *app.*, 305
 Arthritis deformans, *Thuja* and *caust.* in, 274; —, *rhus* in, 366
Asterias rub. in chorea, 377
 Asthma, *naphthalin* in, 94, 95
Aurum in relaxation of velum, 367; —, in syphilitic induration of tongue, 367
Aurum mur. in uterine induration, 102
- Baldness, *silic.* in, 267
Baptisia, in typhoid, 185; —, in phthisis, 190; —, in typhoid, H. SMITH on, 204
Barium compounds, toxic effects of, 326
 BAYARD'S plea for pure homœopathy, 316
Bee's sting, rheumatism cured by, 275
 375
Benzoate of lithia, 383
- BERRIDGE, Dr., Pathogenetic Record by, *App.* 305
 BLACK, Dr., cause of professional opposition to homœopathy, 65; —, on medical coincidences, 175
 BLAKE, Dr. E., the mucosa of the pharynx, 335
 Boston University School of Medicine, 345
 Brain affection cured by *Bellad.*, 269
 Brain and nervous system, diseases of, KERSHAW'S, 317
 Breast, swelling of, *hydrastis* in, 381
Bromine, toxic effects of, 322
 BURNETT, Dr., on medical trades'-unionism, 255
- Camphor, bromide of*, 297
Carbo az. in scirrhus of breast, 368
Carbo veg., discussion on, 89; — in gangrene, 89; — in typhus, 89; — in hoarseness, 89; — in tympanitis, 89
Carbolic acid, toxic effects of, 334
 Carcinoma of stomach, *ars.* in, 99
Carduus Mariæ in dropsy from cirrhosis of liver, 369
 Casanova's forceps, Murphy on, 79
 Cerebro-spinal irritation, cases of, 371
 Cerebro-spinal meningitis, cases of, 363
 Cervicitis, *tart. em.* in, 194
 Chancre, indurated, *con.* in, 269
 Children's Homœopathic Hospital in Vienna, 101
Chloral hydrate, toxic effects of, 330
Chlorine, toxic effects of, 318
Chloroform, toxic effects of, 329
 Cholera, epidemic of, 367; —, КОРСК on, 362
 Choreia, *ast. rub.* in, 377
 Cider in scrofula, 94
 Clergyman's sore throat, Dr. SHULDHAM on, 254; —, Dr. BLAKE on, 337

- CLIFTON, Dr. A., on pseudo-hyper-trophic paralysis, 127
Coccus and *coccinella*, 184
 Coincidences, medical, Dr. BLACK ON, 175
Colocynthis in ovarian tumour, 202
 Comment unnecessary, 286
 Compound homœopathy, FINELLA'S, 184
 Condylomata, *cupr.* in, 367; —, *sabina* in, 367; —, *ferr. mur.* in, 367
 Condylomata, treatment of, 273
 Congress, French homœopathic, 206
 COOPER, Dr., on gastralgia, 223
 CORRIGON, Sir D., and homœopathy, 286
 Croup, *phos.* in, 368; —, tracheotomy in, 92
 CUMMINGS, Dr., on fruit diet, 81
Cundurango in scirrhus of stomach, 188
Cuprum in syphilis, 361;—in condylomata, 367
Cyclamm. in gastralgia, 101, 369
Cyclopodia of Practice of Medicine, Dr. VON ZIEMSEN'S, 82
- DAKE on diphtheria, 77; —, *Science of Therapeutics*, 317
 Decline of homœopaths in England, by Dr. DRYSDALE, 1
 DEKEERSMÆCKER'S *Hygiène de la Vue*, 312
 Delirium tremens, by Dr. KER, 241; —, *stramon.* in, 94
 Diabetes, KORCK on, 86; —, *Uran. nitr.* in, 93; —, *Phos. ac.* in, 93; —, Carlsbad water in, 93; —, *Arsen.* in, 93
 Diarrhœa of infants, RICHARD ON, 312
 Diphtheria, DAKE ON, 77; —, *Merc. cyan.* in, 356; —, *Bromine* in, 90; —, *Merc. corr.* in, 93; —, *K. bich.* in, 101
 Dropsy from cirrhosis of liver, *Card. mar.* in, 369
Drosera in hooping-cough, 268
 Drug-action in relation to dose, Dr. HUGHES ON, 209.
 DRYSDALE, Dr., Decline of Homœopaths in England by, 1; —, on scientific materialism and dogmatic theology, 235
 DUDGEON, Dr., case of cutaneous emphysema by, 104; —, on rational medicine, 132
 DUNHAM, Dr. C., homœopathy the science of therapeutics, 77; —, a *Silicea* cure by, 196
 DUNCAN'S *Diseases of Infants*, 316
 DURANT ON *Phosphate of Lime*, 345
- Dyspepsia, *abies nigra* in, 189
 Dystochia, Dr. HALE ON, 80
- Eczema, treatment of, 271
 Editorial table, our, 305
 EGGER, *On Prolapsus Uteri*, 318
 Emphysema, cutaneous, cure of, by DUDGEON, 104
 Epidemic among children, KORCK ON, 87
 Epilepsy, *ign.* in, 376
Equisetum hyemale in paralysis of rectum, 189
Eriodactylon, 386
Ether, toxic effects of, 330
 Expectant system, 144
- Fluxion-potencies, SWAN'S, 189
 Fruit diet, Dr. CUMMINGS ON, 81
- GAILLIARD and CROCA, controversy between, 358
 Gangrene cured by *ars.* and *leches*, 359
 Gastralgia, Dr. COOPER ON, 223; —, *anacardium* in, 160; —, *cyclam.* in, 101, 369; —, *arg. nat.* in, 102
 Gastritis, cases of, 96, 97
 Gastromalaria, *iod.* in, 366
 Glaucoma, PAYE ON, 83
 Glonoin, toxic effects of, 334
 Grarvogl's buds and leaves, 93
Grindelia, 384
 GURNEY'S obstetrics, 314
 Gunshot wounds, orthodox treatment of, 140
- Hæmoptysis, *ledum* in, 267
 HAHNEMANN'S dosage, Dr. HUGHES ON, 113; —, life in Coethen, 259; —, *Med. Med.*, by Leon Simon, 308; —, cause of his removal to Coethen, 379; —, Madame, death of, 300
 HALE, Dr. E., on Dystochia, 80; —, *On Diseases of the Heart*, Spanish translation of, 312; —, notes on some of the newest remedies, 296, 383
Hamamelis, eczema caused by, 375
 HARTMANN, Dr. F. A., death of, 390
 HART'S *Repertory to the New Remedies*, 181
 HAYWARD, Dr., on *Thuja*, 169
 Headache, *arg.* in, 376
Helianthus annuus in ague, 356
 HERRING ON nosodes, 188
 Herpes, *Thuja* in, 267
 Homœopaths, Dr. DRYSDALE ON the Decline of, in England, 1
 Homœopathy, Dr. BLACK ON the causes of professional opposition to, 65

- Homœopathy the Science of Therapeutics*, Dr. C. DUNHAM, 77
- Homœopathy and sectarianism, Dr. ROSS on, 292
- Homœopathy, pure, BAYARD'S plea for, 316
- Hooping-cough, *naphthalin* in, 102; —, *drog.* in, 268; —, *kal. chlor.* in, 366; —, *cochineal* in, 366; —, *lact. vir.* in, 378
- Hospitals, homœopathic, in Germany, 368
- HUGHES, Dr., on HAHNEMANN'S dosage, 113; —, on drug actions in relation to dose, 209; —, *Manual of Therapeutics*, by, 346
- Hydrofluoric acid*, toxic effect of, 324
- Hydrophobia, *curare* in, 90; —, fatal case of, 183
- Hyocyamine*, GILL on, 150
- Hyperæsthesia ventriculi hysterica, *ars.* in, 98
- Icterus, *colic.* and *chelic.* in, 92
- Ignatia* in apoplexy, 376
- Infants, Diseases of*, DUNCAN'S, 316
- Iodiform* in sphacelous chancre, 367
- Iodine*, toxic effects of, 319; —, discussion on, 365; —, in gastromalacia, 366
- Iris vers.*, CLAUDE on, 133
- Jaborandi*, 387
- JOUSSET'S *Leçons de Clinique Médicale*, 73; — *Elements de Médecine pratique*, 73
- Kal. chlorat.* in stomatitis, 366
- KER, Dr., on delirium tremens, 241
- KERSHAW'S *Diseases of Brain and Nervous System*, 317
- KIDD, Dr., *Laws of Therapeutics*, The, by, 305
- KORCK, cases by, 362
- Kreasote* in cauliflower tumour of uterus, 383
- Lachesis*, obstruction of œsophagus cured by, 376.
- Laws of Therapeutics*, by Dr. KIDD, 305
- Legs, swelling of, 362
- Lime, phosphate of*, DUBART on, 345
- Lipoma, *hydrarg. aurat.* in, 368
- London School of Homœopathy, 278
- Lupus exedens, *kal. sulphur.* in, 265; —, *aur. mur.* in, 265
- MATTEI'S medicines, 185
- Menière's disease, *salicylic acid* in, 189
- Merc. cyan.*, diphtheritic symptoms of, 202
- Metallo-homœopathy, 295
- Metallo-therapy, JOUSSET on, 353
- MÜLLER, Dr. Cl., death of, 111
- MURPHY, Dr., on yellow fever, 79; —, on CASANOVA'S forceps, 79; —, on spinal affections, 79; —, on aphasia, 79
- Myopia, *physostig.* in, 189
- Naja*, Dr. HAYWARD on, 109
- Nettle-rash, *petrol.* in, 161
- Neuralgia, *magn. phos.* in, 371; —, *spig.* in, 379; —, *caust.* in, 377; —, *phytolacca* in, 381
- New York, Homœopathic Hospital of, 345
- Nickel, bromide of*, 293
- Nitre*, toxic effects of, 326
- Nitro-benzoin*, toxic effects of, 332
- Nitrous oxide*, toxic effects of, 331
- Nosodes, HERING on, 181
- Obstetrics, RICHARDSON'S, 80; GUERNSEY'S, 314
- OLLEFVIER on homœopathy, 146
- Onychia, *caust.* in, 260
- Ophthalmia strumosa, DEWERS-MAECKER on, 180
- Organon*, first edition of, 8
- Organon*, The, new homœopathic periodical, 179
- Oxalic acid*, toxic effects of, 324
- Oxaluria, COOPER on, 229
- PANELLI on *Typhoid Fever*, translated by SHIPMAN, 313
- Paralysis, pseudo-hypertrophic, *phos.* in, Dr. A. CLIFTON on, 127
- Paralysis of rectum, *equis.* in, 189
- PAYR on glaucoma, 83
- Pemphigus neonatorum, *ran. bulb.* in, 264
- Perityphlitis, *merc.* and *bell.* in, 264
- Pharynx, the mucosa of, Dr. BLAKE, 335
- Phosphorus* in amaurosis, 93; —, in purpura hæmorrhagica, 361
- Phthisis, *baptisia* in, 190
- Physostigma* in myopia, 189
- Picric acid*, 388
- Platina* in uterine disease, 102
- Pneumonia, Dr. HUGHES on, 347; —, croupous, *iod.* and *brom.* in, 94, 98
- Poisons, effects of, 318
- Potassium salts*, toxic effects of, 326

- Prosopalgia, *spig.* in, 264
 Pruritus senilis, *mezer.* in, 93
 —, Turkish baths in, 165
Prussic acid, toxic effects of, 331
 Purpura hæmorrhagica, *phosph.* in, 361
- RABAGLIATI on homœopathy, 70
 Rational medicine, Dr. Dudgeon on, 132
 Rattlesnake bite, *iod.* in, 296
 Religio medici, 231
 Rheumatism, *iodine* in, 90; —, *digitalin* in, 90; —, *ferrum phos.* in, 90; —, cured by bee's sting, 275, 375; —, *salicylate of soda* in, 356, 377, 378
 RICHARD'S *Infantile Diarrhœa*, 312
 RICHARDSON'S *Obstetrics*, 80
 RUDDOCK'S *Diseases of Infants*, 258; *Lady's Manual*, 258
- Salicylate of soda* in rheumatism, 356
Salicylic acid, GOULLON on, 100; —, in sciatica, 103
Sanguinaria, sick headache, 186; —, headache, 187
 Sciatica, *salicylic acid* in, 103
 Scirrhus of heart, *carb. an.* in, 368
 Scrofulosis, *stillingia* in, 193
 Sewage poisoning, effects on the throat, Dr. BLAKE on, 341
 SHULDHAM, Dr., on clergyman's sore throat, 254
Silicea, cure, a, by Dr. Dunham, 196
 SIMON, Dr. LEON, translation of Hahnemann's *Materia Medica*, by, 308
Solanæa, toxic and physiological effects of the, 343
 Spinal affections, MURPHY on, 79
Stillingia in scrofulosis, 193
 Stomatitis, *kal. chlor.* in, 366
Sulphurous acid, toxic effects of, 324
- Syphilis, subcutaneous injections of *merc. bican* in, 269; —, discussion on, 367
 —, *merc. cor.* in, 367; —, *cuprum* in, 367
- Tart. em.* in cervicitis, 194
 TESSIER'S homœopathic treatment in the St. Margaret's Hospital, 85
Therapeutics, Science of, DAKK'S, 317; —, HUGHES, *Manual of*, 346
Thuja in varioloids, 364
 Throat, syphilitic ulceration of, *nitr. ac.* in, 367
 Tongue, syphilitic induration of, *aurum* in, 367
 Trades-unionism, Dr. BURNETT on, 255
Turpentine, ozonized for African fevers, 202
 Typhoid, *baptisia* in, 185, 204
 Typhoid fever, PANELLI on, translated by SHIPMAN, 313
- Ulcer, sloughing, *ars.* in, 380
 Uræmia with mania, case of, 266
 Uteri, prolapsus, EGGERT on, 318
 Uterus, cauliflower tumour of, *Kreos.* in, 383
 Uterus, induration of, *aur. mur.* in, 102
- Varioloids, *thuja* in, 364
Viscum album, curious symptom of, 271
 Vomiting, *æthus.* in, 370; —, *arsen. hydrarg.* in, 371
- WHATLEY, Archbp., treatment of, 287
- Yellow fever, MURPHY on, 79
- Ziemssen's *Cyclopædia*, 82
Zinc, bromide of, 299



