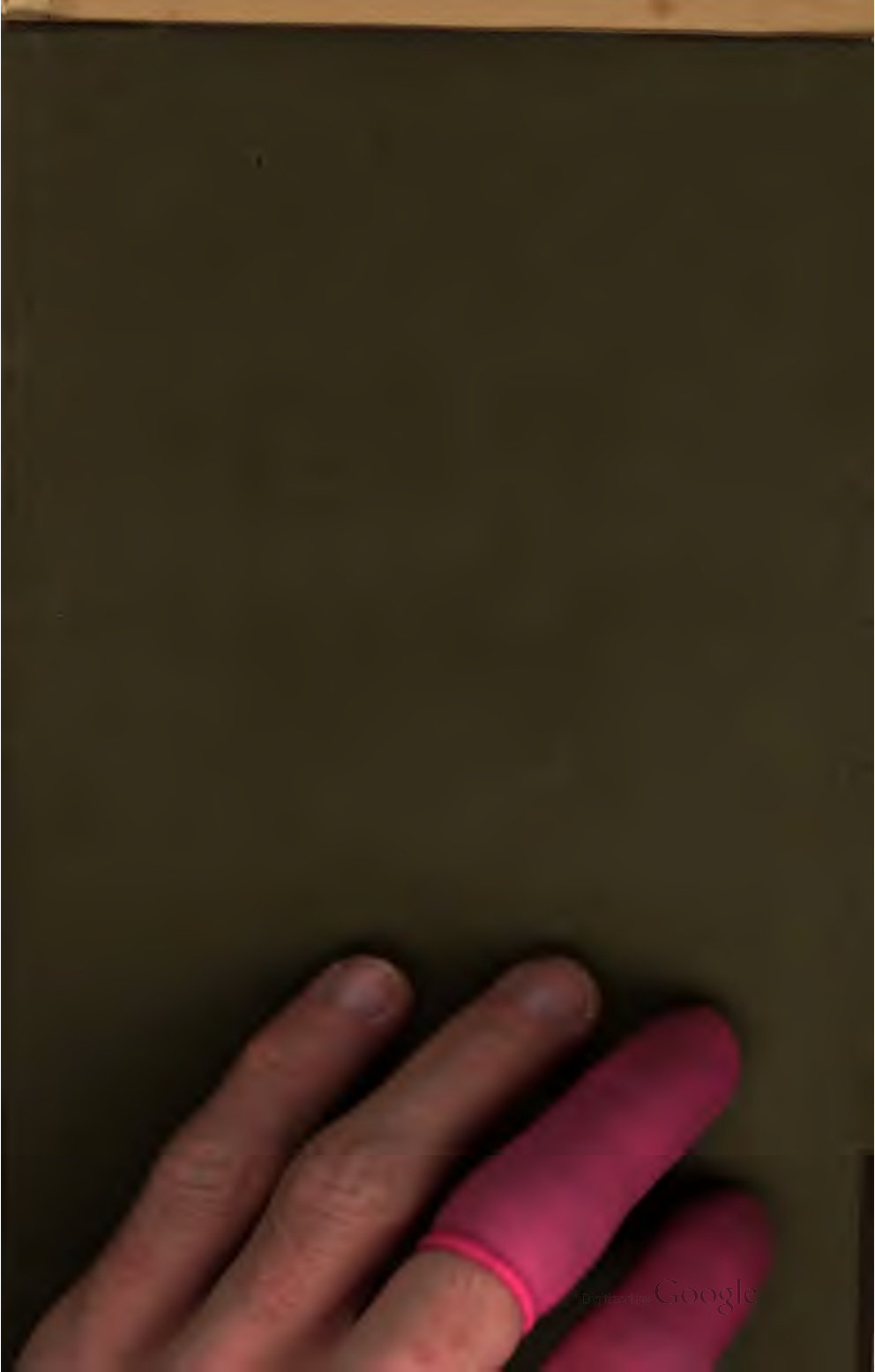

THE

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OF

HOMŒOPATHY.

EDITED BY

J. J. DRYSDALE, M.D.,

J. RUTHERFURD RUSSELL, M.D.,

AND

R. E. DUDGEON, M.D.

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CONTENTS OF No. XXIII.

CONTENTS OF No. XXIV.

MISCELLANEOUS.

CONTENTS OF No. XXV.

HOMŒOPATHIC INTELLIGENCE.

OBITUARY.

MISCELLANEOUS.

CONTENTS OF No. XXVI.

HOMŒOPATHIC INTELLIGENCE.

MISCELLANEOUS.

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OF

HOMŒOPATHY.

CRITICAL INVESTIGATION OF THE SUBJECT OF THE DOSE.

It is undeniable that the main obstacle to the spread of Homœopathy is its Posology, and equally true it is that this is the doctrinal point of the reformed medical faith which has given rise to so many seeming schisms amongst those who acknowledge but one grand therapeutic principle, the law *similia similibus curantur*. By some it is supposed that the onward march of Homœopathy has been obstructed solely and alone by its profession of infinitesimal doses, but more than this, the dissensions of its champions among themselves on this point, have contributed to retard its ultimate triumph.

Those conversant with the state of Homœopathy in England alone are little aware of the importance which our continental brethren attach to the Posological question; the zeal with which each defends his own, and attacks his neighbour's views on the subject; the animosity with which the advocates of one set of doses attack those of another, one party accusing the other of downright heresy and abjuration of the principles of Hahnemann, the other retorting that their opponents lag behind in the march of scientific advancement, and blindly pin their faith to the dicta of the master. To the advocates of the high dilutions, the partisans of the more material doses appear verging on allopathy, whilst to the other the former seem lost in the regions

of mysticism and day-dreaming. The German homœopathic journals teem with articles on the proper dose, but as far as we are aware the subject has never been dispassionately considered; the writings are all one-sided and analytical, nowhere is any thing like impartial generalization or synthesis to be met with.

Though we are far from supposing we shall be able to reconcile all conflicting opinions, or to afford a solution of the great problem which now agitates the homœopathic mind to the satisfaction of all or any of the contending parties, we shall be content if we are able, by our remarks and arguments, to suggest to the minds of others trains of thought conducive to the solution of this question in our therapeutics, which is only second in interest and importance to the fundamental law of our system. To examine this intricate question thoroughly, and with the hope of finding some clue to unravel the seemingly inextricable confusion in which it appears to be involved, and which is productive of a doubtful and unsettled mode in practice, we think it will be best to go back to the origin of Homœopathy, and trace its development somewhat in a historical form.

When Hahnemann first discovered the principle of *similia similibus*, although as a simple logical corollary, it was obvious to common sense that to reduce this theory to practice it would be necessary to diminish the dose considerably, otherwise aggravation would result, yet he had no conception of the amount of the diminution which would be necessary or expedient. That he believed could be determined by experience alone, as is expressed well in paragraph 278 of the *Organon:*

"Here the question now arises: What is this degree of minuteness most fit for affording relief certainly, yet mildly, in other words, how small must be the dose of a Homœopathically chosen medicine for the happiest cure of each individual case? To resolve this problem, and to determine for each medicine, what dose of it is sufficient for the purpose of Homœopathic cure, and yet so small as to produce the mildest and speediest cure—to resolve this problem is, as one can easily see, not the work of theoretic speculation; not from hair-splitting argumentation, or sophistical reasonings is the solution of this problem to be expected. Pure experimentation, careful observation, and right experience can alone determine this,

and it would be absurd to oppose the large doses of unsuitable (allopathic) medicines of the old practice—which do not touch the diseased side of the organism homœopathically, but only attack the parts not affected by the disease—to what pure experience pronounces as to the needful smallness of the dose proper for Homœopathic cures."

No fixed amount can therefore possibly be said, *a priori*, to be the proper Homœopathic dose—it may be grains or drops, or scruples, or hundredths, or millionths, or decillionths of grains—all are equally Homœopathic as long as the principle is kept in view, and that one is the best which experience pronounces in favour of. Now what has experience shown?

The first experiments in point of time we must consider to be those cases of Homœopathic cures unwittingly performed by physicians before Hahnemann's time. Next to these come Hahnemann's own earlier cures, with still comparatively massive doses; and thirdly, Hahnemann's Homœopathic experience, *i. e.* that after his theory was systematized. The two former we shall consider at greater length in a subsequent part of this paper. Of the third, Hahnemann has left us no record, but has merely stated as the result—though, while still ostensibly diluting chiefly to avoid aggravation, we shall presently see he had entered on a different and entirely new field discovered by himself—that the 30th dilution was the normal and proper dose for all Homœopathic medicines. The chief ground he had for fixing a maximum degree of dilution was, that common sense showed there must be some limit, and that uniformity was needful, as we see from his letter to Dr. Schreter in 1829:—

"I do not approve of your dynamizing medicines higher, (as for instance, up to XII. and XX.) There must be some end to the thing. It cannot go on to infinity. By laying it down as a rule that all Homœopathic remedies be diluted and dynamized up to 30, we have a uniform mode of procedure in the treatment of all Homœopathists, and when they describe a cure we can repeat it, as they and we operate with the same tools."—(*Brit. Journal of Homœopathy*, vol. 5, p. 398).

Up to this time, and during the predominance of this rule, may be looked on as the first epoch in the history of Homœopathy, as far as the question of the dose is concerned.

It was not long however, before it was found that this rule was premature, and practitioners were compelled to abandon it as a universal rule, and to resort frequently to lower dilutions. The appearance of the cholera contributed powerfully to this result, and even Hahnemann himself did not adhere rigidly to his own rule. Indeed, singularly enough, the model Homœopathic cures in the *Materia Medica,* and for long the only Homœopathic cases he ever published, retained their place after the 30th had been fixed as the normal dose, though in one of those cases the 12th of pulsatilla, and in the other the undiluted tincture of bryonia, had been used.

Practitioners having thus abandoned the guidance of Hahnemann in respect to the dose, were thrown back on their own experience, and this we may consider the second epoch in the history of the dose question.

It may not be inappropriate here to cast a glance at the most prevalent opinions respecting the circumstances which influence the selection of the dose, and the practical results arrived at.

Whilst on the one hand we have a class of practitioners, the type of which is our friend George Schmid, prescribing nought but the pure tincture, and first triturations, except when "manifold and repeated experience" compels him to dilute,—(V. *Brit. Journal of Hom.*, vol. 5, p. 250), on the other hand, we have another extreme represented by Gross, who exclaims: "Your model cures are as nothing at all compared with the results gained by the 200th, 800th, 2000th dilutions." (Vide *Op. Cit.* p. 131.) Betwixt these two limits we find all manners of practice; the practitioners, guided by fixed principles or by no principles; some never straying beyond the limits of the 6th and 12th dilutions; others, and these constitute, we conceive, the numerical majority, who, holding that the more rapid changes of the acute disease require the more rapidly acting concentrated medicine, prescribe tinctures and low dilutions in these diseases; and judging that the slower changes of the chronic disease require the slower acting attenuated remedy, administer the higher potencies in these affections. Others, assuming that the acute disease is more superficial, the chronic more deep, and that the same difference obtains between the action of the low and the high

dilutions of medicines, model their prescriptions to this view, and give the superficially acting low dilutions in the superficial acute disease, the deeply-acting high dilutions in the deep-seated chronic disease.

The upholders of both these last opinions administer the remedies in all dilutions up to 12 or 15 in acute diseases, and in all potencies beyond 12 in chronic diseases, rarely giving a low dilution in chronic diseases or a high dilution in acute diseases.

Others again there are who have arrived at the same practical rule from a different side. These, believing that the power of diluting, or dynamizing as they would term it, if it do not develop new qualities in the drug, does at all events greatly increase its power and extend its sphere of action, believing also, as a corollary to this, that the acute disease is more confined, the chronic more extended in its effects; they also give the more concentrated medicine in the former, the more diluted in the latter class of maladies.

There are other practitioners who follow Hahnemann's directions, and prescribe 30ths only. Some again, use the dilutions mentioned in the Pharmacopœa. Some, while prescribing most remedies in Hahnemann's dilutions, employ a few such as *ipec., cannabis, camphor,* and some others in the lowest dilutions, or in mother tinctures; experience or imitation having led them to this method.

Many practitioners habitually give all medicines in all cases, between the 3rd and 12th dilution, not deeming it necessary to dilute farther even for chronic diseases.

The opinion of Rau, which is at direct variance with that of most other practitioners, may be here adverted to. At p. 168 of his work entitled *The value of the Homœopathic mode of Treatment,* he thus expresses himself:—

"The more violent and acute the disease the smaller must be the dose of the Homœopathic medicine, and this must be greater the longer the disease has lasted, and the more chronic its character is."

The rule for the dose laid down by Dr. Hering, of Philadelphia, demands attention in this place. In a paper written by him in the 1st vol. of the *Neues Archiv,* we find the following observations:—

"The course of the medicinal disease must correspond to that of the disease to be cured."

He rejects the idea of the secondary actions of medicines being, owing to the reaction of the vital principle or of the organism, and affirms that secondary as well as primary symptoms proceed from the direct agency of the medicine. He then goes on to say,—

"In the provings with low dilutions, especially with large tumultuously acting doses, there always appear in sensitive individuals, after the stormy primary symptoms, a series of symptoms which gradually diminish in number, *i. e.* in extent, and slowly disappear. Sometimes a few symptoms continued very long, and reappeared under certain circumstances for weeks and months. This occurred especially when the drug was taken in repeated doses. The so-called alternating action frequently occurred during the first days of the proving, but sometimes also they continued until the very last. On comparing the symptoms of the first and last days there was a most perceptible difference, although the very different symptoms gradually merged into each other. The symptoms of the first and last days were often in a so-called opposition, contained something that might be termed opposite, that is, stood in the relation to each other of alternating symptoms. In proving the higher potencies this difference was not perceptible; alternating actions indeed appeared; the symptoms also of the first days were more numerous, and then decreased in number or extent. Repetition impressed them more in the system, and they were thus rendered more persistent. But there was not the alternating action betwixt the first and last days. Lower dilutions brought out two kinds of symptoms, higher chiefly one kind. All the symptoms which occur in proving the higher potencies are identical with the secondary action of the lower, or so called stronger doses; but not with the primary actions of these. Lower dilutions furnish in the last days what higher furnish immediately."

The practical rule he deduces from these facts is as follows:—

"Have we chosen our remedy from the symptoms of a case of disease on account of the perfect correspondence of the chief characteristics in disease and remedy, we have only to note whether the symptoms of the case correspond with the primary action of the drug, when we give the lower dilution, or with its secondary symp-

toms, that is, with those got from the provings of higher potencies, in which case we give the higher."

If this rule should be found correct we will not reap that advantage from its discovery we might otherwise expect, when we remember that with the exception of Dr. Hering's own, and the recent Austrian provings, in scarcely any instance are we aware of the dilutions of drugs that have been used to procure the symptoms recorded in our *Materia Medica*, and in only a few instances is the time the symptoms occurred after taking the medicinal substance, recorded. To apply Dr. Hering's rule then, we should require almost an entire reproving of the remedies undertaken with that scrupulous care which marked the labours of Hahnemann and his earlier disciples.

We would pass over another solitary opinion on the subject of dose did we not find that a sort of general circulation has been given it by its enunciation in a long paper in the *Journal de la Médecine Homœopathique*, of last February. The author is a Dr. Cruxent, of Mataro in Spain, evidently a large proprietor of *chateaux* in that country, who, with wonderful *bonhommie*, read his paper before the Hahnemannian Society of Paris, which the said society, with equal simplicity, caused to be published in their journal. Dr. Cruxent's rule for the dose is as simple as its utility is unsupported by a single fact. If the disease is but one day old, give the first dilution, if two, the 2nd, if three, the 3rd, and so on; if a year old, you give the 365th, (except it be leap year, we presume, when the 366th would be the mark,) if ten years old, the 3650th dilution, &c. &c. Of course this opinion requires no comment.

Finally, there is still another set of practitioners, the representatives of your purely practical men, who will not, or cannot, account for their selection of this or that dose in a given case; these maintain that the choice of the dose is not subject to any general rules, but that the tact of the practitioner must determine the best for every individual case. In the present state of things this may, to a certain extent, be true, but we believe some rule will be discovered which will obviate the necessity of being guided solely by an uncertain tact. In like manner, before the introduction of the stethoscope, there were physicians who, from

a peculiar diagnostic tact, of which they could render no distinct account, were able to recognise certain affections of the chest; but no one will deny the advantage gained, when, by the simple rules of auscultation, all, without possessing any peculiar gift, are enabled at once to recognise these chest affections.

Let it be our object to try if we cannot discover any rules which a consideration of physiological laws, in conjunction with the results of Homœopathic experience, may reveal to us, and thus pave the way for the discovery of some more fixed and decided principles for the guidance of practice.

In diluting to avoid aggravation and seeking the solution of this problem by pure experiment, Hahnemann, with his characteristic acuteness, soon found that he had entered on a new field of discovery, and by this was opened a way to a knowledge of the finer and more specific effects of medicinal bodies previously unattainable, and many substances previously thought inert or of little value were by this means revealed as active agents and invaluable remedies. In fact, he discovered that the process of dilution was a positive element in the elimination of the specific effects of medicinal bodies. Several facts altogether unconnected with Hahnemann's discovery serve to corroborate its truth. Thus it is obvious, that if calomel were always given in purgative doses, we should never have attained to the knowledge of its infinitely more characteristic qualities; and the same may be said of all substances which have the power of producing local action leading to their expulsion, and indeed, independent of Homœopathic experience, allopathists are well aware of the greater fitness of smaller doses for developing specific effects, as by avoiding the local action, the latter are thereby obtained. As example, may be quoted the simply irritant effect to the bowels of large doses of Copaiba and *Ol. Tereb.* and their active diuretic properties, when given in minute doses; the serious effects resulting from small quantities of lead, and its comparative inocuousness in larger.

The importance of the element dilution is also well exemplified in the case of odoriferous bodies, such as musk, attar of roses, &c., as any one may at once prove for himself by holding a bottle of musk close to the nose and inhaling, when scarcely

any odour beyond a disagreeable animal one, is experienced; but when the same bottle is waved about in the air, a fragrance exceedingly agreeable is diffused many yards around.

Mineral waters, too, afford an excellent illustration of the virtue of increased dilution. In many of these no mineral agent exists, other than is found in the common spring water of our towns, and the only apparent difference is, that these exist in even smaller quantities, and yet therapeutic qualities are developed in the pure water, which apparently can only be referred to the higher dilution of the previously nearly inert earthy salt.

Before passing to the Homœopathic illustrations of this principle, we may notice an interesting example of its having been made use of in allopathic practice. We allude to the experiments of Dr. Law, of Dublin, with minute doses of mercury, as narrated in the 14th vol. of the *Dublin Medical Journal*, p. 393. As the general results of his experiments, he states:—

"To a single result of such enquiry will we advert at present, viz. *the very small quantity of mercury required to affect the system when exhibited in minute doses at short intervals.* This quantity was much smaller than we could have had any idea of. We made no particular selection of cases, but such as were labouring under affections which we ordinarily treated with mercury. We directed one grain of calomel to be rubbed up with a sufficient quantity of gentian to make a mass to be divided into twelve pills, one of which was to be taken every hour. We found in some cases salivation produced by 24 pills, or two grains of calomel, and seldom were 48 pills or four grains required to produce this effect. We would say that 36 pills or three grains was the average quantity required to effect salivation."

Dr. Law then narrates a number of cases in proof of the success of the practice and its great therapeutic value. Among the most interesting are two in which the method apparently failed, but it was afterwards found that the patients had taken more than the prescribed quantity. Of one of these Dr. Law says:—

"However, we discovered that, in order, as he thought, to make assurance sure, instead of complying with our directions of only taking one pill every hour, after the second day and after experiencing the benefit he received from eighteen, he took forty-eight within

twelve hours. So that this case, so far from constituting an exception by its negative results, confirmed our point."

We recommend this paper to the notice of Homœopathists.

These observations may serve to pave the way to the consideration of the discovery of Hahnemann, that the dilutions of medicinal bodies exhibited in their action the development of the finer and more specific qualities inherent in them. In the homœopathic provings of many substances, of which large doses have exhibited nothing but irritant local actions, minute doses have developed a train of specific actions previously undreamt of. And a great many other bodies, previous to his time believed to be inert, or only possessing a chemical action, such as carbo, silica, common salt, kali carbonicum, &c., have displayed powerful and peculiar dynamic effects when given in dilution. It is needless to dwell on these, as the fact is now well established in the minds of Homœopathists, and it is now their fixed rule not to be content with the coarse and limited effects produced on the organism by large doses of poisonous agents, but to insist—for a complete acquaintance with the more refined symptoms—on a proving which shall have been made with the substance in all stages of dilution, from 1 to 30. In proof of this we may add, that we have every reason to believe that many of the symptoms in Hahnemann's provings were observed from the action of infinitesimal doses, though on this point he has unfortunately left us no record. Other provers, however, both in Europe and America, have furnished numerous instances of symptoms manifested by the dilutions of soluble and otherwise very active agents, which were not exhibited by the taking of concentrated solutions in notable quantities. We subjoin a few examples.

In Dr. Arneth's proving of colocynth, upwards of 700 drops of the pure tincture, taken within thirty days, produced little effect, except some griping and occasional loose stools, a slight increase of the urinary secretion, and an eruption of pimples on the face. One dose of the third dilution caused loose evacuations, and a second dose caused more severe griping than he had experienced from the mother tincture; the second dilution gave evidence likewise of a more extensive sphere of action than had

been perceived from the tincture, from it he experienced gripings in the abdomen, loose evacuations, pain in shoulder, toothache, &c. The first dilution caused an inflammatory action in the conjunctiva; the fourth dilution produced some unimportant symptoms; the fifth none at all.

Dr. Wachtel experienced hardly any symptoms from the tincture of colocynth, the first trituration of its pulp, however, produced a series of well marked and severe effects.

In Dr. J. O. Müller's proving of silver, the sphere of action of the higher dilutions is beyond comparison greater than that of the lower. (*Œst. Zeitsch. für Hom. vol. 2, p. 55, &c.*)

In the proving of *Thuya*, one of the provers, Dr. Huber, was astonished to find produced by the 60th dilution, not only the symptoms he had experienced from large doses of the tincture and low dilutions, but also new and characteristic effects of the medicine, some of an objective character. Dr. Wachtel also experienced objective symptoms (production of warty excrescences,) from the twelfth dilution of thuya, which had failed to make their appearance under the employment of the third. Throughout the whole recorded proving of thuya, we cannot fail to remark that in many cases the most characteristic and peculiar symptoms were produced by the dilutions of the remedy.

From all these facts it has become evident that we must recognize in the process of dilution a positive element in the development of the specific powers of medicinal agents.

This has been a source of no small confusion among Homœopathists themselves, and of great ridicule from the enemies of Homœopathy from the apparent paradox contained in the statement that while the process of dilution unquestionably diminishes the intensity of the concrete action of a substance, yet, at the same time, it may develop and extend certain of its actions on the living organism. Nevertheless, Hahnemann, and most of his followers, have not hesitated to adopt the conclusion, and have even applied to the process of dilution the term potentialization or dynamization. To account for it, Hahnemann framed the hypothesis of a physical development of power in the medicinal body itself by the mechanical processes made use of in preparing

the dilutions, without any conjecture as to its nature. Others have tried to account for these phenomena by a reference to electric or magnetic changes, or even a development of vital principle* in the medicines so prepared. These hypothesis have been chiefly based on the fact that some bodies, in their original state, perfectly inert, have acquired active properties after being submitted to trituration. It must be remembered, however, that trituration brings insoluble substances into a state of subdivision, which fits them for acting on the organism, and it remained to be proved that this was not the whole action of this process. The experience of Homœopathists has, we think, now settled this question, as in the case of soluble solid bodies no difference was detected in the action of the dilutions, whether these had been prepared from a trituration or a simple solution of the crude substance; nor has any difference been detected in the action of fluid dilutions, however much they had been shaken. But for further information on this subject we refer to the review of Pharmacy in a late number of this journal. We conclude then that the assumption of a physical development of power in substances by the processes employed in diluting is, as yet, entirely devoid of proof, and in the meantime we must refer any effects that it may have to the simple process of dilution itself.

In connection with this subject we think it may be interesting to notice here the remarkable theory of Dr. Fletcher, of the action of morbid poisons. The excessive minuteness of the dose of the active matter of contagious and infectious diseases is familiar to every one, but it will not be so readily granted that this very minuteness is an element in their powerful effect. That such, however, is the case is in accordance with the pathological axiom laid down by Dr. Fletcher, that in these morbid processes the severity of the disease is *ceteris paribus* in proportion to the length of the latent stage.† On this principle

* See Dr. Curie's Preface to Jahr's Manual.

† Fletcher's Elements of Pathology.

"The period which the several kinds of miasms require to produce their effects (that is to say, the period during which the state of excitement lasts, previous to the supervention of the collapse) is, as well in different instances of the same

he accounts for the greater mildness of the inoculated than the natural small pox, by the fact that in the former the virus being applied in a concentrated form, the active symptoms are sooner manifested, and thus the latent stage, or period of incubation, is shortened.

It is obvious that this principle may be applied to many of the actions of Homœopathic dilutions, and it seems plain that to produce many of the profounder alterations in nutrition which are undoubtedly produced by Homœopathic medicines, a certain length of time is necessary. If, therefore, the specific irritant is applied in such a quantity as to exhaust the susceptibility to its action too soon, these effects can never be manifested. But

disease, as in different diseases, extremely various. Some of them, as those producing yellow fever, cholera, and influenza, appear to have a tendency to operate almost instantaneously, while others, as those producing typhus, are accustomed to remain in the body weeks or months. The miasms also which give rise to variola seem to operate much more slowly than variolous matter introduced by inoculation; that is to say, the state of excitement which the former produces is of much longer duration than that produced by the latter; and it is probably upon this principle that we must explain the greater severity of the disease when produced by miasma than when produced by inoculation, since the degree of collapse will correspond with the degree of this excitement. If a pinch of snuff be received into the nostrils the excitement which it occasions is short, the collapse and the increased secretion are slight, and soon over; but if a similar pinch of the powder of asarum be received, the excitement lasts for some hours, during which we are not conscious of any effect, but the collapse and increased secretion which follow are proportionably severe, and of long duration: and it is a remark very frequently made of a common catarrh, that the sooner it displays itself after exposure to its exciting cause, the less violent it is, and the sooner it is over."—p. 83.

"The period that may elapse after exposure to any one of these viruses before any sensible effects take place, *i. e.* the stage of excitement, which precedes that of collapse, in which the disease essentially consists, is in different instances of the same disease, as well as in different diseases, extremely various. In those diseases, however, which arise as well from miasms as from inoculation—as variola—the latent stage, as it is called, is almost twice as long in the former case as in the latter; and it is, probably, in this way, as has been before remarked, that we must explain the greater severity of the disease in the one case than in the other. This circumstance has been, at different times, referred to.

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"The true explanation seems to be, that in its concentrated state it (the virus) produces so strong a contraction of the capillary arteries as is incompatible with a long continuance; and the subsequent relaxation in which the disease consists is in proportion to the continuance."—p. 135.

this train of investigation would lead us too far from our present subject.

In conclusion then, of this part of our subject, we must state our opinion to be, that simple dilution is a positive element in the development of the specific powers of medicines; and though dilution may not cause a physical development of properties not previously possessed by the medicine, yet it places the medicine in different relations to the living organism, and thus effects are produced which could not otherwise have been manifested; therefore we consider the use of the term dynamization quite proper as applied to the process of dilution, and retain the term potencies as applied to the different degrees of dilution. This may not be strictly philosophical, as, abstractedly speaking, the simple diminution of quantity cannot be said to be a positive agent, yet we are justified in the use of it by the universal adoption and employment of the term *cold* as a positive agent in physiology and common life—cold, strictly speaking, having no real existence.

From the foregoing it appears, therefore, that the subject of dilution resolves itself into two elements: a positive one, which is termed dynamization, and a negative one, the simple diminution of the intensity of the action of the substance, for the purpose of avoiding aggravation. Again we may say these two are, abstractedly speaking, the same process, but as it would lead to endless explanations, we prefer, for *practical convenience* sake, to retain these independent terms.

There being, then, two reasons for dilution—the one negative, to avoid aggravation; the other positive, for dynamization—let us examine if reason and experience give us any clue to the separation of the class of cases that are effected by these. To do this we must take into account the physiological law of stimulus and susceptibility.

It is not necessary here to go fully into a consideration of the Brunonian system, but it is perfectly in accordance with all sound physiology to assume that no medicinal, nor, in fact, any positive agent, can act on the organism without there being present in the latter a susceptibility to be acted on. It is likewise admissible that there exist in the organism many modifi-

cations of susceptibility, or irritability, which may be denominated special, in addition to the general irritability. The latter always present, and placed in relation to the ordinary stimuli, gives rise to no special phenomena other than those of life; and when placed similarly to medicinal agents developes phenomena of a general character. The former, however, do not always exist in the organism, and when they do are capable of exhaustion, sometimes of complete destruction, without injury to the integrity of the organism; and these, when present, are those which are acted on by the specific properties of the medicines applied.

The general irritability is capable of diminution, but not of complete exhaustion. As an example of the type of this action, we may take heat and electricity and alcohol, for although the susceptibility to the action of these stimuli may be lessened, yet it cannot cease to exist, without implying the destruction of the integrity of the organism. In this class the quantity of the stimulus has a direct and positive influence in regulating the amount of action.

On the other hand, the specific susceptibility may be completely destroyed, without any injury to the system at large; of this again we may take as an example the action of variolous poison, which, when the susceptibility is not present, has no action, and when it is, it produces that series of phenomena named Small-pox, which, once produced, cannot again be developed. In this class the quantity of the stimulus bears no apparent relation to the amount of action.

As Homœopathic remedies, as well as all other agents, come under one or other of these heads, it would be desirable if we could draw the line between those which act on the general and those which act on the special susceptibilities; yet this is found to be impossible, and we must content ourselves with an approximation to the truth, and admit that some certainly tend to arrange themselves on one side or other, in a manner sufficiently obvious to warrant us making a practical division of those into two classes.

As examples of the first, we may notice the production of vomiting by ipecacuan, inflammation of the stomach by

arsenic, salivation by mercury, inflammation of the urinary organs by cantharides, dysentery by sublimate, evacuation of the rectum by aloes; in these instances it is obvious that these effects will always be produced in an organism in a state of integrity, provided a sufficient quantity of the exciting cause be applied.

In as far then as medicines approach this class, we have the direct control of the intensity of the action by simply increasing or diminishing the amount of the dose.

In the second class we have, probably, no perfect example among medicinal bodies, but in a general way it may be said that most of the finer shades of symptoms approach that, and almost all those afforded by the doses of medicine, in otherwise insensible quantities, proved on the healthy organism. Some of these medicines, in fact, from their insolubility, we only know in this manner, such as silica, carbo, &c., which have been proved from very minute quantities; and in the provings of these it is worthy of notice, that the susceptibility in the healthy individual is sometimes completely absent, as has been noticed by Wurmb, who took Lycopodium in all conceivable modes, without the production of any effects whatever, as of course it is only when this susceptibility is present that such symptoms are obvious.

In this it appears that the qualitative effects are dependent altogether on the special susceptibility of the individual, and bear no reference to the quantity of the agent given, and that any regulation of the intensity of them is without our control: and the inference is that the question as to quantity in cases referable to this class is out of all proportion small as compared to the qualitative action of the medicine.

Under this head may be comprehended many of the most brilliant and characteristic homœopathic cures. Thus we have in our literature numerous examples of a medicine corresponding very closely in its most characteristic symptoms to a well marked and peculiar state of disease, and in such cases it seemed almost a matter of indifference within a very wide range indeed, what dose was given. Of this we may cite a few examples.

In the treatment of croup, a disease of a marked specific character, and one in which the great Homœopathicity of spongia and hepar has been again and again demonstrated, we find scattered throughout the pages of our literature numerous examples of the successful employment of one or other of these remedies in all dilutions from 1 to 30; nor has the efficacy of one at least of these remedies been confined to its administration in these small doses, for among Allopathists, Double speaks to the power of *hepar* in croup, in the dose of from 6 to 10 grs. morning and evening, (*Dict. Abrégé de Therap.* 1837). Becker employed it (*Allg. Med. Zeitg.* 1834). Chaussier recommended it given thus, ℞ Kal. sulphur. ʒ ss. Aq. fœnic. ʒ vj. Sacch. alb. ʒ xv. f. syrup., a teaspoonful several times a day. (*Salzb. Med. Chir. Ztg.*, vol. I, p. 137). Dornbluth gave it thus, ℞ Kal. sulph., ext. liquirit. āā grxij. M. ft. pil. No. xij., two to be taken every hour. Duchassin wrote a treatise, *Sur le bon Emploi du Sulph. de pot. dans le Traitement du Croup.* Paris, 1813. Fritze, (*Hufeland's Journal*, vol. LXX.) Heinrich, (Ibid. 1818.) Klaproth, (*Hecker's Annalen*, vol. I, pt. 2.) Kopp, (*Beob. im. Geb. der. Heilk*, vol. I.) Larrey, (*Dict. des Sciences Med.*, vol. VII), and several other Allopathic writers, all speak of the efficacy of hepar in substantial doses, in croup.

The efficacy of the Homœopathic remedy in toothache every practitioner knows is almost irrespective of the dose; we have all used it over and over again, with material palpable doses, as well as every variety of infinitesimal doses.

The Homœopathic literature abounds with instances of the very speedy cure of sore throat by belladonna in every dilution, from 30 downwards to the plain extract; which, for want of Homœopathic dilutions, Dr. Bigel prescribed from the apothecary's shop with the most prompt benefit. (*Examen de la Methode curative nommée Homœopathie*, vol. I.)

To a certain extent this character may be said to pervade all Homœopathic cures in a more or less degree, for even in cases of our first class, the susceptibility, though present before, is exalted to such a great degree by the presence of the disease, that it may in a manner be said to become special; and thus, in these cases, there is also a considerable margin within which

cure is possible. For example, a case of cystitis may be cured by canth. 6, which might have been also cured by canth. 1, though the difference in point of quantity between these doses is, in fact, enormous. This wide range of doses, which would *act equally well*, is, however, far from being the rule in the first class, we believe, nor indeed in the second, though more frequently occurring in it.

Another analogy may be noticed between the remedies of this class, and the disease we have chosen as the type of the class; it is this, that they seem capable of exhausting, for a time at least, the susceptibility to some of their actions. This is evidenced by the fact that in the provings with the higher dilutions, many of the finer symptoms were obtained but once by each of the provers, and could not be reproduced in the same individual by a repetition of the dose, at least not till after the lapse of a long period of time. This has been particularly noticed by Dr. Helbig as not peculiar to the high dilutions, but occurring also with the undiluted tinctures of several medicines which have a small and characteristic sphere of specific action; and he lays it down as a rule, that "wherever a medicine displays all at once a very marked action, then its repetition is of no use, for it has already exhausted its whole power, and done all it is capable of effecting." In support of this he also quotes two observations from allopathic authorities, which are interesting. "The human organism has only a limited degree of receptivity for most medicines, and when this is once saturated the superabundant quantity is inert ballast. It is the greatest error to believe that the action of a medicine increases in the ratio of its quantity."—*Pfaff.* "More especially those medicines often lose their power soonest which all at once act too strongly. We can, therefore, almost put more confidence in those medicines which act slowly, than in those which display their effects almost instantly."—*Testa.**

This was a fact which Hahnemann with his usual sagacity immediately seized, and hence his rule not to repeat immediately the medicine, at least in the same dilution, in cases of chronic disease—a rule which the experience of Homœopathists has

* Helbig. Die Macht der Aenlichkeit. See vol. I, p. 292, of this Journal.

verified, and shown to be founded on correct observation. Hence it is the usual practice, as recommended by Hahnemann, either to interpose another medicine before repeating the dose of the medicine, or if repeated immediately, to give it in a different dynamization.

This also explains many of the seeming anomalies met with in Homœopathic practice, which are especially seen in the finer and more characteristic symptoms. Thus if a dose of the 30th dilution of any medicine hits the case exactly and makes a cure, one is apt to say, if a decillionth was enough to produce such a powerful effect, the 3rd dilution, or a whole grain, must of necessity have aggravated the disease to a frightful extent. But this does not follow, for the impression necessary for the cure exhausts the susceptibility to that action of the medicine, and the rest has no action at all in that direction. Just as with the variolous poison a certain quantity gives the disease to a susceptible individual exposed—and we are aware of no fact to show that a larger dose would give the disease in a more violent form—and when an individual has had the disease from exposure to any previous dose, no subsequent exposure has any effect on him at all. In cases, therefore, of this class, aggravation of the disease by the remedy must be a phenomenon difficult to produce in proportion as they approach the type of the class.

It appears therefore that there are two extremes in the mode of action of positive agents on the living organism. In the first class in which the susceptibility is always present to a greater or less degree, we can to a great extent regulate the amount of action by the dose, and produce any amount of aggravation by increasing, or avoid it by diminishing the dose. In the second class, in which the susceptibility is only at times present, and is often exhaustible, we have little power of regulating the amount of action by the dose, and in many or most no power of producing aggravation at will.

And now, before proceeding to review Homœopathic experience on these principles as to the actual amount of dose required in these classes, we must thoroughly consider the question of Homœopathic aggravation.

It is quite plain that with a medicine of the first class, as we

have already said, since we have in our power to produce the disease itself to any degree by regulation of the dose, even to the extent of destruction of the organism, if the drug is powerful enough, we have likewise the power at will to produce any amount of aggravation. For example, when inflammation of the stomach is already present, it may be increased to any amount by a sufficient quantity of arsenic administered. In such cases it is equally clear we can diminish the chances and degree of aggravation by diminishing the dose. Again, in remedies of this class, another reason for diminishing the dose is to avoid the production of collateral symptoms, such as ptyalism by mercury, and vomiting by tartar emetic—effects which are not wanted for their Homœopathic action. These, too, we can effectually control by diminishing the dose in cases belonging to this class. In as far as these are concerned, therefore, a simple diminution is apparently all that is necessary, and it might have been hoped that experience would have revealed to us a degree of dilution sufficient in all cases to avoid those undesirable results, and yet enough to suffice for the Homœopathic cure. To a certain extent, it may be said to have done so practically, for in the great majority of cures with the dilutions most commonly used, we obtain a speedy and mild cure without any perceptible aggravation or collateral disturbance of the system. Strictly, however, it cannot be said that any such point has been discovered, for it has been found in the hands of all Homœopathists that there exists in a certain amount of cases with almost all variety of dilutions sufficiently small to secure the Homœopathic therapeutic effect, a temporary increase of the disease, which is speedily followed under a repetition of the same dose by a remarkable amelioration of the symptoms. This is what is generally understood by the Homœopathic aggravation, and as such, has been frequently met with. It would be quite a mistake, however, to expect to meet with this in every case, or indeed often; we believe it occurs in quite a small minority of successful cases, but it is still sufficiently often met with to admit it as a phenomenon forming a part of the Homœopathic therapeutic process.* It

* Of course we only consider here cases in which correct observation may be presumed to have been made, for there is no subject in Homœopathy on which

was imagined very naturally that the occurrence of it was solely owing to too great an amount of the dose employed; but subsequent experience has given us reason to question whether it may not be an essential part of the Homœopathic therapeutic process, and to doubt whether any amount of dilution, compatible with cure, will do away with the liability to it. That this was the opinion of Hahnemann, is, we think, obvious, from this passage in the *Organon*:—

§ 159. "The smaller the dose of the Homœopathic remedy is, the smaller and shorter is also this apparent increase of the disease in the first hours."

§ 160. "As however the dose of a Homœopathic medicine can scarcely ever be prepared so small as that it would not be able to relieve, over-top, and even completely cure and annihilate the natural uncomplicated disease; so it is plain why a fitting Homœopathic medicine, when not in the smallest possible dose, must still always produce a perceptible Homœopathic aggravation of this kind in the first hours (days in chronic diseases) after its exhibition."

Now, although we cannot agree with the theoretical views of Hahnemann of the explanation of the Homœopathic process of

more incorrect observations are reported, chiefly from the ignorance and incompetency of the observers. The most common source of error is the mistake which is not unfrequently made by timid practitioners in viewing as aggravations produced by their remedies, the natural progress of the disease, or its increase in consequence of the administration of an ill-selected remedy, or too feeble a quantity of the right medicine. In consequence of this mistake, the practitioner either administers an antidote to the medicine first given, or still farther diminishes the dose, to the manifest detriment of his patient. Under the denomination of aggravation are also often included those collateral symptoms of the remedy itself which not unfrequently appear in the course of treatment; these have of course no title to the appellation of Homœopathic aggravations, for to begin with, they were not there; and next, the medicine was not Homœopathic to them. In observing these, however, the physician is also very liable to error; and thus we have, unfortunately, from the combination of these, two sources of error, many examples in our Homœopathic literature of most absurd histories of the dreadful effects of Homœopathic dynamized medicines, all which dreadful effects were nothing more than the natural progress of the original symptoms, which the practitioner's inefficient treatment had failed to check, and the natural development of new symptoms in the progress of the case which it failed to prevent—both these being attributed to the remedy owing to the ignorance of the natural course of disease on the part of the practitioner.

cure, yet we apprehend that subsequent experience has shown his opinion as to the essential nature of the aggravation to the therapeutic process, are well founded. For it has been found that one dilution, such as the 1st or 3rd, has been useful, but after a time aggravations have been met with under its use, and in consequence higher dilutions have been resorted to, but with no better success, for sooner or later, aggravations have been reported as produced by the 12th, 18th, and 30th. For long this was the limit, in spite of the occurrence of occasional aggravations, but more lately the dilution has been carried to the 200th or 400th, or even higher, but still with no better success; for as far as the evidence given of the action of such doses at all is to be relied on, aggravations are met with there just as often as with the lower. It is true that Dr. Gross affirms, that while arsenic 400 produced frightful aggravation, arsenic 800 produced a mild and wonderful cure. But we may take the liberty to remark, that there was a time in Dr. Gross's history when the 30th dilution, and even dilutions much lower, were quite equal to produce all that the medicine could effect, without fear of aggravation. Doubtless, increased experience has shown him his error, and so we will wait till he discovers some wonders beyond the 800th dilution, which will lead him to disparage it. We can well afford to wait, as we don't think our argument will suffer much from the delay of Dr. Gross's evidence.

It is obvious then, that it is of no use going on diluting in order to find a point at which aggravation may not occur as long as the medicine continues to possess any therapeutic power. It would therefore appear that experience has confirmed the opinion of Hahnemann, that a certain amount of aggravation is essential to the therapeutic process; in the vast majority of cases this does not make itself known in any perceptible degree, but it does occur in a certain, though small amount of cases, sufficient to confirm its existence as an essential phenomenon. The cases in which it occurs with infinitesimal doses are probably only those of excessive or even idiosyncratic susceptibility, and even with these it is a phenomenon of no danger, and only slight inconvenience. Hence we may conclude that a normal dose of Homœopathic medicine, sufficiently small to avoid the liability

to aggravation in a certain amount of cases, and yet sufficient to cure best and quickest in the majority of cases, is a mere chimera, and ought not to be sought for; but in seeking for doses the best for the majority of cases, we must lay our account for meeting with a certain number of aggravations, but practically these latter are of no importance.

Likewise in the case of collateral symptoms, it is affirmed by Hahnemann, that we cannot arrange our doses so as to escape the liability to them in a small and practically unimportant degree, as we find in the *Organon:*

§ 156. "Nevertheless, there is almost no Homœopathic medicine, be it ever so well chosen, which, especially in too little attenuated doses, will not produce some, at least slight inconvenience in the form of some trifling new symptom during its period of action, in very irritable and sensitive individuals; because it is almost impossible that the medicine and the disease should cover each other in their symptoms as completely as two equilateral triangles. But this (in the favourable case) unimportant deviation is easily overcome and effaced by the power of the organism alone, and not even perceptible in patients of ordinary sensitiveness. The recovery goes on nevertheless to complete cure, if not disturbed by extraneous medicinal influences, or errors in diet or regimen."

This, we apprehend, has also been amply confirmed by experience, and in fact it might have been anticipated, for if it be at all possible to prove the higher dilutions on healthy people, the same must occur in patients under Homœopathic treatment, who from the diet and regimen employed are most favourably placed for the development of such symptoms. Such have been observed by all Homœopathists, and are productive of no practical inconvenience, and in fact are rather a desirable appearance.

We perceive, therefore, that under the name of Homœopathic aggravation, are comprised two phenomena, which though abstractedly, they may differ only in degree, yet practically differ very widely from each other; the one a slight disturbance essential to the Homœopathic cure, and in the majority of cases hardly at all perceptible, and the other a serious disturbance, which may not only prevent the Homœopathic cure altogether, but even endanger the life of the patient. Such being the case, we think it would be

matter of great practical utility if Homœopathists would agree to separate these practically, and speak of them under different names. We would therefore suggest, that those slighter aggravations and collateral affections which we have spoken of as essential to all Homœopathic cures, should be called *medicinal perturbations;* while those arising in the cases of our first class, should alone be styled *medicinal aggravations.* Such a distinction may not be theoretically absolutely correct, yet practically it would be of very great importance; for in the latter the indication is simply and plainly a diminution of the dose, while in the former it cannot be said always to be so, as many other circumstances, afterwards to be considered, must be taken into account, and in fact may often render an increase of the dose the proper step.

If we make this division then, as it is of great importance to define these two accurately, we would restrict the term medicinal aggravation *to that increase of the disease following directly the administration of a homœopathic remedy, and within certain limits, capable of being reproduced by subsequent similar or somewhat larger doses.*

It is clear, that this can scarcely occur, except in our first class of cases, and *in general* only with the more massive doses, such as the lower dilutions or concentrated preparations. As instances, we have Ipecacuanha aggravating vomiting, and the same effect being re-produced by a repetition of the dose, when sufficiently large: of Mercury, aggravating ptyalism: of Nux Vomica, in gastric and cerebral affections, and in tetanus: of Belladonna, in sore throat and delirium: of Opium, in coma: of Cantharides, in vesical and other urinary complaints, &c., &c. In all these instances we have practically the aggravation entirely under our control, by regulation of the amount of the dose.

With these preliminary observations we may now enquire, what has Homœopathic experience up to the present time shown as to the actual amount of dose required by those two classes of cases in practice? In respect to the first class, which may in a general way be said to comprehend a large number of the commonest and of acute diseases, in which the avoidance of aggravation is the chief thing to be considered, and dynamization little if at all, the following may be stated as the chief modes of practice:—

Many Homœopathic practitioners refused to follow Hahnemann, when he fixed the standard dose at the 30th dilution; and others, who were led by his advice to adopt this as the proper dose for all cases, speedily discovered the propriety of resorting to lower dilutions in certain cases, more particularly in acute diseases. Many authorities in Homœopathy advise the employment of the lower dilutions in all cases whatsoever; while most, admitting the power and utility of the higher in certain cases, give as a rule the lower in diseases of common occurrence. Thus it generally happens, that the medicines which most Homœopathic practitioners are in the habit of carrying in their pocket, are in low dilutions, from 1 to 12, and those numbers are generally employed for acute affections, even by the advocates of the highest dynamizations. In the Vienna Homœopathic Hospital, where a chronic case is rarely seen, the dilutions usually given by Dr. Fleischmann range from the 1st to the 6th of the decimal scale. At the Linz Hospital, Dr. Reiss, though convinced of the efficacy of the highest dilutions, and occasionally prescribing them, treats the majority of his patients with the same dilutions as those employed by Fleischmann. In looking over the records of Homœpathic practice, we cannot help perceiving that of late years there has been a constant downward tendency with respect to the dilutions (the high potency novelty being left out of view). Not only is this true with respect to the generality of cases recorded, but also with respect to the practice of individuals. Thus ... find among those, who have frequently furnished us with ...ds of their practice, many whose earlier experience consists ... of cases with the 30th dilution, but who have lately very ...reased the quantity they usually prescribed, and as a ...ay that almost all allow themselves a greater lati- ...d few, if any, abide by the Hahnemannic standard. ... those statistics to which we so triumphantly ...btedly derived from the employment of the

...nts we may perceive that the majority of ...with the lower centesimal dilutions, the ...icines of this class. And in this class ...tedly that the dose may be easily

diluted, so as to be too small, and great benefit has been obtained by descending to lower dilutions, when the higher have proved insufficient.

Still these doses, though in mass much larger than the 30th recommended as the norm by Hahnemann, are yet in most instances far below the point of appreciability by chemical or physical tests, and still rank as infinitesimal. Lately, however, the question has been raised, would the sphere of usefulness of these remedies be increased by the administration of sensible quantities of medicines? and the opinion that it would, has been boldly advocated by Trinks, and more recently by George Schmid. It forms an era in the history of Homœopathy, which we think merits serious attention. In entering on the consideration of it, and weighing his value of the facts hitherto presented to us in favour of this mode of practice, we may first notice the experience of Hahnemann. We find as one of the very few cases of Homœopathic cure he gave to the world, a remarkably successful one performed with the *undiluted tincture* of Bryonia Alba. As most, if not all of our readers, are doubtless familiar with this case, which is given in the 2nd vol. of the *Reine A. M. Lehre*, it is unnecessary to transcribe it here. So far as this case goes, the evidence is greatly in favour of the mode of practice, for the one single dose of the pure tincture of bryonia produced a rapid and permanent cure, without the least aggravation.

The next evidence we may consider in this category, are the Homœopathic cures, which are daily performed in the hands of Allopaths. We are in the habit, when arguing with Allopaths on the merits of Homœopathy, of telling them that the use of nearly all their best medicines is in reality Homœopathic. If so, why do we not, to a greater extent at least, make use of their thousand-fold greater experience, in the matter of the benefit or safety at least of administering appreciable quantities of medicine common to both of us? Are we to content ourselves with saying, that the whole of Allopathic experience is to be of no farther service to us, than to prove collaterally the truth of the Homœopathic principle? That truth, as Homœopathists, we know already, and desire no such additional proof, but if besides that, the Allopath's experience teaches us anything, we are losing a valuable part of

Hahnemann's discovery. We know that the Homœopathic law applies to the actions of medicine only, and is quite independent of the question of dose; *and if the fact of the action of infinitesimal doses had never been discovered, there would still have been a Homœopathy,* and its province would then have been only to regulate and define with more precision those cases in which Homœopathic cures are possible with the doses usually employed by Allopaths. It is true the whole circle of therapeutics has gained immensely by the discovery of the infinitesimal dose and dynamization, yet that is no reason why we are to lose sight of that part of Homœopathy to which these do not apply. If we confine ourselves exclusively to those cases in which the infinitesimal dose is an essential part, and which are exclusively within the domain of Homœopathy, we fail in carrying out to its full extent the operation of the Homœopathic law. And if in any case we find Allopaths more successful than we are in the Homœopathic use of a medicine, though unwittingly, then we have a strong presumption in favour of their dose, and we must accept their evidence in favour of it. True and faithful observations on this point are of as much, if not more, value to us in the hands of an Allopath as a Homœopath, and ought to possess as much weight with us in respect to medicines which are in reality Homœopathic, by whomsoever they may be exhibited. Now we happen to be precisely in this predicament in respect to some of our medicines; that is to say, there are some medicines which are used with great success by Allopaths in certain cases, and in arguing with them we say, that is easily explained, because they are in reality Homœopathic; but on turning to the Homœopathic practice we do not find these remedies playing at all the important part we would expect from their undeniable utility (still as Homœopathic remedies) in the hands of Allopaths. Have we not reason to suppose this must be the fault of the dose, and extending the infinitesimal dilution to cases in which it is not applicable? As instances, we may notice the action of opium in certain forms and stages of delirium tremens; wine and spirits in the same; opium and alum in lead colic; mercury and hydriodate of potash in syphilis; colchicum in some forms of rheumatism; tartar emetic

in pneumonia; iodine in bronchocele; iron in chlorosis and chronic catarrhs; secale in uterine and other hæmorrhages.

Now though experience has shewn that Allopaths very often by too large doses complicated and disturbed their Homœopathic cures, by the production of aggravations and collateral physiological symptoms, yet it likewise tells us that in many cases we may approach much nearer the point of aggravation, with less risk to the patient, than that which is incurred by excessive weakening by dilution of the coarser actions of the remedies. This of course applies to the first class of cases, in which dynamization is not sought for nor required.*

We may quote here one example of Homœopathic cure in the hands of Allopaths, and performed with massive doses.

Case of acute Chorea cured with secale cornutum; by Dr. Bodenstab, of Sonnenberg. (*Schmidt's Jahrbücher,* bd. 26, 309.)

"The doctor was sent for on the 18th September, 1845, to see the son of a weaver. The patient was seventeen years old, of slim make, and looked pale and very thin; the expression of his countenance varied every moment from a constant play of the muscles; his eyes rolled about, the pupils were dilated, the tongue was jerked out, and the head moved about from side to side; the arms were in constant action with the most diverse movements; the hands snatched objects rather than took hold of them, and he could not hold anything

* We believe that the Homœopathic law applies equally to those effects of agents which are only manifested by the administration of tolerably large quantities, such as wine and alcoholic liquids. We are inclined to look upon the action of wine, in certain stages of fever for example, as Homœopathic. In typhus, when there is present great prostration, coldness, and sinking, and no great disturbance of the cerebral functions, the use of wine would be, we consider, antipathic; it may be recommended in such circumstances merely to sustain life—that is not a question to be discussed here—but when in another stage of typhus the patient has suffused unsteady eyes, flushed face, trembling of the tongue and hands, giddiness, headache, delirium, quick pulse, &c., symptoms so resembling intoxication that they have sometimes been mistaken for it; when wine given then in half ounce doses does not aggravate these symptoms, but on the contrary produces calm sleep and fall of the pulse, we must consider that to have been a truly Homœopathic remedy to the congested state of the vessels of the brain, just as much as bryonia 3, or arsenic 6, may be to bronchitis or diarrhœa in other stages of the same disease.

securely; the trunk was also in constant movement; the urine could not be retained; the pulse was small, weak, and somewhat quick, and the heart beat tumultuously; the appetite was small, and the patient fed himself awkwardly; the bowels were torpid; there was aching in the occiput. ***In all the extremities the sensation of formication.*** The intellectual functions were not affected, except the memory; his speech was difficult, and as it were hurried. This state continued almost uninterruptedly night and day, and the patient staggered about the house almost the whole night. No worms or any other exciting cause could be discovered. After some days' treatment with tonics the patient was no better, but rather worse. The patient complained most of pains in the back of the head, and of the troublesome formication in the hands and feet; the convulsive motions were also more unmanageable. He now got 8 grains of secale cornutum every three hours, and animal diet; even as soon as the next day a marked improvement was observable, and although the disease still continued, yet he had already had two intervals of complete repose, each lasting for two hours: ***the sensation of formication had vanished,*** but the occipital headache was still bad. During the eight days in which the exhibition of the powders was continued, the intervals of repose became by degrees longer, and on the 28th the paroxysms ceased entirely. For the headache and weakness, which were now the only symptoms, the patient got valerian, followed by decoction of cinchona, and soon recovered completely."

In this case the medicine was Homœopathic, and was given alone. It is remarkable that the most characteristic and Homœopathic symptom was the first to give way. This case, we apprehend, is one of our first class, not one like those mentioned at page 17, therefore aggravation could have been, and doubtless would have been, produced by too large a dose. We cannot doubt, for instance, that had the secale been continued in increased doses, and for a sufficient time, the usual symptoms would have manifested themselves; and of these, among the most prominent are the formication and convulsive movements. The inference therefore is, that the dose was not too large; doubtless a smaller one might also have been successful, but how much smaller cannot be learnt from this single case; but

from it we can learn that secale may in some cases Homœopathic to it be given up to 8 grains every three hours, and in cases exactly similar, if such should be met, if it failed to cure in any less dose, it was not the fault of the choice of the remedy, but of the dose. In this case it is plain if the secale had been given in the 30th dilution and failed to cure, that would not have been the fault of the medicine, but of the dose; and so on for every amount of dose short of the above quantity, which did cure the case Homœopathically.

In this category may also be arranged the cases of Dr. Georg Schmid, with undiluted medicines. These are more valuable than the Allopathic cures with Homœopathic medicines, inasmuch as they are selected with more care, and the medicines are always given alone; many of the medicines are also those whose action we are most familiar with, while they are rarely used by the Allopaths. We have given the most of G. Schmid's cases in No. XXI of this Journal, and the reader has had the opportunity of judging for himself how far they bear out the proposition of the safety and advantage of resorting to these doses in certain cases.

With such examples therefore before us, we cannot but admit that a sufficient amount of evidence exists to direct the attention of Homœopathists to the examination of the question of the admissibility, at least occasional, of more massive doses. And, we think the subject has been too long neglected by the majority of Homœopathists, and cannot but feel that there is much justice in the following remarks by Dr. G. Schmid:—

"As another fault committed by the opponents of the more massive dose may be instanced their partizanship and prejudice against them. Of this the following facts bear witness. When Dr. Gross made known his 'high potencies,' and related such wonders of their curative powers, who would have thought that he would so soon have found imitators! And lo! how many imitators and adherents has he not already found in so short a time. Against this *per se* we have nothing to say. For it is quite proper that anything worthy of trial should be put to the proof as soon as possible. This readiness and haste, however, becomes suspicious, when we put them alongside of the *neglect*, which the opponents of larger doses—not to

speak of undiluted medicines—have hitherto exhibited in trying them." p. 261.

We apprehend that much of this unwillingness to try the undiluted medicines depends on a vague feeling, which is tacitly entertained by many, that such doses are incompatible with Homœopathy, though these very same persons, when arguing with an Allopath, would not hesitate to claim some of his best cures for Homœopathy, asserting at the same time that the infinitesimal dose was no essential part of Homœopathy. Though it is no doubt true that any cure performed by the quadrillionth of a grain could only (as far as we know) have been a Homœopathic one, yet it by no means follows that a cure performed with several grains should be an Allopathic one. Such an idea may, as above said, be tacitly acted on by many, but it is scarcely expressed in that form. Dr. Gross, however, who is somewhat notorious for extremes, has recently spoken it out, as we see in the following:—

"The forsaking of Hahnemannism was a retrograde step, which must gradually lead back to Allopathy. And this it has already completely done. Does this deserve the name of Homœopathic treatment, to give Tr. Lycopodii 1, one or two drops for a dose morning and evening; or when the patient gets to-day Tr. Nucis Vom. 1, to-morrow Tr. Puls. 1, the following day Tr. Bry. 1, two drops every four hours; or if a grain of Sepia 1 be given every day, or what is the climax of anti-homœopathy, if a different antipsoric be given every morning, while in the afternoon a non-antipsoric is given by drops every two or three hours." *Archiv für Hom. Heilk. vol.* 1, *pt.* 2, *p.* 36.

What the worthy gentleman exactly means by this we have not the least idea, but that is what he says. Arguments are of course quite unnecessary against such vague fancies, and we hope that the more practical among our Homœopathic brethren will not be deterred by such notions, from putting this matter to the test of experience, and soon furnish data sufficient to decide in what amount and character of cases it will be expedient to resort to the more massive doses.

To conclude this part of the subject, although we cannot

anticipate what may be the exact results emanating from an employment of more massive doses, yet we are inclined to think that in the very great majority of cases of Homœopathic treatment, it will not be found expedient to descend lower than the 1st centesimal dilution, *i. e.* a dose still to be regarded as infinitesimal. For as far as Schmid's experiments go, the greater part of the results would undoubtedly have been obtained quite as well with the more usual dilutions, and when that is the case, the latter are undoubtedly to be preferred for manifest reasons, such as the want of taste and smell, facility of transport, less risk of exciting aggravation and collateral disturbances, smaller cost of the drugs, &c., &c. There are, however, we are inclined to think as above said, a certain number of individual cases, and classes of cases, which may be beneficially treated with the more massive doses, where the dilutions, even the first, would fail.

It would, however, be a great mistake to suppose (and into this error we think Schmid and some others have fallen), that a sort of precisionized Allopathy is the whole of Homœopathy; such an opinion would, we think, merit to its entertainers the term of *specifickers* in the opprobrious sense used by Gross and others.

We hold on the contrary, that through Homœopathy a vast addition is made to the powers of the healing art, and this by the finer and more specific properties of the medicines, which can only be revealed and obtained by the infinitesimal doses. But the consideration of this subject requires that we should now leave the medicines of the first class and enter upon an examination of those which we have placed under the second head.

Having already fully considered the first function of dilution, namely, the negative one of merely avoiding aggravation, we have now to enter upon the consideration of its second—positive—that of dynamization, and in connection with this, to examine the true bearing of those phenomena, which we have denominated medicinal perturbations. Discarding theory, we shall here simply pass in review what experience has revealed to us respecting these two points.

The limit of dilution necessary for the full dynamization,

has been held by Trinks and others to be obtained about that point where we cease to be able to trace any physical or chemical properties inherent in the solution, and they maintain that no farther benefit is derived by diluting higher than the 6th. Hahnemann, and indeed the majority of the Homœopathists, believe that this is not attained at that point, but that by diluting farther, higher dynamization is acquired, and they therefore frequently use various degrees of dilution, up to the 30th. In confirmation of this, most Homœopathists cite their experience, and although the belief is at present general, it is nevertheless strange how few cases are on record of cures being obtained by high dilutions of single medicines, or a series of medicines, after these had failed to do good at the 6th or a lower. And the fact of brilliant cures by the 12th or 30th, of which we have abundance, is, *per se*, no proof that the same effects would not have resulted from the use of the 6th.

For a very considerable period the 30th was taken to be the limit, beyond which it was thought that no farther dilution was necessary for the development of specific therapeutic qualities; but recently, assertions have been made, that at the 30th we are still far behind that full development of dynamization, which a further extension of dilution will yield. Dr. Gross is at the head of those who entertain this opinion, and has already found numerous imitators in Germany and America. We have already, in a recent number, published several of the best cases their practice has afforded, and as far as their evidence is worth, they show that even at those remote degress of dilution, therapeutic and even physiological properties have not ceased to exist. As yet there have been no comparative experiments made by them to ascertain whether the medicines would not have done quite as well, or better, at the ordinary potencies, and if the high dilutions should be better in some cases, yet the use of such enormously high dynamizations can never be expected to be generally applicable, even to the class of cases requiring high dynamization, as it is attended with two objections; first, that there is great risk [illegible] going so high, that with some medicines no power may be [illegible] and secondly, that there is a very great increase of expence, [illegible] danger of contamination in the preparation, by foreign

admixture. At present we can only look upon these reported cases as curious instances of the great divisibility of matter, and must wait for further investigations before we can admit that important practical results have been obtained.

It appears then that in the class of cases chiefly suitable for the higher dynamizations, and which require the presence of a special susceptibility in the system in order that they may act at all, quality is the chief element to be considered, and scarcely at all quantity, except in the lower degrees of dynamization. Nevertheless, quantity is often looked on even at these high dilutions somewhat in the same way as in the lower, and the same rules for the avoidance of aggravation (which is often spoken of as dangerous) are attempted to be applied. This leads us to examine the question of *medicinal perturbations*. We have above limited the term medicinal aggravations to our first class of cases in which the susceptibility to the action of the medicine is normally always present in the organism, and therefore we can regulate the amount of action by the amount and repetition of our doses, and then an aggravation may be reproduced at will. In our second class the presence of the disease involves to a certain extent the presence of the susceptibility to the Homœopathic remedy, and therefore it may be said the conditions are now the same, and the same rules for producing and avoiding aggravations are to be observed in this class, and with the higher dynamizations as in the first class with the lower dynamizations. Experience has, however, not confirmed this opinion, for it has been found: (*a.*) There are doubtless cases to be met with where the 3rd or 6th has caused considerable aggravation of the morbid symptoms and other collateral disturbance, where in the same case the 12th or 30th has produced a mild cure. (*b.*) But there are also cases in which the 30th has aggravated the morbid symptoms, and produced at the same time other disagreeable collateral disturbances, while in the same case the 6th or 3rd has produced a mild cure. Of this we subjoin a case communicated by our friend Dr. Black, of Clifton:—

"A married lady, aged about forty-eight, stout, of a nervous sanguine temperament, consulted me in January 1843, on account of

flushings of heat affecting the whole body, palpitations of the heart, flatulence, costiveness, and prolapsus ani. Some years ago the catamenia ceased; has been worse since then. She has just returned from Paris, where she had been some months under the treatment of two Homœopathic physicians. She states that she had not derived much benefit from their prescriptions, as the remedies which were given at the 30th so frequently excited numerous disagreeable sensations, and made her feel very miserable. That this was especially the case when Lachesis was given. I told her that I would give her Lachesis, and hoped that it would not excite any uneasiness. She agreed to take it. I prescribed two drops of Lach. 7, morning and evening, for three days. After a few days interval this dose was again repeated, with relief to the symptoms and with no appearance of the slightest aggravation. This patient continued under my care until September, getting occasionally Lach., Puls., Ign., and always in very low dilutions. Many of her symptoms improved, and she had not experienced any uneasiness while taking the medicines. This circumstance she frequently observed as being curious, for having been long a convert to Homœopathy, she had so frequently suffered this species of aggravation while taking the remedies which had been administered, and which she had herself taken at the 30th or some high dilution."

Such cases are very common, so much so that many practitioners seldom use the higher dynamizations, not because they doubt their activity, but because they allege, they merely irritate and disturb the patient without curing. And we are often requested by intelligent patients not to give them again such and such a medicine, "as it was too strong," and prevented them from sleeping, or produced some other disagreeable disturbance, while the disease was either not at all or slightly benefitted, while in these same individuals no complaint has been made and the disease much benefitted by a low dilution of the same medicine.

(*c.*) Again we find cases where a violent medicinal perturbation is observed from the first dose of a high dynamization, and not reproduced by another dose of the same, or a lower dilution of the same medicine. Of this, a case by one of us, will be found at p. 38, of the 1st Vol. of this Journal. This we apprehend will be found almost universal in the so-called aggravations from

the higher dynamizations, and this we think constitutes the chief practical difference between what we term medicinal perturbations and the real medicinal aggravations.

We think then from all this it follows, as the result of experience, that in our second class, and with the higher dynamizations, dilution should not be performed with the view of avoiding medicinal perturbations, but simply with the view of finding as near as possible the degree of dynamization that is most suitable fully to display the specific powers of each medicine in reference to the particular case under treatment;—a point which is very difficult to hit, but which nevertheless has been proved to exist in not a few cases quite independent of any influence from aggravations or perturbations. The following case in point occurred in the practice of one of us—Dr. Russell:—

"Mrs. S., aged forty-six, nervous bilious temperament, the mother of a family. For many years subject to headache. For many months has had it almost daily. Pain over root of nose, with much heat of forehead. Thickness of vision; no throbbing. Sense of chilliness when headache comes on. Lying down alleviates it. Eating sometimes also improves it. Worse after any agitation. Comes on in early morning; lasts all day. Entirely disables her from exertion. Bad taste in mouth; feet cold; bowels very costive; sleeps ill. This headache was always kept down by *Hep. Sulph.* 15th dil.; I gave various dilutions, 6th, &c. but thought the 15th was on the whole the best."

We have now reviewed the subject in an abstract light, and endeavoured to divide all cases into two great classes, under one or other of which they all tend to arrange themselves; but it is not our province to enter into the practical question of the doses and repetition most appropriate for each disease and individual constitution. It is sufficient at present to attempt to reconcile the extreme and opposite opinions and practice that are met with among homœopathists, by showing that both may be right in certain cases, and we believe both must be used, otherwise the practice cannot be complete and avail itself of the full resources of Homœopathy. The man who confines himself to the 30th dilution may make many brilliant cures, but also many

failures, where even Allopathy would have been successful; while he who confines himself to the lowest dynamizations will, on the whole, cure more cases than the first, but he will also fail to attain many of the most characteristic cures of Homœopathy. That practitioner will be the best who fears not when occasion requires to resort on the one hand to massive and often repeated doses, and on the other to the highest dynamizations.

In applying the above principles, of course innumerable modifications will be produced in individual cases by different circumstances, such as the natural or acquired susceptibility of the patient, the character of the medicine itself, the variety of epidemic influence, &c. &c. Of these the nature of the medicine will play an important part, as some are energetic in all dilutions, and require high dilution to unfold all their properties, such as arsenic, sulphur, thuya, &c., while others seem scarcely susceptible of dynamization at all, as camphor, ether, alcohol, and perhaps even opium and secale. Some diseases again seem to require particular dynamizations, as for example neuralgia and asthma are said to be best treated by high dynamizations. But a consideration of these is more fitting for a work of a practical character, so we shall now take leave of the subject by recapitulating:

1st. Diminution of the dose is a necessary corollary from the Homœopathic law of therapeutics.

2nd. The amount of diminution of the dose requisite, can be determined by experience alone.

3rd. Dilution has been found to have a twofold action, the one negative, in merely diminishing the intensity of the concrete action of the medicine, the other positive, in developing certain of the properties of the medicine. To the latter of these the term dynamization may with propriety be applied.

4th. The dynamization has been attributed to a physical development of power by the processes employed in dilution; but of this, proof is yet wanting, and in the meantime we must regard the simple diminution of quantity with subdivision of the mass as the only element in the dynamization.

5th. Medicines and other positive agents may be divided in their action on the organism into two grand classes. The first,

those to which the susceptibility is always more or less present; the second, those to which the susceptibility is only at times present, and may often be destroyed, or originally wanting, without perceptible injury to the organism. In those of the first class, aggravation of the disease by too large a dose is an obvious and necessary consequence; in those of the second, the amount of action bears no proportion to the dose, and aggravation cannot be produced at will.

6th. The aggravation mentioned above can easily be avoided by simple diminution of the dose, but besides that, there is a slight increase of the symptoms which accompanies a certain proportion of all Homœopathic cures in whatever dose, and therefore seems essential to the Homœopathic therapeutic process. This we propose to term medicinal perturbation. The term medicinal aggravation, we think, should be restricted to that increase of the disease following directly the administration of a Homœopathic remedy, and within certain limits capable of being reproduced by subsequent similar, or somewhat larger doses. The same applies to collateral symptoms.

7th. The amount of dilution necessary, for safety, in the avoidance of the medicinal aggravation, has been considered, according to the experience of the majority of Homœopathic practitioners, to be reached at the lower centesimal dilutions up to the 3rd, or at farthest, the 6th.

8th. But more recently it has been thought that in many cases such an amount of dilution is not necessary for safety, while it weakens too much the power of the medicine, and therefore the pure tinctures may often be resorted to with advantage. We think this most probable.

9th. The amount of dilution necessary for full dynamization of any medicine has been generally thought to be reached at the 30th, and with many medicines much below that.

10th. Lately it has been asserted that a remarkable increase of therapeutic power is obtained by dilution up to the 200th, or even 800th. This we think improbable.

11th. While the influence of dilution is obvious and direct in the lower dilutions in diminishing liability to medicinal aggravations, it has no such direct influence in the higher dilutions

on medicinal perturbations, and therefore is in them to be performed for the purpose of finding the proper degree of dynamization, and not for avoiding the medicinal perturbations, which are besides of little, inconvenience to the patient, and no hindrance to the cure.

Dr Humpdale

ON STIMULATING DRINKS, THEIR MODE OF ACTION AND USES.

By Henry R. Madden, M.D.

(Read before the British Homœopathic Society, Nov. 4th, 1847.)

Considering the vast variety of fluids which are in every day use for the purpose of quenching our thirst, one would be led to suppose that liquid food was by far the most essential, and that the wants of our system demanded a greater latitude of choice in this respect than in any other; nevertheless, nothing is more true than that most persons can attain and support perfect health while employing pure water as their only beverage. It is also most remarkable that nearly every nation on the earth, and certainly every civilized nation, has contracted the habit of using medicinal liquids as their daily beverage, nay, the majority employ such as are directly poisonous.

The origin of this must be sought for in the effects which these fluids have upon the animal economy; and it is the purpose of the following remarks to develope the manner in which the large class of stimulating drinks which owe their characteristic peculiarities to alcohol, act upon the human body, and to draw from the consideration of such actions certain conclusions regarding their practical employment.

I.—How does alcohol act upon the organism? A little reflection will serve to show that alcohol has at least three distinct actions, viz.: *First*, as a local stimulant; *second*, as a general stimulant; and *third*, as a supporter of animal heat by its combustion in the lungs:

1st. As a local stimulant, it differs in no respect from condiments which owe their influence over digestion to their power of irritating the stomachic mucous membrane, and thus causing an increased production of gastric juice.

2nd. Alcohol, however, is absorbed very readily from the stomach, and enters, unchanged, into the current of the circulation, and in this way is diffused over the whole system in a very short space of time, and exerts a specific stimulant action upon the nervous system, and more especially on the great nervous centres. The experiments of Dr. Percy, and others, have demonstrated conclusively the fact of alcohol thus permeating the whole system, since they obtained that fluid from the brain, blood, and many of the tissues of animals poisoned by large doses of it; and Dr. Percy also detected it on two or three occasions in the human subject, in persons who died while in a state of intoxication. The symptoms elicited by the action of alcohol, are far too well known to require any description here, suffice it to say, that all the functions appear primarily exalted by it, and that, as usual, this state of excitement is followed by one of depression.

3rd. Alcohol differs from what may be called the truly medicinal stimulants, in that its effects are evidently directly dependent upon the quantity and state of dilution or concentration in which it is taken; and this appears to me to depend very much upon the third action of alcohol before alluded to, viz., its capability of being consumed in the lungs, and thus becoming a calorifient agent, similar to the non-azotized articles of our food. While there is reason to suspect that Baron Liebig is not altogether correct in the explanation he gives of the intoxicating effects of alcohol in his Animal Chemistry (Second Edition, p. 239-40), still many of the points maintained by this learned chemist have been verified by other experimentalists;—thus, Dr. Prout has shown that, when the system is under the influence of alcohol, less carbonic acid than usual is exhaled from the lungs, and the blood in the arteries becomes dark and venous. Alcohol appears to act chemically in two ways: first, *directly*, by preventing the oxidation of the waste carbonaceous matters in the venous blood, which process is essential to the

arterialization of that fluid; and this it does in virtue of its power to prevent chemical changes in organic matter, which power is made such extensive use of by us all when we employ alcohol as a medium in which to retain complex organic solutions unchanged, as in the formations of tinctures. And secondly, *indirectly*, by itself combining with the oxygen absorbed by the blood, and thus depriving the waste matter of the means of escape. I presume that it is known to all present, that decomposition of tissue occurs as the constant concomitant of the performance of function,—when there is no decomposition there can be no evidence of action or power:—thus, muscular action gives rise to decomposition of muscular tissue, nervous action to a change in the nervous matter, and so on. Immediately that any such change occurs, the decomposed portions are removed by absorption, and the loss repaired by the formation of new tissue. There is reason to believe, however, that while this decomposition of tissue, which accompanies the performance of all functions, is peculiar to living beings, and regulated by special laws, nevertheless it cannot take place without the intervention of oxygen for the purpose of combining with the substances resulting from this decomposition; oxygen, in this instance, exercising a catalytic force, by means of which its presence permits of the decomposition taking place, and it becomes a constituent of the resulting compound, while it has of itself no power whatever to originate the same changes under other circumstaces, as for example, after death.

Admitting this, we can at once explain the peculiar action of alcohol, and at the same time show how its effects depend directly upon *quantity*. When a certain amount of alcohol is taken we have first a general increase of heat, owing to its stimulating effects on the nervous system, giving rise to an increase of all the functions, and among them those of circulation and respiration; and when the quantity has not been too large, we have also increased muscular power, owing to the nerves of voluntary motion being over excited. After a time, however, when the stimulant action goes off, and the chemical effects declare themselves, or immediately subsequent to its imbibition, if the dose is quantitatively large enough to enable the chemical,

from the first, to exceed the stimulant action, we have loss of power proceeding even to total paralysis of all the functions, owing to the twofold chemical effect before mentioned, viz., the presence of the alcohol in the blood preventing its arterialization, and secondly, the alcohol itself combining with all the absorbed oxygen, and thus preventing decomposition of tissue, and hence performance of function, from taking place.

Insensibility, when produced by alcohol, is accordingly the concrete result of no less than three different factors, viz.:—

1st. The direct effect of the alcohol on the nervous centres as a poison—excessive over-stimulation producing paralysis.

2nd. The effect of the alcohol in preventing the arterialization of the blood, and thus causing venous blood to circulate through the brain and act as a poison.

3rd. The removal of all the absorbed oxygen by the alcohol, and thus effecting a cessation of function owing to the abstraction of one of its necessary conditions.

II.—Such then is a brief sketch of the most obvious points in the physiological action of this potent fluid. Let us now in the second place consider what influence such a series of actions is likely to exert on the well-being or otherwise of our animal economy.

To appreciate this influence with facility, we must recall to mind certain physiological facts which are in direct connexion with the point we desire to investigate:—

1. It is a beautiful arrangement in our system that the natural and healthy functions of each organ are most successfully roused into activity by the presence of that substance upon which it is destined to act; thus, blood is the best stimulus to the heart—air to the lungs—food to the stomach, &c.

2. Whenever any organ is called into action by a non-natural stimulus, or when its action originally excited by normal stimulation, is increased by the addition of a non-natural excitant, exhaustion, diminished susceptibility, or depraved action, or all these combined, invariably result.

3. Exhaustion, it is true, is a constant result of the performance of function, irrespective of the exciting cause, but with this great difference, that when the stimulus is normal,

the ulterior result, subsequent to the exhaustion, is an increase of the original strength, whereas, when called into activity by an abnormal stimulus, the ultimate result is depression of power.

4. In all functions, the circle of action and re-action is completed in the following manner: (*a.*) The substance to be acted upon stimulates the organ to the performance of its office. (*b.*) The result of the performed function causes, in all instances more or less directly, an increased supply of healthy pabulum to be conveyed to the organ whose necessities are thus administered to, and its vigour renewed preparatory to a re-performance of its functions;—thus, the presence of blood in its cavities causes the heart to contract, this circulates the blood not only through the whole system, but through the heart itself, by means of which its own nourishment is effected, and the circle thus completed. The same thing occurs in excreting and secreting organs,—the kidneys for example, free the blood of waste azotized matter, and thus fit this fluid on its return to nourish their own substance.

5. While each performed function may in this manner be said to set a wheel of action and reaction in motion—the performance itself is brought about by a pre-existing rotation of events—for example, before the heart can contract under the stimulus of the blood, that fluid has stimulated the efferent nerves of the heart, and the stimulus thus given has been conveyed to the nervous centres, reflected thence along the course of efferent nerves, and terminating in the muscular fibres of the heart, gives rise to contraction. This is the ordinary normal course of events, but various parts of the circle may be made to originate the action—thus, the afferent nerves between an organ and the nervous centres may be irritated, and the same course of events result as when the organ itself is normally stimulated; or, again, the stimulus may be applied to the nervous centres, or lastly to the efferent nerves. In each of these cases the function is performed, but there is every reason to believe, nay in most cases it admits of demonstration, that the maintenance of the health of the organism is made to depend upon every circle of action and reaction being retained in a perfect state,

and, if so, no portion can be foregone without some ulterior evil resulting from the omission.

I shall now proceed to point out the manner in which the action of alcohol will influence the above named series of phenomena:—

1st. Alcohol is not the normal stimulus to any of our organs, and hence the functions performed, as a result of its imbibition will be followed by exhaustion, diminished susceptibility, or depraved action, or all these three evils combined.

2nd. Alcohol, as a stimulant, acts *directly* on the stomach alone, whereas all the other functions, when called into increased activity, are so in consequence of stimulation conveyed in the first instance to the nervous centres, and then reflected to the organs, and thus the circle of action is broken.

3rd. Alcohol, when acting not as a stimulus, but substantially, is not, and cannot be a pabulum to any organ,—and for the following reasons: first, its chemical composition disqualifies it from taking any share in the formation of muscular fibre, or other azotized compound, since it possesses no azote; and it has now been proved that the higher orders of animals have no power to compound their proximate principles, but must obtain them ready formed. Second, although its chemical constitution has some approximative relationship to nervous matter, we have no proof that it ever is, or can be transformed into that substance, while numerous arguments may be drawn from transcendental chemistry to show its extreme improbability.

We may therefore, I think, conclude that when alcohol acts substantially, and quantitatively, it must be by its oxidation giving rise to the development of heat, or, in other words, its action must be analogous to that of the non-azotized ingredients of our food.

4th. We have already seen that when alcohol is mingled with the circulating fluid, while it causes an increased production of animal heat, it at the same time acts injuriously, both by directly checking decomposition, and removing the means by which the necessary chemical changes are affected. We all know the evil effects produced by respiring for any length of time an insufficient supply of impure air; we have all, for example, felt the

wearisomeness and fatigue of remaining long in a crowded assembly, nothing short of great mental excitement being sufficient, under such circumstances, to ward off the approach of sleep,—but the presence of alcohol in the blood gives rise to precisely the same phenomena, and it follows therefore that, were it not for its stimulating property, its use would be immediately followed by unequivocal signs of disturbed health.

5th. Again, all decomposition of tissue which occurs in the healthy state is accompanied by a liberation of force, which force is either expended on the spot in the performance of some necessary function, or is conveyed by the nerves to be rendered available elsewhere, and in this way the developement of animal heat and the possession of force or power for the performance of our functions, are linked inseparably together. But when animal heat is produced by the oxidation, beyond the organism, of a foreign body, no such development of force available for the wants of the creature can occur, and accordingly, while animal heat may be increased by the imbibition of alcohol, no increase, but on the contrary a decrease, of available force is the direct result of its action, so that all increase of function after the use of alcohol must result solely from its influence on the nervous system.

This train of argument leads us irresistibly to the following conclusions, viz.:—

1st. Alcohol cannot add real strength to the system, but can only, by its stimulant property, call into powerful action the strength previously possessed by the organism.

2nd. Alcohol, must on this account be exhausting or debilitating in its ulterior effects.

3rd. Alcohol, in addition to its stimulating effect, has two other actions, both of which are directly injurious to health.

III.—Such then is the result of a tolerably careful examination into the physiological effects of alcohol, and yet, practically, it is almost universally looked upon as an important, nay, an indispensable article of daily food. Of a truth, theory and practice appear here to diverge widely from each other, and it behoves us accordingly to consider, whether there may not be circumstances connected with our social position, which exercise

so important and modifying an influence upon our physiological condition, that that which in the conceived physiologically healthy state of our system would be unadvisable, if not seriously injurious, may, under existing circumstances, become practically the most available means of warding off greater evils. For example, the above train of argument might be shown to resemble, analogically, an argument of this kind: It is quite evident that the deterioration of machinery depends upon the friction between its various parts, which friction must of course be proportional to the rapidity with which the parts move upon one another, and hence it follows, that motion must prove directly injurious to the well-being of the machine. Again, it is no doubt true that an imperfect machine is of less value than one in a complete state of preservation; we should, however, arrive at a truly strange conclusion if, as the result of the above most obvious facts, we decided that every machine will be in its most valuable condition if allowed to remain at rest. The very value of the article depends on its movements, and it often happens that the more rapidly these are performed, the greater will become its usefulness, notwithstanding the obvious fact, that the more rapidly it moves the more speedily will its power to move be brought to a close.

In the following observations it must be distinctly understood, that I make no reference whatever to the immoderate use of intoxicating liquors. This habit has been proved beyond the possibility of a doubt to be the fertile source of all manner of diseases, and to be in itself the most grossly demoralizing of all the vices to which our fallen nature is prone. My remarks refer solely to the moderate use of stimulating liquors as articles of daily consumption, the amount employed being always supposed to be so limited as to give rise to no symptoms at all approximating to the state of drunkenness, or even visible excitement.

Some most interesting experiments have been performed of late years on the large scale to ascertain whether labouring men could perform their work most satisfactorily to themselves and their employers with or without the use of stimulating liquors, and the result has shown, unequivocally, (see an article on

Temperance and Teetotalism in ***British and Foreign Medical Review,*** October, 1847,) that men who are required to put forth great muscular force during many hours daily, can do so with much greater facility when abstaining altogether from stimulating liquors, provided they make up the deficiency by an increase in the amount of nourishing food, such as bread and meat, which they consume.

This fact I think we may consider as established.

There is, however, a large class of individuals, such as merchants and the members of the learned professions, whose case differs essentially from the above, and will therefore demand a special consideration. These individuals have at command as much nourishing food as can possibly be required, and are not called upon to put forth any great amount of muscular force, but on the contrary, are for the most part exposed to the most intense causes of mental excitement, and require to direct their powers of thought with a fixedness of purpose and continuity of application which the labouring man is, from want of education, utterly unfit for.

Let us now therefore consider what the effects of such a life will be, and endeavour to ascertain whether the moderate daily use of stimulating drinks will be followed by benefit or otherwise.

The class of persons to whom we allude, almost invariably suffer more or less from dyspepsia in one or other of its varied forms, and this event is brought about by the habitual infringement of many of the laws of health. Such individuals generally lead a sedentary life, take their meals irregularly, eat fast, proceed immediately after breakfast to business, take a hurried lunch at some indefinite time during the day, and take their chief meal late in the afternoon, when the business of the day is completed; during the whole of their waking hours their brain is filled with subjects demanding intense thought, and frequently of the most anxious kind.

It is easy to prove that such a life is incompatible with long continued good health—few of the functions can be performed normally—and, accordingly, unless some compensating means is employed, the frame must give way.

This is not the place to argue the question as to the propriety,

or necessity of such a life as the one now depicted. It would no doubt be easy to prove that, under a different state of things, more national prosperity, without perhaps so much individual aggrandisement, more happiness, and vastly more health would be enjoyed with much less intense labour: but as the guardians of the public health, it behoves us, however much we may strive to improve the moral condition of our social system—to view medically the facts of the case as they are presented to us, and consider how, under existing circumstances, the evils may be averted, or lessened. While matters remain as they are the professional man is left without choice, he must enter fully into his business or give up the race. The day for half measures and easy labour is long passed, and nothing but the most strenuous, untiring efforts, can now prevail.

The question stands thus: Will the daily use of stimulants ward off the evil day? If the health must suffer from the intense application and irregular habits, which active business entails upon a man, will the break up occur sooner or later if he takes a daily portion of stimulating liquor?

Experience and theory both convey the same information, viz., that the man who uses stimulants daily will suffer more inconvenience, and will wear out sooner than his neighbour who is a water drinker.

Stimulants serve only to put the evil out of sight, while at the same time they add to the mischief. It is no doubt true that a person may take a moderate allowance of wine and malt liquor daily for many years without experiencing any inconvenience, and may also feel that if he omit his daily stimulus he lags over his work, but this by no means proves that he would not have been still better if he had never acquired the habit. I believe the following conclusions to be supported by theory and confirmed by experience:—

1st. Those persons who have never accustomed themselves to any stimuli will work better and last longer than those who drink moderately.

2nd. Those who have acquired the habit will find advantages in leaving it off, but unless they can obtain a respite from business during the transition, they will experience some diffi-

culty in overcoming the *apparent* loss of vigour consequent upon the change.

3. Those who take stimulants occasionally, will find that they are materially assisted by a moderate use of them, when any special effort is called for, but in this case they should always guard against the delusion of imagining that they have been *supported* through their effort: Not so,—they were stronger for the time, but it was their own strength, and not an additional supply which they called into requisition. There is no doubt that an individual may get over a pecuniary embarrassment by drawing upon his principal, but, if a man of business, he is much too far sighted, to conclude that he is in any way really benefited by such a transaction. The step may be advisable, nay, necessary, but the consequence must not be lost sight of, and an endeavour to make compensation should immediately be set on foot. These two cases are in many respects precisely analogous.

4. Those who have for a length of time taken stimulants, and whose general health is already much impaired, will often find it impossible to give up stimulants unless they can command an interval of repose during which to effect the change of habit. They may, however, rest assured that the attempt will be crowned with success, provided the health is not irrecoverably lost before the experiment is made.

5. Persons in the decline of life, who have long been accustomed to the use of stimulants, will seldom derive any advantage from discontinuing them.

6. Young persons who are feeling weak from rapid development should especially guard against the ruinous practice of still farther weakening the system by the use of stimulants. It seldom happens that persons between the ages of 16 and 20, or 22, are called upon to exert themselves by any means so unremittingly as those of more advanced years, and it is a point which cannot be too strongly enforced on the attention of those who have the management of adolescents, that during the period of development, especial care must be taken not to over-tax either the mind or body; while the occupations of this period of life should always be regulated with a view to permit of the

full development of the organism, the individual at the same time being preserved as much as possible from all sources of excitement.

From all this it would appear, that the habitual use of stimulants, even in moderation, is not defensible under any known circumstances, and accordingly, alcohol and its compounds, should, properly speaking, be used only medicinally, or, in other words, occasionally, and for the special purpose of remedying some defect. Let us therefore enquire in what cases they may be employed with advantage as a means of cure.

Before leaving this part of the subject however, I would make one observation, viz., that it may naturally be asked how it happens, if alcohol is so pernicious, that near three-fourths of the world use it in one form or another, and have a firm belief in its virtues, and likewise that so very many evince no symptoms of suffering from its employment. The answer to which is afforded by the well known tendency in our nature to fly to the means of present relief, heedless altogether of the ulterior consequences of such a course. The use of stimulants is followed so immediately by feelings of relief, and the evils resulting from them are generally so slow in declaring themselves, that it is no wonder that many still hold them in good repute,—nay, more, while the feeling of support is so readily connected with the imbibition of the stimulating liquor, the ulterior mischief is much more difficult to trace to its true origin. Some intervening cause, which, in reality, only roused into activity the slumbering morbid tendencies deeply planted in the system by the daily use of this pernicious fluid, is in most instances fixed upon as the producer of all the mischief; this one tracing all his sufferings to a cold, and that other to over fatigue, while the susceptibility to cold in the former, and the inability to withstand fatigue in the latter case, were equally the result of the enervating influence of these much favoured stimulants.

On the other hand, the explanation of the fact, that so many who use alcoholic liquids daily, escape, to all appearance unhurt, is furnished by reference to another equally acknowledged power of our organism to resist causes of evil, so much so that most of our diseases are not the result of a single application of the

originating cause, but consist of the aggregate effects of innumerable repetitions of the same cause, each application of which was followed by no appreciable effect. We must never forget that our organism is constantly undergoing change, decomposition and re-formation being the essential concomitants of all manifestations of vitality, and accordingly any injury done, which is not excessive, is lost sight of in the changes that are perpetually recurring, and it is only by continual repetition that any morbific cause which is not sufficiently deleterious to produce an immediate effect, can manifest its injurious tendency.

IV.—In considering the cases in which alcohol may be employed as a means of cure, I shall examine into its applicability in connexion with its threefold action, because, although all of these must be developed conjointly, still its suitability to a given case may depend chiefly on one of its several effects.

(*a.*) As a stimulant, alcohol may prove of use locally in the same class of cases in which condiments are found beneficial, viz., where the unaided stomach is incapable of performing its necessary functions owing to general debility, as however in the case of alcohol, in consequence of its speedy absorption, the local stimulus cannot occur without the concomitant production of the general effects, we must consider these two together, and we shall find that the cases in which spirituous liquors are productive of sufficient benefit to warrant their employment, are those in which, owing to some morbid cause, the general nervous energy is for a time so depressed that the functions cannot be carried on without some extraneous assistance.

It is essential, in order that alcohol may be really beneficial, that the want of nervous energy should result from *depression*, and not from *exhaustion*, since alcohol produces still farther exhaustion, although it is capable of exciting to powerful action the energy which may have been for the time paralysed by some depressing cause.

Recalling what we have formerly remarked, of all manifestations of nervous power being accompanied by chemical decomposition, it becomes evident that nutrition forms the first link in the chain of reactions, from whence nervous power results. Nutrition is the process by which the organism receives.

externo, the material that is first converted into tissue, the future decomposition of which is a necessary concomitant of the production of nervous or vital force. These two circumstances, viz., decomposition of tissue and manifestation of force being inseparably connected together, we may briefly define nutrition as the means by which the organism obtains its continued supply of vital force. Force, however, is expended in the performance of function, and hence a certain amount must be lost in the process of assimilation. It is nevertheless clear that more force must ultimately result from the food digested than was expended in the process by which it was received into the organism; and it follows as a corollary to the above, that, as alcohol enables the stomach to digest more food than it otherwise could, it will be beneficial, whenever the amount of force thus received into the organism exceeds the amount lost by other organs, owing to the injurious chemical action exerted by this fluid in the manner alluded to in the earlier part of this paper. To explain my meaning more fully, let us refer again to the analogy drawn from mercantile transactions. We have already seen that no intelligent merchant will draw upon his capital except in cases of emergency, and will certainly not attempt to persuade himself, since his ready money is so much more abundant, that he must have been really enriched by the manœuvre. Still, if he can invest the money thus raised in the staple material of his manufacture, and by a larger business realise larger profits, he will undoubtedly amass more wealth though the transaction has more of hazard in its nature. Precisely the same sort of thing may occur in our economy, we call forth by stimulants for immediate use (say in the form of mental energy and application) a larger supply of nervous energy that the unaided system would furnish, but we at the same time employ some of the force thus obtained in procuring a larger supply of pabulum by means of assimilation, and whenever the latter, viz., the new force obtained *externo*, exceeds the additional amount called for by the stimulants, the system must ultimately be the gainer. It is therefore that the point we have to consider practically in a given case, is there so large a demand made upon the energy for some special purpose that others do not

enough for the healthy performance of digestion and assimilation? And, again, will the circumstances of the individual not admit of some more healthful means, such as exercise, &c., being adopted for the purpose of aiding the digestive functions? And in the event of the former of these questions being answered in the affirmative, and the latter negatively, we may conclude that stimulants will most probably prove of essential service, especially in the event of this unnatural state of matters being of temporary duration.

This condition presents itself chiefly during convalescence from depressing diseases, and where the system is directly under the influence of depressing agencies. It also occurs in cases accompanied by great loss of humours, since, in this case, nutrition must be pushed to the greatest extent in order that the system may obtain force as speedily as possible.

It occasionally, but more rarely happens, that stimulants are called for in cases where the depression is more directly connected with the nervous system, and is unaccompanied by much loss of physical strength; as when an individual is exhausted from a protracted mental effort, and circumstances will not admit of his relaxing his application; stimulants will in this instance help him over his difficulties, but the attempt is never without risk, as in this case the whole system may be said to be working under high pressure. All the functions, except digestion, must be viewed as directly exhausting, for although most of them tend ultimately to increase the power of the acting organ, still they consume in the performance a certain amount of vital force which is thus lost to the organism. It is clear therefore that when we desire to increase the whole amount of available vital force, we can only do so directly by increasing the amount of assimilated food. In the majority of cases, it will be found that debility depends not so much on an actual want of power as on a misdirection of what is possessed by the organism, which is thus prevented from becoming available for the purposes required. How often, for example, do we see weakness combined with great obesity; here the vital force which should have been available for such functions as muscular exertion, &c., is expended in the formation of superfluous tissue.

It is worthy of enquiry, whether there do not exist certain cases of this character in which the action of stimulants may become essentially of service in directing the existing vital force into proper channels. One fact at least in practice corroborates this supposition, viz., that persons in the condition referred to, those who are very stout and very weak, suffer much more speedily from the abstraction of stimuli than others who, to appearance, possess much less stamina.

(*b.*) We have now only to consider the cases in which the chemical action of alcohol, as a source of animal heat, may be advantageously made use of. Spirituous liquors differ in one important respect from all other calorifient materials, in that they require no digestion, but are absorbed unchanged, hence their action is more rapid, and hence also, but little force is expended in their appropriation. When therefore the means of obtaining animal heat are expended, or nearly so, as for instance, in fevers, with emaciation, where few active functions are performed to expedite decomposition of tissue, where nutrition is nearly at a stand still, and the fat and other calorifient articles within the organism are well nigh used up, a condition presents itself in which alcohol and its congeners will prove of essential service, as we have all witnessed in adynamic fevers; in fact, under these circumstances, alcohol may become a true *pabulum vitæ*. And all practitioners must have remarked that in such cases no stimulant effect on the nervous system is detectable; the only result from the employment of stimulants being an increase of animal heat.

I shall now consider, before closing this paper, a few practical points to be attended to in the use of stimulants, and mention a few modifications in the manner of administering them, according to the effect which it is desired to produce:—

1st. When alcohol is given during convalescence to assist digestion, it should be taken at meal time, and should not be in too diluted a state. And moreover the mind and body should be kept at ease, so that the whole stimulant effect may, as much as possible, be concentrated on the stomach.

2nd. When it is desired, by means of alcohol, to enable a person to maintain for a longer time than he could otherwise be

capable of, a continued mental effort, the dose should be small, tolerably strong, and repeated at short intervals, and should *not* be given at meal times,—the object being to keep up the primary action, and avoid altogether for the time its secondary effects. I must repeat, however, that I consider this dangerous practice, and to be defensible only when the sustained effort is essential, and when a subsequent period of rest can be commanded.*

3rd. When animal heat is the end for which alcohol is given the dose should be considerable and tolerably diluted, except in those instances where the exhaustion is so complete that no stimulant effect is apparent even from pure alcohol, in which case strength becomes a matter of secondary consideration.

In conclusion, I would just repeat, in an aphorismic form, the chief facts regarding the action and uses of stimulating liquids which I have endeavoured to bring out in the foregoing observations:—

1. Alcohol is not the natural stimulus to any of our organs, and hence functions performed in consequence of its application tend to debilitate the organ acted upon.

2. Alcohol is incapable of being assimilated or converted into any organic proximate principle, and hence cannot be considered nutritious.

3. The strength experienced after the use of alcohol is not new strength added to the system, but is manifested by calling into active exercise the nervous energy pre-existing therein.

4. Alcohol is capable of affording a supply of animal heat, but in so doing acts injuriously in three distinct ways, viz.:—

(1.) By its presence in the blood preventing the oxydation of its carbonaceous compounds.

(2.) By combining with the absorbed oxygen, and thus preventing the normal decomposition of tissue.

(3.) By affording animal heat, without at the same time increasing the amount of available vital force.

* This effect is more satisfactorily produced in an indirect manner, viz., by using the Alcohol during meals, thus aiding digestion, and in this manner reserving more of the pre-existing vital force to be employed in mental efforts. When stimulants are used *during* study, tea and coffee will generally prove more suitable than any compounds of alcohol.

5. The daily use of alcohol proves injurious by enabling the stomach to digest more food than is required to supply the wants of the system; from whence arises plethora.

6. The ultimate exhausting effects of alcohol, owing to its stimulant properties, produce an unnatural susceptibility to morbid action in all the organs, and this, together with the plethora superinduced as above hinted, becomes a fertile source of disease.

7. A person who habitually exerts himself to such an extent as to require the daily use of stimulants to ward off exhaustion, may be compared to a machine working under high pressure. He will become much more obnoxious to the causes of disease, and will certainly break down sooner than he would have done under more favourable circumstances.

8. The more frequently alcohol is had recourse to for the purpose of overcoming feelings of debility, the more will it be required, and by constant repetition a period is at length reached when it cannot be foregone, unless reaction is simultaneously brought about by a temporary total change of the habits of life.

Owing to the above facts, I conclude that the daily use of stimulants is indefensible under any known circumstances. The occasional or remedial employment of alcohol may be justified under the following conditions, for example,—

9. Alcohol may prove useful when the nervous energy has been depressed without being exhausted.

10. Alcohol may act beneficially by aiding digestion in exhausted subjects, more especially if the debility arise from loss of humours.

11. Alcohol may assist the stomach in digesting an overabundant meal, and on this account stimulants are an advantageous adjunct to the festive board. As guardians of the public health, however, we are bound to observe that in this instance the safer plan is to avoid convivial meetings altogether, unless the individual is possessed of sufficient discretion to prevent excesses.

12. Alcohol is capable of stimulating the nervous system, and thus enabling an individual to sustain his mental efforts for a greater length of time than he would otherwise be capable of,

and may occasionally be employed for this purpose, more particularly when a season of rest can be obtained subsequently.

13. Alcohol is occasionally of essential service in sustaining animal heat under circumstances which would otherwise render the continuance of life impossible, owing to the absence of all materials for respiratory food. This case occurs chiefly in typhus and other low fevers.

Finally, a consideration of the above named facts concerning the action of alcohol would lead us to be especially careful in forbidding its use under the following circumstances:—

14. Alcohol should never be employed even for temporary relief in cases where the nervous system is morbidly susceptible, while the bodily strength continues unimpaired. This frequently occurs in what are called, *par excellence*, nervous diseases, wherein the patient *feels* unfitted for any exertion, while, in truth, he is capable of considerable effort, and requires only the moral courage to call it forth.

15. Alcohol, as a palliative, should only be had recourse to when the circumstances for which it is required are not likely to continue for any length of time, since the continued use of stimulants has already been shown to be in all cases injurious.

ON THE HOMŒOPATHIC TREATMENT OF MEASLES.

By Dr. J. Ozanne, of Guernsey.

Having had, from the 27th of July, 1846, to the end of July, 1847, to take charge of the treatment of sixty-nine patients affected with the measles, a brief account of the plan adopted, and of the results obtained, together with a statement of the symptoms observed in the most interesting cases, will, I trust, not be out of place in the pages of this journal.

In performing this task, however, I cannot but deeply regret that the materials before me are not more complete in a pathological point of view; indeed, in some of the cases the reader will

be at a loss to discover why such a medicine was prescribed, or why such another was not given in its place, because the characteristic features are omitted. These the memory cannot supply, and now that I can only draw out this paper on the short notes in my diary, or on a few cases which were written down at the time, but not with the view of publishing them ultimately, I feel the deficiency still more deeply. The great call for cases, and for the fair statement of practical results, will serve as my excuse for taking up so much of the reader's time.

This epidemic was characterised by a marked tendency to produce inflammation of the larynx and trachea on the one hand, and of the bronchi and lungs on the other. In a few cases there was some degree of inflammation of the mucous membrane of the bowels, but not sufficiently violent to require an especial notice.

The only cases which I consider require a detailed account are those in which the respiratory organs were more or less inflamed, and two or three of those in which some of the sequelæ of the measles occurred.

The cases which were placed under my care amounted to sixty-nine; but I know of four others which were at the same time under Homœopathic treatment in this island, and for which my services would have been claimed if they had presented any alarming symptoms. These four patients, with the sixty-nine of whom I had the sole charge, amount to seventy-three. Of these, two died and seventy-one recovered. The deaths were caused, in one case, by laryngitis, in the other, by bronchitis, together with inflammation of both lungs in a child eleven months old.

It is a remarkable fact, that amongst the patients who were affected with inflammation of the organs of respiration, only one did not belong to the labouring class; and in that case there were causes in operation sufficiently powerful to bring on such an inflammation without the presence of any morbid poison in the system.

The only account of an epidemic of measles treated solely by Homœopathic remedies that I have met with in the Homœopathic books in my library, is one by Dr. Watzke in the 1st vol.

of the *Oesterriechische Zeitschrift für Homöopathie*, 2nd part, p. 228, relating to the epidemic which occurred in June and July, 1837, at Klagenfurt. Dr. Watzke had ninety-five measly patients, every one of whom recovered. His measure of success was therefore much greater than mine. Sixty-three of his cases presented the simple catarrhal type, twenty-eight were inflammatory; of these twenty-eight only two were affected with tracheitis, one with encephalitis, one with pneumonia, and one with pleuritis. From these results it seems probable that the Klagenfurt epidemic of 1837 was less severe than the Guernsey epidemic of 1846—1847. The difference of the seasons should also be taken into account. At Klagenfurt the cases occurred in the months of May and June, whereas, at Guernsey, the two deaths took place in the two coldest months of the year. From this, however, I would not infer that the season was the sole cause of this difference; there were other circumstances in connection with these two deaths, which should not pass unnoticed; these are the time lost before efficient remedies were administered, and in one case, the age of the little patient affected with bronchitis and pneumonia, the mortality being greater in the first year of life than at a period when the vital power is capable of a stronger reaction. Moreover, one of the worst cases I had, occurred in the month of August, during very fine and hot weather.

In all my cases I only met with one of the *morbilli sine catarrho*. The exanthema was, in this instance, preceded by fainting, vomiting, and much fever. The eruption went through its course, in the usual manner.

The treatment of the simple form of measles presents no great difficulty; yet the mildest case should be attended to with as much care as that which begins with the most formidable symptoms, as it may become quite as serious, whether from neglect in the application of the requisite remedies, or from any imprudence on the part of the patient. The importance of proper hygienic arrangements is evident when we consider, that of the patients affected with some inflammatory complication only one belonged to the higher classes of society, and this one had been exposed to the cold air of a January night, after dancing for several hours, when overheated and fatigued. On this point

my conviction is so strong, that I believe no patient can die of the measles, under proper Homœopathic attendance, unless previously affected with some serious disease, or strongly predisposed to inflammatory disease of the brain, if placed in favourable hygienic circumstances.

For a long time I have, in the selection of remedies, studied simplicity of means, being of opinion that a frequent change in the remedies employed implies either the want of proper attention in their selection, an uncertainty in the diagnosis of the disease, or a real want of a proper Homœopathic remedy to suit the individual case. The latter circumstance seldom arises; yet in one instance I think it has happened to me to want a remedy to meet a more than usually severe case; that remedy has been, I imagine, pointed out in the study of *bromine* by Drs. Hering, Attomyr, and others. (See the July number of this Journal for 1847.)

In the simple cases, my treatment consisted almost solely in the prescription of two remedies—*Aconitum* and *Pulsatilla;* I did give a few other medicines—for instance, in one case, where there was violent delirium previously to the appearance of the eruption, I gave *Belladonna;* in another, *Veratrum,* on account of symptoms of an inflammatory state of the mucous membrane of the small intestine; in one or two others, *bryonia* for accidents of secondary importance, and in two or three more, *Ipecacuanha* when the disease commenced with repeated vomiting; but in the majority of my cases I found Aconitum and Pulsatilla sufficient to remove all the symptoms within four or five days from the first appearance of the eruption.

Respecting the relative value of Aconitum and Pulsatilla, I was happy to find, in Hartmann's new edition of his "*Therapie,*" the practical confirmation of a remark I had made long before I received the first volume of his work, and which induced me to modify the plan of treatment previously adopted.

I had remarked, that after giving the *Aconitum* either for twenty-four or forty-eight hours, and producing a fall of 30 or 40 pulsations per minute, on replacing it by *Pulsatilla,* the pulse frequently rose again from 80 pulsations per minute to 90 or 100, its strength and fulness gaining in proportion, whilst

the heat of the skin and the restlessness at night, together with the peculiar harsh and troublesome cough, continued or increased, and this at a period (the fourth or fifth day after the first appearance of the exanthem) when all these symptoms of febrile excitement ought to have subsided. I therefore reconsidered all the symptoms, and found that all of them, the eruption excepted, resembled much more closely those of the period of reaction, in the provings of Aconite than those produced by Pulsatilla. In fact, the symptoms presented by the mucous membrane of the eyes, nasal fossæ, fauces, larynx, trachea, and bronchi, were of a type more inflammatory than Pulsatilla is suited for, therefore it was proper to neglect the eruption and treat the cases as if they consisted of simple inflammation of these parts. I therefore determined to continue the Aconitum until a decided change in the character of the symptoms had taken place. The consequence was, that in many cases the patients were cured by Aconitum alone. The doses employed were usually the following:—Aconitum, 1, 2, or 3—one drop to an ounce of pure water—of this mixture a tea-spoonful was given every two or three hours. The state of the pulse was, in several cases, worthy of remark. After two or three days of constant use of the Aconitum at the above doses, the pulse fell from 120 or 130 (in a few children from eight to twelve years of age) to 80, then to 60, and in one case to 50. In this last case I felt the pulse some time after, when I found it about 70. I cannot say whether this was a *physiological action* of Aconite on the heart, or whether it was the natural consequence of the removal of fever.

Hartmann says (vol. I. page 299, edition of 1847)—

"In a few epidemics of measles, with predominant affection of the fauces and bronchi, frequently also with irritation of the intestinal canal, diarrhœa, consisting of fermented-like greenish, at times frothy and clayey stools, when, between the exanthematous patches, interstitial erythema supervened, the entire disease, even in the worst cases, was removed by *Aconitum* repeated several times (generally about six or eight times) each day."

He adds, that where there is—

"Great tendency to inflammation in the eye-balls, photophobia, considerable mucous secretion from the eye-lids, severe fluent coryza, with pressing pains in the forehead, and violent cough by day; the exhibition of *Euphrasia* is not unfrequently suitable."

I may here state, that in all these cases I have found *Pulsatilla* sufficient, where Aconitum had been previously administered. The doses of Pulsatilla generally used, were the following:—Dilutions 2, 3—one drop to each ounce of water—a tea-spoonful every two, three, or four hours.

Hartmann also recommends *Bryonia*, 15th dilution, if—

"Through the retrocession of the eruption the eyes have become very sensitive to the light, and an inflammatory irritation of the thoracic organs have manifested itself, attended by an almost continual moist cough, rendering the chest painful, and causing a feeling of rawness and excoriation in the whole of the chest; in such cases Arsenic, moreover, should not be neglected, more especially if, within a few hours after giving Bryonia, a beneficial action have not taken place."

I am not a great believer in the doctrine which ascribes most of the complications in the eruptive fevers to the retrocession of the eruption; feeling more inclined to attribute the retrogression in general to the previous development of internal disease; but I consider the advice very deserving of attention where such symptoms are present.

The complications observed consisted of inflammation in various degrees of intensity of the larynx and trachea, of the bronchi, of the lungs and pleuræ; shewing a marked tendency of the morbid poison to affect the respiratory organs: whether this tendency was dependent on hygienic conditions peculiar to the patients themselves, or whether it originally belonged to the epidemic, I cannot decide. So far, however, as my patients were concerned, the former view seems the more probable, as all those who had inflammation of some part of the organs of respiration belonged, with but one exception, to the labouring class. If we consider how unfavourably the poor man's child is situated,

especially during the winter season, in a severe case of measles, compared with the child of the affluent, whose only study is to avoid every chance of danger which the physician can point out, and who has the means at his disposal of following the dictates of science, it is not surprising that the worst share of the sickness, and the chief portion of the mortality should fall on the poor. The only exception was that of a young lady (whose case will be reported); in this instance there were causes fully adequate to the production of severe bronchitis, without the presence of the measles.

Laryngitis was one of the most dangerous and most fatal complications of this epidemic. To give an idea of its severity it will be sufficient to mention three deaths which occurred in one family, out of four children who had the measles. The fourth, Henry Taylor, escaped, and was placed under my care for some of the sequelæ of the disease.

In six of my cases the larynx and trachea were more or less inflamed. In three of these the affection was slight; in the other three severe. One of these died.

1. *Slight Laryngitis.*—Gambol, a little boy about four years old, was affected during the decline of the eruption with symptoms of slight laryngitis; he was placed under the influence of *Spongia* 3, and of *Lachesis* 6, and recovered within a few days.

2. *Slight Laryngitis.*—Locke, about one year old, was seized on the 1st of March with a peculiar hoarse and choking cough, and almost total loss of voice. The eruption was declining. *Spongia* 3. On the 2nd she was better; she then took *Hepar sulph. Calc.* 6; a few globules, which were repeated on the following days; this medicine soon restored her to health.

3. *Hooping-cough, Measles, Laryngitis.*—Isabella Martin, aged three years, had been affected with hooping-cough a fortnight, when she took the measles; on the 6th, 7th, and 8th of February she took *Aconitum* 2; on the 9th *Pulsatilla* followed by *Aconite.* Hitherto the measles were going on favorably, and the fits of hooping-cough had ceased. On the 10th she was seized with fits of croup-like cough; the voice was very hoarse; at times there were fits of suffocation; *Belladonna* 3, followed

by *Aconitum* 2. On the 11th she seemed at times on the point of choking, and appeared to experience the greatest distress in the throat, the face becoming blue during the paroxysms, as in a fit of hooping-cough; it was evident that there were spasms in the glottis; but besides this she could not cough aloud. She was, moreover, rather feverish. *Ipecacuanha* 2, *throughout the day; Aconitum* 2, *the following night.* On the 12th she was somewhat better in her throat, but the cough continued troublesome, *Ipecacuanha* 2. The cough became freer, and assumed all the characteristics of pertussis. The *Ipecacuanha* was continued, and in a few days more the child was well, not only of the measles, but of the hooping-cough likewise.

In this case there was slight laryngitis together with spasms in the larynx, the preludes of a return of the hooping-cough. I considered this at the time I was in attendance a case of great danger, the child being almost exhausted by paroxysms of suffocation, and efforts to cough, with inability to do so freely, which continued two nights and one day. The short notes I took of the case describe it very inadequately.

4. *Laryngitis, with total loss of voice.*—Gambol, aged about three years, had loss of voice, being only able to speak in an almost inaudible whisper, with a peculiar roughness of the inspiration, and a degree of hissing in the larynx perceptible on applying the stethoscope; likewise a troublesome cough. These symptoms came on during the decline of the eruption, and lasted about a week. The child was able to sit up, and did not seem much distressed or debilitated by this complaint; but scarcely took any food. He took during the three first days frequent doses of *Spongia* 3, and afterwards *Lachesis* 6.

5. *Severe Laryngitis and Bronchitis, with total loss of voice, and inability to cough.*—Wright, a boy from three to four years of age, residing with his parents and three or four other children in a small room nearly filled with their beds and kitchen utensils, so that there was but an insufficient supply of properly oxygenised air, was seized with the measles in February; I was desired to see him on the fourth or fifth day after the appearance of the exanthem; it was then limited to the lower extremities, and was fading away; the child had in addition symptoms of

slight bronchitis. I examined the chest and found no signs of pneumonia. I prepared some *Aconitum*, 2, which was to be given to the child by teaspoonfuls every three hours; and requested the mother to report his state on the following day, which was a Wednesday. She, however, neglected to do so, I therefore thought the child was better, and being much engaged, I did not think it necessary to see him. But on the following Saturday she came to me, stating that the patient was much worse, that he had lost his voice, and seemed at times on the point of choking. I found him fully as bad as she had described; there was much distress in the throat at times, the respiration hissing, total loss of voice, and frequent efforts to cough, which seemed almost ineffectual; in fact, he could not cough aloud. I visited him several times during that day and the three following; at times he had fits of dyspnœa with blueness of the face; but at other times he seemed very quiet, and was able to sleep for two or three hours together; occasionally as he lay in his little bed he watched the children in the room as they were playing, but whenever the necessity to cough arose he seemed in great distress, and the hissing noise was louder. During the whole of this time the skin was always hot, but the pulse was far from being full or strong; I kept myself in readiness to perform tracheotomy as soon as the signs of incipient asphyxia should be perceived; I therefore recommended to the parents to apprize me of any change for the worse. On the day before his death he seemed decidedly better than the previous days, but on the next morning at six o'clock his parents found him dead in his bed, which was close to theirs; they could not say how he had been in the night. Leave to examine the larynx was asked but refused.

I cannot state what were the medicines given, as I took no notes of the case, being at the time extremely occupied with my professional engagements; but I recollect having given *Aconitum*, *Spongia*, and *Lachesis*. Whether *Hepar Sulph. calc.* was given or not I cannot say.

6. *Laryngitis, Hooping-cough, Incipient Pneumonia.*—Shortly after the above, another little boy, whose name was Binney, aged about four years, was seized with measles. On the

15th of March I was requested to see him "because the measles could not come out." He had been ill a few days, but the eruption had only made its appearance that very morning; he was very feverish, and had symptoms of slight laryngitis. *Aconitum*, 2. On the 16th, the laryngitis was much worse; I then discovered that his mother, in addition to the Aconitum, was giving him a strong infusion of safron, with the view of bringing the eruption out. *Lachesis*, 5. On the 17th the state of the larynx was alarming in the extreme; the inspiration was difficult, the voice quite gone; the poor child dreaded the slightest touch on the throat. It was with the greatest difficulty that he could swallow any liquid; his agitation was extreme; he could not be prevailed upon to remain quiet in one position for two minutes together; he kept his mother constantly occupied taking him up alternately in her arms and putting him into bed again; he seemed to want a great many things, but his requests, although conveyed in a whisper strongly articulated by means of the lips and the tongue, were perfectly unintelligible. Nothing could soothe him; and for two days and two nights this truly distressing state continued, allowing no rest or sleep either to his mother or to himself. On the 17th he took *Spongia*, 6; on the 18th *Hepar Sulph. potassæ*, 2nd trituration, as I had no sulfuret of lime, and could not find any at any of the Guernsey chemists. In the evening *Lachesis*, 5. On the 19th he was better, but far from being out of danger; indeed for two or three days more, until his voice had returned, I was very apprehensive of his sharing the same fate as Wright. *Lachesis*, 5. As he improved under the action of this medicine it was continued until the 22nd, when he took a few globules of *Hepar Sulph. calc.* 6. On the 23rd the cough was much stronger and spasmodic, resembling the fit of pertussis without the hooping. *Drosera*. 3. During this day and the following there were several fits of coughing, with a decided hoop. On the 26th *Ipecacuanha*, 2. On the 28th the hooping-cough had abated, but he now was labouring under a new set of symptoms—fever, dyspnœa, frequent and short cough, and a crepitant rattle in the right lung; it was evident that he had taken cold during the laryngitis, having been frequently uncovered when put into bed or taken up. *Phosphorus*,

2. On the 29th he was much better, the crepitant rattle had disappeared, being replaced by a mucous rattle, which also extended to other parts of the lungs; the *Phosphorus* was repeated. He left on this day for Brixham, where he arrived in a state of convalescence. He did not stand in need of further medical assistance.

Some time after having had the care of the above cases, I received the number of this Journal for July last, in which I found a translation of an excellent paper on croup, taken from the 2nd Part, 2nd Vol. of the *Neues Archiv für die Hom. Heilk.* to which various additions have been made; and amongst others, the laryngeal symptoms of bromine and chlorine, published by Dr. C. Hering in the 3rd Part of the same volume. I regretted very much that the original paper had not been sent to me in due time, as I should have tried Bromine in Wright's case, and I think, if the symptoms ascribed to that medicine be correct, it might have perhaps given a more favorable turn to the disease. However, I lost no time in adding that medicine* to my previous stock.

In addition to the above, which I hope will prove of service in practice, the principal medicines in croup or laryngitis, are *Aconitum*, *Spongia*, and *Hepar Sulph. calc.*

Although I have now been practising nearly four years in this island, and have had the care of hundreds of acute cases of

* In order to be able to prepare the lower dilutions of Bromine with ease, Dr. Hering recommends us *(Neues Archiv, 2 Band., 3 heft., p. 114)* to keep the pure Bromine in a phial, to the glass stopper of which a small glass tube is attached, by means of which a drop may easily be added to a bottle containing pure water previously prepared. He also (page 117) says, that experience will teach whether the first dilution may be made with water, and the next with spirit of wine. I preferred a *saturated* solution of Bromine in distilled water, which I have procured from Mr. Arnold, who has prepared large quantities of Iodine from the ashes of the sea-weeds on our coast, which on account of its superiority has been preferred to any other in the London market, and whose Bromine is equally good. This solution can be more conveniently used than the pure Bromine, and can be diluted with distilled water in glass stoppered bottles. To make use of spirit of wine for the dilutions after the first would, I think, be highly objectionable. Since the Tincture of Iodine will in time form hydriodic æther, may not the Bromine in solution in the alcohol also give rise hydrobromic æther? The likelikood of the transformation will be just as great for the highest dilution as it is for the first.

all kinds, croup is comparatively so rare that I have had but three opportunities of testing the above medicines in decided croup; these were cured by means of *Aconitum*, *Hepar Sulph. calc.* and *Spongia*, with the addition in one case of *Tart. emeticus*. I have had, it is true, several cases of incipient croup, in which Aconitum alone, or in alternation with Spongia, prevented the increase of the disease. In addition to these cases I had one of acute laryngitis in a little boy. I was sent for when the child was gasping for breath, and had to perform tracheotomy; the operation * was so far successful that the child lived fifty-two hours after its completion; he was at times cheerful, and breathed freely through the wound; he died comatose. The glottis, I was told by the surgeon who examined the larynx after death, was so far closed, that a crow quill could scarcely pass through it. These are the only cases of laryngitis I have had in Guernsey.

I have never used *Iodine* in acute affections of the larynx, but I recollect a case of chronic laryngitis in which the relief afforded by the iodine was so striking and so rapid, that it deserves to be recorded. A Frenchman, a boot-maker, was admitted at the Homœopathic Dispensary in Ely Place, under the direction of Dr. Curie, either in 1841 or 1842; he had been afflicted with syphilis, which although treated allopathically by strong doses of mercury, was followed by the formation of ulcers in the throat. He then resided at Edinburgh, and was under

* In this case the struggles of the child for breath were so great that the operation was attended with great difficulty. The venous hæmorrhage was profuse, and had soon filled the trachea; the blood spouted from the wound at every expiration, and fresh quantities poured in at each inspiration; the expiration soon ceased completely. The surgeon who assisted me, gave up the case as a lost one; but recollecting Roux's case, and having witnessed Amussat's experiments on artificial respiration, I determined to employ a combination of both processes, alternately sucking the blood from the trachea whilst pressing forcibly on the chest with the right hand, then blowing into the trachea and allowing the chest to expand. After about forty or fifty seconds of this exhausting work, I had the gratification to witness a natural effort of inspiration, under the influence of the true spinal nerves evidently, as the child was in a state of complete insensibility. In about half an hour he recovered his consciousness, and seemed quite cheerful, though excited. Several fits of dyspnœa and unconsciousness came on at intervals of three or four hours; he died at last in one of them.

able Allopathic treatment. Notwithstanding the skill of his physician the larynx became affected, he lost his voice, and experienced some difficulty of breathing. His business then called him to London; during his voyage and after his arrival the disease made rapid progress; at last he sought Homœopathic advice. His state was then truly pitiable, and none of those that saw him then, can ever forget his appearance. His eyes were sunken, the features altered, his face blue and dingy; he seemed to exercise the greatest circumspection in every movement of his head, apparently so as to avoid compressing the larynx. The inspiration gave a very peculiar but loud sound, not unlike the sawing-sound in croup; there was complete aphonia. Some medicines were given him—*Lachesis*, I believe, amongst others. He grew worse, and in a few days was obliged to keep his bed. The duty of visiting him devolved upon me. He resided a few doors from Churchill's, in Princes Street, Soho. I shall never forget the spectacle I beheld when I entered his room. He sat up in his bed with his back and head erect; propped up against a chair, he held on by something fastened at the foot of the bed, in order to have more power to draw in his breath. The efforts of inspiration were very great; the movements of the larynx violent. The same sound was heard during the inspiration as above described. I was very anxious that tracheotomy should be performed, but Dr. Curie would not consent to it until other Homœopathic remedies had been tried. He therefore prescribed *Iodine*. The effect of this remedy was truly surprising, for in a week the man was not only able to get out of bed and walk about, but was well enough to travel to Paris to return to his friends.

In cases of catarrhal affection of the respiratory organs, attended by aphonia, I was for a time in the habit of giving either *Phosphorus* or *Carbo vegetabilis*, or *Lachesis*, or *Hepar Sulph. calc.* or any other medicine that seemed to suit the symptoms best; but having more recently discovered that Hep. Sulph. calc. was suitable in the majority of these cases I have generally given it—in the dose of one or two grains of the 2nd or 3rd trituration—and have usually found, on visiting the patient at the end of twenty-four hours, that the voice had returned,

though of course it regained its characteristic tone only on the third or fourth day of the treatment. I therefore consider that the sulphuret of lime has a most decided *specific* action on the larynx.

It will be observed that in the cases reported, *Lachesis* has been given several times. I must confess that I am not without some doubts regarding the value of Lachesis. At one time I was taught to look upon it as a very useful medicine in laryngeal affections, whether acute or chronic. But at present I feel inclined to limit its sphere of usefulness to spasmodic affections of the larynx. Now that Bromine promises to be of much service, I should feel inclined to put aside Lachesis until it be *re-proved*. I must however state, that it has at times done me signal service in cases of softening of the brain; and likewise in a case of chronic hepatitis, with violent cutting pains in the liver; in a case of asthma, with faintness, cold perspiration, a short dry cough, sibilant and sonorous rales in the chest, and no expectoration; in this same case it has also frequently cut short asthmatic attacks which, at their commencement, threatened to become very severe; and likewise in palpitation, faintings, and dyspnœa, attending organic disease of the heart. With these exceptions, I cannot say I have found Lachesis answer the expectations which the long array of symptoms ascribed to it in *Jahr's Manual* has raised.

Bronchitis.—The severest case of pure bronchitis was the following:—

Acute Bronchitis—cough, simulating hooping cough.—Miss G——, aged about seventeen years, was at a ball on the last day of the year, and danced during the chief part of the night. The next day she felt ill, but thought it was only a severe cold; she however continued gradually getting worse. On the 3rd January I was sent for; she then had much fever; the face was flushed, the skin very hot, the pulse strong and too frequent.—*Aconitum*, 2. On the 4th the exanthem made its appearance; the fever continued; the cough was dry, violent, and almost incessant; the chest very painful, and as if excoriated within; there was also much difficulty of breathing.—*Aconitum to be continued, and to be followed by Phosphorus*, 3. On the 5th

the eruption was fairly out, the cough looser but still violent. The pulse had fallen from 120 to 108 pulsations per minute. She felt so weak and oppressed in her breathing, that since the previous evening she had determined to request that I should allow a blister to be applied on her chest; her request of course was not complied with.—*Pulsatilla*, 3, *during the day; Aconitum*, 2, *in the night*. On the 6th, the cough was less painful, but there were frequent fits of suffocating cough, very like the hooping cough, which was then very prevalent in the island.—*Belladonna*, 3, *during the day; Aconitum*, 2, *at night*. On the 7th, cough less violent and looser; dyspnœa much better; great debility.—*Pulsatilla*, 3. From this time the *Pulsatilla* was continued, at increasing intervals, till her convalescence was complete. At the end of one week from the time she took to her bed, she was able to come down stairs.

Bronchitis and *Pneumonia*.—Under this head my worst cases may be ranged. The pneumonia, together with the laryngitis, constituted the most serious complications, and each of these diseases brought one case to an unhappy termination. The case of death from Pneumonia was the following:—

1. *Pneumonia* and *Bronchitis, affecting both lungs*.—Fanny Gambol, aged eleven months, a sister of the Gambols already noticed amongst the cases of laryngitis, living in a cold cottage with a stone floor, on which her cradle was kept by day, became very poorly in the week preceding the 24th December. Her mother visited the Homœopathic dispensary on that day, and said that the child was rather hot, especially about the face—the eye-balls were red; the eye-lids agglutinated when she awoke out of her sleep; there was lacrymation, sneezing, a spasmodic cough, worse at night.—*Aconitum*, 2, *gtt. ij. Aq.*, ℥ *ij.* Although desired to come on the next day, or the day after that, the mother of this infant neglected doing so for three days, because the eruption had come out on the 25th, and because she of course thought that all must be going on well, if it shewed itself fairly. She came on the 27th, because she found it fading on the upper parts of the body, whilst it was very full still about the legs. To the fact that the eruption was disappearing she attached more importance than to the general

appearance of her infant, which would certainly have awakened the solicitude of any mother endowed with an average amount of intelligence. From her own statement it turned out, that for two days the child had not shewn the slightest inclination to take the breast, or any kind of food or drink, and that she lay perfectly still, in a state of stupor, noticing nothing, being much oppressed in her breathing, and only moving when the cough disturbed her. I visited the child, and found this statement perfectly correct. The cough was short, as if voluntarily restrained; there were crepitant and mucous rattles interspersed, occupying the whole extent of the thorax posteriorly, from the apex of either lung to its base; no dulness on percussion sufficiently marked to be noticed. It was clear that there was lobular pneumonia in several parts of both lungs, intermixed with bronchitis. This case resembles very much one which I reported in the 2nd Volume of this Journal, page 70, with this difference however, that the latter occurred in a girl as many years old, as the above infant was months, and who moreover was placed under the treatment for pneumonia at a much earlier period.—*Phosphorus*, 2, *gtt. ij*, *Aq.*, ℥ *ij*, *a teaspoonful every half-hour*. In the morning there was no change. She died in the night.

2. *Hooping-cough, Pneumonia.*—Emma Martin, aged six years, a delicate child, who had the scarlatina dropsy in 1844 (see Vol. III. p. 154), had the hooping-cough in January, for which her mother had placed her under the Homœopathic treatment, recommended in Jahr's Manual. On the 4th of February I was requested to see her; the exanthem was doing well, but she had much fever, cough, and some dyspnœa. There was a crepitant rattle at the base of the right lung, and mucous rattles in other parts of both lungs. *Phosphorus*, 2, *gtt. ij*, *Aq.*, ℥ *ij.—a teaspoonful every two hours*. On the 5th, same treatment—on the 6th, the crepitus had nearly disappeared, but the fever still continued, although the eruption was fading away. *Aconitum*, 2. On the 7th the Aconite was continued—on the 6th she was much better. *Pulsatilla*, 3. On the 10th, *Sulphur*, *four globules*. It is remarkable that the hooping ceased when the measles broke out, and never returned. I feel inclined to

ascribe this to the fever itself, a process in which a powerful reaction towards the surface is going on, and by means of which the *materies morbi* may be rapidly eliminated. I have remarked in several cases of hooping-cough, that when fever came on the disease was more rapidly brought to a close than when none was observed. In these cases, during the first ten days or fortnight the pulse was small and frequent, the hands and arms cold, the other parts of the body cool (owing generally to insufficient clothing); afterwards the skin became hot, the cheeks flushed, the hands hot, the pulse stronger but not more frequent. This febrile state would disappear in a few days under the influence of Aconite.

3. *Bronchitis and Pneumonia.*—Rankilor, a little girl, about five years old, was ill with the measles on the 16th; there was cough, accelerated respiration, crepitant rattle at the base of the right lung, mucous rattles in both lungs, pulse 160—164. *Aconitum.*—On the 17th, same treatment. On the 18th she was much better. *Pulsatilla*, 3. On the 19th, I did not see her, but sent *Phosphorus*,* 3, as it was stated that she had still much cough, and I feared a relapse. The medicine sent was sufficient, as by the time she had done taking it she was quite well.

4. *Bronchitis and Pneumonia.*—White, aged from twelve to fourteen months, had hooping-cough last winter; it was cured in about one month, and was followed by an eruption on the head. On the 3rd of May his mother came to the Dispensary to say that he had a loose cough, and was rather feverish; *Aconitum*, 6; *2 globules twice daily.* On the 4th the measles broke out; he had a bad cough, a rattling in the throat, seemed very low, scarcely noticed any one, and was very feverish. *Aconitum*, 1, *gtt. ij. Aq.*, ʒ *ij.* On the 6th much better. *Pulsatilla*, 1, *gtt. ij*, *Aq.*, ʒ *iij.* On the 8th quite well. In the evening of the 11th

* In this case the Phosphorus given on the 19th was unnecessary, as I afterwards found on visiting my little patient. I think I must have made some mistake in recording the treatment of this case in my diary, which may very well have happened, as several cases were usually entered together. Although this case was one of incipient pneumonia, as yet very limited in extent, I was too uneasy about the child to have neglected given Phosphorus, on which I place from experience the greatest confidence in the treatment of pneumonia; but I cannot help stating the treatment as entered in the diary.

the baby became again very hot; he coughed very much during the night, and on the 12th was very hoarse and breathed very fast. *Aconitum*, 1, *gtt. ij, Aq.*, ʒ *ij—a teaspoonful every two hours.* The child was quite well in a day or two, and I heard nothing more of him till the 18th; he was feverish, and had vomited several times in the night. *Aconitum*, 1, *gtt. ij, Aq.*, ʒ *ij.* He continued very sick, and vomited several times throughout the day, and again the next morning; however his mother thought him on the whole better. *Pulsatilla*, 1, *gtt, ij, Aq.*, ʒ *ij.*—a teaspoonful every two hours. In the course of the same day I visited him, and found him more ill than his mother had stated; the skin was very hot, he seemed very low, and oppressed in his breathing. I found some crepitant rattles intermixed with mucous rattles in both lungs. The Pulsatilla was put aside and *Phosphorus*, 3, *gtt. iij. Aq.*, ʒ *iij—a tea spoonful every three hours given in its place.* This medicine was continued the following days, at increasing intervals, till the 26th, when the cough was better, and the crepitant rattles were replaced by mucous rattles. *Phosphorus, globules, of the 12th and 18th.* On the 29th he still had a loose cough, but was better in every other respect. *Sulphur*, 12—*a few globules.* I did not see him again until the 2nd of June, when I found sonorous rhonchi in both lungs; his mother said that every afternoon she heard a wheezing in his chest. *The Sulphur was continued.* On the 8th there was scarcely any cough; yet a little mucous rattle in his chest; he was now able to walk a few steps for the first time since he had the measles. His bowels, however, were relaxed, and I was told, that within the last thirty-six hours he had vomited six times. *Ipecacuanha*, 2, *gtt. ij, Aq.*, ʒ *ij.* —*a teaspoonful every four hours.* This completed his cure.

I may here remark, that the attack of illness of the 18th was brought on by carelessness on the part of the mother, as this child, just convalescent from the measles, was taken out of doors by the other children, and kept on their knees in front of the house a great part of the day.

5. *Double pneumonia, with hepatisation on one side.*—Farrell, aged about three years, was brought to me on the 19th of December; he then was affected with fever, cough, and

dyspnœa; there seemed to be some uneasiness about the larynx, and, moreover, the cough somewhat resembled that of incipient croup. *Spongia*, 3, *gtt. ij*, *Aq.*, ʒ *ij*. The cough soon assumed the characteristic tone it takes in measles, and by the 21st the eruption made its appearance, attended with moderate fever. *Pulsatilla*, 3, *gtt. ij*, *Aq.*, ʒ *ij*.—*a teaspoonful every three hours.* He went on very well until the 26th, when I found him affected with dyspnœa, a sort of catching in the inspiration, and on applying the ear to the chest I heard a distinct crepitant rattle in the whole of the lower third of the right lung. *Phophorus*, 2. During the two following days there was no change manifest;—the Phosphorus was continued. On the 29th, in the morning, his mother came to me in great alarm, she thought him dying. During the night he had suffocating cough, and seemed altogether worse; the fits of coughing were accompanied by blueness of the face, and seemed to exhaust him; he could only lie on his right side. On re-examining his chest I found all that portion of the lung, originally affected, dull on percussion, the crepitant rattles had extended upwards, and also to the left lung, the lower third of which was involved. I did not discover any bronchial respiration in the right lung, as it was difficult to keep the child quiet; it may have existed although not detected. *Tartarus emeticus, trit.* 3, *gr. j.*—in fractioned doses. In the evening I found the breathing easier, the fits of coughing less troublesome. *Phosphorus*, 2. For some days the child continued in a very precarious state; he kept lying on his right side, and could not bear any other position. The *Phosphorus* was continued till the 3rd January, when *Tartarus emeticus*, 5, was again given. He required no further medication.

6. *Inflammation in the chest; effusion into the pleura.*—Sambell, a little boy, aged nearly four years, was taken ill with the measles on the 28th July, 1846, which went through its usual stages very mildly under the influence of *Aconitum*, 1, *Pulsatilla*, 3, *Belladonna*, 3, and finally of *Ipecacuanha*, 6, on the 1st of August, on account of vomiting, which then supervened. The child was now able to sit up every day on a little stool, though very weak. During the following week I

went nearly every day to see him, and felt very anxious on his account, as he and the other children were left to the care of a neighbour whilst the mother was out at work. As the weather was exceedingly hot, he usually sat between the open door and an open window ; when I spoke about it to his mother she laughed, and, like many others, thought that the children of the poor may expose themselves with impunity to the usual causes of disease, simply because they are more accustomed to rough treatment of all kinds.

However, it was soon perceived that he was becoming more and more weak, and was soon very ill again On the 9th I was requested to see him; he was feverish, and had a very bad cough. *Aconitum*, 2. On the 10th increased cough, pains in the bowels, diarrhœa, pains everywhere; the poor child complained but could not be made to say where he suffered most. *Bryonia*, 2. On the 11th much dyspnœa, violent and frequent spasmodic cough; tormina, apparently very severe. *Belladonna*, 1. On the 12th, violent cough, with choking fits, obliging him to lie on high pillows. It was now supposed that there might be something wrong in the chest; it was therefore examined; there was dulness on percussion at the base of the left lung; the child was so restless and so uneasy, when made to sit up, partly from debility and partly from dyspnœa, that nothing could be ascertained by auscultation; it was clear, however, that there must be either pneumonia, with hepatisation, or an effusion into the chest, or both together. *Phosphorus*, 2. On the 13th much the same. *Phosphorus*, 2. On the 14th he was quieter; but it was now manifest that he could only lie on his left side, any other position occasioned fits of coughing and great distress;—the dulness on percussion extended upwards to the middle of the scapula. I now ascertained that there was neither vesicular or bronchial respiration to be heard. There were sonorous rhonchi in the upper part of the right lung and in the left.—*Pure Sulphur Tinct. gtt. ij, Aq.*, ʒ *ij*, a teaspoonful every three hours. 14th, same treatment. 15th, the left side of the chest was now larger than the right, the ribs bulging out at the lower part of the thorax. There were still paroxysms

of coughing, with difficult breathing.—*Arsenicum*, 3, *gtt. ij*, *Aq.*, ℥ *ij*. On the 16th, *Tinct. Sulphuris*. On the 17th, the dulness was decreasing, and bronchial respiration could be heard; the cough still severe at times.—*Phosphorus*, 2. On the 18th, *Tinct. Sulphuris*, which was afterwards alternated with *Phosphorus*, as I had some idea that there was hepatisation of the lung; but this must remain a doubtful point: the existence of considerable effusion cannot however be doubted. By the 24th of August the child was convalescent, and took no more medicine.

7. *Chronic pneumonia*, with *diarrhœa* and *emaciation*.—Binney, aged nearly two years, accompanied her brother, just convalescent from laryngitis and measles, to Brixham. Whilst at sea she sickened with the measles. On her arrival she was placed under the care of an allopathic surgeon. She seemed to have something the matter with the chest, but this surgeon never examined it. The mother therefore called in another, who said there was inflammation in the chest. She was under his care for some time; but as she only got worse, she was brought over to Guernsey, to be placed under Homœopathic treatment. I was requested to see her on the 20th of May. She had fever, a bad cough, hurried respiration, was emaciated in the extreme; there was dulness on percussion and bronchial respiration at the base of the left lung, a loud rattling, like that heard in ulcerated lungs in phthisis. I believed at the time that there was also serous effusion into the pleura, as that side of the chest was larger (by measurement) than the other. She took from the 20th to the 24th, *Tinct. Sulph.*—then *Arsenicum*, 3, for four days. *Tinct. Sulph.* again on the 28th; and *Arsenicum* on the 30th. By the 2nd of June the chest was better, the dulness on percussion having disappeared; but there was in its place a loose rattle of a suspicious character. A new complaint however had appeared, and threatened to remove the child before she could become a prey to phthisis pulmonalis. This was diarrhœa without pain, which set in, accompanied by fever, and which brought the child to such a degree of emaciation that the integuments hung about her arms like a loose coat sleeve. In the

mean time the skin became rough, dirty-looking, and woolly hair grew on the back and other parts of her body.—*Pulsatilla* was first given; but on a full consideration of the case it was deemed necessary to give *Arsenicum*, and to continue it for some time. After giving it constantly for a week, a slight improvement was manifest. *Pulsatilla* was now administered during another week with further improvement; but after this, these medicines seemed to be of little use. *Calcarea carbonica* was therefore substituted, in different potencies, beginning by a few grains of the 1st trituration, and going up to the 30th attenuation. The patient was now gaining flesh; her chest was better, but she still had some rattling in the lungs, and a little diarrhœa.—*Pulsatilla*, in alternation with *Sulphur*, restored her to a tolerably good state of health. *Calcarea carbonica* was given till the 2nd of August. She has continued well since, and is as stout and strong as she ever was; but I cannot say that I consider her even yet, quite free from the chest complaint, as she still has a little cough.

The treatment of Pneumonia seems to me to have derived much advantage from the extensive experience of Dr. Fleischmann on Phosphorus. This medicine alone, or preceded by Aconitum, has given me a great measure of success in that disease. I consider it preferable to any other in the peculiar form of pneumonia which so frequently accompanies or follows the measles. The case of Fanny Gambol is no argument against its usefulness, for even without the measles, pneumonia is a very dangerous disease in infants, and moreover in this case the Phosphorus was administered at too late a period of the disease to give it time to act. I consider *Tartarus emeticus* a very useful adjunct to Phosphorus where there is an accumulation of tough mucous in the ramifications of the bronchi, with dyspnœa and suffocating cough; a grain or two daily of the 2nd or 3rd trituration.

(Remainder in our next.)

Tabular View of the Diseases treated in the Free Homœopathic Hospital of the Sisters of Charity in Gumpendorf, Vienna, from the 1st January to the 31st December, 1846.—Physician, DR. FLEISCHMANN.

DISEASES.	Remaining from 1845.	Admitted.	Cured.	Uncured.	Died.	Remaining.
Apoplexy		1				1
Burns		3	3			
Cramp, general	1	3	4			
„ stomach		11	10			1
Colic, lead		6	6			
„ gastric		5	5			
„ menstrual		1	1			
Catarrh		11	11			
Cough, chronic	1	19	19	1		
Cholera		6	4		1	1
Chlorosis		3	2			1
Diarrhoea		21	20			1
Dysentery		6	6			
Delirium Tremens		1			1	
Dropsy, general		4	1		1	2
„ ventricles of the brain		1			1	
„ pericardium		1			1	
„ lungs		6	1		5	
Exudation in the cavity of the chest	1	3	4			
Eruptions, porrigo capitis		3	3			
„ small pox		1				1
„ measles		3	3			
„ nettle rash		1	1			
„ erysipelas of foot		1	1			
„ „ of face		17	16			1
„ scarlatina		2	1		1	
„ varicella		2	2			
Fever, gastric	3	88	87			4
„ catarrhal	1	28	27			2
„ typhus abdominalis	8	159	139		21	7
„ nervous	1	72	69			4
„ rheumatic	1	70	65			6
„ intermittent	1	125	124		2	
Fungus Hæmatodes of the liver		1			1	
Gout, acute	1	2	3			
„ of the head		4	4			
„ chronic		2	1			1
Gastric disorder		17	17			
Hæmoptysis	2	16	13		3	2
Hoarseness, chronic		2	2			
Heart, organic disease of		3		2	1	
Headache		5	5			
Inflammation of the eye		3	2			1
„ peritoneum		6	5			1
„ bladder		1	1			
„ membranes of the brain		2	2			
Carried forward....	21	748	690	3	39	37

DISEASES.	Remaining from 1845.	Admitted.	Cured.	Uncured.	Died.	Remaining.
Brought forward....	21	748	690	3	39	37
Inflammation of the joints	3	56	55			4
„ throat	3	80	80			3
„ pericardium		2	2			
„ valves of the heart..		2	2			
„ trachea		1				1
„ lungs	3	64	62		2	3
„ ears.....		3	3			
„ pleura.....	1	3	3			1
„ cellular tissue		1				1
Jaundice	1	7	7			1
Liver, chronic disease of.....		2	2			
Mania, acute.....		1	1			
Menstruation, anomalous		1	1			
Old Age		3			3	
Paralysis		2			1	1
Pulmonary Consumption	1	21		8	8	6
Rheumatism.....	3	71	72			2
Scrofula.....		5	4			1
Stomach, induration of		1		1		
Swelling of the cheek		6	6			
Ulcers of the legs.....	2	12	14			
„ hand		1	1			
„ lungs	3	11		5	9	
Ulcers, scrofulous		1	1			
Vomiting		2	1			1
Wounds.....	1	9	10			
Total....	42	1116	1017	17	62	62

Tabular View of the Diseases treated in the Free Homœopathic Hospital of the Sisters of Charity in Linz, from the 1st January to the 31st December, 1846.—*Physician*, Dr. Reiss.

DISEASES.	Remaining from 1845.	Admitted.	Cured.	Improved.	Uncured.	Died.	Remaining.
Abscess		2	2				
Burns		4	4				
Bleeding of the nose		1					1
Blindness, nocturnal		1	1				
Brain, softening of.....		1				1	
Caries		3		1	1		1
Chlorosis.....	1	12	11		1		1
Cholera		1	1				
Congestion		1	1				
Carried forward....	1	26	21	1	2	1	3

DISEASES.	Remaining from 1847.	Admitted.	Cured.	Improved.	Uncured.	Died.	Remaining.
Brought forward....	1	26	20	1	2	1	3
Contusions	1	9	10				
Convulsions		1	1				
Concussion, general		1	1				
Coxalgia, rheumatic		2	2				
Catarrh		8	7				1
„ chronic		6	5				1
„ emphysematous		2		2			
„ inflammatory		4	4				
Colic		3	3				
„ bilious		1	1				
„ lead	1	2	3				
„ gastric	1		1				
„ hæmorrhoidal		1	1				
„ menstrual		1	1				
„ nervous		3	3				
„ rheumatic		17	13		1		3
Cramps, hysterical.....		3		3			
„ of the stomach		3	3				
Cancer of the stomach		3		1	2		
Constipation		1	1				
Dropsy		3	3				
„ of the abdomen.....	1	1	2				
„ œdema		3	2				1
„ acute hydrocephalus		1				1	
Dislocation.....		1	1				
Dysentery		2	2				
Diabetes		1	1				
Diarrhoea	1	12	13				
Eruptions, small pox.....		1					1
„ herpes		5	5				
„ boil		1	1				
„ porrigo capitis	1	1	2				
„ herpes zoster		3	3				
„ itch		2	1		1		
„ nettle rash		1	1				
„ erysipelas of the foot ..	2	1	3				
„ „ of the face ..		6	5				1
„ scarlatina.....		3	3				
„ varicella		4	4				
Eclampsia		2	2				
Exudation into the pleura.....		1	1				
„ „ & pericardium		1				1	
Frostbite.....	1	3	4				
Fluor Albus	1		1				
Fever, inflammatory		1	1				
„ bilious.....		1	1				
„ gastric		28	27				1
„ gastric-verminous		1	1				
„ rheumatic	2	52	49				5
„ intermittent.....	1	92	90		1		2
Carried forward,...	14	331	309	7	7	3	17

DISEASES.	Remaining from 1851.	Admitted.	Cured.	Improved.	Uncured.	Died.	Remaining.
Brought forward....	14	331	309	7	7	3	19
Fracture		4	4				
Gangrene		1	1				
„ senile		1	1				
Gastric disorder		4	4				
Gout	3	5	4		1	1	2
Hectic Fever		1				1	
Headache, semilateral		4	4				
„ nervous		3	2				1
„ rheumatic	1	9	10				
Hooping Cough		4	4				
Heart, palpitation of		1	1				
Hæmorrhoids		1	1				
Heart's Valves, organic disease of	2	16		14		4	
Hæmoptysis		3	2				1
Inflammation of the aorta		2	2				
„ eyes, furunculous		1	1				
„ „ rheumatic		2	2				
„ „ scrofulous		3	2				1
„ „ traumatic		1	1				
„ eyebrow, catarrhal		1	1				
„ peritoneum		4	3				1
„ pleura	1	11	12				
„ intestines		5	5				
„ joints, rheumatic		7	6				1
„ throat		19	19				
„ „ gangrenous		2	2				
„ heart	1	14	14				1
„ membranes of the brain		2	2				
„ testicles		1	1				
„ liver		2	2				
„ „ chronic		3	3				
„ vertebræ		1	1				
„ windpipe		3	3				
„ lungs		13	13				
„ spleen		1	1				
„ ears	1	3	4				
„ salivary glands		3	3				
„ spinal marrow		3	2				1
„ vessels of the abdomen		1	1				
„ gums		1	1				
Jaundice	1	2	2		1		
Influenza		1	1				
Menstruation, suppressed	1	5	6				
Monomania		1			1		
Metrorrhagia		2	2				
Old Age		8		3		3	2
Œdema of foot		2	2				
Prolapsus of the rectum		1	1				
Polypus of the nose		1	1				
Paralysis, general		2				2	
Carried forward....	25	522	469	19	10	14	30

DISEASES.	Remaining from 1845.	Admitted.	Cured.	Improved.	Uncured.	Died.	Remaining.
Brought forward....	25	522	469	24	10	14	30
Paralysis of the extremities		2		2			
„ brain		1				1	
„ semilateral, rheumatic ..		1	1				
„ of the tongue		1	1				
Prosopalgia, rheumatic		3	2		1		
Rheumatism	1	25	24				2
Swelling of the axillary glands, inflammatory	1		1				
Swelling of the cheek, inflammatory		1	1				
„ throat, lymphatic ..		1	1				
„ knee, inflammatory		1	1				
„ „ rheumatic ..		1	1				
Salivation		1	1				
Strabismus		1	1				
Tuberculosis of the brain		1				1	
„ mesenteric glands		1				1	
„ lungs	4	18		15	2	4	1
Typhus	5	48	43			6	4
Traumatic Tetanus		1				1	
Toothache		1	1				
Ulcers of the intestines		1					1
„ of the bones		1	1				
„ panaris		2	2				
„ scrofulous	1	2	2				1
„ syphilitic..............		2	1		1		
„ of the leg, atonic	2	11	9		3		1
Wounds		10	10				
Worms		1	1				
Total....	39	661	574	41	17	28	40

Tabular Vi[illegible] Dise[illegible] Free Homœopathic Hospital of [illegible] ear 1846. — Physici[illegible]

[illegible]	[illegible]	Cured.	Uncured.	Died.	Remaining.
[illegible]	[illegible]	2	1		
[illegible]	1		1		
[illegible]	1				
[illegible]	1				
Total	[illegible]	[illegible]	3		

DISEASES.	Remaining from 1846.	Admitted.	Cured.	Uncured.	Died.	Remaining.
Brought forward....	7	15	19	3		
Catarrh	1	4	5			
Colic, gastric		1	1			
Cramp of the stomach	4	7	11			
„ tetanus	1				1	
Cataract, incipient	1	1	1			
Dropsy, general	1	11	3	1	7	1
„ œdema		1	1			
„ ovarium		1			1	
Diarrhœa	1	4	5			
Epilepsy	1			1		
Eruptions, herpes	1	2	2	1		
„ miliary	1	1				
„ roseola	1	1				
„ porrigo capitis		1	1			
„ erysipelas, foot	1	14	13			2
„ „ face	2	3	4			1
Fever, gastric	7	24	30			1
„ catarrhal		4	4			
„ typhus abdominalis	2	24	17		5	4
„ nervous	2	26	28			
„ rheumatic	1	3	4			
„ intermittent	7	97	97			7
Fluor Albus		2	2			
Gastric disorder	4	12	15			1
Gout	1	1	2			
Hæmoptysis	4	2	5		1	
Hæmorrhage		1				1
Heart, organic disease of		1		1		
Hysteria		1	1			
Hooping Cough	1	1	2			
Hæmaturia	1		1			
Inflammation of the eye	5	19	24			
„ ovarium		1	1			
„ membranes of the brain		1	1			
„ joints	2	3	4	1		
„ throat	2	14	16			
„ larynx		1	1			
„ knee joint		2	2			
„ liver		1	1			
„ wind pipe	1		1			
„ lungs	2	13	11		1	3
„ salivary glands		3	3			
„ pleura	2	2	4			
Menstruation, irregular		3	3			
Metrorrhagia	1		1			
Old age		1			1	
Paralysis, semilateral	1		1			
Pulmonary Consumption		4		2	2	
Purpura Hæmorrhagica		1	1			
Rheumatism	1	4	5			
Swelling of the foot		1	1			
Carried forward....	68	339	357	10	19	21

DISEASES.	Remaining from 1846.	Admitted.	Cured.	Uncured.	Died.	Remaining.
Brought forward....	68	339	357	15	19	21
Swelling of the knee	1	4	3	2		
Scrofula, general		1		1		
Salivation	1	1	2			
Scald		1	1			
Ulcers of the foot.....	6	17	20			3
„ throat.....		1	1			
„ hand	1	1	2			
„ lungs		1		1		
„ scrofulous	2	2	4			
Urine, incontinence of.....		1	1			
Vomiting		4	4			
Wounds.....		8	7	1		
Total....	79	381	402	15	19	24

ON THE FEVER AND DYSENTERY OF IRELAND IN 1847.

Read before the British Homœopathic Society on Thursday, December 2nd, by MR. KIDD, *Surgeon, Member of the British Homœopathic Society.*

MR. PRESIDENT AND GENTLEMEN,

The following remarks on Fever and Dysentery are the result of my observations of the late Epidemic in Ireland, from the first week of April to the second week of June of the present year, whither I went, at the request of the Committee of the English Homœopathic Association, for the purpose of assisting in the relief of that trying period, by extending the advantages of Homœopathic treatment to a portion of the sufferers. The place which I selected for my residence was Bantry, a small town with a population of about 5,000, in the West of the County of Cork, situated near the bay of that name, in the midst of a poor, ill-cultivated country, and within a few miles of those places immortalized in the annals of suffering and distress —Skibbereen and Skull. The reasons which induced me to select it as the sphere of operations were, first, that the amount

of distress and disease existing there at the time was very great; indeed it was represented to me by those most conversant with the state of that country (some of the resident gentry), as exceeding the condition of any part of the County Cork; and second, that the amount of ordinary medical attendance there was totally insufficient for the amount of disease, owing to the illness of one of the principal physicians, and to the increase of sickness.

My patients belonged to the very poorest class, and were not able to obtain even the chance visit of the Dispensary Physician, who even at such a time refused to attend them, except on the usual recommendation of a subscriber, which was completely beyond the reach of the greater part of the wretched sufferers, whose condition it is painful to think of, crowded into small ill-ventilated huts, with most insufficient clothing, and a scanty portion (bordering on actual starvation) of unwholesome badly cooked food, and in the lowest state of mental depression from the effects of their pitiable destitution; whilst the healthy remained in the closest contact with the diseased, and in many cases, Fever and Dysentery on the same bed of suffering.

Considering these circumstances, and the immense amount of actual physical labour required to visit each from house to house, frequently at considerable distances apart, and to remain for hours exposed to the pestilential miasmata of Fever and Dysentery in hovels crowded with human beings in the most loathsome state of uncleanliness, you can get a faint idea of the difficulties to be overcome in my enterprise, the success of which you can form your own estimate of, after hearing the following details.

FEVER.

The History of Fever as it appeared in Ireland last season, is very interesting in a medical point of view, from the intimate connexion which it has proved to exist between Famine and Fever, as cause and effect; for the spread of the former with very few deviations, marked out the progress of the latter, and where most distress and destitution prevailed, there was most Fever to be found, and in general with most severity; however, as far as my observations extended, the actual amount of Fever was in a

much more constant ratio to the extent of Famine, than was the type or character, which varied very much in different localities.

A few remarks on the subject of the distress will be found necessary, in order to elucidate more clearly the history of the Fever. The amount of destitution existing in Bantry and its neighbourhood was very great, and although not brought so prominently before the public as the condition of those places so near it, (Skibbereen and Skull) where the attention of Government and the public was early called to their state, by the active exertions of some of their resident gentry; still, from all I have heard and seen, I should feel inclined to say, that Bantry and its neighbourhood suffered even more severely than those places, owing to the want of that active interference on the part of the resident gentry, in which those who ought to have been most active, and on whom most responsibility rested, were found most wanting, both as to personal exertions and pecuniary assistance. One glance at the crowd daily surrounding the soup kitchen in the town, would have sufficed to tell a sad story; half-naked and emaciated forms, with starvation depicted on their wild and haggard faces, where every process of bone stood out in relief, looking as if dirty parchment was drawn tightly over the skeleton, waiting with impatience for the moment of serving out their scanty pittance, (about twenty ounces of porridge, containing four or five ounces of solid nutriment, at first without any bread but at a later period with four ounces of biscuit,) which to most constituted their sole support, (if support that could be called which was a mere dragging out of existence, midst misery and want,) for on the most creditable evidence it was known, that most of those waiting till perhaps six or eight o'clock in the evening for its distribution, had not tasted food since the corresponding hour the day previously; and the finding of persons dead by the road sides became so frequent an occurence that it almost failed to attract notice in the country, or to cause a coroner's inquest to be considered necessary.

As might be expected from such a state of distress, Fever and Dysentery increased to a most frightful extent, so much so, that in April it was calculated by the Clergyman and myself, from an actual inspection of the greater part of the town, that upwards

of 400 persons, or nearly one-tenth of the entire population, were confined by these diseases; and the mortality in the town became so large, that it was found necessary to have coffins constructed with sliding bottoms, and to have horses and men employed by the Relief Committee to bury the dead, whose surviving relatives could seldom provide decent interment or even accompany them to the grave.

The predisposing causes of Fever may be enumerated—1st, Famine, the most important and active of all.

2nd. The frequent changes of weather and the imperfect clothing to resist such influences.

3rd. The utter absence of proper ventilation in their wretched houses, overcrowded with fresh occupants daily entering the town from the surrounding country.

4th. The sad prostration of mental energy and the depression of spirits, caused by their increasing destitution, a feeling which acted most injuriously during the course of Fever, and to counteract which was found most difficult.

The actual exciting cause of Fever could in most cases be traced to contagion, acting frequently in the dense crowd surrounding the soup kitchen, where were congregated healthy and diseased; those, who not yet half convalescent from Fever, were obliged to go themselves in search of food, to avert actual starvation. (The total impossibility of separating the infected from the healthy portion of a family, proved, also, a very fertile source of contagion.)

An exciting cause, almost peculiar to adult males, was over-exertion attended by exposure to the weather, three-fourths of the adult male population being employed on the public roads, having to walk from three to five miles from their houses to the place of work in the morning and the same in the evening, when the system would be least able to resist such influences, as piercing winds and drenching showers acting on frames enfeebled by insufficient food and over-exertion. Many of these cases (adult males) were attended with active inflammation of the lungs or pleura, or of both.

The most prevailing type of Fever, was continued Fever or Synocha, generally attended by catarrhal and rheumatic symp-

toms, or gastric disturbance. There was also a good deal of typhus, attended by extreme nervous depression and debility, and some cases of Inflammatory Typhus, with raving, furious delirium, and other indications of cerebral implication.

The symptoms of Synocha generally set in after exposure to contagion or changes of weather, with dryness and heat of the skin, heaviness, and dull aching pains over the frontal region and in the eyelids, or throbbing pain at the temples; tongue dry, covered with whitish, yellowish, or brownish fur in the centre, and slightly red around the edges; mouth dry and clammy, with much thirst; no appetite; nausea and vomiting, with soreness at Epigastrium; bowels costive; urine very little changed, generally rather deeper in colour than natural, without deposit, and scanty; cough, either hard, dry, and difficult, or attended with thick, whitish, yellowish, or greenish expectoration, and in many cases sharp pricking pains in the chest; or cough, with obstruction of breathing and scanty expectoration, or thick and tenacious, streaked with blood; pulse rapid, hard, and bounding, but wanting volume; aching or shooting pains in the bones and joints of the extremities, (mostly of the lower,) aggravated by movement; with soreness and aching in the muscular part of the limbs, which were generally described as being dead and heavy, rendering the slightest motion almost impossible; restlessness and sleeplessness at night, with anxiety and tossing, (sometimes with nocturnal delirium) often caused by harrassing cough with little or no expectoration.

The medicines used were,—*Aconite* in almost every case at the commencement of treatment, and for some days, as long as the skin continued dry and hot, and the pulse accelerated; as soon as the inflammatory action had been in some degree subdued by Aconite, *Bryonia* was given at intervals of from three to six hours, under the action of which, the heaviness over the eyes and the aching in the limbs were much ameliorated, against which symptoms it proved a perfect specific, as they almost invariably remained till after its administration, when their removal quickly followed.

Bryonia was also found very useful in cases attended with symptoms of pleuritis, or pleuro-pneumonia, particularly whilst

inflammatory action continued in the general indications (with an occasional dose of Aconite,) in which cases also *Phosphorus* was found most useful, either after or in alternation with *Bryonia*. (Of the many cases attended with inflammation of the lungs and pleura, I did not observe one of pure pneumonia, uncomplicated with pleuritis.) *Belladonna* was given to obviate the distressing sleeplessness and restlessness at night, or where much delirium existed, and also against hard dry cough at night preventing rest.

Nux vomica was found necessary in cases attended with gastric irritation, nausea, soreness at epigastrium, aggravated by taking food or drink, or where the tongue continued dry and furred after all trace of feverish action had been subdued; it was selected because of those particular sufferings resulting from irritating vegetable food or from coffee; in most cases of relapse from Fever it was also used (as explained under that article); and against particular bronchitic symptoms. *Rhus* was used where the joints (knees, shoulders, &c.) were more affected than the bones or muscles of the extremities, particularly in the latter stages of Fever, where much debility existed. In a few of those cases it was found more useful in alternation with *Bryonia* than given alone. *China* and *Sulphur* were given where all inflammatory action had ceased, and where convalescence was tedious, but without any striking result, the cause generally being the want of proper or the use of improper nourishment, and therefore beyond the reach of all medicine.

To illustrate this class of Fever cases, the details of three are added.

Case I.

M. H., aged thirty-four years, visited first on 12th April, the third day of fever. Complains of severe aching pains in the bones and joints of the extremities, aggravated by movement; throbbing headache at forehead and temples; the pulse is full and frequent; skin dry and hot; tongue dry, covered with white fur; bowels costive; very little sleep at night; short hacking cough in the morning, without expectoration.

Tinct. Aconiti, 3, gtt. iij.

in twelve spoonfuls of water, one to be taken every two hours.

14*th.*—The skin still dry and hot; bowels relieved; very restless at night.

Rept. Aconitum, a dose 3tiis. horis.

Tinct. Bell., 3, gtt. j, at night.

17*th.*—Skin soft and cool; perspiring; tongue coated but moist; less restlessness at night.

Much cough in the morning, with scanty thick white expectoration.

Tinct. Nucis v., 3, gtt. ij, $^1/_{10}$ 4tis. horis.

19*th.*—Scarcely a trace of fever; the cough is better, and expectoration increased; sleeps well. To continue.

22*nd.*—She is up and feels pretty strong; a little cough during the day.

24*th.*—From exposure to cold draughts of air she has suffered a relapse; complains to-day of aching pains in the limbs; much cough, with thick yellow expectoration; pulse rapid but weak; skin hot and moist.

Tinct. Bryon., 3, gtt. iij, $^1/_{12}$ 3tiis. horis.

26*th.*—Much better; less aching in the limbs; skin cool and soft; cough continues the same.

Rept. Bryon., $^1/_{12}$ 6tis. horis.

28*th.*—Improving, and to continue.

30*th.*—She is again able to leave the bed.

Case II.

J. D., aged forty years; visited May 16th, eighth day of fever; complains of aching pains in all the bones, with sense of deadness in the limbs, and inability to move them.

Cold shivering fits at times; skin dry and hot; pulse frequent, very weak; heaviness and aching in the forehead; tongue dry and furred; constant cough, attended with sharp stitch-like darting pains in the left side of chest, and thin, scanty expectoration. (He is very low spirited, lying on the earthen floor of a cold damp room, with scarcely a trace of covering, and without food or drink.)

Tinct. Aconiti, 3, gtt. iij, $^1/_{20}$ omni hora.

18*th.*—The symptoms very little changed.

Tinct. Bryon., 3, gtt. iij, $^1/_{20}$ 2dis. horis.

21*st.*—Pulse less frequent; skin cool and moist; the pains in bones and chest continue very severe.

Rept. Bryon., $^1/_{12}$ 3tiis. horis.

24th.—Cough is rather better; now attended with much oppression of breathing, thick yellow expectoration; no headache; less aching in limbs.

Tinct Phosph., 3, gtt. ij, $^1/_{12}$ 3tiis. horis.

26th.—Cough much better; very little trace of fever. To continue taking the Phosph.

28th.—Nearly well. No medicine.

30th.—He is convalescent.

CASE III.

M. C., aged forty-five years; visited May 24th, the fifth day of fever; complains of general aching pains in the bones and soreness in the muscles, aggravated by movement; pulse is full and frequent; skin hot and moist; tongue covered with a whitish layer of paste-like substance; no sleep at night; general feeling of nervousness and anxiety.

Tinct. Bryon., 3, gtt. iij, $^1/_{12}$ 3tiis. horis.

27th.—The aching in bones still very severe, but less fever.

Rept. Bryon.

30th.—Fever almost gone; skin is cool; pulse quiet; very little headache; she is very restless at night. To continue.

June 2nd.—Convalescent.

4th.—From the use of improper food she has suffered a relapse; the tongue is densely coated with whitish fur, soft and tremulous; soreness at epigastrium, aggravated by food or drink; shooting pains in the temples; general feeling of restlessness and uneasiness, with despair of recovery.

Tinct. Nucis v., 3, gtt. 2 $^1/_8$ 3tiis. horis.

6th.—Still very weak and excited; symptoms much the same.

To continue taking the Nux v.

8th.—Tongue becoming clean and moist; less pain at epigastrium. She is very restless at night, and has had very little sleep for some nights.

Tinct. Bell., 3, gtt. ij, $^1/_{12}$ 4tis. horis.

10th.—She is almost well; slept soundly last night.

No medicine.

12th.—Convalescent.

The symptoms of typhus were in general, in the early stages, dryness and heat of skin, quickly becoming reduced to the natural standard (often far below that), and constantly damped by cold clammy perspiration; tongue dry and glazed, hard like leather, covered with brownish yellow fur, in a few cases of a uniform dark red colour, like the lean of raw beef; gums and teeth covered with sordes; constant thirst; nausea, with sickness; abdominal symptoms in some cases; flatulence; tension and tympanitic resonance of the parietes; occasional tenderness upon pressure over the cœcum; bowels costive or relaxed with griping pain; urine very seldom abnormal; heaviness and aching in forehead, with vertigo and sense of emptiness in the head; constant delirium, with low muttering or heavy stupid insensibility, with incoherence of speech; dull inanimate lustreless appearance of eyes, with the head turned away from light; excessive prostration of strength; falling down to the bottom of the bed and picking at bedclothes; where consciousness existed, there were great mental depression and anxiety; restlessness and want of sleep at night, to a most distressing extent; harrassing cough at night, with thin white mucous expectoration; or thick and hard, choking up the bronchi (from the patient's inability to expel it), and thereby impeding respiration; sensation of deadness and inability to move the lower extremities (without the acute aching pain usually present in the former class of cases); feet and legs cold and damp.

The pulse varied much in different cases, in some being rapid, small, and weak, in others slow, languid, and feeble, often difficult to be felt.

There were also some cases of inflammatory typhus, with full, hard, and frequent pulse; hot, dry skin; furious delirium, raving, mania; redness and prominence of the eyes, with intolerance of light and contracted pupils; involuntary discharge of urine, &c.

The medicines used in typhus were *Aconite*, where treatment commenced early in the disease, or where heat and dryness of skin were prominent amongst the symptoms; however, in most cases it was not found indicated at any period of the disease. *Bryonia* and *Rhus*, *Phosphorus* and *Arsenicum*, were the medi-

cines most used. *Bryonia*, where heavy, stupid headache in the frontal region existed, with aching and sense of deadness in the lower limbs; moist skin; foul tongue, covered with a thick layer of yellowish or brownish fur, or with a thick tenacious paste, like a layer of putty spread over the tongue; nausea; vomiting, with painful sensibility at the epigastrium (against those symptoms of tongue and stomach it was found most particularly serviceable); also when there were cough, with pleuritic stitches in the side, restlessness and anxiety.

Rhus was frequently given in those cases, either alone, or in alternation with Bryonia, particularly in the latter stage, where all inflammatory action had ceased, and when symptoms of debility quickly followed; with dull haziness of the eyes; listless expression of face; coldness of the skin, covered with clammy perspiration; small weak pulse; increased anxiety and restlessness; loss of consciousness and low delirium.

Arsenicum, where utter prostration of strength appeared; the patient falling down to the bottom of bed, and lying flat and listless, unable to move or speak, with dry, hard, and glazed tongue, or covered with dark-brown sordes; thirst; nausea and vomiting; hiccough; colicky pains in abdomen, with frequent liquid evacuations; small wiry pulse, irregular or intermittent.

Phosphorus, where oppression at the chest and difficulty of breathing appeared, with pleuritic stitches in the chest, and harrassing cough, with thick yellowish or reddish expectoration.

Belladonna, where the delirium was of an active character, with furious raving, restlessness, and obstinate absence of sleep; redness and prominence of eyes, with intolerance of light; wild expression of features, with fulness and redness of face, &c.

Nux v., towards the termination of the disease, when Bryonia was found insufficient to remove the dense coating of fur from the tongue, or the tenderness and pain at epigastrium.

Case IV.

J. D., age about forty years; visited May 19th, sixth day of typhus; the symptoms were, slight heat and dryness of skin; vertigo and dizziness of the head, with pain in the forehead which he cannot describe; raving and incoherence of speech at times (addressing

absent persons, and miscalling those about him; then suddenly recollecting their faces); heaviness and insensibility during the day, and low delirium at night; very little sleep; he lies for hours in a heavy insensible state, not actual sleep; tongue flaccid, soft, and tremulous, covered with a dense layer of whitish-yellow paste, coming off in flakes on being rubbed with the finger, shewing the surface of the tongue beneath to be pale bright red; constant thirst.

Cough at times, attended with difficulty of breathing, mostly at night, and scanty thin expectoration; pulse soft, weak, and slow; sensation of deadness from the hips to the feet, with dull aching pain.

Tinct. Aconiti, 3, gtt. ij, $^1/_{12}$ omni hora.

May 20*th.*—No change; he has been very restless all night, and raving; also much cough, with scanty thin expectoration.

Tinct. Bell., 3, gtt. ij, $^1/_8$ 3tiis. horis.

22*nd.*—Slept pretty well last night; the stomach inclined to vomiting; tongue the same; he is very weak and low; cannot support himself for a moment in the sitting posture.

Tinct. Bryon. 3, gtt. iij, $^1/_{15}$ 2dis. horis.

24*th.*—Very little change in any of the symptoms.

Rept. Bryonia.

27*th.*—Much oppression about the chest; very little cough.

Tinct. Phosph. 3, gtt. ij, $^1/_{10}$ 3tiis. horis.

30*th.*—He is excessively weak; lies almost insensible at bottom of bed; low muttering at times.

Tinct. Arsenici, 3, gtt. ij, $^1/_{12}$ 3tiis. horis.

June 2*nd.*—He now sleeps a good deal, night and day; the other symptoms very little changed. Rept. Arsen.

5*th.*—No cough; less delirium; the tongue is even more densely coated with the same paste-like substance.

Tinct. Nucis v., gtt. ij, $^1/_6$ 6tis. horis.

7*th.*—All the symptoms improving; the tongue is gradually clearing around the edges, and consciousness returning.

To continue taking Nux v.

9*th.*—Becoming convalescent.

12*th.*—All symptoms of fever are gone; his strength is returning, but very slowly.

CASE V.

K. D., an old woman upwards of seventy years of age; visited May 23rd, the second day of fever; slight heat of the skin, which is covered with a clammy perspiration; aching and heaviness in the forehead, with vertigo and sense of "bewilderment;" tongue rough, dry, of a dark brown colour (looking like a piece of leather); mouth dry, constant thirst; very little sleep; pulse slow, small, and weak; general lassitude and debility.

Tinct. Bryoniæ, 3, gtt. 2, $^1/_{12}$ 3tiis. horis.

25*th*.—Much the same; she was very restless all night; no sleep. Rept. Bryonia, to be taken during the day.

Tinct. Bell. gtt. j,

in two doses, to be taken in the evening.

28*th*.—Improving: the tongue to-day, is of a bright red colour (like a piece of raw meat), interspersed with patches of white.

Tinct. Bell. 3, gtt. j, $^1/_8$ 4tis. horis.

31*st*.—Much improved: the tongue becoming soft and moist, pale at the edges; sleeps well; appetite returning. No medicine.

June 3*rd*.—She is convalescent.

CASE VI. (*Inflammatory Typhus.*)

Fs. Mc E., age thirteen years; visited April 17th, the seventh day: complains of aching pains in the limbs, most severe about the knees, aggravated by movement or pressure; shooting pains in the forehead and temples, with sense of weight and heaviness over the eyes; he is restless and raving at night; cannot sleep; pulse rapid, full, and hard; skin burning hot and dry; tongue red along the edges, dry, brown and furred in the centre; *very little thirst*; bowels regular. There is a general appearance of debility; the eyes look dull and lustreless; absence of expression in the features; inability to remain sitting for a moment (the pulse indicates the reverse of debility).

Tinct. Acon. 3, gtt. iij. $^1/_{12}$ 2dis. horis.

18*th*.—He has been raving furiously all night, starting up in bed and screaming, with wild looks.

Tinct. Bell. 3, gtt. iij, $^1/_{10}$ omni hora.

19*th*.—No change in the symptoms. Rept. Bell.

20*th*.—Complains to-day of the extreme degree of severity of pain in the lower limbs and joints; screams if they be touched.

Tinct. Bryoniæ, 3, gtt. iij, $^1/_{10}$ 3tiis. horis.

22*nd*,—The delirium is becoming constant and more furious, with redness of the conjunctiva of the eyes; intolerance of light; he is cross, peevish, and fretful; the skin continues obstinately dry and hot; pulse rapid and full.

Tinct. Bell., 3, gtt. iij, $\frac{1}{20}$ 2dis horis.
Tinct. Aconiti, 3, gtt. j, every eighth hour.

23*rd*.—No improvement in any of the symptoms. To continue taking the medicines as last prescribed.

25*th*.—Copious perspiration has appeared *on the back*, the rest of the skin continuing dry; constant delirium all night, less furious, with low muttering and picking at bedclothes; he is very cross; much difficulty in giving him medicine; he still screams if the knees be touched.

Tinct. Bryoniæ, 3, gtt. iij, $\frac{1}{12}$ 3tiis horis.

27*th*.—Improving; the skin becoming cool and moist; tongue still coated in centre, moist and pale at the edges; consciousness returning; he appears to be quite deaf in both ears.

Tinct. Rhus, 3, gtt. iij, $\frac{1}{8}$ 4tis horis.

28*th*.—Copious perspiration all over the body; all the symptoms much relieved. To continue taking Rhus every six hours.

29*th*.—Slept well last night for the first time during his illness; the deafness is disappearing; at times he is heavy and stupid.

Rept. Rhus, $\frac{1}{8}$ night and morning.

May 1*st*.—No trace of fever; the deafness almost gone.

No medicine.

4*th*.—He is up and gaining strength.

The convalescence of the fever patients was most rapid; indeed, too much so in the generality of cases of simple continued fever, for the poor sufferers, finding their strength to be so quickly restored, were very apt to make too free with the cold air, and to partake largely of indigestible food (Indian-meal cakes, or porridge, or even of rice), the result of which was, that nearly one-sixth of all the cases of continued fever suffered relapse to a fever of a far worse character than the original; it generally occurred about the second or third day after all traces of the original fever had disappeared; and in most, the cause above assigned could be clearly traced, which the first glance at

the symptoms immediately confirmed. In a few, exposure to cold, or to draughts of air, proved the exciting cause.

Every possible effort was made to guard against this disagreeable consequence, by restraining the patients to the bed, or to the room, as long as a single symptom remained, and by giving careful directions as to diet, and also by explaining the dangerous nature of the relapse fever; but in many cases (as might naturally be expected) without success.

Convalescents after fever generally feel a very sharp appetite for the first or second week after the cessation of that disease, to restrain which would require more philosophy and reasoning power than those wretched creatures could be supposed to have possessed, particularly at such a time, with the dread of actual starvation hanging over them, and no food but the most distasteful and indigestible within their reach.

The food found to agree best with the convalescents was—rice, boiled in water or milk; in some cases white bread and milk, boiled or not; however, those were obtainable in a comparatively small number of instances; where they were, and taken in moderation, relapse did not follow. Almost without an exception, every one of those cases were again taken under treatment and entered, NOT AS FRESH CASES, *but in the original* report of each (as in the description of cases—I and III).

The symptoms of the relapse fever were, in general, throbbing, shooting pains in the forehead and vertex, with vertigo; flushing of face, with expression of intense anxiety and restlessness; despair of recovery; eyes dull and inanimate; quivering of the eyelids; tongue presenting one almost unvarying character, being *soft, tremulous, moist,* densely loaded with white paste; nausea; sickness; vomiting, often to a most distressing extent, with soreness at epigastrium, aggravated by pressure, food or drink; bowels generally relaxed, with slight griping pain, or constipated; skin burning hot and moist; pulse slightly accelerated, irregular, and weak; constant agitation and restlessness, with loss of sleep.

Nux V. (Tinct. 3) was found to be the most certain and most serviceable medicine in those cases (sometimes preceded by a few doses of *Aconite*); under its action the tongue becoming

clean, skin cool, and the headache disappearing; so that, in a few days (from about four to eight), the patient was again in a fair way towards recovery, but with an increased degree of weakness.

Bryonia was tried in some of such cases, but with very little of the success with which the use of Nux V. was attended, except where a return of the aching or shooting pains in the limbs, or of the pectoral symptoms took place, with more or less of the gastric derangement, in which it again proved its vast utility.

Arsen. was given when much depression and debility ensued, with the gastric symptoms, after the previous employment of Nux V.

Two or three of those suffered a second relapse, and were again treated with success.

Relapse followed typhus much less frequently, in proportion to the number of cases, than continued fever, which happy immunity was principally owing to the return of strength being more gradual, and the appetite not being so soon restored, which rendered the convalescents more careful in taking food and in going into the open air.

Where relapse did follow typhus, it approached more closely in character to the original fever than did the relapse of continued fever to its original type, and, as might have been expected, with an increased degree of debility and exhaustion, which rendered it more dangerous and fatal than ordinary typhus; one of the two deaths from fever being in relapse after typhus (the second was in a case of continued fever, with pleuro-pneumonia).

As health became restored to the convalescents, and as they reverted to their old mode of diet, diarrhœa frequently followed, particularly after typhus, or where much debility had previously existed; it was most usual in old persons, or in young, from about the ages of six to sixteen years. From the utter impossibility of removing the exciting cause in most cases, it generally proved a tedious and distressing complaint; at one time being almost cured, but again breaking out, as the cause came into more active operation; however, towards the latter part of my labours it seldom occurred, owing to a supply of rice obtained for the use of the convalescents from the British Association Relief Committee.

The symptoms were in general, frequent, thin, yellowish, brownish evacuations, sometimes tinged with blood, and at first attended with shooting pain across the abdomen, and flatulence, but in the latter stages without pain; in children prolapsus ani and rapid emaciation, in whom the attendant voracious appetite, keeping up the irritation, rendered it more difficult of cure.

The medicines used were—*Arsen.* in the commencement, where much shooting pain existed, with rapid appearance of debility and emaciation.

Rhus, China, Secale, &c., were given in the latter stage, where frequent pale evacuations, without pain and with increasing debility, were the most prominent symptoms; where the motions were bloody, with tenesmus, prolapsus ani, *Nux V.*, and *Merc. C.*, were found necessary.

These, with as much attention to diet, &c., as circumstances would admit of, sufficed in most cases to remove the affection and restore the patient's strength.

As another of the sequelæ of fever, must be considered, dropsical effusion into the cellular tissue, which occurred most frequently after typhus, and often to a very great extent.

It usually appeared the first week after convalescence had been established, in the feet and legs, gradually extending to the thighs, scrotum, cellular tissue of abdomen, or even to the face; the skin became of a dusky brown hue, with livid patches interspersed; the limbs became tense and stiff, and motion difficult and painful. *Phosph., Bryonia, Rhus,* and *China,* were the medicines generally used, and with tolerable success, particularly *Bryonia* and *Phosph.*

The total number of cases of fever treated (during sixty-seven days) was 111; of these twenty-four were typhus, and eighty-seven continued fever.

Cases cured - - - -	108
Dismissed - - -	1
Died - - - -	2
	111

Showing a mortality of 1⅘ths per cent., in the abstract a very low rate, but which will appear most striking when compared with the results of Allopathic practice in the same place, even with the

advantages of hospital accommodation, attendance, proper food and drink, &c.

During the months of May, June, and July, the total number of cases of fever treated in the Bantry Union Hospital was 254, of these 35 died, showing a mortality of 13⁴/₅ths per cent., which forms a striking contrast to that under Homœopathic treatment (1⁴/₅ths per cent).

The returns of the Bantry Hospital could not be obtained for April (the worst month of the four), owing to the confusion caused by the crowded state of the house, and the illness of one of the medical attendants at that time.

DYSENTERY.

The principal cause of this disease may be clearly traced to the abrupt change which took place in the dietary of the people, from potatoes and milk, and occasionally fish and meat, to the almost unvaried use of Indian Meal, owing to the extravagant prices of the other farinaceous articles of food, (flour, oatmeal, &c.) and to the scarcity of milk, from the fatality amongst cattle during the winter.

That Indian meal is a nutritious article of food, is undeniable, (particularly well fitted for those at active labour) but it is equally undeniable that it was the cause of much suffering and disease, which may in a great measure be ascribed to its improper preparation, the grain being very coarsely ground, with the bran generally unseparated, (which is far more irritating than the bran of wheaten flour) and the meal thus obtained, used, either boiled in water or made into hard flat cakes, in either mode alike indigestible.

The actual change of diet must also be considered as a powerful cause, for in previous years the supply of potatoes generally fell short, in most parts of Ireland, during June and July, when oatmeal became the ordinary article of diet amongst the poor, at which time, every Dispensary physician in the country districts had an unusual amount of cases of gastric affections applying for treatment. These causes combined, *the change to a diet of indigestible, badly cooked food, insufficient in quantity, with a general state of mental and physical depression,* may be considered as the origin of Dysentery.

In order to study its nature and symptoms with more accuracy and satisfaction, three sub-divisions or groups may be distinguished and called, 1st, the acute Dysentery; 2nd, the ordinary form as it attacked adults; and 3rd, as it appeared in children; this division not being merely artificial, but the natural arrangement which suggested itself to my mind at the time, and which was constantly acted upon in practice.

1st. The symptoms of the first group generally came on suddenly, with excruciating, griping, cutting, or shooting pains all over the abdomen, most severe about the umbilical region, with soreness and pain upon pressure; and cutting, forcing, and excruciating pain at rectum, with tenesmus and straining after the evacuations, which were most frequent, once or twice every hour, scanty, yellowish, or brownish, mixed with blood in large proportion, (constipation sometimes preceded); expression of intense anguish and anxiety on the countenance, with rapid exhaustion; hiccough, thirst, vomiting, small, weak, rapid, intermittent pulse; its progress was very rapid and frequently towards a fatal termination.

As instances of this division, I shall read the details of two cases transcribed from my note book.

CASE I.

J. M., aged about forty years, of a thin spare habit and dark complexion, visited April 27th, the seventh day of Dysentery. Complains of violent shooting pains about umbilicus and along the course of colon, with soreness to the touch, and forcing, cutting, kneady pain at anus after each evacuation, the number of these being about fifteen to twenty in the twenty-four hours, very scanty, mixed with much blood and mucous; tongue white and furred; skin hot, not dry; countenance expressive of intense anxiety and suffering, with constant moaning and crying.

Tinct. Merc. Corrosivi, 5, gtt. iij., $^1/_{15}$ omni hora.

May 1st.—The soreness and shooting pain extremely severe, rather less pain at rectum.

Tinct. Arsen., 3, gtt. iij. $^1/_{12}$ 2dis. horis.

3rd.—No improvement.

Rept. Arsen., at the same dose and interval.

6th.—The pains have almost ceased, the motions much less frequent, slept well last night.

Rept. Arsen., a dose every five hours.

9th.—Continued improving till this day, when a slight return of the shooting pain occurred. He immediately took one or two doses of Arsen., left with him against that occasion, and very quickly found relief.

10th.—No pain to-day.

13th.—No return of pain. Bowels quite regular.

(The effects of Arsen. were found very satisfactory in this case.)

CASE II.

D. C., aged sixteen years, visited April 24th, seventh day of Dysentery. Complains of most excruciating cutting and burning pains at rectum, with straining and tenesmus after every evacuation, these evacuations consisting almost entirely of blood, scanty and fluid, very frequent, at least once every half-hour; pulse rapid and weak; skin moist; tongue covered with white fur; slight aching in the bones of the extremities; rapid failure of strength.

Tinct. Merc. Corrosivi, 5, gtt. iv. $^1/_{12}$ omni hora.

26th.—There is no improvement in any of the symptoms, the tenesmus and pain in the anus are rather more severe.

Tinct. Merc. Corrosivi, 5, gtt. iij.

Tinct. Nucis. V., 3, gtt. iij.

A dose of each ($^1/_8$) to be taken alternately every hour.

27th.—Died this morning in great agony.

This was the most severe case of Dysentery met with in all my experience, and interested me very much during the three days it continued under treatment, the medicines seemed to have had no effect on the symptoms, which advanced with the utmost rapidity to a fatal termination.

2nd. The ordinary form of Dysentery, as it attacked adults, generally commenced with loss of appetite, nausea, and looseness of the bowels, which gradually increased, till in the course of four or five days all the urgent symptoms of Dysentery became developed.

The pain was generally very severe, most so before and after each evacuation, and described as "cutting," "forcing," "smarting," with tenesmus and straining, seldom with shooting pain across the umbilical region; evacuations from twelve to fifteen or twenty in the twenty-four hours, most frequent during the day; scanty, gelatinous, yellowish, or brownish, streaked with

blood, or consisting of two parts—a thin, reddish serum with a tough, pale red, fibrinous-looking matter, in flakes, or thread-like pieces, generally sinking to the bottom of the vessel; (where the evacuated matter was of the latter character the attendant pain was invariably extreme.) For many minutes after each evacuation the patient suffered intense pain from tenesmus and straining, which in some cases produced *imperfect* prolapsus ani.

It was in this class of cases that the effects of *Merc. Corrosivus* and *Nux V.* were best seen, given singly, in succession, or alternately, (according to each particular case,) at intervals varying from two to six or eight hours. It was seldom found necessary to give *Aconite*, as the condition of the patient was rather the reverse of inflammatory, as indicated by slow and weak pulse, loss of strength, &c. Where the pain was of a shooting character about the navel, and the evacuations very little bloody, *Arsen.* or *Veratrum* were given, as also *Nux V.* and with equally satisfactory results; occasionally *Rhus* or *China* were given towards the termination of the disease, when the symptoms were much changed.

Anasarca in the limbs or trunk occasionally accompanied and followed Dysentery in adults, and continued for some weeks after the healthy action in the intestines had been restored. The remedies used in it were almost the same as those previously described in the treatment of Dropsy following Fever.

CASE III.

K. Mc C., aged forty-two years, visited April 28th, had been three weeks confined to bed with Dysentery. Complains of acute shooting pain across umbilical region, with much flatulence, also of cutting pain at rectum, motions frequent, (from ten to fifteen in twenty-four hours,) scanty, thin, brownish yellow, slightly streaked with blood, followed by painful tenesmus; extensive anasarca of the limbs and trunk, the former feel stiff and dead, almost incapable of motion.

Tinct. Nucis V., 3, gtt. iij. $^1/_{12}$ 4tis horis.

May 1*st.*—Motions less frequent, the pain unchanged.

Tinct. Merc. Corrosivi, 5, gtt. iij. $^1/_8$ 5tis horis.

3*rd.*—Much improved, but three or four evacuations in the twenty-four hours, with very little pain. No change in anasarca.

Tinct. Bryoniæ, 3, gtt. iij. $^1/_{12}$ 6tis horis.

7*th.*—Bowels regular, no pain. The Dropsy has left the limbs and now appears in the face.—Rept. Bryonia.

10*th.*—She is up and able to walk.

To continue taking the Bryonia at intervals of twelve hours.

15*th.*—The Dropsy has disappeared, the bowels continue regular.

CASE IV.

J. N., aged twenty-two years, visited April 19th, seventh day of Dysentery. Complains of severe cutting and burning pain in rectum, with straining and forcing before and during each motion, and tenesmus for several minutes after; evacuations from twenty to thirty in the twenty-four hours, most frequent during the day, scanty, consisting of a bloody mucous, mixed with red fibrinous-like flakes; tongue covered with white fur; no appetite; pulse natural; skin cool. She is thirsty.

Tinct. Merc. Corrosivi, 5, gtt. iij. $^1/_{15}$ 2dis horis.

21*st.*—Improving.—Rept. Merc. Corrosivus, a dose every four hours.

24*th.*—Motions about eight or ten in twenty-four hours, brownish yellow, mixed with a little bloody mucous, followed by tenesmus and straining.

Tinct. Merc. Corrosivi, 5, gtt. iij. $^1/_{10}$ 4tis horis.

26*th.*—Tenesmus much relieved. Complains of shooting pain across umbilical region.

Tinct. Nucis V., 3, gtt. ij. $^1/_8$ 6tis horis.

28*th.*—Bowels almost regular.

30*th.*—Up and out, feels quite well.

Dysentery, as it appeared in children from the ages of one year to twelve or fourteen, differed in many respects from the same disease in adults, being more difficult of cure and the symptoms more severe. The principal points of difference were in the *character of pain, and of evacuations, in the more frequent (almost universal) occurrence of prolapsus ani, in the enormous increase in developement of the abdomen, the voracious appetite, the extreme degree of emaciation which ensued in most cases, the rare occurrence of anasarca, the higher ratio of mortality, and the predominance of symptoms at night.*

In children the disease generally commenced (after the long continued use of Indian meal) with looseness of the bowels, rather sudden in its access, attended with acute pain shooting across the umbilical region; or most usually, continual dull, gnawing, aching pain, referred to the region between the epigastrium and umbilicus, with tenesmus and straining before and after each motion, which were in general not scanty, but thin, semifluid, greenish, yellowish, or yellowish brown, mixed with blood in various proportions, and sometimes with slimy sanguinolent mucous. As the disease advanced, the pain below epigastrium became more severe, and the motions more frequent, prolapsus ani almost invariably followed. But the sense of tenesmus and the pain in rectum became less severe, or disappeared, (from the sensibility of the mucous membrane becoming obtunded by the frequent exposure of the intestines?) the appetite became most voracious, which could not be satisfied but with improper food, and therefore aggravated the disease; the abdomen gradually became enlarged to a most surprising extent, which enlargement could not be owing either to flatulence or to effusion, as the surface was tense, slightly irregular, and unyielding, emitting a dull sound on percussion, nor could the most careful examination detect fluctuation. The profuse evacuations would also prove, that it could not be owing to accumulation of fœces in the intestines.

From physiological and pathological reasoning, it appeared to me to have arisen from an increase in actual developement of the intestines, to accommodate themselves to an altered and increased action upon their surface, the consequence of the change of diet and of the voracious appetite; thus we frequently observe the intestinal canal of carnivorous animals to become developed almost equally to that in herbivorous, (as when dogs have been for a long time fed on vegetable diet,)—and even in disease, (as in hypertrophy of the heart from valvular disease,) increase of work given to an organ, causes increase of developement.

The abdomen at this time presented a most peculiar appearance, like a section of an enormous oval applied to the trunk, which latter, the limbs being extremely emaciated, rendered the contrast more striking; by degrees the features became haggard and thin, and emaciation advanced to such a degree

that the limbs appeared like bones covered with skin alone, or like dirty parchment drawn tightly over a solid support. In many instances actual deformity and distortion of the lower extremities ensued, from defective nutrition of the osseous tissue and loss of muscular support.

The medicines found most useful in this class of cases, were *Arsen., Veratrum, Nux v., Merc., Rhus, Sulphur, China, Secale.* In the early stage of the disorder, where violent cutting or shooting pain across the umbilical and iliac regions existed, with frequent fluid evacuations, yellowish or brownish, and tinged with blood, small doses of *Veratrum* or *Arsen.* (*tinct.* 8,) were given at intervals varying from two to six or eight hours, till symptoms of amelioration appeared or the character of the pain and evacuations changed.

In the early stage also, where severe cutting pain and tenesmus, prolapsus ani, &c. existed in addition to the shooting pain, *Nux v.* or *Merc. c.* were given either singly or in alternation, more usually the former, and these in most cases *during the early stage* were found sufficient to effect a cure, and with tolerable rapidity.

In the second or chronic stage, where frequent abundant evacuations, semi-fluid, with little or no blood, prolapsus ani, *without tenesmus or pain in ano*, voracious appetite, with enlargement of abdomen and increasing emaciation, dull gnawing pain below epigastrium were found the leading symptoms, *Nux v.* and *Sulphur* were found the most serviceable, and in most cases removed the symptoms; unless where the voracious appetite and use of improper food kept up so continual a state of irritation in the mucous membrane, that no medicine could cure, without the more or less perfect removal of the cause.

In this stage of the disease much benefit was also derived from *Arsen.* and *Rhus*, and in a less degree from *China, Secale*, &c. according to their particular indications.

Case V.

T. D., aged six years, visited April 18th, the sixth week of Dysentery. Tongue dry and white; pulse small, rapid, and weak; evacuations about eight or ten in the twenty-four hours, brownish yellow and mixed with a little blood, fluid and not scanty, attended

with sharp, shooting, or cutting pain at times, day and night, about the umbilical region; no appetite, with distaste for food; much emaciation; short, hollow cough at night, without expectoration.

Tinct. Arsen., 3, gtt. iij. $^1/_{12}$ 6tis horis.

17*th.*—Very little better, the pain still very severe.

Tinct. Veratri., 3, gtt. ij, $^1/_{12}$ 3tiis horis.

19*th.*—He is better. The motions not bloody, less frequent, and with less pain.—Rept. Veratrum, a dose every five hours.

22*nd.*—Continues improving, only the motions this day, with sharp pain about umbilicus.

Arsen. 12, 2 gt, $^1/_6$ 6tis horis.

24*th.*—Bowels not moved since yesterday; rests well at night.

To continue Arsen.

28*th.*—Continues without any symptoms.

CASE VI.

M. M., aged four years, visited first April 17th, third week of Dysentery. Complains of severe cutting pain at rectum; evacuations very frequent, (twenty to thirty in twenty-four hours,) abundant, semi-fluid, greenish yellow, mixed with bloody mucus, very offensive; tenesmus and straining after each evacuation, with painful prolapsus ani; tongue loaded with white fur; pulse weak, rapid, and thready. She is very much emaciated, with a greenish white colour of the skin, which is dry and stiff.

Tinct. Merc. C., 5, gtt. ij, $^1/_{12}$ 4tis horis.

21*st.*—Motions less frequent, (about ten or fifteen in the twenty-four hours,) with very little blood and less pain; the prolapsus ani as before.

Tinct. Nucis V., 3, gtt. ij, $^1/_{10}$ 6tis horis.

24*th.*—Motions still less frequent, (eight to twelve in twenty-four hours.)—Rept. Nux V.

28*th.*—Improving; still prolapsus ani after each motion.

Tinct. Merc. C., 5, gtt. ij, $^1/_8$ 6tis horis.

30*th.*—But two or three motions this day, without pain, and very little prolapsus ani.—To continue the Merc.

May 3rd.—Bowels almost regular.—No medicine.

5*th.*—No symptoms.

CASE VII.

T. H., aged six years. He has been three months ill with Dysentery. Visited April 13th. Abdomen enormously enlarged, slightly irregular on the surface, hard and tense, without evidence of fluctuation. Constant dull gnawing pain a little below the epigastrium, with at times, shooting pain along colon; evacuations about eight to ten in the twenty-four hours, thin, greenish, and putrid, not bloody at present, (had been so before); tongue dry and white; skin dry and hard; pulse small and weak, rather slow; the body looks pale and emaciated, as if scarcely able to sustain the prominent abdomen. He has a constant craving for food.

Sulph. 12, gt. 3, ⅛ night and morning.

17*th.*—Very little change in the symptoms.

Nux v., 12 gt. 3, ⅛ night and morning.

22*nd.*—Motions becoming less frequent, (two or three in the day,) with less of the gnawing pain; his appearance is also improving.

Rept. Nux V.

25*th.*—Bowels regular; no pain. The enlargement of abdomen remains the same.

The total number of cases of Dysentery treated, (including a few cases of Diarrhœa after Fever, that had not been under Homœopathic treatment during the Fever,) was 81; of these

34	were from the ages of	1 to 16	years.
27	„	16 to 30	„
11	„	50 to 70	„

Of the 34 young persons	. . . . .	6 died.
„ 27 adults	. . . . .	2 „
„ 11 old people	. . . . .	3 „

which shows the mortality to have been highest in old people, next in the young, and far less in adults. The rate of mortality in the entire was 14 per cent., which when compared with the results of Allopathic treatment, appears equally satisfactory as those in Fever.

During May, June, and July, 250 cases of Dysentery were treated in the Bantry Union Hospital, of these 90 died, or 35 per cent., thus showing a comparative mortality of 14 to 35 in favour of Homœopathic treatment, during a more unfavourable period. The return of the number of cases of fever and dysentery treated in the Bantry Union Hospital, and their results, were furnished me by one of the physicians of that institution, from the reports taken by the medical attendants at that time.

REVIEW.

VADE MECUM OF THE HOMŒOPATHIC PRACTITIONER, by H. V. MALAN, M.D. London, J. Leath, 1847.

"THE author of this work, while studying under the guidance of Hahnemann himself, had the advantage of seeing that distinguished founder of Homœopathy using his own Materia Medica as reference; and he has often heard him state that it was impossible to prescribe for any case without consulting that book repeatedly. He always had it on his table during his consultations, *and never went to the sick-bed without it;* but the cumbrous size of that work is a great obstacle to this manner of using it." We do not believe that the most courageous and enthusiastic of Hahnemann's followers has even attempted to imitate this feat of physical endurance and moral boldness; nor do we think that it would be possible in our crowded streets, and with the eye of the new police upon us, to get along with ten volumes under our arms. If Homœopathic physicians attempted to become such circulating libraries, they would run great danger of being arrested for blocking up the public ways. It was therefore a very natural wish to arise in the mind of the author of this work, after having seen the aged Hahnemann toiling under such a burden, to try to give the world a portable substitute: and Dr. Malan has succeeded in this respect at least, that his book is not cumbrous from its size; it can easily be carried in the pocket. We shall content ourselves here by giving our readers a specimen of each division of the work, without entering into a critical examination of the whole; premising that such a book, to be of any use at the bed-side of a patient, must be very clear and specific in its directions; not giving merely a vague survey of each medicine, such as every practitioner has already in his recollection, but indicating the characteristic finer traits, by which we are enabled, when perplexed as to the selection of a remedy, to decide with confidence which we ought to choose.

The first section is upon antidotes. It begins somewhat abruptly thus:—

"Remove the poison from the stomach, either by administering tepid water in large quantities as often as possible, or by tickling the throat with the end of a feather; or by mixing snuff or mustard with salt and putting them on the tongue; or by injections of tobacco smoke in the rectum by means of a tobacco pipe; or by the stomach pump."

Such are the general directions for treating a case of poisoning. Nothing requires more promptitude and presence of mind than the management of such a catastrophe; and nothing would be to us more embarrassing, even when most composed, than to perform some of the operations recommended. For example we are told to *inject tobacco smoke in the rectum by means of a tobacco pipe.* We have always understood that some other apparatus than a common tobacco-pipe was required for injecting smoke up the rectum. Even supposing it desirable that the thing should be done (which we very much question), yet the doing of the thing would be attended with great difficulties. Indeed we honestly confess, that if we were desired to inject smoke up a man's rectum with a tobacco-pipe, we should be completely puzzled how to begin. It is quite obvious that there is only one end of the pipe that could be inserted into the rectum, and by an unfortunate coincidence the same end must be in the operator's mouth, that the pipe might smoke at all. So we hope, if it were for nothing else than satisfying the curiosity of those cunning in mechanics, that in the next edition we may be favoured with a diagram representing how Dr. Malan injects smoke up the rectum by a tobacco-pipe; we have dwelt long upon this, because it occurs in the first sentence of the work, and we believe it very illustrative of what follows.

If the general directions for the treatment of poisoned persons appear somewhat whimsical, the special selection of the kinds of poisons will not be found less so. For example, among the acids we miss one of the most common, viz: oxalic; but we have in its place *Sebacic*, described as being "sometimes developed in hog's lard badly prepared." We were not aware that hog's lard was an article of diet generally, and we have searched the works on Toxicology in vain for a recorded case of poisoning by this substance. Indeed Wibmer especially observes, that hog's lard

is too nauseous and offensive to be taken in such quantities as to be poisonous. We trust that if Dr. Malan has actually known cases of poisoning by sebacic acid, he will communicate them to the scientific world; if not, he will tell us on what grounds he states that vinegar, lemon juice, strong coffee, and strong black tea, are its proper antidotes.

The chapter on antidotes concludes "against the bad effects of *contagious diseases:* dry burning heat at a distance." That is, a person after being exposed to the contagion of typhus fever, for example, is to go to a distance from some dry burning heat. What can this mean? Does it mean he is to keep all sorts of dry burning heat at a distance? Not to approach within a mile of an oven: or that he is to go near, but not too near? He is to be baked but not burned? We confess ourselves in absolute despair as to the meaning of this enigmatical order, and should feel as great difficulty in carrying it into effect, as in executing the smoke injection proposed in the first sentence.

The whole of this section, we may remark, is derived from a bad chapter on poisons and antidotes in *Jahr's Manual,* but disfigured to such a degree by abridgement, so as to admit of its being squeezed into this little pocket-book, as to be not only useless for all practical purposes, but in many parts utterly devoid of meaning.

The next section entitled "*Interrogatory of the patent,*" by a printer's mistake for interrogation of the patient, we may pass over, as we do not think that it can be necessary to remind a physician in a sick-room of the order of observing and noting down symptoms.

We now come to the section devoted to the effects of the medicines. The author has attempted to give us a miniature likeness of each, and we shall allow our readers to judge for themselves whether they would recognize the portrait. The following are the indications for which Aconite is recommended.

"In young people. In young women of a sanguine temperament and leading a sedentary life. Acute, local, rheumatic, and arthritic inflammations; inflammations with swelling; affections of plethoric persons, of a lively character, of a bilious and nervous constitution, with brown or black hair, and of a strongly-coloured complexion.—Active sanguineous congestions. Evil consequences of a chill from a

dry, cold, easterly wind, or from a current of air. Affections caused by a fright, or by anger. Attacks of pain, with thirst, and redness of the cheeks.

"Great agitation and boasting,* with a feeling of anguish. Despondency that cannot be consoled; cries, tears, groans, complaints and reproaches. Apprehension and fear of approaching death. Strong disposition to be angry and frightened. Delirium chiefly at night.

"Anxious dreams, with nightmare."

We submit this specimen to the judgment of our readers, and ask them to say whether they would recognize the original. For our own parts we must confess we not only miss all the nicer shades of the character of aconite, but we find as great a perversion of the obvious distinguishing features of this medicine, as if the picture had been drawn from imagination alone, without ever having studied, far less experimented, with the remedy.

Belladonna is thus described:—

"In persons of lymphatic or plethoric constitution, with a tendency to enlargement of the glands and to phlegmonous inflammation. Diseases of children and of women, of persons of a mild temperament, with blue eyes, light hair, fine complexion, and delicate skin.—Sufferings resulting from a chill, from fear, fright, or vexation. Evil effects from the abuse of valerian, mercury, camomile, or opium. Great sensibility to cold air, and tendency to be chilled easily. Prophylactic of scarlatina.

"Great agitation, continual tossing, uneasiness, and anguish at night. Fear, with mistrust and suspicion. Inclination to run away. Dotage, delirium, and madness. Involuntary laughter. Fury and rage. Desire to bite and tear everything. Illusion of the senses. Frightful visions. Great weakness of memory.

"Dreams anxious, terrible, frightful, vivid. Dreams of burning, of robbers and assassins."

Would it not be fully as important to the practitioner to be reminded of the common and characteristic sore throat, and erysipelas, for which Belladonna is specific, than that it produced dreams of burning, robbers, and assassins?

* This at once betrays the source of the whole section, "boasting" is a misprint in the first edition of our English Jahr, for "tossing," and is corrected in the second edition. Of course the author could never have consulted the original proving in Hahnemann's *Materia Medica*, otherwise he had never committed such a gross error.

The last example from this section we shall give is *Cannabis Sat.*—

"Hysterical complaints. Complaints caused by mental fatigue and physical exertion. Sensation of paralysis and deep shootings in different parts of the body; or else sensation, as if pinched.

"Easily offended. Mania. Vanishing of thoughts. Want of words."

In nine cases out of ten for which we prescribe Cannabis, it is to cure gonorrhœa; and the vanishing of that, rather than of thoughts, we would consider the most important and interesting phenomenon produced by this drug.

We shall conclude our extracts with a sample of the only remaining section of the book, in which the diseases are arranged alphabetically, and under each the different medicines by which they are to be treated. The first disease that meets us is—

ABSCESS.

"*Ars.* Burning pains in the abscess, and general burning heat at intervals. *Worse:* During repose; evening; night; periodically.

"*Bell.* Redness of the abscess, extending far over the surrounding parts. The skin red, hot, and shining. Abscess of the liver. *Worse:* When touched; when moving; afternoon, towards three or four o'clock; night.

"*Hep. s.* Painful to the touch. Tendency to suppuration. Fluctuation. Abscess of the liver. *Worse:* Night.

"*Merc. s.* Violent itching. Tendency to ulceration. Skin blueish-red. Profuse perspiration. *Worse:* Night; after midnight.

"*Sep.* Indolent abscess, with itching and burning of the parts. *Worse:* During repose; evening; night.

"*Sili.* Tendency to suppuration. Fluctuation. Abscess of the liver. Shootings in the abscess. Tendency to induration. *Worse:* On change of weather; night; new or full moon.

"*Sulph.* Swelling and induration. Tendency to suppuration. Indolent abscess. Burning and itching. *Worse:* Night."

We find by this, that "tendency to suppuration" is one of the distinguishing symptoms of those abscesses for which *Hepar Sulph.*, *Mercurius sol.*, *Silicea*, and *Sulphur*, are suitable. We must of course infer that *Arsenic*, *Belladonna*, and *Sepia* are best adapted for the cure of abscess which have no tendency to suppuration. We were taught in the old-fashioned school of Surgery, that an abcess was "a preternatural cavity containing

pus," that is, that had already suppurated. If we accept this definition, Arsenic, Belladonna, and Sepia, are useful in abscesses which are no abscesses; or some species of abscess which is not in a state of suppuration. We feel sure that a description of unsuppurating abscesses will be hailed as no less a novelty in Surgery, than poisoning by hog's lard in Toxicology.

We have now given a specimen of each of the sections of this work, and we shall leave it to our readers to draw their own conclusions as to its utility. For our own part we must confess that although Dr. Malan's book consists of one small volume of 212 pages, and Hahnemann's of ten large volumes, yet the size is the smallest contrast between them.

BIBLIOGRAPHICAL NOTICES.

1. Des Specifiques en Médecine. *Thèse pour le Doctorat en Médecine, presentée et soutenue le 2 Juillet,* 1847. *Par* Louis Just Jean Molin. Paris, Rignoux, 1847.

2. Comparer les effets du Mercure sur l'homme sain avec ceux que produit la Syphilis. *Thèse pour le Doctorat en Médecine, presentée et soutenue le 27 Juillet,* 1847. *Par* Alex. Leon Simon. Paris, Rignoux, 1847.

We have been much gratified by the perusal of these works. The authors fearlessly advocate the doctrines of Hahnemann before the Faculty of Medicine in Paris, many of whose professors have distinguished themselves for their bitter and uncompromising hostility to Homœopathy. In the first, Dr. Molin opens the subject with a sketch of the opinions that have prevailed with respect to specifics, and then proceeds to examine attentively two remedies belonging to this class, *tartar emetic* and *arsenious acid.* As the labours of the author have not been confined to the mere collation of observations of other writers, but are distinguished by much original research and careful experiment, his essay deserves more than a mere passing notice. We shall accordingly lay before our readers a *resumé* of the work. And first as regards

Tartar emetic.—M. Duvergie considers its action to be chiefly on the intestinal canal and lungs, in both of which it excites inflammatory action. (*Médecine Légale*, t. 3, p. 567). M. Jules Cloquet cites the case of an apoplectic individual, to whom a large quantity of tartar emetic had been given, and who died. The appearances observed were, inflammation of the stomach and duodenum, red spots in the colon, and blackish spots in the lungs, extending to various depths into its substance. M. Orfila (in the Art. *Emetique* in his work on Toxicology,) alleges that this medicine acts chiefly on the lungs and digestive canal; the lungs of animals poisoned by it are found much altered, of an orange or violet colour, not crepitant, gorged with blood, and of compact tissue; they are as if hepatized in some points, and resembling the spleen in others. In the intestinal canal, the mucous membrane is seen injected from the cardia to the rectum, of a cherry or violet colour, and sometimes the stomach gangrenous. M. Magendie, in a Memoir read at the *Institute*, 23rd August, 1813, "On the influence of tartar emetic on man and animals," arrives at the following conclusions:—1. In large doses it excites little well marked action, sometimes scarcely any vomiting or alvine evacuations. 2. In smaller doses (6—8 grammes,) vomiting, diarrhœa, difficult respiration, rapid pulse, slight tremblings; the respiration becomes more difficult; the pulse irregular and intermittent; salivary secretion increased; inquietude and death. The lungs are found to be altered; have an orange or violet colour. Their crepitation is lost; they are gorged with blood, and hepatized in some parts, like the spleen in others. Mucous membrane of the intestinal canal greatly injected. The larger the poisonous dose, the more the action is confined to the lungs: small doses produce greater effects on the alimentary canal. M. Magendie's experiments were performed on dogs. M. Rayer (in the *Dict.* of 15 vols., t. 3, p. 69,) mentions that he poisoned a number of rabbits, and did not find in them the slightest trace of affection of the lungs; the mucous membrane of the intestines was inflamed: his experiments were performed with large doses (half a scruple, 24 and 18 grains).

Our author instituted experiments on animals, for the purpose of ascertaining the real action of tartar emetic; and, if possible,

of reconciling the discrepancies in the observations of MM. Magendie and Rayer. He selected rabbits for this purpose. He gives at full length the details of ten experiments he performed. We may briefly state here, that he observed well marked inflammation in the lungs, bronchial tubes, and intestinal canal, in those animals which he poisoned slowly; in others poisoned quickly, by large doses, these appearances were less marked, in proportion to the rapidity of death.

"What has been alleged," he observes, "by the most trustworthy authors, and which has been nevertheless contradicted, namely, that tartar emetic has no elective action on the lungs, is sufficiently evident to me; but I cannot say with these authors, tartar emetic causes pneumonia, that is to say all the three degrees, but that it produces pulmonary lesions similar to the pathological lesions characterizing the two first degrees of pneumonia. Indeed, whatever time or doses of the remedies I may have employed, I have never been able to obtain in an evident manner what characterizes the last degree. I do not say it cannot produce this, but only that I have never been able to produce it, and I have found no example of it in any of the observations I have cited.

"Another point, I imagine of some importance, and which may account for the great efficacy of tartar emetic in pneumonias, with bronchitis and abundant expectoration, is the intense tracheo-bronchitis that always accompanied it, and sometimes also the very abundant mucous exudation. This bronchitis is observed especially in the inflamed portion of the lung, and the inflammation of the bronchial tubes is observed in cases where the animals die before the pneumonia has time to be developed."

He accounts for the discrepancy existing between MM. Magendie and Rayer, by shewing that the latter experimented with such large doses that the animals died before the inflammation had time to be produced, whereas, the former, by using smaller doses, enabled the poison to produce its specific effects on the lungs.

After stating that the authors, who had detailed cases of poisoning by tartar emetic, and instituted experiments on animals with it, have scarcely furnished us with an account of any of the symptoms it produces during life, he enquires how we are to obtain these, and refers to two sources whence they may

derived. 1. From the study of its action on the diseased subject; 2. From that on the healthy individual. He then makes some very just observations, shewing that the latter is the only trustworthy mode of obtaining a knowledge of the pathogenetic effects of medicines.

Two series of experiments which Dr. Molin instituted on himself, in order to obtain a knowledge of the exact effects of tartar emetic, we cannot refrain from quoting here; they are at once a proof of his zeal and devotion, and a valuable addition to our knowledge of the action of this drug.

Obs. 1.—"Being in a good state of health, my pulse beating sixty-four times per minute, I took in the morning at eight o'clock, before breakfast, five milligrammes of tartar emetic in water. This dose was repeated for five days without perceptible effect. The sixth day I felt nothing until about four o'clock, p. m. The respiration then appeared to me a little less free. Feeling no further effects, and my appetite continuing good, I took on going to bed about nine o'clock, a dose of one centigramme. The night was passed in a restless manner, and the sleep interrupted by a fatiguing heat; I felt necessitated to drink several times, the respiration was slightly impeded; on rising, general uneasiness, weariness similar to what follows a fibrile fit, the mouth clammy. I took at eight in the morning, one centigramme. No appetite; a simple soup for breakfast without relish. All the day I was in the same state. About five, p. m. greater uneasiness, especially about the epigastric region; nausea; desire to vomit but without result; respiration more impeded; short dry cough, pretty frequent; great thirst; heat in the head; white tongue; drinks appear always too sweet; clammy mouth; two loose evacuations during the day; palpitation of the heart; bruised feeling and general weariness, compelling me to go to bed at eight o'clock. The ear applied to the chest gave evidence of nothing abnormal, except that the respiration appeared much too rough. At nine o'clock I took another dose of five milligrammes. Agitated sleep, difficult respiration, feeling of pressure on the chest during sleep. At five, a. m. I was awakened by a violent rigor, it lasted twenty minutes, and was followed by heat; the pulse, which had been little affected during the two previous days, increased to seventy-eight beats, was full and strong; skin hot; face red; thirst urgent; heat in the head; pretty strong palpitation of the heart; slight burning at the stomach; fulness and inclination to vomit; respiration very much impeded; feeling of pressure and con-

striction of the chest; cough frequent, and a little moister; on auscultation, the respiration appeared rougher than the previous evening, and deep inspiration was accompanied by slight pain under the left nipple. Night very agitated; nightmare; disagreeable dreams. I felt much the same in the morning as I had the previous day, but deemed it advisable not to carry the experiment further. During the subsequent days the following symptoms occurred: The tenth day no stool; towards evening, pulse seventy-two; respiration somewhat less difficult; cough the same; hardly any pain in the side; great thirst; a good deal of uneasiness; no inclination to vomit; night, a little less restless. The eleventh day, a little less roughness of respiration on auscultation; cessation of the pain; pulse nearly normal; skin still hot; thirst less; uneasiness diminished; appetite in part returned; respiration still obstructed; cough a little less; the night more tranquil. Twelfth day, appetite; breathing nearly free; the cough continues; still a little uneasiness; scarcely any thirst; tranquil night. The symptoms continued to diminish the subsequent days, so that by the eighteenth there remained no trace of indisposition, except slight cough, which persisted some time longer. Not being sufficiently edified by this single experiment, three months subsequently I commenced another.

Obs. 2.—"During eight days I took each morning five milligrammes of tartar emetic without feeling any thing. The ninth day, at eight, p. m. I took another dose of one centigramme; night somewhat disturbed; the respiration appeared somewhat less free, but that was not very distinct. The tenth day on rising, a little weariness; I again took one centigramme. During the day I had some uneasiness; mouth clammy; little appetite; breathing impeded. About ten, p. m. I took another dose of five milligrammes: sleep very disturbed, and towards morning uneasiness, especially at the epigaster; some nausea; loss of appetite; respiration impeded; a watery stool at night; great fatigue; urgent thirst. From the morning of the eighth day the cough appeared, and went on increasing, it is short, frequent, and painful; auscultation gave no results. At nine, a. m. one centigramme was taken. In the course of the day, rigor, which lasted half an hour, with burning in the head and beating of the heart; thirst; inclination to vomit; pulse eighty, strong; skin hot; cough dry and painful; considerable difficulty of respiration; sensation of a weight on the chest; auscultation shews rough respiratory sounds; general bruised feeling. This state continued all day and night, which

was very much disturbed by strange and fatiguing dreams. There were two watery stools during the twenty-four hours. The following days the symptoms declined, but more slowly than the first time, so that by the twenty-fifth day I had not entirely recovered my health."

Dr. Lohmeier *(Effects of Tartar Emetic on the healthy Individual)* observed the following symptoms on four persons, workmen in a manufactory, where were prepared large quantities of tartar emetic, butter and glass of antimony, and powder of Algaroth: headache; difficulty of breathing; stitches in the side; plunging pains in the back; mucous and sibilant rales; abundant perspiration; general depression; anorexia; diarrhœa; dysuria, with flow of mucus from the urethra, causing a painful sensation; flacidity of the penis; dislike of coition, and even complete impotence; pustules on different parts of the body, chiefly the thighs and scrotum; pains in the testicles, and mostly of them, as also of the penis. (*Gazette Med.*, 1839.)

Fourcroy observed in fifty persons exposed for twelve hours to the vapours of sulphuret of antimony, impregnated with nitre, great difficulty of respiration; constriction of the chest; dry cough; hæmoptysis; colic, and diarrhœa.

"In these different observations," says Dr. Molin, "we find the symptoms characteristic of pneumonia. 1. The stitch in the side, in the cases of Dr. Lohmeier. 2. Dyspnœa, constriction of the chest, observed in all the cases. 3. The cough observed by Fourcroy was accompanied by hæmoptysis, in my case it was by fits, and dry. 4. Percussion furnished no results in my case, and is not recorded in those of the others. 5. Auscultation revealed numerous rales in Lohmeier's; rough respiration in my own case. 6. Febrile re-action, full pulse, attack commencing with a smart shivering and following the course of a continued febrile attack. 7. In every case a derangement of the alimentary canal was produced. 8. As to expectoration, Fourcroy's case alone shewed hæmoptysis; in my own it appeared to me that expectoration would soon have occurred had I pushed the experiment further. From this I am entitled to say, that tartar emetic can produce pneumonia, especially that complicated with bronchitis and affection of the intestinal canal. Let us see if ancient and modern authorities furnish us with convincing proofs that it cures pneumonia."

Our author then shews that it was successfully employed in

this disease by Stoll, Geisler, Rasori, Peschier, Laennec, who mentions only having had a mortality of one in twenty-eight by this treatment; Bang, Guersant, Palais, Wolff, Vyau, Trousseau, &c.

M. Molin next takes into consideration the action of arsenious acid; shews, from the experiments of M. M. Flandin, Danger, and Chatin, and from some which he himself made on rabbits, the details of which he gives, that one of the affections to which it very frequently gives rise, is serous exudation into the pleura and inflammation of that membrane; and he likewise shews, on the authority of M. de Gasparin, in a communication to the Academy of Sciences in 1843, that it had been successfully employed in a chronic pleurisy that raged among a flock of sheep.

The conclusions with which M. Molin sums up his paper are thus expressed:—

1. "A medicine administered in certain doses, and during a certain period of time, can produce pathological lesions analogous to those that characterize certain diseases.

2. "This same medicine given to a healthy individual on the same principles, produces the characteristic symptoms of the diseases whose pathological lesions it gives rise to.

3. "This medicine is a specific of these same diseases.

4. "Specificity is not therefore an isolated fact, but the law which should guide medical treatment.

5. "Hahnemann did right in declaring his axiom of *similia similibus* as the rule of action for the physician in the treatment of diseases."

Dr. A. L. Simon's theses is, as its title indicates, a comparison of the effects of mercury on the healthy individual, with the symptoms of syphilis. Though, from the nature of the subject given him, there was not so much scope for original observation and experiment as in the foregoing essay, Dr. Simon shews a minute acquaintance with his subject, and boldly professes his therapeutic creed. His essay is divided into three parts; in the first he enquires what is syphilis, and draws a minute and accurate distinction betwixt real syphilis and other affections the result of impure sexual intercourse. He gives in detail, chiefly on the authority of authors of eminence, the symp-

toms to which this disease gives rise, and endeavours to fix the order of their occurrence. In the second part, he has collected the observations of medical writers on the action of mercury, unhesitatingly claiming for Hahnemann the right to be held the best observer of the action of mercury; but not confining himself by any means to the records of the *Materia Medica pura*, he shews, in the most careful manner, the effects of that powerful drug, so far as they resemble those of the disease, in which medical men of all times, and all opinions, have allowed it to possess a specific power. In the third part he compares the two diseases, the mercurial and the syphilitic; and while acknowledging that they do not present an exact correspondence, he makes out such a strong resemblance betwixt them as fully to justify him in the conclusion he draws, viz., that mercury is the specific of syphilis, because it acts according to the therapeutic law discovered by the genius of Hahnemann—*Similia similibus curantur*.

The selection by the Faculty of Medicine of Paris of these two subjects for the theses of two candidates, whose Homœopathic bias may well have been divined, the fathers of both being Homœopathic practitioners and authors of great celebrity in Paris, seems indicative of a healthy spirit of fair play and equity on the part of that illustrious Allopathic body, and is a concession to the conviction of the candidates which, we should hardly look for from any of the Allopathic bodies of this country.

Theses like those under review, cannot fail to produce some effect in the minds of Allopathists, shewing them, that in spite of the ridicule with which they attempt to stifle an inquiry into Homœopathy, in spite of their triumphant appeals to the accumulated experience of 2000 years, with which they would attempt to prop up their declining system, in spite of the urgency of their recommendation from the professorial chair, of bleeding, blistering, purgation, and all the disturbing machinery of their school, backed by the most ingenious theories and hypotheses, their very disciples are not to be deterred from enquiring into the system of Hahnemann and urging its adoption in the very halls where Homœopathy is sought to be rigidly excluded, and before the very professors who would have taught their students to avoid Homœopathy, as the offspring of ignorance, knavery, or delusion.

Not uninteresting to the friends of Homœopathy was the public defence of their theses by their authors. A brief report of these is given in the *Bulletin de la Société Homœopathique*, and in the *Journal de la Médecine Homœopathique*. Dr. Molin seems to have fared worst, and to have met with a considerable amount of opposition from his learned examiners. To his account of the observations collected from the writings of various authors, and of the experiments he made on his own person, M. Fleury objected: "I do not say that your experiments are false, but I do not believe them;" as though he had said—"I do not say you are a liar, but that I believe you to be a liar." Of course there could be no reply to this style of argument, except that M. Fleury's negation of Dr. Molin's experiments, in order to possess any value, must be grounded on some contradictory experiments, and these M. Fleury had it not in his power to adduce. M. Adelon contented himself with bringing forward the old story of Homœopathy not possessing a specific for fractures, to which Dr. Molin replied, that it was no doubt necessary to employ mechanical means in such cases. M. Tardieu next entered the list, and cited the candidate to enter into an explanation with respect to the Homœopathic posology. Dr. Molin pointed out calmly to the examiner, that in his essay he had not touched on the subject of dose, but had defended the fundamental principle of Homœopathy; but M. Tardieu was not to be put off. "The Parisian School," he exclaimed, in a loud voice, "willingly adopts any real progress in science, but we well know the vanity of the pretensions of Homœopathy. Any one who has the temerity to unfurl its banner before this school, should have the courage to accept all the consequences of the principle." "I have admitted the principle and am prepared to defend it," replied the candidate. "Accept or reject the dose," cried his examiner. "That is no part of the question," urged the culprit. "The dose! the dose!" shouted his judge. At this moment the President, M. Trousseau, who is well known to be, to a certain degree, favourable to Homœopathy,—which he admits is a mode of cure, and calls the *substitutive method*,—made the signal for the termination of the examination.

At M. Simon's examination an unusual concourse of students

and others attended; the report of a Homœopathic thesis having been presented, and to be defended by the son of one of the most distinguished Homœopathists of Paris, succeeded in attracting a large assemblage to the usually deserted hall of examination. M. Barthe commenced the examination by demanding of the candidate if he had tested on his own person those effects of mercury which were similar to those of syphilis; and on his reply in the negative, M. Barthe blamed him for bringing forward a statement on the authority of another, affirming that if "so intelligent and well-educated a young man, whose sincerity he well knew," had come forward and said, "*I have confirmed this fact on myself,*" he (M. Barthe) would believe it without hesitation, otherwise he would not believe it. We might well ask why M. Barthe would believe a statement on the authority of a young Homœopathist, which he could not credit on the testimony of so many illustrious men of his own school. M. Blandin contented himself with a mere verbal objection; he said, *like* was a stronger expression than *identical.* Pity that M. Blandin is here at variance with all lexicographers. M. Marchall congratulated the candidate on his manner of treating the question. He only regretted, that in place of referring to one medicine in particular, the question had not been put in a more general manner. He should have liked to have heard a discussion on this subject, viz.: Is the law of similarity the true and absolute expression of the fact of specificity? He wished other candidates would frequently give an opportunity to the faculty of discussing those important therapeutical questions, for he was desirious of stating that "*we found nothing satisfactory on this point in the usual course of instruction.*" He afterwards added, "*with regard to specifics and their action, all we know, we owe to the works of Homœopathists; in those of physicians, commonly called legitimate, from Hippocrates to our own time, we find absolutely nothing.*" The novelty of hearing this qualified profession of Homœopathy from one of the Faculty of Medicine, whilst examining a candidate, produced a great sensation among the audience.

We need scarcely add, that both candidates received their degrees of Doctor of Medicine on this occasion.

Jahresbericht über die Fortschritte und Leistungen der Homöopathie im In- und Auslande. 1 Jahrgang, (Juli 1845 bis Juli 1846). Herausgegeben von Fr. Hektor Arneth und Adolph Marenzeller. Wien. Tendler & Co., 1848.

Annual report of the progress and performances of Homœopathy at home and abroad. 1st year, (from July 1845 to July 1846). Edited by Drs. Arneth and Marenzeller. Vienna. Tendler & Co., 1848, 8vo. p.p. 384.

THIS is the first number of a very well designed and useful work. It affords a proof at once of the advantage Homœopathy has gained by the recent removal of the restrictions which existed in Austria respecting the publication of Homœopathic works, and the zeal, talents, and research of the spirited editors. This number contains six chapters and an appendix. The first chapter gives an analysis of the theoretical writings on Homœopathy that have appeared during the year in question, among which we are pleased to observe an abridgment of the article on Organic Chemistry and Homœopathy, which appeared in this Journal some time back. The second chapter is devoted to Pharmacology, including pharmaco-dynamics, technical pharmacy, and posology. The third chapter presents an abstract of the essays on Therapeutics which have appeared. The fourth chapter gives condensed reports of all the cases of disease that have been published during the year. The fifth chapter gives a brief abstract of the contents of the works on Homœopathy, not of a periodical character, that have appeared; and the sixth chapter, gives an historical account of the progress of the system in various countries during the same period. In the appendix are Hospital reports of the Vienna, Kremsier, Linz, Leipzic, Mantua, and Padua Homœopathic Hospitals, and a list of the works, periodical and others, published during the year. We cannot bestow too high praise on the zeal which has prompted, and the talent which has so well performed the work before us; and think that its translation, in whole or in part, is well worth the consideration of the British Homœopathic Association.

HOMŒOPATHIC MEDICAL INTELLIGENCE.

PROCEEDINGS OF THE BRITISH HOMŒOPATHIC SOCIETY.

Meeting of November 4th, 1847.—Dr. MADDEN read an essay "*On Stimulating Drinks.*"—(*Vide Antea.*)

Dr. GILIOLI agreed with the essayist as far as he went. This essay was written on strictly scientific principles. As a Homœopathist, he would have liked to have heard something about alcohol as a menstruum for medicinal substances, and something about its peculiar pathogenesis. Hahnemann held it to be the antidote to various remedies, it must consequently possess a pathogenesis of its own; and thus it must be not only an Antipathic but a Homœopathic medicinal agent. In one part of his essay, Dr. Madden had said, that the evolution of force was due to decomposition and recomposition alone. This view he

regarded as too exclusively chemical. As a vitalist he would say that a certain amount of vital energy might be developed independently of decomposition and recomposition. Thus if a person took a certain quantity of alcohol, expenditure of vital energy was caused, but this was spontaneously reproduced after a certain time.

Dr. CHEPMELL considered that Dr. Madden's essay admitted of very little cavil. With respect to stimulants aiding the digestion of food when too much had been taken, he did not entirely agree with the author. He rather thought that the quantity of food ingested, prevented the deleterious effects which might otherwise result from the quantity of alcoholic fluid swallowed. For himself, he could never drink alcoholic wines, such as port and sherry, without experiencing ill effects, and he knew others whose circulation was much deranged by such drinks. In certain affections of lymphatic individuals, who suffered from a languid circulation, advantage might sometimes be derived from the cautious use of alcoholic stimulants, and of the light and wholesome wines, in a diluted form.

Dr. DUDGEON differed on one point from the author, viz: when he said that alcoholic stimulants were useful in cases where prolonged mental effort was requisite, and that then the stimulant should be taken in a concentrated form, in small quantities at a time, and without the addition of food. For his own part he must say, that under such circumstances the ingestion of an alcoholic stimulant would not only incapacitate him for further mental effort, but would make him excessively sleepy and heavy; and he knew many others who would be similarly affected.

Dr. MASSOL held that in adynamic fevers, characterized by different symptoms, such as great prostration, difficulty or impossibility of moving, diminution of sensation, and of the intellectual faculties, deep gloom of the countenance, weakness of the pulse, &c.; these symptoms were not always to be attributed to a primary state of weakness, but might be the case in old people, and in such as were debilitated by great evacuations, or excessive exertion, or privations of all kinds; but similar symptoms occurring in young people were only indicative of violent inflammation of the digestive organs, in which case stimulants would prove fatal. He had had many opportunities of witnessing the fatal effects of stimulants in such cases in the hospitals of Paris, whereas the antiphlogistic treatment had generally proved successful.

Dr. MADDEN explained that by adynamic fever he merely meant to express what its derivation implied, viz: any fever with loss of power.

Mr. ENGALL agreed with Dr. Chepmell, relative to the action of alcohol at the festive board; for the experiments of Dr. Beaumont, on Alexis St. Martin, had proved that the quantity of gastric juice was actually diminished by the use of alcohol. In the subject of Dr. Beaumont's experiments, it was found that by the continued use of alcohol, patches of inflammation and aphthæ were developed in the

mucous membrane of the stomach on the third day. In a person with a very rapid circulation, alcohol did not always act on the gastric follicles. Alcohol could, he affirmed, be very readily dispensed with at once, by individuals accustomed to its use for years. He had known cases corroborative of this. It was well known that almost all criminals were persons addicted to the immoderate use of alcoholic drinks; but when they were suddenly deprived of them in prison, they not only did not suffer, but actually improved in health and gained in weight. Experience had certainly, he admitted, established the utility of stimulants in low fevers, but he considered that arose from their being Homœopathic to the disease, and not from their stimulant property; in cholera, their employment had proved extremely injurious.

Dr. PARTRIDGE would have liked a fuller explanation of Dr. Madden's terms exhaustion and depression, as in the one state he allowed, in the other he prohibited, the employment of alcoholic stimuli. He would ask, might not the beneficial effect of alcohol, in a state of exhaustion from febrile diseases, be owing to a speedy developement of electricity by the decomposition of the alcohol during the process of respiration, to the organs of which it has such ready access? Might not the electricity so evolved energize the vital principle? He questioned very much the utility of alcohol in the earlier stages of fever, however great might be the exhaustion.

Dr. QUIN said the fault of Dr. Madden's essay as a subject for discussion lay in the fact, that it almost entirely met the opinions of all the members of the Society. He differed from Dr. Gilioli's opinion, that because alcohol possessed an antidotal power, it must therefore have a distinct pathogenesis. It merely acted, in his opinion, as a stimulant, counteracting the depressing effects of such remedies as *aconite* and *nux vomica*. He agreed with the author of the essay, as to the employment of alcohol in some cases of great exhaustion, and low fever; and he had observed great benefit from it, as a temporary and palliative means, in cases of profuse hæmorrhage.

Dr. MADDEN said that when he spoke of the uses of alcohol at convivial meetings, he referred to its stimulant property enabling the stomach to rid itself of articles otherwise indigestible. To Dr. Dudgeon's remarks he would reply that with respect to no agent did a greater amount of idiosyncrasy prevail than with alcohol. He himself was affected by alcohol in the same manner as Dr. Dudgeon. In reply to Mr. Engall's observations he would repeat, that the effect of alcohol was purely dependent on the quantity taken; a large quantity taken for a considerable period, as in the case of Alexis St. Martin, would doubtless produce inflammation of the stomach and diminution of the gastric juice; but a small quantity would only produce irritation and a greater flow of gastric juice; and on this circumstance depended its utility in cases where too much food had been taken. He had said in his paper, that unless the health were deteriorated, all could give up alcohol at once, with impunity, provided

a period of rest were secured, which was the case with criminals in prison, who obtained in addition, a sufficient supply of wholesome food. The difference betwixt a case of exhaustion and one of depression was difficult to describe; but it could easily be distinguished by a practised eye. In the debility resulting from over-excitement alcohol was injurious; in that caused by the loss of humours it was serviceable. He did not believe electricity had anything to do with our functions; and, therefore, could not agree with Dr. Partridge's remarks. In the quantity in which alcohol entered into the composition of our medicinal agents, he did not think it could have any effect, as its effects were solely dependent on its quantity. As an antidote, it acted merely as a stimulant, or antipathically. It could not, strictly speaking, have a pathogenesis, as it only acted when in sufficient quantity to produce chemical action.

Meeting of December 2nd, 1847.—Mr. KIDD read an essay "*On the Fever in Ireland in* 1847.—(*Vide Antea.*)

Dr. NEVILLE WOOD felt peculiarly indebted to Mr. Kidd for his valuable essay. His own experience of low fevers had been small in comparison with that of Mr. Kidd. A few cases he had had of inflammatory fevers running into typhus. He thought that typhus bore a great analogy to chronic diseases, the changes that took place, and the action of medicines, being much more slow in this, than in most other acute diseases. This circumstance convinced him that medicines should be given at longer intervals in this, than in other acute diseases, because in it there was less energy of reaction. If medicines were given at short intervals in chronic diseases, what was termed a cumulative action was produced; the same occurred in typhus; hence he was in the habit of giving the medicines in this disease, not every three or six hours, but every day, or every two days. He considered the production of the cumulative action to be very much opposed to the good effects of the remedy. He had often noticed in chronic cases, which he had been in the habit of visiting frequently, and prescribing a remedy for at each visit, that no progress was made; and he was frequently surprised at the improvement that took place when a much longer interval of repose had been allowed to elapse before he again saw his patients. The same, he believed, was the case in typhus fever.

DR. MASSOL observed that Mr. Kidd spoke about the inflammatory nature of typhus, but that the state of the blood had not been examined. The essay would have possessed greater value had the state of the secretions been observed. The French physicians who had been sent to Ireland to observe the fever, had found but little fibrine in the blood; if that were the case, he thought *aconite* should not have been given so frequently. He differed from Dr. Wood, and held that where torpor existed the remedies should be given more frequently.

DR. GILIOLI said they were greatly indebted to Mr. Kidd for his interesting communications, he admired the clearness with which

they were written, and the humanity that had prompted the author's mission. With respect to the practical part, he had had but little experience. He thought the Essayist had confounded predisposing and exciting causes. For example, he had called famine, depression of spirits, the weather, &c. predisposing causes. The simple distinction of these two causes which was generally adopted, and should, he thought, be adhered to, was to consider as predisposing causes, what belonged to the patient; exciting causes, what were external to him. With respect to the treatment, he should have liked, that Mr. Kidd had used a greater variety of preparations of the remedies he employed, which he seemed always to have given in the 3rd dilution. It would have been important to have observed the difference of giving low dilutions to some and high dilutions to others. The results, when compared with those under the old school, were certainly in favour of Homœopathy, but he doubted whether the sceptical school of Young Physic would consider them evidence in favour of the action of the 3rd dilution, and not rather due to the absence of that violent interference which constituted Allopathic treatment, as well as to the *vis medicatrix*. Mr. Kidd said that when he found the *aconite* indicated, the patient's state was far from being debilitated, he should like to ask, did Mr. Kidd consider that the aconite acted homœopathically or antipathically? In the essay there was no very clear description of the natural history of typhus and synocha; some cases Mr. Kidd had seen on the seventh or eighth day, might not the disease by that time have reached its stage of involution? And if the progress were then favourable, the disease would in all likelihood have got better, independently of medicines.

Dr. DUDGEON said, that Mr. Kidd's labours in Ireland did infinite honour to his humanity, energy, and zeal for the cause of Homœopathy. The alacrity with which he had entered on his disinterested task was the more striking in the contrast it presented to the selfish conduct manifested by some of his colleagues in the association with which he had formerly been connected; in his case, the old saw of evil communications, &c., had for once been stultified. He wondered how there could be a doubt in any member's mind respecting the absolute success of Mr. Kidd's treatment; an impartial examination of the results would, he felt assured, convince the most sceptical of Young Physic's adherents, of the beneficial action of the remedies employed, provided his mind could be divested of prejudice. They must consider the unfavourable circumstances in which Mr. Kidd's patients were—half-starved, insufficiently protected from the inclemencies of the weather, in damp, dirty huts; whereas, those treated in the hospital enjoyed all the advantages of good attendance, comfortable lodging, and wholesome food; and yet, notwithstanding this, the results of Mr. Kidd's treatment had been so much more favourable than those of the old school. He did not think it was of the slightest consequence to ascertain if there were more or less fibrine in the blood, in order to judge whether aconite was indicated or not;

it was often, he was sure, of use where there was a want, in place of an excess of fibrine. The action of aconite in inflammatory fever was eminently Homœopathic, as in the pathogenesis of no remedy were there found such marked inflammatory febrile symptoms. Mr. Kidd had not mentioned the giving of any stimulants, so he presumed none had been given in any of the cases.

Dr. PARTRIDGE cordially joined in the praise that had been bestowed on Mr. Kidd, for his disinterested and courageous efforts. He believed his success was owing to the positive action of the remedies employed, and not to the mere deprivation of Allopathic influences, and considered the result a signal triumph of Homœopathy. Dr. Wood's practice of giving the medicines rarely might be right, in low nervous fevers, but must fail in such cases as Mr. Kidd had detailed. If he had any fault to find, it was that the remedies had not been more exclusively employed, and that the author had so frequently given them in alternation.

Mr. ENGALL said that Mr. Kidd's labours deserved the highest praise, and the results redounded greatly to his credit. The results of treatment were highly satisfactory. He would like to know if Mr. Kidd had observed the period of the duration of the disease to be shortened by the remedies employed.

Dr. QUIN expressed his admiration of the energy, talent, and humanity displayed by Mr. Kidd, in his efforts in behalf of the sick poor in Ireland. Before accepting the mission, Mr. Kidd must have been aware that not only would it cost him much toil, but that it would be attended with considerable danger, as many clergymen and medical men had fallen victims to the typhus fever, caught in visiting the sick. Young as Mr. Kidd was, and recent as had been his conversion, such had been the spirit and industry with which he had devoted himself to his Homœopathic studies, that when called to treat not only a most dangerous disease, but one he had never before witnessed, he immediately selected the very same remedies that a veteran in the science would have chosen. This redounded to the credit of their Great Master, who had laid down such perfect rules for their guidance, that even a young practitioner, when isolated from all assistance, immediately chose the proper remedies; and here he could not forbear mentioning a circumstance that had recently come to his knowledge, viz: that Mr. Kidd had been promised by a physician, with whom he had been associated for a considerable time, and who had the reputation of possessing great Homœopathic experience, full and circumstantial instructions for treating the fever and dysentery then so prevalent in Ireland; up to the very eve of his departure from London he was led to believe they would be given to him; he was then told that they should be sent after him to Ireland, but these promised instructions had never been received by him. The merit of the treatment, and of its successful results was therefore entirely his own. In some of Mr. Kidd's cases the rapidity with which the temperature of the body, descended from extreme heat to the normal standard, or even below

it, was remarkable. The efficacy of ***bryonia***, in typhus fever, accompanied with pains in the head and aching in the muscles of the limbs, had often been observed by himself, as also of ***rhus***, when there were pains in the joints, particularly of the shoulders and knees, and where great debility was present; and of ***belladonna***, in the sleeplessness, restlessness, and delirium of typhus. He had had an opportunity of observing many cases of typhus occurring after cholera, and it was worthy of note, that the remedies that he had found efficacious in typhus, twenty years ago, in the plains of Moravia, were the same as those that had that year been employed with success by Mr. Kidd in Ireland; that surely shewed how true must that law be which held good at periods so distant, and in countries so far apart. He had often had occasion to remark the same good effects that Mr. Kidd had observed from the alternation of ***rhus*** and ***bryonia***, neither singly seemed to have such a good effect as the two in alternation; according to his experience ***rhus*** seemed to act best after ***bryonia***. In some of his own cases of typhus after cholera, the rapidity of the good effects from ***rhus*** was almost miraculous. The same was observed in Mr. Kidd's case, No. 6. ***Nux*** and ***arsenic*** had been found by Mr. Kidd useful, when there was much gastric irritation; the latter medicine particularly, where there was great prostration of strength—***phosphorus*** and ***bryonia*** in oppression of the breathing, pleuritis and pleuro-pneumonia; and ***aconite*** whenever and wherever inflammatory symptoms existed. He had insisted upon these points, because all the indications pointed out by Hahnemann for the employment of these various remedies were faithfully and admirably followed by the author of the essay; and because he conceived that no unprejudiced physician, of whatever school he might be, could have these facts pointed out to him, and listen to the narration of the cases so humanely and successfully treated by such a young and recent convert to Homœopathy – results differing in such a remarkable manner from those obtained by the opponents of the new Therapeutic doctrines—without being struck with admiration at the great genius of Hahnemann. He could not agree with some of Dr. Wood's observations respecting the analogy he supposed ought to exist between the treatment of typhus and chronic diseases; typhus ran its course often with extreme rapidity, and was attended by imminent danger; whereas the very reverse was the case in chronic diseases; he would, therefore, be induced to repeat the medicines frequently in typhus, and such had invariably been his practice, much as had been done by Mr. Kidd. He generally found it best, in such cases, after having prescribed a remedy, to divide a second dose into several portions, and give them at short or long intervals, according to the exigency of the case. He could not resume his seat without congratulating the Society on the accession of Mr. Kidd to their body, and reiterating his high sense of the humanity of his conduct, and of the value of his labours to the advancement of Homœopathy.

Mr. KIDD expressed his gratitude for the flattering terms in which

his humble labours had been spoken of by the members. The good effects of *rhus* and *bryonia* were certainly most striking in some of the cases he had treated. With respect to Dr. Massol's suggestion about examining the blood, &c., he would observe, that the French physicians had been sent to make pathological observations, whereas he had been sent to relieve the sick, and to test Homœopathy, and as he had no opportunity of examining the blood in typhus, he could not speak positively on this point; but, reasoning from a knowledge of the previous mode of living of the patients, a deficiency of fibrine might well be expected in such subjects, who had been for months existing on the most scanty supply of unwholesome food; and if an examination of the blood in dysentery, or even in a healthy subject of the same family, had been made at the time, a like deficiency of fibrine would most probably have been found. He could not find time to vary the dilutions much, and form accurate observations on them, with 80 or 100 patients on his books at a time. No doubt in some of those cases, where he first saw the disease on the tenth day, it was at the period of involution, but still the prognosis was unfavourable; in fact, he had made a point of not taking any cases at all advanced, in which the prognosis was favourable. He had seen many instances in which the disease had been left entirely to nature; and in these the mortality was very great. He believed aconite acted strictly Homœopathically, at least in the early stages of continued fever. The duration of the typhus was apparently not much shortened by Homœopathic treatment, as it seldom lasted less than from sixteen to twenty-five days; but that of continued fever seemed to have been much abated by treatment. With respect to the assistance he had been promised, he would observe that so far from receiving any, the physician in question had tried to discourage him as much as possible from his enterprize. Once he (Mr. Kidd) had written him respecting a very difficult case, but his letter had remained unanswered for nearly a fortnight, and even then, no reply to his questions had been given. He had scarcely ever given *aconite* in typhus, it was in the inflammatory and continued fever he had found it useful, and in no instance had he employed stimulants of any kind.

The Parisian Homœopathic Society's Prize.

We have been much gratified to observe that the prize of a gold medal, value 300 francs, offered by the Parisian Homœopathic Society last year for the best essay on a subject proposed by them, and announced in this Journal, Vol. IV. p. 244, viz. "A logical and experimental demonstration that it is by Homœopathy alone that the principles and machinery of the science and art of medicine have obtained a definite foundation," has been awarded to our countryman, Dr. Scott, of Glasgow. Dr. Scott's Essay was considered the best out of a large number sent in for competition from various countries, which greatly enhances the value of the

distinction conferred on it, a distinction which must be a source of great gratification not only to Dr. Scott, but to all his colleagues in this country. The committee of the Society by whom the prize was awarded speak of the essay in the highest terms of praise: "We consider this essay," say they, "not only as the best memoir of those which have competed for the Society's prize, but as one of the best that has ever proceeded from the pen of a homœopathist." An opportunity has been given us of judging of its excellence, by its publication in English and French in the *Bulletin de la Société Homœopathique* of September last. The Author first defines what is meant by a definite foundation for theoretical and practical therapeutics. He shews clearly, that the practice of homœopathy arises directly out of its theory, without the intervention of any separate theory, thus differing most essentially from any practice of therapeutics arising out of a pathological theory, which must always require the introduction of another theory before it can be applied to practice: thus, if fever be ascribed to a spasm of the extreme vessels, we must ascribe to the medicine applicable to fever the power of counteracting such spasm; but as neither the spasmodic nature of the disease, nor the anti-spasmodic character of the medicine, are susceptible of demonstration, it is evident that no definite foundation for practice can be founded on a theory of disease; whereas the Homœopathic theory points to a rule for practice, deduced from a definite relation betwixt the ostensible properties of medicinal substances and the ostensible phenomena of disease, both of which are always present and discoverable, and therefore suitable for a definite foundation for practice. He next briefly reviews the principal medical theories broached since the days of Hippocrates, and shews that by none is the definite foundation afforded, save by the theory promulgated by Hahnemann. The third section is devoted to the demonstration that a definite foundation for practice has been attained by the Homœopathic school; and the author sums up his remarks by the follow propositions:

"1. That no theory of *disease* can ever lay a definite foundation for practice.

"2. That a theory of *cure* can alone do this.

"3. That until Hahnemann, the labours of physicians were directed principally towards the establishment of a theory of *disease*, and that this is characteristic of medical schools generally, even at the present day.

"4. That the principle of Homœopathy, '*Similia similibus curantur*,' is a theory of *cure* and not of *disease*.

"5. That from this principle of the *science* of medicine arise naturally the general principles of the *practice* of medicine; and therefore,

"6. It is by Homœopathy alone that the principles and machinery of the science and art of medicine have attained a definite foundation."

Dr. Scott's essay is clearly and succintly written, and without containing much of a strikingly novel nature, it displays a thorough knowledge of his subject, and is perfectly successful in giving the *logical* demon-

stration it proposed, though we doubt much if the historical character of the investigation can with propriety be considered equivalent to the proposed *experimental* demonstration of the problem; the prize givers however seem satisfied that it is, and we must fain be content also.

Testimonial to Dr. Guinness.

We observe in a Dublin newspaper, of the 19th of May last, that when it was known that Dr. Guinness intended leaving Clontarf to settle in Exeter a meeting of upwards of 300 of the inhabitants took place, at which an address was prepared, expressing their regret at his departure, and stating that "Although not pretending to offer an opinion on the disputed points of medical science, yet we may be permitted to express our unabated confidence in your prudence, and our complete satisfaction with the result of that mode of treatment (the Homœopathic system) which you introduced amongst us." An address was also presented to him by the subscribers to the dispensaries with which he was connected, expressing their very great regret at his resignation of an office the duties of which he had so carefully and skilfully discharged during a period of ten years.

Homœopathic Periodical Literature.

We beg to acknowledge the receipt of a letter from Dr. Joseph Buchner, of Munich, announcing his intention of publishing a new organ of Homœopathy, entitled "*Allgemeine Zeitung für Homöopathie,*" the first number of which is to appear in January, 1848. Dr. Buchner requests our co-operation and assistance to him in his editorial capacity. We shall, of course, be happy to forward his exertions as far as it lies in our power.

We are also indebted to Dr. Griesselich, of Carlsruhe, for an account of the meeting of Homœopathists at Berlin on the 10th of August, which want of space does not permit us to insert in this number. In the same letter, Dr. Griesselich announces his intention of changing the title and mode of issue of his old established and highly valued Journal, the *Hygea.* It will henceforth bear the title "*Hygea: Centralorgan für die homöopathisch specifische Richtung in der Heilkunst.*"

It will appear every month, in numbers of at least five sheets, and will contain articles on the following subjects. 1. Provings of medicines; 2. Monographs of diseases in relation to remedies; 3. Details of interesting cases; 4. Histories of endemic and epidemic diseases; 5. Elucidation of the principles of Homœopathy; 6. Accounts of the development of Homœopathy; 7. On the relation of Homœopathy to existing political institutions; 8. Advancement of Homœopathic pharmacy; 9. Homœopathic veterinary medicine; 10. A brief annual review of the progress of Homœopathy; 11. Notice of all literary works bearing on Homœopathy; and 12. Polemical articles. The size of the Journal will be increased, and its appearance improved.

Homœopathy in Vienna.

We learn from Dr. Arneth, of Vienna, that he has just received the appointment of assistant physician to the midwifery department of the General Hospital there. Although, he writes, there are among the professors and others occupying public situations in Austria, many who now profess and practise Homœopathy, yet these all received their appointments before they embraced the doctrines of Hahnemann; this is the first instance where a practitioner actually engaged in Homœopathic practice has received an appointment of this nature, and is a speaking sign of the growing confidence in our system in the Austrian dominions.

Homœopathy in Edinburgh.

We copy the following from the *Edinburgh Advertiser* of the 12th November:

"HOMŒOPATHY.—At a meeting of the General Committee of Management of the Homœopathic Dispensary, held on the 8th inst., at the Royal Hotel, to consider the propriety of directing the attention of the public, and of the Parochial Boards in Edinburgh, to the success which has recently attended the Homœopathic practice, especially in the treatment of the prevailing fever, it was unanimously resolved, that the Committee are entirely satisfied of the pre-eminent success which has attended this mode of practice, and regret that a larger field for its operation has not yet been afforded in some of the public establishments; and desire to express their anxious wish to have an opportunity of exhibiting that success by means of hospital statistics; and in case (as there is too much reason to fear) the cholera shall unhappily again visit the island, to have the public support in applying that system of cure to a disease in which, by very ample and accurate statistics obtained in other countries, it has shown an amount of success greatly exceeding that of any other method of treatment."

The High Dilutions.

The following extract from a letter just received from our esteemed correspondent in Philadelphia, Dr. Hering, will be read with interest, as it throws some light on the Jenichen dilution mystery:

"I must vindicate Jenichen. This, however, belongs to the *secret history* of Homœopathy. Jenichen made no secret of the mode of preparing the high dilutions, and it never entered into his head to make money by it, or a mystery of it. He invented and discovered, and on seeing greater curative effects from these preparations, he sent samples of them to Stapf and Gross. To me also, but they were not sent to me until late in the autumn of 1844. Stapf put his box into the corner. Gross at last experimented on his horse. It was on horses that Jenichen performed most of

his cures. Gross induced Stapf to experiment. Gross now published his first paper. In this he mentioned Jenichen as the preparer, not as the inventor or discoverer. Jenichen is a diligent investigator and an enthusiast, and possesses a great knowledge of remedies. He was infuriated by this first paper, and demanded satisfaction. Stapf and I were to be umpires. He wrote me all about it. In the mean time, Rummel was angry that he had not received samples, he makes a great noise, and sets poor Peters in motion. I interfere in a good humoured way, and so forth. During this time Jenichen grows more obstinate and more angry. He assures me he will shew me every thing, describe how he does it, but must first have satisfaction. On this, mutual recriminations take place, and now he preserves a stubborn silence. He will first have an opinion with regard to the efficacy of his preparations. He will first let the dispute subside. I might, without breaking my word, reveal the chief part of the business, but I, too, consider it better that it remains concealed until a sufficient number of witnesses come forward and testify that Jenichen's preparations are better and much more powerful than: 1. All former preparations up to 30. 2. All the imitations of his high potencies; and further, Gross shall publicly declare he does not know how they are made, cannot prepare them himself, and has not aided in their preparation, either by thought or suggestion.

"As soon as I have a thousand cures I shall treat of them in a separate work, after the calculation of probability. It will be years hence before this takes place.

"You have found fault with Stapf on account of the double impression of Korsakoff's letter—that is not difficult to explain. Korsakoff and Hahnemann themselves insisted on it, and had Stapf, as editor, exonerated himself, he could not have done so without inculpating Hahnemann. But with his accustomed generosity he remained silent."

Homœopathy at the Spanish Court.

The *Eco del Comercio*, a Madrid newspaper, states that all the Royal Physicians at the Court of Queen Isabella had sent in their resignation. The reason for this, is the reception at Court of Dr. Nunez, a Homœopathist, who has been promoted in consequence of his being the attendant upon the favorite, General Serrano. This conduct of the Allopathic physicians appears to the Editor of the *Lancet* highly commendable, and worthy of imitation by the Court Physicians of our own country, in the event of any dissenter from the legitimate ranks being admitted to the presence of Majesty. It is most probable, however, that in the event of such an occurrence in this country, the leaders of the medical profession would change their opinion, as they once did in somewhat similar circumstances. A physician high in practice, but having a degree neither from Oxford nor Cambridge, applied to be admitted in the College of Physicians

of London. That illustrious and independent body replied, that they were sorry to deny so worthy an applicant, but it was against the laws to admit him. Soon afterwards he was appointed Physician to the reigning Sovereign, who expressed his desire to the College of Physicians that he should be a member of their body. A conclave was held without loss of time, and with all haste they abrogated their obnoxious clause *pro tem*, had a diploma made out, signed, and dispatched to the Physician to His Majesty, which he—*sent back to them.*

OBITUARY.

DEATH OF DR. GROSS.

We regret to have to announce the death of Dr. Gustav Wilhelm Gross, who breathed his last at Jüterbogk, in Prussia, which had for so many years been the scene of his labours, on the 18th of September last.

Dr. Gross was one of Hahnemann's earliest disciples, and from his first adoption of Homœopathy up to his death, we find him actively engaged in the work of disseminating a knowledge of the new system, at one time furnishing practical and theoretical papers to the *Archiv*, and editing that journal in conjunction with Stapf, now engaged in the translation of his master's works into Latin, and again, occupied with the editorship of the *Allgemeine Homöopathische Zeitung*, in conjunction with Rummel and Hartmann, besides publishing divers small works, and being perpetually occupied in the proving of new medicines, some of the most valuable of which we owe entirely to him, and most of those given us by Hahnemann being enriched by his experiments on himself and others. Nor has his career been unmarked by deviations from Hahnemann's beaten track. Accordingly, we first find him practically opposing Hahnemann's precepts and giving larger doses than usual; again we find him incurring Hahnemann's severe censure for his isopathic views.* And after Hahnemann's death he immediately broached his extraordinary views on dynamization and the high dilutions, an account of which we have given in our last volume.

Whatever may be the opinion entertained of Dr. Gross's novel views and therapeutic eccentricities, none will deny him the character of indefatigable industry and untiring zeal in advancing the new system, nor is it possible to doubt the sincerity of his convictions nor his earnestness of purpose. And hereafter, when the sifting hand of time shall have winnowed the wheat from the chaff, the name of Gross will be regarded and honoured as that of one of the stoutest champions of our faith—as that of one of the largest contributors to our remedial treasury.

* Edit. p. 70. "The eccentric upholders of this doctrine," especially Dr. Gross, vaunt this Isopathy as the only true something in the *similia similibus* but an indifferent substi-

THE LATE MR. LISTON.

TO THE EDITORS OF THE BRITISH HOMŒOPATHIC JOURNAL.

Gentlemen,—The Medical profession has sustained a great loss in the sudden death of one of its most distinguished ornaments. As a personal friend, and a great admirer of Mr. Liston, I am desirous of recording some facts in your valuable journal, connected with the career and opinions of that most accomplished Surgeon and enlightened practitioner. The prominent position which he had so long occupied among the most eminent medical men in Europe, as a great pathologist and most scientific and successful operator, would in itself be sufficient warrant for my occupying your pages with a slight sketch of his biography; but when your readers are informed that during a period of upwards of twelve years of close professional intercourse, I had many opportunities of directing Mr. Liston's attention to the doctrines and practice of Homœopathy, and that his enlightened mind not only comprehended, but was keenly alive to many of the advantages of the great discoveries of Hahnemann, and to the benefits to be obtained by prescribing some of our medicines, according to the law of *similia similibus curantur*—I feel certain, that they will pardon my encroachment on their time, and that their interest in the man, and deep regret at his death, will be greatly increased.

Mr. Liston was born in Scotland, in 1794. After completing his academical studies he chose the medical profession, and became the favourite and most distinguished pupil of the celebrated lecturer on anatomy, Dr. Barclay; many most beautiful anatomical preparations made by Mr. Liston when quite a youth, were long retained and exhibited in the museum of Dr. Barclay. In 1815 he received his diploma from the Royal College of Surgeons of Edinburgh. He subsequently came to London, and became a member of the Royal College of Surgeons here. He then proceeded to Paris, where he most assiduously prosecuted his professional studies, and attended the Hotel Dieu, and other great hospitals of Paris. During his stay in the French capital he never missed any important operation of Dupuytren. (It was at this period, that I first had the pleasure of becoming acquainted with him, and the friendship then formed never received a check till death unhappily closed his career.) At the close of 1817 he returned to Edinburgh, where he established himself. He was not content with the mere practice of his profession, but became a most able teacher; he immediately opened classes for demonstrating anatomy; later he became a lecturer on Anatomy, and subsequently on Surgery. He was afterwards appointed Surgeon to the Royal Infirmary, where he had ample field for exhibiting his great skill and wonderful dexterity and quickness in operating. His fame spread far and wide. He enriched the medical periodicals of the day with a number of most valuable and interesting cases, and descriptions of most difficult and successful operations. He published his first edition of "*The Principles of Surgery*," in 1833. He was invited to London in 1834, and appointed Surgeon to the North London Hospital; later he was named to the Professorship of Clinical Surgery in the London University. In 1845 he was appointed one of the Examiners of the Royal College of Surgeons. There was no position however high in the profession, that he was not entitled to, from his great knowledge, vast experience, and transcendent talents, and to which he would not have arrived had his valuable life been spared.

I have seen almost all the most celebrated Surgeons of the Continent operate, but I never saw one who could surpass Mr. Liston in coolness,

quickness, and dexterity. To convey a correct idea of his merits as an operator, and his estimable qualities as a man, I cannot do better than quote the beautiful language of a noble and learned friend, who occupies a deservedly eminent place on the Scottish Bench, contained in a most eloquent and touching tribute to the memory of Mr. Liston.

"For excellence in this department he possessed every qualification—great physical strength and activity, coolness, promptitude, energy and unflinching courage, a steady hand and a quick eye, a resolution which rose with the difficulties he encountered, and rested on a just reliance on his complete knowledge of anatomy and pathology. But though potent to wield, he was by no means rash to recommend the use of, the knife. On the contrary, he was a remarkably cautious practitioner. As he was dauntless in operation, however dangerous, he was deliberate in forming the resolution, and forebore where he could. . . . . His reputation was established and unchangeable—his name familiar in every medical school of Europe and America. A rich harvest of honour and wealth lay before him; but alas! the sickle has fallen from the hand of the reaper, and in the zenith of his manhood and vigour of his practice he has been stricken down by sudden death. His loss is national and irreparable; there is no operator of his standing who can for a moment be put in nomination to fill his place. . . . . Nor let it be imagined, although the calls for his aid were incessant by those who were entitled to command his services that he forgot or overlooked the poor and needy. His nature abhorred everything sordid, and no man ever was more strongly impressed with the feelings of an honourable, generous, and independent practitioner. In whatever rank of life the 'case' occurred, if it was one of difficulty or interest, this master of his art was ready with the potent spell of his unerring bistoury; and his reward was in the consciousness of his own power, and in the noble pride of having been ministrant to the relief of suffering humanity. . . . . He had no fantasies, no dogmatic opinions, no overweening confidence; and while he watched the progress of science, and hailed with rapture every improvement founded on sound principles, he regulated his whole practice by the views of experience, and by the plain dictates of kindly sympathy and unobtrusive and tender watchfulness. . . . . His usefulness has been cut short by the mysterious decree of Providence; but his fame will endure while the science of surgery is known, and the name of one of the first surgeons the world ever saw will be associated with the brightest example of untiring energy, matchless zeal, consummate skill, prudence, and tenderness,—adorning a private character of unspotted integrity. He has left a widow and six children, and many a sincere friend to deplore his loss. But it is not among his immediate circle alone that sorrow will be felt that his bright career is closed. There is many a sigh in the lordly mansion and in the cottage of the poor. He is wailed in the hospital of the sick, in the hall of instruction. The grey-haired practitioner looks in vain for the aid of his energy and skill, and the zealous student hears no more his voice of encouragement and has now but his memory to cherish for example."

The cause of Mr. Liston's death was aneurism of the aorta. He expired on the evening of Tuesday, 7th of December, at his house in Clifford Street. For several months he had been ailing, but it was not till the latter end of July last that any serious symptoms occurred, when, whilst receiving his patients, he suddenly brought up, when in a state of complete repose, between two and three pounds of arterial blood—syncope came on and the hæmorrhage stopped. He suspected the presence of an aneurism, but

his eminent medical attendants, after careful examination and auscultation of the chest, could detect no perceptible lesion either in the lungs or circulation. He rallied and continued tolerably well till the end of October, when he appeared to be seized with a severe catarrhal affection, but subsequent events proved this to be the effects of the disease which finally terminated in death. On the 1st of December he was out visiting his patients and on the night of the 7th he was a corpse, having suffered much in the interval from distressing dyspnœa and from occasional violent fits of what appeared to be spasmodic asthma. Blood letting, both local and general, counter irritation, and sedatives were had recourse to during the treatment. Thirty-six hours after death a *post mortem* examination of the thorax was made by Mr. Cadge, (Mr. Liston's late house surgeon at the North London Hospital,) in the presence of his medical attendants and his son-in-law, an eminent surgeon of Norwich. "The lungs were found but slightly collapsed, congested throughout, but otherwise perfectly healthy; the pericardium contained about an ounce of transparent yellowish serum; the heart itself was healthy, saving a slight atheromatous deposit in the mitral and aortic semilunar valves; on removing the subclavian vein and cellular tissue from the arch of the aorta, the cause of death became at once apparent. An aneurism as large as an orange, flattened from before backwards, was seen pressing back the trachea; it arose from the upper part of the arch, close behind the left catorid artery, at the origin of the innominata, which seemed almost to commence from the aneurismal pouch; the communication with the aorta was by a circular opening, as large as a half-crown. On opening the trachea from behind, the mucous membrane was seen to be very dark and congested, and in its front part, where it was firmly connected to the tumour, there were three or four whitish prominences, as large as split peas, situated between the rings; it was at first difficult to understand what these elevations really were, but, on slitting up the pouch and removing the fibrinous laminæ, they were drawn from between the ring, leaving the latter quite bare, and the trachea perforated in three or four points; they were, in short, portions of the clot, which half filled the sac of the aneurism. The source of the hæmorrhage and the cause of death were at once explained."

I have in the first part of this letter alluded to the favourable opinion entertained by Mr. Liston of some of the Homœopathic tenets. Fortunately the evidence of this does not rest upon the *ipse dixit* of any one whose testimony can be considered suspicious, or prejudiced in favour of the new doctrines, but is recorded by himself in his lectures; and some of the cases and remedies, with his clinical remarks, are detailed in a medical periodical most adverse to Homœopathy; he also recommends, in his *Principles of Surgery*, Erysipelas to be treated with Aconite and Belladonna, in small doses.* The circumstances which led him to adopt this treatment, and the use of other Homœopathic remedies, I shall now briefly relate. In the course of our frequent consultations and conversations, we

* "The exhibition of the extract of Aconite in this and other inflammatory affections, is often followed by great abatement of vascular excitement, so that the necessity for abstraction of blood is done away with. The medicine may be given in doses of half a grain in substance, or dissolved in pure water, and repeated every third or fourth hour. The sensible effect is relaxation of the surface, and frequently profuse perspiration; the arterial pulsations are diminished in frequency and force. The extract of Belladonna, in doses of one-sixteenth of a grain, may then be substituted with great advantage, and often with the most extraordinary effect upon the disease."—*Liston's Elements of Surgery.* Second edition, p. 61. *Erysipelas.*

generally communicated to one another any interesting facts or cases occurring in our respective practice; and one day in the beginning of January, 1836, he was lamenting over the fatality that attended his treatment of the great majority of cases admitted into his hospital with Erysipelas of the head, and stated that in the Physicians' wards the results were much the same as in the Surgical wards. I mentioned that I had also had several very severe cases, but that they had every one recovered under Homœopathic treatment.—It so happened that I had been called that very morning to a very severe case, which I offered to show him, and begged him to watch the result of the treatment which I had barely commenced—he accepted, and we immediately visited my patient, a young man about twenty-eight years old, who was subject to epileptic fits, and who two nights before had cut his temple in falling, upon being seized with a fit; the consequence was an attack of Erysipelas, which by the time I first visited had spread across and down the face, and over the scalp. We saw the patient twice a day till he was convalescent. The cure was very rapid, and the effects of the medicines very marked: they were Aconite and Belladonna. Mr. Liston saw the medicines prepared by me, and administered some of them himself; he was so astonished and satisfied with the beneficial results of the treatment that he resolved to try the Aconite and Belladonna, his only motive for hesitation was, that if these medicines should prove less successful in his hands than they had done in mine, he should bring ridicule upon himself and injure his position in the hospital with his colleagues and his pupils. I suggested to him, to prescribe one grain of the extract of Aconite to be dissolved in several spoonfuls of water and a spoonful given at intervals of several hours, and to dilute the same quantity of Belladonna in a much larger quantity of water and give a spoonful in the same manner. He immediately followed this suggestion and the results are related in the following extracts of the reports of the North London Hospital, contained in the *Lancet* of the 6th and 13th of February, and the 16th of April, 1836.

"North London Hospital.—*Erysipelas of the Head.—Remarkable effect of the Extract of Belladonna.*—Mary Pecks, aged 32, was admitted under the care of Mr. Liston on the 21st January, 1836, labouring under severe Erysipelas of the head and face." Fomentations, tartarized antimony, and saline mixtures were prescribed, with but slight benefit; one grain of Belladonna in sixteen ounces of water was then ordered, two tablespoonfuls to be given every three hours. On the 24th of the same month she was reported rapidly improving: swelling and redness nearly gone.—Convalescent.—Medicine discontinued. "In going round, Mr. Liston remarked, that this was one of the most satisfactory and successful cures of Erysipelas he had ever seen, the disease entirely, though not suddenly, disappearing in the course of a very few days. He was inclined to attribute this to the treatment, both local and general, which had been adopted, but more particularly to the administration of Belladonna. This, the students might be aware, was given on the Homœopathic principle, the doses only being somewhat increased. They had all probably seen the good effects of the Aconite and some of the other remedies employed by the advocates of Homœopathy."

It is worthy of remark, that this same patient had been admitted into the hospital for a similar attack affecting the same parts, and was successfully treated with tartarized Antimony, incisions, and fomentations. She came into the hospital on the 30th of October, 1834, and was discharged, quite well, on the 22nd of January, 1835. Under Allopathic remedies she

was between eleven and twelve weeks recovering, whilst under the remedies prescribed on the Homœopathic principle, she was reported convalescent on the fourth day from her admission. It is but just to state, that in her first attack the disease had been allowed to proceed for four days without the administration of any remedy, and her convalescence was rendered rather tedious from collections of matter forming in various parts of the scalp.

Again, —"*Erysipelas of the head.—Use of the extract of Aconite and Belladonna.*—Catherine Cox, aged 25,—was admitted February 4th, 1836, under the care of Mr. Liston, with Erysipelas of the face—has been subject to attacks of Erysipelas for twelve years, lasting for a fortnight or three weeks at a time, the cures not being completed under three weeks." On her admission fomentations were used to the parts every two hours, and an opening draught, containing Sulphate and Carbonate of Magnesia, with Antimony wine, was given immediately. On the following morning, the 5th, the Erysipelas had extended over the left ear to the occiput; she had passed a restless night; pulse same as yesterday, 116, small and hard; bowels opened by the medicine; great heat of skin, and thirst; the Catamenia have re-appeared. Mr. Liston ordered a mixture, containing one grain and a half of Aconite in four ounces of water, of which two tablespoonfuls to be given every three hours. At ten, p. m., had taken three doses of the Aconite mixture: pulse 108, softer; skin moister and softer; not so much restlessness; has had a slight rigor. A mixture, containing one grain of extract of Belladonna in sixteen ounces of water, of which two tablespoonfuls to be taken every three hours. On the following day the pulse had fallen to 96; had had a very quiet night; skin covered with a gentle perspiration; tongue moist and clean; redness and swelling much diminished; no pain, and says she is a great deal better. Ordered a dose of Castor Oil. The Belladonna mixture to be given every five hours. On the 7th she was nearly convalescent, the medicine was discontinued and a pint of beef tea ordered. On the 9th, quite recovered, having been under treatment only four days. The report goes on to state, "The Aconite has superseded bleeding in many cases at this hospital."

In the course of some clinical remarks delivered by Mr. Liston, in April, 1836, *apropos* of the case of a man admitted on the 17th of December, with Erysipelas occurring in the upper extremities, that eminent surgeon, in the most unequivocal manner, bears evidence in favour of the principle of Homœopathy, and also gives testimony to the efficacy of the Homœopathic remedies, even when administered in infinitesimal doses. I cannot do better than quote his own words, as used by him in the clinical lecture I have alluded to above. "*Erysipelas occurring in the upper extremity.*—Since I last spoke on the subject of Erysipelas, we have succeeded in subduing the action of the Vascular system, without either the use of the lancet or tartarized Antimony, by giving small doses of the Aconitum Napellus, and afterwards of Belladonna. Two cases in which this treatment has been most successfully employed, have been accurately detailed in some late numbers of THE LANCET. You have no doubt read them, as well as watched the cases themselves in the hospital. The first case was that of a woman, who, the first time she was in the hospital, was treated for Erysipelas by Antimony, punctures, and fomentations. It was some time before she recovered, and her convalescence was exceedingly tedious. In the second attack, after subduing the inflammatory fever in some measure by Antimonials, we administered extract of Belladonna in very minute doses, and in two or three days she was quite well. The

second case was that of a woman who had been much subject to the affection, having had successive attacks of it at intervals, seldom recovering from them under a fortnight; small doses of the Aconite, followed by Belladonna, were given her, and in the course of three days she was also convalescent. There has been another case lately here, of a man with small ulcerations of the leg, from the toes up to the knee, aggravated by a scald, and who walked about until the leg became exceedingly swollen and red. He suffered besides considerably from fever. In this state he was admitted. We subdued the fever, and then administered to him the extract of Belladonna, and in twenty-four hours the disease had quite disappeared. Of course we cannot pretend to say positively in what way this effect is produced, but it seems almost to act by magic; however, so long as we benefit our patients by the treatment we pursue, we have no right to condemn the principles upon which this treatment is recommended and pursued. You know that this medicine is recommended by the Homœopathists in this affection, because it produces on the skin a fiery eruption or efflorescence, accompanied by inflammatory fever. *Similia Similibus Curantur*, say they. They give in cases where a good nights rest is required, those substances which generally, in healthy subjects, produce great restlessness, instead of exhibiting, as others do, those medicines termed sedatives. It is like driving out one devil by sending in another. I believe in the Homœopathic doctrines to a certain extent, but I cannot as yet, from inexperience on the subject, go the length its advocates would wish, in as far as regards the very minute doses of some of their medicines. The medicines in the above cases were certainly given in much smaller doses than have hitherto ever been prescribed. The beneficial effects, as you witnessed, are unquestionable. I have, however, seen similar good effects of the Belladonna prepared according to the Homœopathic Pharmacopœia, in a case of very severe Erysipelas of the head and face, under the care of my friend, Dr. Quin. The inflammatory symptoms and local signs disappeared with very great rapidity. Without adopting the theory of this medical sect, you ought not to reject its doctrines without due examination and enquiry." . . . . . .

Encouraged by the success which had attended his administration of Aconite and Belladonna in Erysipelas, Mr. Liston requested me to give him a few notes of other diseases treated successfully by Homœopathy, with the names of the medicines usually prescribed by me for their cure. This I immediately complied with. He subsequently informed me that he had employed the following medicines with great success: *Arnica Montana* internally and externally in severe contusions, lacerations and incised wounds; *Rhus Toxicodendron* in sprains, luxations, and swollen and painful joints; *Nux Vomica* in irritation of the bladder, obstinate constipation, and in some cases of partial paralysis; *Bryonia alba* in rheumatism, and in arthritic pains of the joints; *Chamomilla* in diarrhœa, and as a palliative in toothache; *Pulsatilla* in retarded and suppressed catamenia; *Mercurius Solubilis* alternated with *Belladonna*, in cynanche tonsillaris and ulceration of the fauces; and a variety of other medicines, unnecessary for me to occupy your pages with, as their effects are familiar to every Homœopathic practitioner. Mr. Liston, however, was most struck with the action of *Aconite* in subduing inflammation, and reducing vascular excitement; and he often expressed his regret to me that the power of Aconite to abate vascular over-action, and supersede the necessity for abstraction of blood in many diseases, was not known to him earlier; because he was convinced that it would have prolonged the life of his

father, whose death had been hastened, in his opinion, by ill-judged copious venesection.

In numerous cases demanding surgical assistance to which I had called him in, in consultation, he invariably left the whole constitutional treatment to me; and frequently, after his professional services were no longer required, he continued his visits merely from the interest he took in watching the effects of the Homœopathic medicines prescribed by me.

In a visit which I paid him a few days before his last fatal seizure, he, half in joke and half in earnest, said to me, "If in a short time I do not mend quicker than I am now doing under Allopathy, I shall certainly send for you to treat me Homœopathically." He then entered, with great interest, into conversation with me about some of my cases, and the remedies I was employing for their cure. He has often had many similar conversations, particularly of late, with our esteemed colleague Mr. Cameron, for whom he entertained a very sincere friendship.

I have no doubt that had Mr. Liston's valuable life been spared, his enlightened example would have tended greatly to dispel the prejudices which prevent an impartial examination of the doctrines and practice of Homœopathy. The foregoing details will, I feel convinced, enlist the deepest sympathy of all your readers, in the universal regret which the untimely death of this distinguished surgeon has caused among his numerous friends and the public.

I am, Gentlemen,

Your faithful and obedient servant,

FREDERIC F. QUIN, M.D.

111, Mount-street, Grosvenor-square,
December 20th, 1847.

BOOKS RECEIVED.

Jahresbericht über die Fortschritte und Leistungen der Homöopathie im In- und Auslande. I Jahrgang (Juli, 1845 bis Juli, 1846. Herausgegeben von Fr. Hektor Arneth, M.D., und Adolph Marenzeller, M.D., Wien, 1848.

Second Report of the Homœopathic Dispensary, Leeds.

Bulletin de la Médecine Homœopathique. 3me Année, Nos. 7, 8, 9, 10, 11, 12.

Des Spécifiques en Médecine. Thèse pour le Doctorat en Médecine, par L. J. J. Molin. Paris, 1847.

Journal de la Médecine Homœopathique. Vome II. Nos. 11, 12, 13.

A Domestic Homœopathy, restricted to its legitimate sphere of practice. By Ed. C. Chepmell, M.D. London: H. Baillière. 1848.

The Homœopathic Treatment of Cholera. Extracted from the British Journal of Homœopathy. Vol. I. 1843. London: H. Baillière, 1847.

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THE

BRITISH JOURNAL

OF

HOMŒOPATHY.

PRIZE ESSAY BY DR. G. M. SCOTT.

We have the pleasure of presenting to our readers Dr. Scott's Essay, which gained the prize of the Parisian Homœopathic Society; previous to doing which, we give the report of the Prize Committee of the Society.—Eds.

Report of the Committee nominated to judge of the Essays sent for competition for the prizes of the Parisian Homœopathic Medical Society.

Gentlemen,

Our honourable colleague Dr. Chargé, of Marseilles, has generously taken the initiative in founding a prize of the value of 300 francs, which the Homœopathic Medical Society is to adjudge to the memoir that shall answer in the most satisfactory manner the following questions.

1st. To give the history of acute pleuropneumonia, in infant, adult, and old age.

2nd. To describe with accuracy all the shades of symptoms by which this affection manifests itself, and to all these pathological individualities to oppose the Homœopathic remedies, indicated *a priori* by the materia medica pura.

3rd. Practical observations corroborative of the proposed treatment.

These excellent questions have created but little emulation amongst

our Homœopathic colleagues, because with the exception of one solitary memoir, which has been forwarded from Germany, no other medical man has offered to dispute the prize.

If we have to deplore the little interest this prize has excited, we are still more pained to be forced to refuse our approbation to the essay that has been sent in, seeing that the third point has been completely neglected by the author, and that from the manner in which he has treated the two other points, we are convinced that neither the diagnostic nor the therapeutic parts have been sufficiently elucidated to serve as guides in the thorny practice of our system. The prize of Dr. Chargé, therefore, we opine, should remain adjourned to next year, and we hope to have the satisfaction of having a large number of good treatises on peripneumonia to choose among, as we have with regard to the second prize offered for competition by our Society.

The second prize we have to adjudge has for its object, To demonstrate logically and by facts that the science and art of medicine have only been definitely founded in their principle and modes of action by Homœopathy.

In imitation of the noble example of Dr. Chargé, Dr. Desguidi, of Lyons, put at our disposal, as a prize for the best solution of this question a gold medal, value 300 francs.

Circumstances to be regretted have obliged us to refuse Dr. Desguidi's offer, and it is the Homœopathic Society of Paris that has the pleasure of awarding this prize from its own funds.

An unlooked for number of memoirs have been sent to us, in order to compete for this prize, the larger number of which are so valuable, and show such a great amount of erudition and of science, that we regret sincerely we have no more than one prize to offer.

Amidst this embarrassing abundance, it became a difficult matter to select, and it is only the rare originality, the novelty of the views quite out of the common, which characterize one of the essays, that admit of us making a selection and awarding the palm.

With satisfaction we perceive that one half of the civilized world, Germany, Italy, France, England, have sent learned representatives of our new born doctrine. Honour to all these valiant champions of the great medical truth! honour to all these labourers animated by emulation and self denial! treble honour to their fraternal competition in their researches for the benefit of suffering humanity.

Italy has given us an opportunity of becoming acquainted with

elegant writers, with physicians of great scientific acquirements. Their works bear the following mottoes :—

" Nostro è l'ingegno, e l'avenir siam noi."

" Talem intelligo philosophiam naturalem quæ non abeat in fumos speculationum subtilium aut sublimium, sed quæ efficaciter operetur ad sublevanda vitæ humanæ commoda."

" Le médecin doit donc connaître la nature en général, et en particulier celle de l'homme. Ce n'est même que dans l'ensemble des connaissances nécessaires à un médecin que se trouve la plus exacte connaissance de la nature."

The learned and philosophical Germany has honoured us with two memoirs, one of the most learned description, whose motto is: "Duo in medicina sunt fulcra, ratio et experientia."

And a second in which philosophical analysis is employed in a very attractive manner for the solution of the question; it is signed: "Per similia morbus oritur, et per similia ablata ex morbis sanantur."

A third printed German work, without title, has been forwarded to us; but we had no occasion to unseal the letter that bore the motto in order to know the title and name of the author. The ingenious work of Dr. Koch, of Stuttgard, has been known to us for several weeks through our booksellers, and for that reason we were forced, to our great regret, to exclude a good book from the competition.

A single French essay has been sent; it bears our common watchword: "Similia similibus curantur."

Lastly, stern and puritanical Scotland has enrolled herself among the ranks of the disputants. "Quis desiderio sit pudor aut modus tam cari capitis!" is inscribed at the head of the memoir. Last to enter the lists, it comes out first. We proclaim Dr. G. M. Scott, of Glasgow, conqueror in the noble strife.

The duty now devolves upon us of justifying our selection. In order to appreciate the value of the prize essay it will suffice to read it; it requires neither our commentaries nor our compliments. But we think it necessary to explain why we have preferred it to many other essays to which it is not equal in point of erudition or research, which are superior to it in point of extent, and nowise inferior to it in science. One of the German essays, uniting all these qualities, has in addition the advantage of being written in a very brilliant style. Dr. Scott's work, modestly entitled Essay, is short, clear, but not dazzling in style. We have preferred it because, though the

authors of the other Essays have shewn themselves erudite, scientific, good thinkers, and capable of expressing their thoughts well, giving us proofs that they have laboured hard and that they have profited by their labours, that they have *learned* much; Dr. Scott, whilst discussing the fundamental idea of Homœopathy, has displayed to view parts that no anatomist of thought had remarked before himself; he has not cast in a new mould—in a new form—thoughts enunciated by Hahnemann or others, on the value of Homœopathy; he has done better; he has hit upon ideas and views of a perfectly novel character; he has *invented*. In trades, arts and sciences, the lapse of years and the increasing number of labourers successively enlarge the sum of the acquisitions in knowledge they bequeath to their successors. The most ingenious ideas, those that Hahnemann divulged, those that adorn his early writings, have become as traditions to the unlearned Homœopathist. Nowadays it would require little time to traverse the long path laboriously traced out by our predecessors. The essays we have had to judge, all give evidence of great knowledge on the part of their authors, a complete exhaustion of former works, which they have learnedly transformed, augmented, purified; but the work of our laureate bears the sacred sign of creative genius (a bad expression, for man creates nothing), of inventive genius. His essay is short, a great merit in these days, when verbosity and arrogance of tone seek to elevate themselves into the position of masters in the domain of Homœopathy. It is short, for it only presents us with novel and original ideas, and such are not plentiful as blackberries; it is short and simple, because originality has no need to deck itself in the flaunting garments of rhetoric. We, the reporter, consider this essay, not only as the best of those which have competed for the Society's prize, but as one of the best that has ever proceeded from the pen of a Homœopathic physician. We propose therefore to send our report, accompanied by the gold medal, value 300 francs, and the diploma of member of the Society, through our secretary, to Dr. G. M. Scott. We propose to publish in our *Bulletin* Dr. Scott's essay, the English text, followed by the French translation.

But we would not forget the other valiant candidates for the laureate, and as we have not several prizes to award, we can only express our lively gratitude for their co-operation.

ROTH, *Reporter.*

A Logical and Experimental Demonstration that it is by Homœopathy alone that the principles and machinery of the science and art of medicine have attained a definite foundation.

It is proposed in the following disquisition:

I. To explain what is understood by a definite foundation for the principles and machinery of the science and art of medicine.

II. To shew that no such definite foundation has been attained by any school previous to that of Hahnemann.

III. To shew that a definite foundation has been attained by that school.

The relevancy of the arguments adduced will constitute the demonstration *logical:*—the *historical* character of the investigation will constitute it *experimental;* and thus will the terms of the proposition be met.

We assume the truth of the Homœopathic law, because to do otherwise would lead to a repetition of arguments and instances familiar to Homœopathists and others, and would carry us too far away from the point directly in view. Our position, then, is, "Granting the truth of the Homœopathic law, a definite foundation is laid for the theory and practice of medicine."—In this we make no unfair assumption, inasmuch as in our review of other systems we adopt the same premises, though we draw an opposite conclusion, viz. "Granting the truth of the theory, no definite foundation is laid."

I. What is meant by a definite foundation for the principles and machinery of the science and art of medicine? It is necessary to limit the subject to the consideration of *therapeutics*, since an investigation of the collateral sciences of physiology and pathology would imply too extensive a range of inquiry, and would be foreign to the end contemplated. Our question therefore resolves itself into this, "What is meant by a definite foundation for therapeutics in theory and practice?"—Now this, we conceive, must consist in the establishment of *a universal law of cure*, which shall be the foundation of the *theory*,

and of a correct method of *applying* the law, which shall be the foundation of the practice.

The perfection of such a foundation would be, that the law which is the foundation of the theory, should also itself be the foundation of the practice.

In order to this, it must be of such a nature that the practice shall arise out of the theory without the intervention of any separate theory. For example: the practice of Homœopathy arises directly from the theory, because, if the theory "similia similibus curantur" be established, we require no independent theory of the action of medicinal substances, but only an accurate investigation of their actual, discoverable properties; whereas, on the contrary, a therapeutical theory founded on a pathological hypothesis (however correct it might be), would require that medicines be selected according to their agreement with that hypothesis: thus, if fever be ascribed to a spasm of the extreme vessels, and if this doctrine be regarded as our guide in practice, we must select a medicine in virtue of its property of counteracting such spasm; which is to introduce another theory, viz. that of the action of each individual medicine; and in strict accordance with the original theory of disease, all results of the medicine are to be discarded, excepting so far as they may be considered anti-spasmodic.—In this view, no theory of disease can constitute a definite foundation for practice.—But if some universal law of cure be pointed out, consisting in a relation between the actually ostensible properties of medicinal substances and the equally ostensible or discoverable phænomena of disease, this, we think, will constitute a definite foundation both for the theory and practice of medicine. But this, as far as we know, has not even been *sought* by any other school than that of Hahnemann, and hence has arisen the want of progress and of a definite foundation, notwithstanding the immense expenditure of learning, talent and effort bestowed on the subject during many centuries.

With the single exception of the Empirics, the method of cure in every school was made to depend on the *theory of disease*, not on the discovered properties of medicines, apart from such theory. It is the characteristic of Homœopathy,

that it is not a *theory of disease* at all, but a *theory of cure*, and that it may be applied to practice, whatever theory of disease may happen to be adopted. It provides therefore, if established, a definite foundation for the theory and practice of medicine, because the universal law of cure which it points out as the foundation of the theory is capable of immediate application to practice, without any separate or independent theory.

II. We propose now, by a very succinct review of the principal theories of medicine from the age of Hippocrates, to shew that no definite foundation for theory and practice has ever been laid, except by the school of Hahnemann.

We are not aware that Hippocrates himself ever asserted any general law or theory; he commonly contented himself with details of individual cases and the treatment which he considered suitable, though it is manifest from the habitual strain of his writings that his practice was founded on his physiological and pathological theories; that is to say, he selected medicines in virtue of their supposed relation to the supposed deviation from the normal condition implied in any given disease; and the relation is that of contrast, expressed by the words "contraria contrariis curantur." We cannnot recall any passage of his writings containing the express statement of a general law more definite than this, nor do we imagine that even *this* was assigned by him as a definite foundation for practice, but merely as an intimation of the general end to be kept in view; for in *one* passage at least, he recognizes the direct opposite, in saying, "vomitus vomitu curatur." But, were it even the case that he had laid down the principle "contraria contrariis curantur," as a fundamental law, he should still have failed in laying a definite foundation for the theory and practice of medicine. For, in the first place, it is manifest from the whole tenour of his writings that the state which he opposes is the abnormal state in which he conceives the disease to consist; that is, it is his own pathological theory, and not the symptoms actually discoverable; and, secondly, were it otherwise, and were the law of cure certainly expressed by these words, "contraria contrariis curantur," it would still be impossible to apply it without an intervening theory; we must ascertain what state is contrary to

a given morbid state, and what medicine can establish such a contrary condition: what state, for instance, is contrary to head ache, to measles, to cynanche, &c.; for if the *contrary* to such states be merely the *absence* of the morbid symptoms, the rule is a mere truism, and amounts to this, "Cure each disease by that which removes it;" if more be intended, then the rule is an enigma requiring a distinct theory for every disease and for every medicine. The merit of Hippocrates, no doubt, was great; but it consisted in patient observation and faithful delineations of diseases, their course, their treatment, and their issue; and in the general design to reduce them within the province of philosophical investigations. His merit may be compared to that of Bacon, not indeed in pointing out a general rule even for the routine of inquiry, but in accumulating facts from which by induction a general law might be derived, rather than to that of Newton, who indicated the one universal law which explained an infinite number of facts. Hippocrates may thus be regarded as contributing to lay a definite foundation by furnishing materials to those who should reduce the details of experience to a general law, but he cannot be regarded as having elicited any such law himself. The only sense in which we can conceive that the most devoted admirer of Hippocrates would assert that he had laid a definite foundation for the theory and practice of medicine is, that he may be regarded as the founder of what has been called the dogmatic or rational school as distinguished from the empiric; which amounts to this, that he looked upon physiology and pathology as the guides to practice. But even if it be allowed that the law which is to constitute the definite foundation is to be found somewhere in the region of these collateral branches of science, it cannot certainly be shewn that he succeeded in extricating it, or in reducing it to any formula: for, while by universal consent, he is styled the father of medicine, and has in all ages been held in the highest veneration, there is, nevertheless, no one law that bears his name, professing to afford a definite foundation.

If our remarks be correct, we conceive that they apply to all that may be called the Hippocratic or dogmatic school, whether

we view it as speculating on the forms of ultimate atoms, or as seeking light in an improved anatomy, or as analyzing and combining substances in crucibles, instead of bringing them into relation with the human frame; though we should grant that the efforts of the various sections of this school were exerted in the right direction, we maintain that hitherto they have been unsuccessful, and that no law can be pointed out as a definite foundation for the theory and practice of medicine laid by the dogmatic school.

If we now turn to the Empirics, we shall find them equally destitute of any general law: indeed, their principles forbad it; for as long as experience alone is allowed to guide, that school can be regarded merely as accumulating instances from which perhaps a general law may be derived by *others*, but to make this deduction *themselves* would be to contradict the essential principles of the sect; for, as soon as a general law or theory is advanced, the characteristic feature of the school is lost. The Empirics, indeed, approached the nearest to the establishment of a definite foundation, because they pointed out that method which is really the best guide to practice, though they did not indicate the *law* which reduces to unity all the details of experience, and which thus should constitute a guide not only through the beaten paths of human suffering, but also through the *terra incognita* of each new malady.

For example: On the invasion of a new disease, as the cholera in Europe, the Dogmatist and the Empiric would be alike at fault; the former, to be consistent, must defer his treatment till he has formed a satisfactory theory of the pathological character of the disease; the latter refers to his experience, and finds it a blank; while the Homœopathist, whose guide is in the very features of the disease itself as cognizable by him, is competent to meet it at once (we do not here say *successfully*, but at least *consistently* with his principles), without the delay of forming any hypothesis. He feels that a definite foundation has been laid for the treatment of *this* disease as well as the more familiar, and therefore he may undertake it at once without any conscious shifting of his ground.

Themison, the founder of the methodic school, renounced the pursuit of the "prima causa morbi," but he adopted a system which amounted to very nearly the same thing. For while he classified all diseases under three heads, according to some supposed common feature, viz.—1st. Diseases of confinement, γένος στεγνόν; 2nd. Diseases of relaxation, γένος ῥυῶδες, and 3rd. Diseases of a mixed character,—he must have founded this very classification on a *theory* of confinement and relaxation, unless we consider these elements of classification in the most obvious and superficial point of view, in which case, assuredly, no definite foundation would have been laid. Certainly the guide would be very far from satisfactory which should give no further rule for the treatment of catarrh than that which applied to diarrhœa, or direct us to cure hœmorrhoidal flux by a remedy which he happened to have found useful in diabetes. But the real views of the methodic school were much more recondite than to include only the most obvious indications of confinement and relaxation; they regarded disease as consisting in a disproportion of the pores of the body to the atomic particles appropriated to them, and by this disproportion occasioning confinement or relaxation. This, therefore, was to introduce a very abstruse theory of the cause of disease, instead of discarding such theories altogether. And it was to leave us still in the dark as to the means of cure, the means of re-adjusting the proportion; and since medicines were supposed to act in virtue of their power of so doing, this was to meet a theory of disease by a theory of medicinal action; that is to say, instead of laying one definite foundation, to lay two very indefinite and very uncertain foundations. We may adopt this or any other classification of diseases, to assist the memory, but what we seek is a principle of *cure* which shall be independent of all classification.

Take now the Episynthetic school, whose principle was that of combination, adopting the characteristic features of different sects, combining, for example, the theories of the dogmatic or Hippocratic with the results of the empiric and the classification of the methodic. This is certainly to lay no definite foundation, but rather to incur the risk of introducing the elements

of weakness and inconsistency, and of making facts bend to theories. The rigid Empiric who turned a deaf ear to all theory was more likely to be firmly established than the Episynthetic who, gathering together on one side a mass of facts, and, on the other, placing a readily formed theory, determined to make one the measure of the other, to the rejection of neither. If we regard the synthesis of this school merely as involving the adoption of the *characteristic principles* of other schools, thus acknowledging that pathological theories ought to be formed and ought to guide our practice, but that these theories must be modified by and built upon experience, and that for convenience sake, these numerous details must be thrown into method, the Episynthetic resolves itself into the Eclectic school, whose principle was to select from all schools that which they contained true and worthy of imitation, in which, no doubt, they are to be commended; but nevertheless, they came short of laying a definite foundation, since it is from such a source, such a collection of truths, of true theories, and established facts, that a general law may perhaps ultimately be elicited, but they cannot themselves *constitute* any such general law. To select truths from all quarters is no doubt to accumulate a number of truths; but we are in quest of *one truth*, one uniform, unbroken foundation, and this we can find neither among the Episynthetics nor Eclectics.

The Pneumatic school took one step further in departure from a definite foundation; for, whereas hitherto, the theories of disease had contemplated deviation from the normal standard in the several known elements of the body or their properties, heat, cold, dryness, and moisture, the pneumatic sect introduced another element, entitled *pneuma* or spirit, to which they assigned the cause of disease, thus building a theory on a basis itself having only a theoretical existence. These were the principal medical schools of antiquity. To them the Arabians cannot be said to have added much, since these were merely the copyists and translators of their predecessors, though they introduced some new substances into practice. They do not appear to have founded any new school, unless we ascribe to them the chemical school. The introduction of chemistry, even

in its very imperfect state, was a great step in advance, but merely a step of *detail*, that is to say, it contributed to enlarge the materia medica, but it established no general law of cure. Even the search after a universal medicine was of this character; it was the search after a *particular substance*, not after a *law* or *principle*. The pursuit was so visionary, that it deserves not any particular attention; but even if by a stretch of the imagination we suppose the object attained, it could scarcely be said to lay a *foundation* for the theory and practice of medicine, since it would *wholly absorb* both the science and the art.—A universal remedy of disease and preventive of death would itself constitute the whole of therapeutics. But apart from the chimerical nature of the pursuit, it involved such an ignorance of the nature of man and the laws of his being as to be totally incapable of affording a definite foundation for any method of correcting deviations from the healthy performance of functions appropriate to that nature and regulated by those laws.

We are left equally destitute of any definite foundation by the more recent theories either spiritual or material. Thus the spiritual theories of Van Helmont and De Stahl may be held to be true or otherwise;—we may contemplate vitality under the idea of a living intelligent principle or soul, or we may regard it as the necessary result of organization, and at the same time be conscious that we are equally removed on either supposition from any definite foundation of the theory and practice of medicine. Though we were quite sure of the existence of an intelligent ψυχή or ἀρχή or vis naturæ presiding over the human frame and seeking to repel disease, we should still be without a guide to the treatment of it; we cannot regulate the movements of this intelligent principle, nor force it to speak out in order to regulate ours: all that we can do is to minister to the exercise of its powers, but whether our efforts be to help or to hinder, we can tell only by the *result*, a result in no degree modified by the hypothesis of such a superintending power. And if, on the contrary, we view life as the necessary result of organization, and every disease as a perturbation of that organization, we have still to ascertain the character of the perturbation and the method and principle

according to which we may seek to restore the pristine or normal state. Either theory, whether that of spirituality or materialism, affords in itself no clue to treatment; it is a mere theory of physiology or pathology, not a theory of *cure*.

We need not dwell long on any of the more recent doctrines of the schools: there are however two, which may not be wholly passed over. The theory of Dr. Brown, owing to its great simplicity, was very widely adopted. It may be considered a new school of the methodic sect, classifying all diseases under two heads, viz.—1st, excess of excitement, and 2nd, defect of excitement, and classifying treatment and medicines accordingly. But this also is a theory of *disease*, not a theory of *cure*, and involves a double theory, viz.: that of the disease and that of the action of the medicines, with this additional inconvenience, that in proportion as it simplifies the forms of disease, so must it simplify the available powers of medicine, and regard them not, as they really are, infinitely varied, but merely as possessing one or other of the two properties of *exciting* or *allaying excitement*. To esteem so narrow a conception of the materia medica and of the morbid conditions of human nature as a definite foundation for the treatment of the countless forms of disease, would be to construct a pyramid upon its apex.

Similar in its essential character, viz. that of very extensive generalization, appears to be the theory of Broussais, which ascribed a large proportion of diseases, if not in principle, the whole, to mucous irritation, and met them by the simple remedy of blood letting. (We do not assert this to be the sum total of his theory or treatment, but its characteristic feature, that which *individualized* it). Now, supposing the theory established in its full extent, that all diseases have a local origin and fixed character, consisting of irritation of the mucous membrane, this would be merely a theory of disease, not a theory of *cure*; and it would by no means follow from it, that the method of cure should be equally uniform and fixed; for it remains to be shewn that the abstraction of blood is the cure for mucous irritation, and still further, that this cure can be effected by the abstraction of blood at so remote a distance as that which intervenes

between the external surface of the body and the internal organs. Flattering, therefore, as the prospect of great simplicity may have been, even at the cost of so much vital power as is implied in making the abstraction of blood the chief therapeutical agent, it cannot be maintained that even at this cost, a definite foundation has been laid.

It is somewhat indicative of the insufficiency of the various systems which we have thus very briefly reviewed, that they arose in general from each other, not by way of *development*, but of *opposition*. Thus the Dogmatic by its uncertainty led to the Empiric; the Empiric, by its want of classification, to the Methodic; the incompetency of any one of the preceding systems led to the Episynthetic and Eclectic; while the more recent schools may be considered merely as modifications of the earlier, chiefly of the pathological and methodical.

These changes, therefore, although extending through centuries, by no means indicate an advancement in medicine, but rather its low and uncertain state. Had a definite foundation been laid, we should expect the different theories of successive ages to arise from each other by way of development, for they are not destitute of *mutual relation*, nor are the characteristic features of all incapable of mutual harmony. Thus, pathology is related to empirism, empirism to method or classification, method to combination and selection. Had the foundation, therefore, been laid, all these forms might actually have existed, but they would have presented themselves under the aspect of *development*, not of opposition. Had it been laid in pathology, a link would have been established between that science and therapeutics; and classification, combination and selection would have been also regulated by the same law, whatever it might be. But the difficulty has always been to establish the link between pathology and therapeutics: efforts directed to this end have hitherto proved fruitless, and it is probable they will always remain so. The proper object of pursuit, is a general law of *therapeutics*, the discovery of which must be made in the *region* of therapeutics, that is to say, in the application of medicinal agents to the human constitution. Until we have distinct con-

victions concerning the source whence we are to derive the object of our search, we may be labouring in a mine rich in its appropriate ore, but utterly destitute of that which we desire.

III. But has a definite foundation been laid by Homœopathy? We think it has; for a foundation for both theory and practice has been laid, if a true principle have been taught, and so eliminated as to be applied to practice; if a universal law of cure have been established which is of such a nature that the practice shall arise from the theory, and be itself dictated by the terms of the theoretic law. And this we conceive to be characteristic of Homœopathy: for the law "similia similibus curantur" which is the theoretic law, points immediately to those properties in a medicine which render it suitable to any given disease. No intervening theory of medicinal action is requisite; we do not enquire whether a medicine be antispasmodic, or relaxant, or stimulant: we enquire merely what are its obvious effects, and how far do they resemble the discoverable symptoms of the malady; so that in proportion as our knowledge of the materia medica is complete, will the disease itself afford an index of its own cure. A law more perfect, and consequently a foundation more definite than this, we cannot conceive, though the application of it may require, as it undoubtedly does, careful observation; but the law having been enunciated, nothing more is necessary than a faithful and diligent investigation of its details in the operation of various medicinal substances: every new disease successfully treated in accordance with the principle, is cement added to the foundation, every new medicine adequately proved is a new stone in the superstructure.

That a foundation has been laid, may be inferred with some degree of confidence from the fact, that every well marked step of advancement in the ordinary method of practice, implies the adoption of one or other of the great characteristic features of Homœopathy. We do not say that they have been *borrowed* consciously or unconsciously from Homœopathy, though in some instances this may have been the case; the strength of our argument, however, is rather confirmed than otherwise by regarding all such coincidences as perfectly independent, as the

results arrived at by different minds working on the same subject, in different ways and with different preconceptions.

Now if we compare the present state of therapeutics with its former state, we shall find the prominent differences to be:—1st. A greater simplicity in prescription, approaching the Homœopathic rule of administering only one medicine at a time; 2nd. A diminution in the quantity of medicine administered; 3rd. A more general treatment of diseases as of constitutional character; 4th. In a few instances, the adoption of specifics, if not *nominally*, at least *virtually*, the same medicine being employed in similar forms of disease, as mercury in syphilis and in certain derangements of the bilious secretions, cinchona in ague, &c.; 5th. These specifics, or some of them at least, have manifestly, and on all hands allowed, a certain amount of Homœopathic character—the mercurial action being with difficulty distinguished from the syphilitic; 6th. Some eminent lecturers on the materia medica have recommended the investigation of the properties of medicinal substances by experiments on the healthy rather than on the sick.

While this gradual and general adoption of the grand principles of Homœopathy by physicians of every school affords a striking corroboration of their truth, and the more satisfactory in proportion as it is supposed to be the result of independent reflection and experience; the difference in the relative position which these characteristic principles hold in respect to Homœopathy, from that which they hold in respect to any other system, warrants our claiming for the former the merit of laying the foundation: for these principles *in their mutual relations* have been seized by Homœopathists, while by others they have been casually adopted, but without regard to their mutual relations. By the Homœopathist they have been shewn so to arise from each other as, *when united*, to form a solid basis for theory and practice; by others, they have been severally adopted or rejected, but without that bond of union, that perception that one involves the other, which constitutes the cement, without which the foundation cannot be secure, and which affords the rule of measurement, without which it cannot be well defined.

It has been observed that at all periods of history, the state of medicine has reflected the philosophical movement of the particular epoch. In accordance with this remark, which we believe to be correct, it may be interesting to notice the general features of those philosophical movements which characterize the present age; by which we understand, not entirely or principally, the prevalent bent of the mind among the public generally, and intellectual men in particular, but also, and chiefly, the character of those laws of nature which recent researches have elicited. The general bent of the human mind in the nineteenth century is towards an exclusive appreciation of *facts*. No theory is much valued unless established by *facts*, and no theory is considered too startling for credence, if *facts* can be adduced in its support. Ideas which had grown obsolete, because uncongenial to the public mind, rather than because they had been proved to be inconsistent with reason, have revived and in many instances been adopted, and the sole demand is that they should be supported by *facts*. The prima facie condemnation which formerly greeted them is exchanged for a demand for *facts*. This is evinced (though partially) in the treatment given to recent revivals of mesmerism and of the transmutation of metals. Though the old spirit of prejudice has no doubt been allowed to exert an undue influence, yet we can hardly contemplate the numerous and crowded meetings assembled for the witnessing of professed experiments, without regarding them as an expression of the public mind saying "give us *facts*," nor can we regard the *sceptical* but still in intention, at least, the *fair* and *equitable* tests advanced by men of science, other than as a similar expression on *their* part.

Theories, no doubt, have been suggested in accordance with the present state of knowledge, to explain these departments of science, but the demand is constantly for *facts*, and by these they must stand or fall. Now this exactly coincides with the spirit of Homœopathy and of its founder. There is something startling in the first aspect of the theory and in the details of the practice, but a resolute determination to be guided by *facts*

only sustained its founder through many discouragements and difficulties to the completion of the method in its present form.

But in the more important feature of the enquiry, viz. the correspondence of the characteristics of Homœopathy with the characteristics of those laws of nature which recent researches have elicited, the analogy is equally striking. These characteristics are—1st. A tendency towards the abolition of materialism, and of the supposed intervention of any physical or corporeal medium between the powers of the agent and the thing acted upon; in other words the resolution of all the phenomena of the material world into the results of ***powers*** rather than of material atoms or substances; corresponding to what is understood by the dynamisation of medicines, *i.e.* the eliciting of their characteristic virtues with as little as possible of brute matter; or indeed, as some have supposed, the imparting of their powers to the medium through which they are conveyed, in a manner somewhat analagous to the communication of magnetic power to any number of needles by contact with a single magnet.

2nd. The effecting of great results by agents in themselves inappreciable—by the scientific application of natural laws, previously known to a greater or less extent, but only recently developed in practice. Such are the effects of the electric telegraph, the electric clock and other applications of this single power of nature, perhaps the most subtle and recondite of all; a power which, universally pervading creation, may, nevertheless, lie dormant and undiscovered, till called into action by mere friction, the simplest of all mechanical efforts, and which, when elicited, affords scope for the ingenuity of the most imaginative and the researches of the most laborious. To this agrees the employment of medicine in infinitesimal quantities.

3rd. The recent application of chemistry to agriculture, which consists in a revelation of the ***principles*** which have all along, though perhaps unconsciously, been ***practically*** enforced, leads to a more accurate adaptation of the remedy to the defect (for this is the essential character of all manure); in other words, a more specific treatment of the necessities of the earth; and, in consequence, a much smaller expenditure of the material.

Finally: the tendency of all philosophical investigations is towards *unity*. In proportion as electricity, galvanism, gravitation, and even vitality, become known, they seem to converge to one common point. The ultimate principles of the material world are by chemical researches continually diminishing, and are, by some, supposed to be resolvable into one, whose various modes of combination give rise to the countless forms under which the material world presents itself. Unity is the demand of every thinking mind; unity is the goal to which every science tends; unity in principle, with vast variety in application, is the characteristic of Homœopathy: unity embracing, we conceive, not merely the limited questions of diseased humanity, but *every* question of an analagous nature, the maladies of the mind, the defects of the character, and the evils of man's social position.

The agreement, therefore, of the characteristic features of Homœopathy with those of recent scientific discoveries, or improved applications of known laws, which are seen to render more and more firm and defined the foundation of the various departments of science to which they belong, corroborates the assertion, that in the department to which it is especially applicable, it acts the same part. Recent scientific developments and applications render *progress* an absolute certainty, as truly as the planting of a living seed in a congenial soil is a *prophetic act*, to be fulfilled in due time by the growth of the corresponding herb; and the laying of the foundation of medical treatment in the great therapeutic law of Homœopathy will, we doubt not, be followed, in time, though perhaps slowly, by a firm and well cemented superstructure. But it must not be forgotten, that to lay a foundation is not *itself* to raise a superstructure; the foundation may be perfect—the superstructure utterly worthless: the foundation may be the work of a master—the superstructure the work of many unqualified workmen.

When we consider the actual state and results of Homœopathy as exhibited by statistical accounts, we are looking at the superstructure which *may* be *marred* and *must* be *modified* by each individual engaged in its construction; when we are studying the doctrines of Hahnemann, we are examining the

foundation. He arranged and cemented and formed into one solid basis, the scattered and disjointed materials which, though in many instances known before his time, and actually in the hands of less skilful workmen, had remained incapable of supporting any superstructure, from the want of the guiding and uniting principle of a master mind.

The use of the word machinery in the terms of the proposition, seems to imply that the details of practice as well as the general principle, are contemplated, and we conceive that even in this point of view the position holds true. For, as far as we know, Homœopathy is the only system which has included the mode of preparation and the administration of medicines, the proportion of the dose and the method of investigating their properties, as part of the general system. In Homœopathy, these details arise naturally from the very principle which is the basis of the whole. The connection between the law of cure and experiments on the healthy is not arbitrary or accidental; the method of experimenting arises of necessity from the law, from which also it follows that the medicines must be kept perfectly distinct and administered singly; and from the same law it follows that the quantity of medicine administered in disease should be small, while the curative process depending on the reaction of the vital power, it follows that a considerable interval should elapse before the repetition of a medicine. These general rules of practice arise naturally from the essential principles of the theory, though it is impossible that any theory should assign exact limitations in particulars, which must be modified by the state of each individual patient, and the character of each individual disease.

The sum of our remarks amounts to the following propositions :—

1. That no theory of *disease* can ever lay a definite foundation for practice.

2. That a theory of *cure* can alone do this.

3. That until Hahnemann, the labours of physicians were directed principally towards the establishment of a theory of *disease*, and that this is characteristic of medical schools generally, even at the present day.

4. That the principle of Homœopathy, "*Similia similibus curantur,*" is a theory of *cure* and not of *disease.*

5. That from this principle of the *science* of medicine arise naturally the general principles of the *practice* of medicine; and therefore,

6. It is by Homœopathy alone that the principles and machinery of the science and art of medicine have attained a definite foundation.

CASES BY DR. WATZKE.

(*From the 2nd Vol. of the Austrian Homœopathic Journal.*)

LEPRA GRÆCORUM.

THERESA, the wife of N., chimney sweeper in Kl., a delicate woman about sixty years old, was treated by me for this disease, at present so rare in Europe. In August 1834, some days after this active housewife, who worked often beyond her powers, had fatigued herself with rooting out weeds, and had afterwards washed her feet in standing water while in a violent sweat, and moreover drenched with rain, white spots consisting of thin laminæ, in loose layers one on another, rough to the feel, and shining, made their appearance on her knees and elbows. As this happened without any other symptoms of ill health, the patient paid no attention to it. Some time after a violent itching arose in the palm of the hand and sole of the foot, the skin on the ball of the thumb and heel rose in similar laminæ, and also on the elbow and knee-pan, and became, especially on the heel, thick, fissured, and very sensitive on walking. The patient considered the affection as a common eruption, took several foot baths, and washed the parts attacked frequently with decoction of marsh mallow. It was only at the end of September that I was called in, when the eruption began to develope itself with intolerable smarting, itching and burning pains on the arms, shins, thighs, breast, and abdomen. The patient had for several days been unable to quit her bed, and

felt very weak. She complained of horripilation at times, with flushes of heat, oppression and giddiness of head on sitting up; had from the pains in the head little and restless sleep; her appetite small; the evacuations only once in three or four days. During her life she had had all sorts of diseases: as a child she had the itch, which was soon cured by an ointment; later, a bilious fever and inflammation of the lungs. Married early, she had fifteen children, and at one of her last pregnancies she had a considerable anasarca, but recovered from it.

I thought it necessary, according to my conviction at the time, to introduce a strictly antipsoric treatment, and gave Sp. V. Sulphur, 30th dilution. I ordered as diet, soup, fruit, and light farinaceous dishes, and sugar water as a drink.

The further development of the exanthema proceeded quickly; it spread itself speedily over all parts of the body, not excepting the face and skull: the spreading, however, did not take place so as first to cover one part entirely with the eruption; but while there were still large oases of healthy skin on the extremities, the first traces appeared on the breast, neck, and face also. The exanthematic metamorphoses of the healthy skin generally took place in the following way:—

Small irregular reddish brown spots, scarcely raised above the skin, and with thin white little scales on the middle, showed themselves, while the spots spread in a wide red and not swollen border, so that the circumferences of those standing next often came in contact with their neighbours; the little scales increased in the same degree, grew thicker, and gradually covered the spots running into each other, in their whole extent, with a sheath of the above described laminæ several plies thick. A skin so exanthematized had the appearance of being clothed with thicker or thinner plates of dirty grey mica. The nails of the fingers and toes became deformed, got deep longitudinal furrows, and even bent at their ends, which were but 2 to 3 lines thick, like birds' claws; the inner skin of the fingers—especially at the ends, which were very sensitive—was drawn together in numerous stiff folds, as in cholera patients.

While the disease continued still to extend to other healthy parts, those which were earlier attacked began to scale off

The skin could easily be peeled off in pieces of several inches in length and breadth, and from ¼ to 1 line in thickness. The exposed spots, however, did not appear clear, but were again covered with shining white spots or as if sprinkled over with tender snow flakes; in part they looked raw and fissured, and from these fissures matter exuded.

The appearance of the patient with the fine leaden grey scales on the cheek, forehead, chin, nose, and ears, to which the red eyes made a singular contrast, was, for an unaccustomed eye, so revolting, that her own daughter, who had been living a day's journey off and came to visit her sick mother, sank down at her bed side with a cry of horror at sight of her.

About the middle of the month of November, the whole surface of the skin was at length covered with the exanthem, no single spot being excepted, The general health remained on the whole the same till the end of the eruption. Now and then feverish symptoms, especially towards evening; itching and burning of the skin, mostly in the night; great stiffness and rigidity of the limbs, increasing emaciation, indifference to eating or drinking, constipation. But when the eruption came out on the ears, the patient was for about a week quite deaf, and during its appearance on the breast and abdomen, she complained for some days of violent burning in the bowels, great oppression of breathing, and excessive anxiety of mind. Except two deep fissures across the thigh, no part of the skin gave much pain.

Now followed the general process of scaling off, with increased fever in the evening, and earthy deposit in the urine, the skin always remaining dry. The skin separated partly in the large pieces mentioned above, partly in little scales, and every morning the sheets of the bed were found thickly covered with them. The first scaling, viz. that of the head, was finished in about 3 or 4 weeks. The patient had now better appetite and sleep, the limbs became more supple, and she could pass several hours a day out of bed. It was only at the end of March 1835, however, that she was in possession of a perfectly clean skin, after several scalings off of a stuff like bran or flour dust; indeed it was much later before the nails recovered their former

appearance. The scaling of the scalp was accompanied by the falling out of much hair.

As I consider the details of the treatment superfluous, I will only state, that during the described course of the disease, Graphite, Dulcamara, Arsenic, Magnesia Carbonica, and Psorin, were administered, besides the sulphur, in various preparations and at different intervals. Should any one say that the healing powers of my medicines do not decidedly appear, from the course and length of the disease, I confess that I myself also made this acute observation; nay, that I am even inclined to believe that among all these medicines the right one may not be present. But would it not be difficult to convince me of the contrary, were I to believe that the patient without the support of my medicines might have succumbed to the weight and severity of the disease, nay, that by lotions with sulphur or caustic potash, fomentations with muriatic acid, by mercurial laxatives, antimonial emetics, sublimate ointments, and Fowler's solution of arsenic, she would *certainly* have perished? And could any one find it inadvisable, if I did not, to apply the same remedies in the next similar case, and to content myself and my patients with the same result?

Aphthæ, Inflammation of the Eyes and Cerebral Hernia.

Joseph E. twelve days old, was brought to me on the 26th of July 1836, in the following miserable state.

On the head, on the place of the left parietal fontanel, a long soft doughy swelling, of the size of an egg, which rises and falls with inspiration and expiration, with crying or screaming. It is without fluctuation or pulsation; the scalp, as its outmost covering, is not altered; at its base the edges of the skull can be clearly felt all round—*Encephalocele simplex.* The mother could not inform me whether the child had the swelling immediately after the birth, which had been somewhat difficult, or whether it appeared later. She had already given birth to several children, always healthy ones.

The face pale and sunken, the eyelids swollen, their edges thickened and partly sticking together; the conjunctiva red,

and puffed up; the cornea glazed; dread of the light; copious discharge of a thick purulent matter—*Blepharophthalmia neonatorum*—the probable effect of the action of bright light and the irritation of dust and wind to which the child was exposed in a journey undertaken the first days after birth. On the inner skin of the lips and cheeks, on the tongue and palate, irregular superficial ulcerated surfaces, like the flakes of curdled milk, which stand close together and frequently run into each other: at the same time, greatly increased salivation—*aphthæ* in the second stage, that namely of the formation of crusts.

The patient is not allowed the mother's milk, but is fed with pap of manna; he has, however, fallen away for some days. He is quite emaciated, has no sleep, and cries and whines continually.

It seemed to me that I had before me a victim destined to death, made a perfectly hopeless prognosis, and only, not to leave the mother quite disconsolate, gave a few powders of Merc. viv. 6 dil. of which the child should receive one every morning and evening. As diet I ordered the pap to be laid aside, and nothing but milk well diluted to be given.

Four days after, on the 30th July, the child was brought again. The swelling of the head was the same; the eyes were much better; the aphthæ were become yellow-brown crusts; quiet sleep had at times ensued for several hours. The Mercury was continued.

August 2nd. The eyes nearly well, the crusts of the aphthæ fallen off; the patient sleeps an enormous deal, and lies as if stunned—one eye open, the other shut. The same prescription.

Up to the 8th of this month the improvement had made striking progress: the eyes and the aphthæ were healed, sleep and appetite good, the appearance much more cheerful. The swelling on the head had neither diminished nor increased. Again Mercury morning and evening.

Not till the 26th of this month did the mother come again with the infant. It was in health, except the cerebral hernia, but this too seemed to have become somewhat smaller. After some doses of Belladonna, 6 dil. it disappeared—quite contrary to my expectation, I must say—and by the 3rd September, left [illegible]

ACUTE HYDROCEPHALUS.

Maria, daughter of the book keeper of the mines Von Quiatkowsky, in Klagenfurt, a child of a very tender, delicate frame, became unwell the 24th May, 1837, from too precocious development of mental powers. She appeared very sulky the whole day, eat scarcely anything, and twice vomited a greenish slimy stuff, with great effort. The night following was spent in a very restless state: the patient was rather hot, slept only by quarters of an hour, and then awoke with cries and tears. The 25th of the month, the second day of the illness, the appetite was quite lost; frequent alternations of cold and heat during the day; the vomiting, however, did not re-appear; the night like the previous one.

In the morning of the 26th of the month, third day of the disease, the patient again vomited four times in quick succession. About 9 o'clock she got suddenly an attack like fits, with convulsive starts; she clenched the fists, made convulsive movements with the hands and feet, groaned and lamented. This attack, which lasted only a few minutes, was the cause of medical aid being called in.

I found the child, about half an hour after the fit, slumbering; the skin moist, the breathing somewhat short and hurried, pulse quick, full, regular. The stuff vomited was a tough greenish slime, of a bad smell. Some hours before, a profuse diarrhœa-like stool had passed. No reason could be given for the illness. Some months previously the patient had a common eruption on the head, quickly cured by rubbing in ointment. Soon after, in last March, a hard swelling had grown under the right lower jaw, which had passed into suppuration. Since then she had been in good health.

I made a better prognosis than was justifiable, and prescribed Chamomilla, 1st. dil. mixed in water, every two hours a teaspoonful; for drink, pure water.

The following night was sleepless; the patient threw herself with excessive restlessness about in the bed, often groaning, weeping, and crying out; had a dry burning heat; continually

asked to drink, but otherwise spoke not a word. She made water in the bed, which had for long never happened.

27th of the month, fourth day of the disease.—At 8 in the morning I saw my patient again. Restlessness, agitation, with now and then a drowsy interval; heat, thirst, still continue. The pulse is not quite regular, rather full, and very quick, making above 150 beats in the minute; the head feels very hot; the carotids beat violently; the colour of the face comes and goes; the eyes are half shut; teeth chatter after every draught; the fingers frequently convulsed, and spread out from each other rigidly for several minutes; the lower extremities often convulsively drawn up to the belly; the belly soft, and sunk in; now and then the sufferer raises a wailing, piercing cry; confused consciousness; she appears to know nobody.

The anamnesis, the disease's course up to this time, the present symptoms, left me now no more in doubt that I had to do with a severe affection of the brain, which characterized itself as *Arachnoiditis metastatica* (compare the course of acute hydrocephalus in Jahn's *Versuchen f. d. pr. H. pp.* 25 *et seq.*) I therefore recalled my good prognosis, and made a very doubtful one. Instead of the Chamomilla, I prescribed Aconite, 1st. dil. every hour.

About 11 o'clock a strong perspiration began, which continued, with amelioration of the collective symptoms, till 4 in afternoon. The patient had, during this time, taken several times soups alone, and had been more composed; but after 4 o'clock the former state recurred, and continued again during the night.

On the morning of the 28th of the month, the fifth day of the illness, I found the patient somewhat quieter than the preceding day: the pulse was slower and more regular—130 beats in the minute. Urine had been discharged copiously and often. About noon there appeared again, after previous violent excitement, frequent cries, rolling of the eyes, violent twitchings of the hands, which are often carried to the head with stiffly extended fingers, the feet drawn together and rigid; a heavy perspiration lasting several hours, with at intervals quiet slumber, and awakening consciousness. I held this sweat and

the copious urine for favourable (critical) symptoms, and let the Aconite be continued.

The next night the patient lay for the most part in a stupefied slumber; the eyes quite shut; the eyelids sticking fast together with a yellowish crust; the left eye half open, with a fixed look and widened pupil; she asked nothing more to drink, but opened her mouth whenever her lips were touched by the spoon, and then drank with a peculiar haste; with the right hand she made frequent rotatory convulsive movements.

Early on the 29th of the month, sixth day of the disease, the same signs of improvement and crisis, and the same reasons for continuing the Aconite; the pulse makes about 120 beats per minute.

In the afternoon I was called into the country, and only returned at 10 at night. They had waited for me with great anxiety. Since 2 o'clock violent attacks of cramp had visited the patient; "piercing cries; chattering of the teeth; sudden extending of the arms, with clenched fists; the legs now locked stiffly together, now drawn up to the belly; at times some foam at the mouth:" the attacks lasted only for minutes, but returned every quarter of an hour. I found the pulse very rapid, the head glowing hot, and in violent perspiration, the glued up right eye sunk in and to appearance smaller, the look of the left fixed, the cornea dull and clouded, the iris much deadened and immoveable, the lips parched, the teeth dry and shining. The patient takes and swallows (though with difficulty) the water, which is given her from time to time by spoonfuls. Urine had been made very sparingly since midday.

Prognosis very unfavourable. Belladonna, 3 dil. in water every hour.

Five hours later, at 3 in the morning of the 30th, the seventh day of the disease, I was awaked by the fearful bulletin, "the child lies at the last gasp." The fits became always more frequent and violent; between the attacks constant rotatory motions with the right hand to the face; continual violent trembling of the left hand; corpse-like look; strange transfigured physiognomy; the eyes deep set, circled by bluish

rings; the right constantly close shut; the left half open; the cornea glazed, the iris only a narrow ring, unimpressible to the light, quite paralysed; the sight quivering; respiration intermittent, sighing, at times rattling, so that I momentarily expected the last breath; pulse irregular, thready, not to be counted, with at intervals fuller and slower beats; on the breast and belly here and there bluish irregular spots; deep stupefaction; complete insensibility.

This condition clearly proved a copious exudation to be present. Under my so hopeless prognosis, I found it very pardonable in the disconsolate mother to ask, whether I did not see perhaps in Allopathy means of saving her child? I gave Digitalis and Veratrum, 1st dil. alternately every five or ten minutes. Or should I rather have placed my hopes in blister plasters, ice, cold affusion on the shorn head, zinc, calomel, &c.?

Soon after 4 o'clock the patient became somewhat quieter, the pulse more regular—I counted about 160 beats in the minute; though the skin on the rest of the body was dry, the head and face were bathed in a plentiful sweat. The other symptoms remained the same, and the case equally desperate.

About 7 in the morning comes Madame M. a very warm friend of the family and a blind opponent of Homœopathy, along with some other sympathising ladies, to condole for the poor little creature, already half dead. One seeks holy water, unfortunately not to be had in the house; another sticks a burning taper in the child's hand; a third crosses herself, folds the hands, and murmurs a pious pater noster for the poor soul of the dying; the fourth relates the ailments of her own child, which she had lost three years before by the same fits; the fifth asks the sobbing mother, with a reproachful glance at the detestable Homœopath—whether nothing had perhaps been neglected? Madame M. in the next room, takes the papa in hand, beseeching him not to sacrifice the child, and rather let a respectable doctor be called in!

The somewhat diminished number of the convulsions (every quarter, half, three-quarters of an hour) which was observable even in the course of the forenoon, the rather lessened rapidity

of the pulse, the more regular breathing, the sweat spreading over the whole body, again gave a slight glimmer of hope. Digitalis and Veratrum were continued alternately every half-hour. The patient received besides, from time to time, a tea-spoonful of plain soup.

After midday the fits no more occurred, but stupefaction and insensibility, the moving up and down and in a circle of the right hand continued, and were only at times interrupted by some dry shrill coughs, by ineffectual efforts to vomit, whimpering cries, and tossing about. The crust which blocked up the right eye was softened by a sponge dipped in warm water and removed; the eyelids, drawn asunder, showed the bulb fallen in, the cornea dull, and as it were drenched with a sticky fluid, the iris just as widened and the look as fixed and lifeless as in the left eye. As soon as the finger was removed from the lid the eye closed again. About midnight the patient suddenly asked to drink, and began to falter some half-comprehensible words. The rest of the night passed with the same symptoms, but by daybreak the automaton like movements of the arm had almost ceased; the quickness of the pulse was diminished to 120 beats per minute; the altered countenance gave way gradually to the ordinary appearance. The above mentioned medicines were administered every hour.

About half-past 7 in the morning of the 31st, the eighth day of the illness, the patient fell into a quiet slumber, and *slept the whole day and all the following night*, breathing calmly, in a general warm sweat over the whole body, almost without interruption till 11 A.M. on the 1st of June, the ninth day of the illness. On waking she was very cross, gave a shrill cry if any one looked at or spoke to her: she could not yet open the right eye; in the left the cornea seemed clear, the iris still very much dilated and almost insensible. She took some soup, and asked for a roll, bread, and some other things, which she then, however, only held in her hand. The urine was still voided in the bed, but flowed in very small quantities; no evacuation had been effected for four days. I now ordered Digitalis, 1 dil. every three hours.

From half-past 8 in the evening till 2 A.M. a quiet sleep

again appeared; likewise the patient on the 2nd, the tenth day of the illness, slept from 11 A.M. till 4 P.M. and then the whole of the following night. On waking in the morning of the 3rd, the eleventh day of the illness, she asked, for the first time, for the chamber pot, and voided a large quantity of clear and but slightly coloured urine. She showed interest in her toys, and again liked to see her brothers and sisters about her. The right eye, which she now again opened, appeared still considerably less than the left: the pupil was still somewhat dilated in both eyes. She eat with appetite soup and stewed apples. We had accordingly arrived at the stage of convalescence. Digitalis was still continued morning and evening.

On the 5th, the thirteenth day of the disease, I allowed the patient to be taken into the open air, as the weather was remarkably fine.

On the 8th of the month, 16th of the illness, I was able to declare her quite cured. She received no more medicine, and was perfectly restored in a few days.

EPILEPSY.

There is perhaps no disease, which in respect of its cure, more readily and more frequently deceives doctor and patients than Epilepsy. I have treated persons with this disease, who whilst they were before visited regularly every month or week for years by the attacks, were freed from them for a half or a whole year during the use of my medicines—and still were not perfectly cured. The attack at last returned, or the same cause which had occasioned the first attack, made the disease break out anew. Here we cannot be too cautious, especially when we are soon to lose sight of our former patients. In the following case I had an opportunity of convincing myself of the continuance of the cure even after years.

Theresa Regenfelder, from Gradenegg in Carinthia, a girl of 16 years old, well grown, and of a blooming appearance, still without her menses, had got the first attack a month before from fright at a shot. Since then the same attack returned *every morning* about three o'clock. It begins with rolling of the eyes, distortions of the face, tossing about the head: then follow

violent twitchings of the extremities, and twisting of the trunk: the body is thrown from one side to the other: the thumbs become turned in: the heart beats hard: the breathing is gasping and difficult: the face becomes dark red: blood-coloured foam comes from the mouth (the patient often bites her tongue). After the convulsive paroxysm, lasting for a quarter of an hour and longer, a copious sweat breaks out over the whole body: the patient becomes quiet, and falls heavily snoring into a deep sleep, from which she awakes half an hour after, complaining of pain over the whole body and exhaustion of all the limbs. In the day the patient follows her occupations. Sleep, appetite and evacuations normal. Previous to her present illness she suffered for seven weeks from an intermittent fever, which she at last got rid of by Quinine. Since then she found herself weak and exhausted, felt her legs heavy, pains of the limbs and often palpitations of the heart.

Can the suppression of the intermittent fever by Quinine be looked upon as the predisposing element in the Epilepsy?

I prescribed the patient three doses of Belladonna, 1 dil: of which she was to take one every other evening.

After the first dose the attack ceased and returned no more.

The menstruation did not commence until several months after the cure.

"Sicuti plures morbi magni a parvâ causâ, quandoque invisibili et in corpus non introductâ vel non subsistente dependent: ita pariter plures magni morbi *momento temporis* sanantur."

"*Baglivi opera de praxi medicâ.*"
Libr. II, c. 10, § 4.

CHLOROSIS.

(*) Catherine R—, 16 years old, not yet menstruated, suffers since an intermittent fever which she had three years before, and which was incompletely cured, more or less from the following affections.

Headache in the forehead, pressing down upon the eyes, as if it would squeeze them out (Stapf's contributions to the *R. A. L. Sabina.* Symptoms 6, 8, 16, 18, 19, 31, 32, 48) most violently on rising in the morning, better in the open air (compare S. 52

and 359): her appearance cachectic with blue rims round the eyes, especially in the morning (S. 49 and 50): toothache, which is most severe in the night when heated in bed, is lessened by going about, and increased by eating (S. 75, 77, 83, 84): tendency to nausea and vomiting, when the patient comes into an assembly of people, *e.g.* into church (S. 116, 120, 126): frequent burning in the region of the heart (S. 33) with dragging, twisting, and griping in the abdomen, lasting for hours (S. 142 to 149): pressure towards the genital organs (S. 146): shortness of breath (S. 222 and 223): palpitation of the heart (S. 237 and 240), on any excessive motion, going up stairs, &c.; oppressive pain on the chest (S. 229 and 232): weight in the legs, with pain in the thighs in walking (S. 313 and 358); dragging and tearing in the limbs, particularly at night (S. 356 and 360): easy exhaustion: great drowsiness and laziness (S. 357, 361, 366). (*Chlorosis primaria amenorrhoica.*)

([b]) Anna L—, a girl of 17 years old, of strong constitution, had in her thirteenth year the first menstruations, which returned regularly, till they disappeared half-a-year previously after excessive dancing. Since then the patient suffers from violent giddiness, especially in the morning and upon exertion, so as to fall down, with darkness appearing before her eyes (S. 1—5), pressive pain in the forehead (S. 6), singing in the ears, greenish *yellow* smarting leucorrhœa (S. 202—204), shortness of breath, palpitations of the heart, great tendency to sweat (S. 392), heaviness and painful weariness of the limbs. The patient's appearance is leucophlegmatic: cheeks and brow are covered with heat spots: she expresses extraordinary desire for something sour, and for burnt coffee. (*Chlorosis secundaria menostatica.*)

After I had given, for about two months in the first case, Pulsatilla, Sepia, Kali, Ferrum, Silicea, in the latter, on the other hand, only Pulsatilla for three weeks without appreciable result, I prescribed

℞ Olei sabinae guttam
Pulv. sacchar. lact. drachmam. M. f. P. D. S.

Every morning a knife's end full of this to be taken fasting.

During the use of this medicine the menstruation appeared, and both patients recovered soon and lastingly.

It is for the sake of the friends as well as the enemies of Homœopathy, that I point by special numbers to the symptoms of the specific remedy for these cases, viz: the Sabina, in the two diseases above. I wish thus to guard against the reproach from both parties, of having here proceeded irrationally and according to Allopathic views. Stapf declares the retarded or diminished menstruation by the use of Sabina (S. 209 and 210) as a curative action! Are then menoschesis and oligomenorrhœa not diseased symptoms? That it is a futile and at least destructive attempt, to insist on forcing the tardy or too weak menstruation of a chlorotic patient, good practitioners have long acknowledged, and in the eyes of Homœopaths an emmenagogue were a barbarity. Notwithstanding I hold this: as the chlorosis proceeds especially from a hindered or scanty development and formation of the sexual system (Richter); in the choice of the specific remedy, its proved, sure and powerful operation on the sexual organs must above all things be held in view. The chief antichlorotic means used by our adversaries, viz: iron and its various preparations (which all belong to the forum of Homœopathy) have certainly to thank their eminent specific relation to the said organs for their reputation. It is not the chlorosis which disappears, because the menstruation begins, but the menstruation begins because the former is cured.

(c) Mary S—, a peasant's daughter, 20 years old, in F—, has been about half-a-year unwell. The illness began with weakness and exhaustion in the limbs, small appetite, painful menstruation and cough.

Present state of the illness:—Pressing pains and heat in the head, especially some days before menstruation: pale face with blue rings round the eyes: want of appetite: bitter taste in the mouth: frequent and violent cough: sensation as if of an ulcerated state of the coverings of the abdomen, and colicky, shooting, and cutting pains in the bowels with pressure downwards to the genitals, on the commencement of the menstruation; the latter is too long and excessive: after it some leucorrhœa and great weakness and langour: pain in the breast: stitch in the side mostly on coughing: the cough sometimes more violent, sometimes milder, sometimes dry, at other times with expec-

toration: long, continuous attacks of palpitation of the heart after every exertion: heaviness in the legs: emaciation: state of mind disposed to tears. (*Chlorosis dysmenorrhoica*).

After Belladonna, 8 dil. being given every third evening, the menstruation came without pain, and during the use of this remedy, continued for two months; the patient perfectly recovered.

(d) The unmarried lady, Mary ——, thirty years of age, of a strong constitution, phlegmatic temperament, before this always in good health, complains for several months, without being able to give a reason for it, of oppression and heaviness of the head, indifference to eating, tightness and distension of the belly, stinging pains in the side on walking, short difficult breath, pressure on the breast, frequent palpitation of the heart, even without motion or exertion: the legs swell greatly as far as the knees; the swelling is soft, and shows a pit after pressure with the finger; the patient can walk only with great difficulty, and feels extraordinarily weak and powerless. The menses flow scantily and are pale; some leucorrhœa. The patient, formerly so sprightly and good humoured, is in a very cross and tearful state of mind. The blooming complexion has vanished, the appearance is pallid and bloated. (*Chlorosis secundaria cum hydrope passivo in individuo phlegmatico.*)

The alternate use of Fer. and Hellebor. Nigr., 1 dil. which was at last succeeded by China, 3 dil. permanently restored the patient within nine or ten weeks.

(e) Miss Anna ——, twenty-one years old, of a delicate frame, remained healthy up to her sixteenth year. The menstruations then occurring, were accompanied by intolerable headaches. Repeated application of leeches appear to have had for their result the frequent occurrence of the pains, and to have laid the foundation of the chlorosis, from which the patient had suffered from this time. All the remedies and methods used *for five years,* mineral waters and baths, mountain air, &c. did not remove the evil, which at present, in May 1835, appears under the following symptoms:

Heat and heavy pressing pain in the head, particularly in

the forehead, made worse by motion, and most violent in the forenoon; frequent tearing pains in the hollow teeth, with tearing in the ears, swelling of the cheek, flow of water into the mouth most easily caused by getting cold, and worst at night, and after eating and drinking; little appetite; daintiness in picking her food; disinclination to meat dishes; great thirst; yellowish-white loaded tongue; bad taste in the mouth; pressure in the stomach after eating; sensitiveness and tightness in the epigastrium; irregular and very scanty menstruation; before and after this for some days a yellowish painless leucorrhœa; oppressive pain on the breast; palpitations of the heart upon every more violent movement; heaviness of the limbs; feet always cold; unrefreshing sleep disturbed by headache and toothache; heat and anxiety; emaciation; indolence; weakness; sullen, very variable humour; the patient feels herself each winter better than in summer. (*Chlorosis Medicinalis.*)

From the treatment of this disease I drew for myself a good lesson for the future. The exciting cause of the illness (bleeding), and the present characteristic symptoms, made me expect that China would be of service: I therefore first gave this in daily renewed doses. The ailments were thus alleviated indeed, but not suppressed. I now took to Ferr., Puls., Coccul., Hep. Ignat., Nux Vom. and others, but all these showed no considerable effect. As the China alone, interposed at intervals, effected evident, though not lasting amendment, I came at last on the right track, after two months lost with the said medicines. China, 3 dil. was given uninterruptedly at first, daily, then every second and at last every fourth day. At the end of October the cure was complete. Now for three years the patient—excepting a rheumatism of the teeth, occasioned at times by getting cold—enjoys good health. Was not that a good lesson?

"Let us not demand of our remedies more than they can effect under given conditions. The development and resolution of vegetative diseases takes a lengthy course; rapid cures of them are exceptions from the rule. One should here give that remedy which is once recognized as specific, perseveringly for

weeks and months, and not be led astray if the patient on his way to recovery, which here is seldom a straight line, makes now and then a step backwards."

"Let not him who acts according to rule, although the result may not be according to rule, change to another method while his first conviction remains."—*Hippocrat. Aph. II.*, 52.

ON THE HOMŒOPATHIC TREATMENT OF MEASLES.

By Dr. J. Ozanne, of Guernsey.

(*Continued from page* 78.)

In a fair and complete statement of the results obtained by the Homœopathic treatment of an epidemic of measles, an examination of the sequelæ of the disease ought not to be omitted. In taking up this part of my report, I must, however, premise that I have no interesting cases to present to the pathologist. But this very poverty of pathological facts has a meaning which I should not pass unnoticed. For if any kind of treatment be superior to others it should be productive of more perfect cures—hence of fewer sequelæ.

The only instances in which the patients, under Homœopathic treatment during the course of the fever, of the eruption, or of the complications, did not recover their health immediately after their subsidence, were the following:—

1. *Slight ophthalmia,* in a child two years old; the treatment of which was not recorded. There was here a predisposition to ophthalmia, a sister of this child having been three years previously cured of chronic scrofulous ophthalmia in the space of a few weeks, after a long course of Allopathic treatment, by instillation of various solutions into the eye, which only increasd the complaint.

2. *Ophthalmia and ulceration on the cornea.*—H. G. had measles in January 1847; within a fortnight from the subsidence of the exanthema he became affected with a slight inflammation of the conjunctiva of one eye, followed shortly after by the

formation of a small ulceration on the cornea. On the 28th January he took *Hepar Sulph. calc.*; 30th, *Pulsatilla* 6; February 1st, *Aconitum* 2; 2nd, *Belladonna* 2; 3rd, *Aconitum* again. Between this and the middle of March he took successively *Belladonna, Mercurius* 9; *Merc. trit.* 1; *Belladonna* 3; *Pulsatilla* 30; *Belladonna* 3; *Mercurius* 9; *Sulphur* 12; by this time there was not a vestige left either of the inflammation, the ulceration, or its cicatrisation. In the treatment of this case, there were several times exacerbations, brought on generally by imprudent exposure to the cold air, requiring the administration of Aconite or Belladonna.

This patient had a predisposition to chronic disease, his father having died of phthisis pulmonalis; and two of his brothers who likewise had the measles, being also affected with chronic ophthalmia, the one two months, the other nine months after the eruption of the measles. Whether the exanthema had any share in the production of the eye diseases of these two boys, or not, I cannot say; but I doubt it.

A little girl who had the scarlatina three years previously, and otorrhœa in consequence, and who frequently had a discharge from the ears, had a return of it after the measles. These were the only instances of sequelæ in patients who were treated by Homœopathic remedies during the eruptive stage.

I was consulted for the sequelæ only in the following cases:—

1. For the girl Binney, affected with a chest complaint and chronic diarrhœa (reported at page 77).

2. For a case of colic and considerable irritation in the bladder, cough, etc., in a little girl; cured by *Aconitum, Nux vomica,* and *Cantharides.*

3. For a child affected with salivation and ulcerations in the mouth and on the lips, as the eruption was declining; cured in a few days by means of *Aconitum* 2, *Mercurius, trit.* 1, and *dil.* 9.

4. *Ophthalmia and Hæmoptysis with chronic cough.*—Henry Taylor, aged 16, a dyer's apprentice; had bad eyes from the age of two years; he had had scarlatina and typhus, after each of which his eyes got worse. When he sickened with the measles he had a cough which had never left him for seven years. The

measles were slight, but soon followed by an inflammation in the left eye, which has gradually become worse; shortly after this the right became bad also, and caused violent pains. It is now—28th December, 1846—five weeks since the eyes have been inflamed. The conjunctiva of the right eye is considerably injected, and as red as blood; that of the left eye is slightly injected; the eye-lids are thickened and their edges are crusted over by a thick gummy secretion; the light causes much pain, especially in the right eye. *Aconitum* 2, *gtts. ij*;—29th, the eyes are decidedly better. *Repeat the Aconite*;—January 1st, the right eye is quite free from inflammation; the left eye is much improved. *Pulsatilla* 30, 6 *globs.*—5th, he went out yesterday, the weather being very cold; the conjunctivæ are now slightly injected; yesterday before his walk they were quite well. *Aconitum* 2, *gtts. iij.*—8th, the eyes are better on the whole, but a cluster of very minute ulcerations is perceived on the upper segment of the cornea of one eye. *Pulsatilla* 3, *gtt. j.*—11th, the eyes are decidedly better. *Sulphur* 30, 3 *globs.*—15th, he is improving. *Pulsatilla* 30, 3 *globs.*—25th, the improvement continues. *Sulphur* 30—followed by *Pulsatilla* 30.—2nd Feb., he has taken cold, has a loud hoarse cough, and expectorates much thick white mucus. *Hepar Sulph. calc.* 6 *and* 12; 4 *globs. of each.*—5th April, he was well of his cold soon after taking the Hepar, but within the few last days he has spat blood several times; his eyes are quite well. *Phosphorus* 12 *and* 30.—22nd, his eyes continue well; his general state of health has improved, but he still spits blood from time to time. *Sulphur* 18.—3rd May, his cough frequently leaves him but often returns again, his trade exposing him to alternations of heat and cold; the hæmoptysis has returned two or three times. *Phosphorus* 12 *and* 30.—12th, no hæmoptysis; scarcely any cough; a little mucous expectoration. *Pulsatilla* 12.—24th, a few days ago he spat blood again, having been employed in a room in which much dust was flying. *Phosphorus* 12 *and* 18.—2nd June, no hæmoptysis; no cough; he however raises up a little mucus by an effort to clear the throat. *Sulphur* 12—*to be followed by Dulcamara* 12.

This lad was now quite well and has continued so ever since.

Although the chest presented no physical signs of the presence of tubercles in the lungs, there was much reason to fear their development on account of the patient's antecedents, and of the appearance of hæmoptysis.

5. A case Otorrhœa; and,

6. One of Blephsrophthalmia, which were easily cured.

In a case of scrofulous ophthalmia previously under treatment, the measles did not seem to influence the march of the eye disease. But in the following it produced a relapse of the chronic complaint, which was progressing favourably.

Chronic diarrhœa—Measles.—Frederick Sims, aged three years, was brought to the Dispensary in May 1847. The following statement was then made of his case:—He has been ill eighteen months; and during the whole of that time he has had diarrhœa without any intermission, his bowels being never moved less than five or six times each day, although the best medical advice was sought and obtained. He is very thin, short for his age, his limbs small, and his abdomen large. *Calcarea carb.* 30 *and* 12, 2 *globs. of each.*—29th, his bowels have been much better within the last few days; but yesterday they were again much relaxed. *Calcarea carb.* 12, 8 *globs.*—June 11th, his bowels are less relaxed, being only moved twice each day; the fæces are rather soft but formed. *Repeat the Calcarea.*—17th, much the same as to the bowels—he is stouter and stronger. *Repeat the Calc.*—24th, much better—some days his bowels are moved only once, the fæces are firm; the abdomen is much smaller. His strength is so much improved that he now is able to run about the room all the day long, whereas formerly he was always seeking to lie or sit down. *Calc. carb.* 12, 8 *globs.*—29th, on the 27th he was taken with fever, the measles broke out in the course of the day; in the night he was restless, loquacious, at times delirious; he has a frequent cough, sore throat; his respiration is hurried, and the surface very hot; he takes no food. *Aconitum* 1, *gtts. iv, Aq.* ʒ *iv.*—July 1st, he is less feverish, but has much loud violent and harsh cough with a marked tubal sound; the voice is less hoarse than yesterday; the fever has abated. *Spongia* 3, *gtts. iij. Aq.* ʒ *iij.*—2nd, cough looser; but it still rings in the throat; there is still some

difficulty of breathing; he had however a quiet night; there is, as yet, no appetite for food. ***Repeat the Spongia.***—5th, cough better; voice quite natural; the bowels are again relaxed, since the last report. ***Pulsatilla*** 2, ***gtts. ij. Aq. ℥ ij.***—10th, the bowels have been moved five or six times every day. ***Repeat the Puls.***—17th, since three or four days he has been much better, and is now free from diarrhœa. ***Pulsatilla*** 12, 4 ***globs.***—31st, the bowels continue quite well; his mother reports that he has an eruption on his chin and ears, which she cannot characterise. ***Sulphur*** 12, 8 ***globs.***—September 15th, he has gained flesh and is much stronger, but the diarrhœa has returned; there have been three or four daily movements of the bowels since a few days. ***Calcarea carb.*** 30, 8 ***globs.*** This medicine removed the diarrhœa and he has been quite well since.

It is but too frequently the practice with medical authors, and more especially with those who are advocating new or peculiar views, to give in highly eulogistical terms the various advantages which may be derived from the method of treatment recommended. In doing so the writer frequently selects the most interesting cases he has observed for the perusal of his reader, whilst he throws the others into the shade, or at least deals with them in vague generalities. Such a mode of dealing with medical facts is highly unphilosophical. It can only lead the reader to erroneous conclusions; and to such a mode of proceeding with facts, may be traced most of our old medical errors and prejudices. It should, on the contrary, be the aim of the writer to give a complete and a correct statement of ***all*** the facts which have come under his observation: in fact, such a statement as may lead to an accurate estimation of the author's method of treatment, whatever it may happen to be. There is but one disadvantage attending this plan, it is that the production in which it results may perhaps be dull and wearisome to many readers, whilst a brilliant display of imagination will stimulate their attention, and perhaps excite their admiration. But if such an object suit the artist—the poet—it does not become the true lover of science—the persevering inquirer for truth! The latter may tax the reader's patience to a higher

degree; may be thought dull and insipid, but he will have gained his end—which to him is of more value than the admiration of the crowd—that is, he will have led no one into error.

In penning my report, and in the following considerations on the *value* of the Homœopathic treatment of measles, I have endeavoured to follow steadily the latter plan. In stating this I venture to express the conviction that the reader will forgive some digressions from my subject; in my attempt to appreciate the Homœopathic treatment of the laryngitis complicating measles at its true worth, I was led to mention some cases of laryngitis and of croup; and in doing so I could not but adhere to my plan, that of giving a summary of *all* the cases I had met with, and in which the disease was dangerous.

There are some who hold that in our system, "there is not that necessity for publishing cases of failure as exists in other systems of medicine." I beg leave to enter my protest against such a notion. I do however admit that in many instances, "a want of success is rather owing to the defects of the practitioner than to the imperfection of the Homœopathic system:" but if we limit our reports of cases to those of which the issue has been in accordance with our desires, and omit our failures, how are we to progress in knowledge? Is it not from failures that most has been learnt in medical science? Had Homœopathy appeared but two or three generations earlier and become general, is it likely that our knowledge of pathological anatomy would be what it now is? To take it for granted that any given system is perfect, is to forget all the errors that have preceded us; to close the door against further inquiries. Let us rather constantly test our principles; let us accumulate careful observations; let us even be vigilant and earnest in the prosecution of our studies of nature; and we may some day have a fuller and more precise understanding of that natural *law*, which is as yet only known to us by a mere practical formula.

These considerations lead us to a portion of our task which is not devoid of interest, namely, the estimation of the Homœopathic treatment of measles at its exact value.

If we take the results of Allopathic treatment as our criterion,

we are placed in great uncertainty, for nothing can be more widely different than the mortality at different times and in different hands.

Dr. Williams (p. 181) says:—

"The mortality from measles greatly varies in different years. Percival says that out of 3807 cases, ninety-one died, or one in forty. Watson says that in one year, at the London Foundling Hospital, one in ten died, and in another one in three. In the same establishment, also, in 1794, out of twenty-eight cases none died; in 1793 out of sixty-nine cases six died; in 1800, out of sixty-six, four died; and the aggregate of these data, taken collectively, will give a proportion of deaths to recoveries of about one in fifteen, which nearly approximates to the calculation of Home, who estimated them at one in twelve."

Dr. Gregory (*Lectures on the Eruptive Fevers*, p. 111) says:—

"In one of Sir W. Watson's epidemics the deaths were as high as ten per cent., Dr. Home estimated the proportion. Mr. de la Garde states that at Exeter in 1824, he lost eight per cent. Dr. Percival of Manchester, lost ninety-nine out of 3807, which is one in forty, or two and a half per cent. Dr. Adams states, as the generally received opinion in his time that *communibus annis* measles does not prove fatal to more than three per cent. I have given (p. 6) a table of the deaths by measles during three years. It will be seen that in 1839 there died, throughout England and Wales, by measles, 10,937 persons; this, at three per cent., would make the total attacked 364,566, about the number of those born who attain the age of three years."

I may here observe that many of these numerical results, which different authors borrow from each other, are far from being calculated to gain our confidence. We cannot place much reliance on statistics which are 75 or 100 years old, and especially when one of the eruptive fevers is concerned, for in those days there may have been some error in diagnosis which may very well have modified the results. A "generally received opinion" in Dr. Adams' time, is not of much value in the year 1848; and as to the argument to be drawn from the fact that 10,937 deaths, multiplied by 33·3, would give about the number of those born who attain the age of three years, it is far from

proving the mortality to be three per cent.; on the contrary, it would shew it to be higher; for it is a fact well known to every body, that in agricultural districts many families never get the measles at all.

Neither should we take the results mentioned by Drs. Barthez and Rilliet in their excellent work on the diseases of children (Vol. II, p. 744), as they were compiled in the Paris hospital for children, and hospital results do not give the true average.

Their cases amount to 167 in all; of these there were seventy-seven which ended in recovery and ninety in death. They say (p. 745)—

"The greater part of these results might have been foreseen; moreover we may easily understand that in order to judge of the severity of measles, we must not compare the grand total of deaths with that of cures. We should thus be dealing with very dissimilar elements, and would besides commit serious errors, for a large number of secondary measles came on in the course of fatal diseases, and attacked children who, without the occurrence of measles, had not many days to live."

In many of these cases death was brought on by the development of tubercles, originating in or hastened by the measles. In many also death was brought on by diseases which without the measles would have proved fatal. In many it is probable death was favoured by the hospital atmosphere. But seventy-seven recoveries only, against ninety deaths, leave room for a fair allowance to each of these influences, and a tolerably high rate of mortality besides.

If we now turn to the results of Homœopathic practice, we meet with a very different state of things. If from the seventy-three cases under this treatment in Guernsey, we deduct the six cases who were only placed under the Homœopathic system for the sequelæ, we have sixty-seven cases remaining, which added to Dr. Watzke's give a sum total of 162 cases; of these 162 patients two only died, whilst 160 recovered—one death in eighty-one cases—something better than "the received opinion" in Dr. Adams' time!

It is not to be supposed that tuberculosis is unknown at Klagenfurt; at Guernsey, it is to my knowledge, unfortunately

but too prevalent—how is it that in none of these 162 cases the development of tubercles took place, if it was the cause of a large proportion of the deaths at the Hôpital des Enfants? Is it that the Homœopathic treatment is less likely to be followed by the development of tubercles than the Allopathic?

I cannot dismiss this subject without a few remarks on the six cases omitted in the calculation of the proportion of the mortality to the recoveries, because the patients were only placed under treatment for the sequelæ of the disease.

The worst case, that of the girl Binney, was placed under Allopathic treatment within a day or two from the commencement of the eruption, with a complication apparently less severe than that under which her brother had suffered. Before the measles both these children were equally healthy; after the measles the one recovers rapidly, whilst the other lingers under disease, and only escapes death at last by a long course of Homœopathic treatment.*

Henry Taylor was the only survivor of four measly patients in his family; he had been for years affected with cough, in addition to this he is taken with repeated attacks of hæmoptysis; notwithstanding several adverse circumstances, notwithstanding the tendency of measles to produce tubercles, he gets well, loses his cough, and does not fall a victim to phthisis.

The four other cases were slight ones; but two of them, had the measles taken a bad turn, would have been placed under Homœopathic treatment.

Neither should I dismiss the two cases of death without a few remarks. Can these two cases be adduced as failures, and brought to bear against the Homœopathic system? I believe not—for I think that if their attendants had evinced from the first the same solicitude as was shewn by the parents of other patients, the result might possibly have been different.

In discussing the ratio of mortality in measles, and in examining the results obtained by eminent physicians, it should not be forgotten that these men practising chiefly, perhaps entirely, in the higher classes of society, always find their patients in the best possible conditions, as regards light, air, warmth, and

* The girl is now perfectly well—26th February.

the period of the disease. In my patients there was a very striking difference between the march of the disease in the poor, and in those who belonged to a higher station. In these there was only one case that did not belong to simple measles, and the complication here was only acute bronchitis. In the former all the complications detailed (with the above solitary exception,) were met with. But this is not the sole reason of the difference in the mortality—amongst the poor, medical assistance was only sought when the patient was very dangerously ill; the only mild cases I had among them being those of children belonging to a family, one of the members of which I was already attending. It is needless to say that it was different with my private patients.

I trust that my readers have been enabled to form a correct judgment of the value of the Homœopathic treatment in measles; if any doubt, let them follow the practice of others, or adopt this mode of treatment themselves, and they will soon verify the correctness of the above account. Science, if founded on nature, can at any time renew her experiments and reproduce analogous results.

ON THE HOMŒOPATHIC TREATMENT OF DISEASES OF THE EYE.

By R. E. Dudgeon, M.D.

PRELIMINARY.

The objective character of most eye diseases, the facility with which, after a little practice the diseases of each tissue may be recognized, the generally well marked distinctive characters of the various ophthalmiæ, and the importance of the organ itself, have at all periods rendered the study of ophthalmalogy peculiarly attractive. The variety and complications of the diseases, and the peculiarity of their treatment, together with the frequency of their occurrence, have led medical men to devote themselves solely to their treatment, and to the publication of treatises, hand-books and essays on ophthalmalogy, disproportionately large in comparison with the literature of most other organs of the body. The comparative paucity of Homœopathic practitioners has prevented any

from devoting themselves to the exclusive study and treatment of any class of diseases, and all are accordingly equally liable to be applied to for affections, which in the old school have their special high priests.

Various practical monographs have been written by Homœopathists on particular classes of diseases; but as yet our literature does not furnish us with a treatise on the Homœopathic treatment of eye diseases, although our clinical records abound with successful cases of the Homœopathic treatment of such affections. To contribute to the supply of this deficiency is the object of the following pages. I am, however, fully alive to the difficulty, or rather the impossibility, of producing anything like a perfect treatise on the subject, for various reasons. First, because the eye symptoms recorded in our Materia Medica are generally sadly defective in clearness of description. The particular seat of the objective and subjective symptoms is very seldom noted. "Inflammation of the eye," is often the vague term used to denote the appearance observed; or if with greater pretensions to accuracy, we have sometimes "inflammation of the white of the eye;" whether that be of the conjunctiva or sclerotic we are left to guess. An equal vagueness is observable in the details of most of the subjective symptoms. Again, the clinical records in many cases are as ill described as the pathogenetic symptoms of the remedies; and it would be often hard to say what was the real disease the practitioner treated. Another reason still for the necessary imperfection of this essay, is the impossibility of obtaining, in the general practice of a Homœopathic practitioner, a sufficient number of eye cases to supply the deficiencies of the recorded clinical observations on the subject. Thus although in former years I have had ample opportunities for observing and studying affections of the eye, yet to those affections I have comparatively rarely been able to oppose the Homœopathic remedies. In many instances, therefore, my observations have more of an *a priori* character than I could have desired.

With these few remarks I shall now plunge *in medias res*, premising that I shall first proceed to the consideration of diseases of the eye-ball and optic nerve, and afterwards those of the appendages of the eye; this being I am aware the reverse of the

order usually adopted by systematic writers. The most important class of eye diseases, the ophthalmiæ, I shall commence with; giving first, the symptoms of each kind, its course, and the secondary affections to which it gives rise, and then I shall give the symptomatology of the various medicines having reference to the ophthalmiæ, endeavour to point out the particular kinds of ophthalmia for which each is adapted, and give here and there an illustrative case. I make no apology for quoting from the pathogenesis of the medicines the exact symptoms as they occur in the Materia Medica, as those symptoms are not as yet known to the English student, except through the medium of mutilated hand-books, where in the endeavour to condense them all the finer shades and distinctive characteristics are lost.

I. Ophthalmia.

A. *Semeiology.*

Value of the Symptoms.—*Itching* is indicative of inflammation of the conjunctiva. It varies much in intensity, from slight and sometimes agreeable tickling, to itching so violent as to make the patient almost rub his eyes out. It is almost peculiar to the *ophth. catarrnhalis.*

Burning is also a sign of conjunctivitis; it is a greater degree of the symptom described as *hot feeling;* these together with *Dryness* and *dry feeling,* are usually met with at the commencement of inflammatory affections of the conjunctiva, and indicate a deficiency of the natural secretions of the eye.

Feeling as if dust were in the eyes, is also indicative of irritation of the conjunctiva, and generally is present where the secretions are deficient.

Feeling as if sand were in the eyes, is often present in inflammation of the conjunctiva; it may arise from the distended state of its vessels, from a phlyctæna, or from an ulcer on the cornea.

Smarting is peculiar to conjunctival inflammation, and is probably dependent on the deprivation of its epithelial coat.

Raw pain, corrosive, gnawing pain, pain as if an acrid fluid or substance had got into the eye, and the more severe kind of *burning pain,* are but varieties of the smarting pain, and may all arise from an altered state of the tears, whereby they

become acrid and irritating, owing, as Heller believes, to the conversion into a fatty acid of the fat globules with which the tears abound.

Shooting pains or *stitches* in the eye. These feelings vary much in intensity, from slight prickling to deep and intolerable stabbing pains; almost all the ophthalmiæ seem to be accompanied by such pains; they are less severe in conjunctivitis, more so when the cornea, sclerotic, or internal parts of the eye are affected by acute inflammation.

Pressive or *aching pains* usually indicate inflammation of the more deeply seated parts of the eye, more especially the sclerotic coat; dull pressure accompanies inflammation of the cornea.

Tearing and *drawing pains* give evidence of an affection of the sclerotic, and are almost peculiar to the rheumatic and arthritic ophthalmiæ.

Boring pains accompany affections of the iris, and may be seated either in the eye itself, or in the supraorbital region.

Tensive pain, feeling of fulness, shews congestion of the eye, and in its severe forms indicates an affection of the iris, choroid, corpus ciliare, or hyaloid membrane, dropsy of the eye, &c.; it is also present to a greater or less degree in inflammation of the sclerotic.

Pulsating pain is said to be characteristic of inflammation of the choroid; but almost any of the above pains may take on a pulsative character. *Throbbing pain* is but a variety of this.

Ophthalmia is a general term used to signify inflammation of some of the structures of the eye-ball, in which, notwithstanding the assertion of Mackenzie,* the usual symptoms of inflammation, viz: redness, heat, swelling and pain cannot always be recognized. There are many species of ophthalmia, most of which, from constitutional and other causes, admit of division into several varieties.

1. *Ophthalmia catarrhalis.*—In this, the most common of the ophthalmiæ, the mucous-secreting apparatus of the eye is chiefly affected. The distinction of this ophthalmia into idiopathic and symptomatic, is of little practical importance; suffice it to say, it is usually accompanied by catarrh of other parts, more

* Diseases of the Eye. Second edition, p. 380.

especially of the nasal mucous membrane. The disease presents three stages: in the *first stage*, there is itching in the canthi and the borders of the lids, with a prickling sensation, burning and heat in the ball of the eye, and a sensation as if sand or dust had got into it. This proceeds from an abnormal dryness or deficient supply of mucus. The conjunctiva loses its usual bright appearance and seems dim. The eyelids are outwardly somewhat red, slightly swollen it may be, heavy and stiff; their conjunctiva presents all shades of red, from the injection of its vessels. In the *second stage*, the lacrymal secretion is increased, and the tears often acquire a peculiar acridity, so as to feel scalding and to corrode and inflame the cheek; the puncta lacrymalia often appear red and swollen, and the tears do not find a ready passage into them. The conjunctiva of the lids is of a deeper red colour; the conj. scleroticæ presents a network of red vessels, which may be so thick as to give a uniform red appearance to the white of the eye, with here and there a larger vessel running through it; on pressing the lid against the ball of the eye these vessels will be found to be moveable in every direction, and this will serve to shew that the inflammation is seated in the conjunctiva, and not in the sclerotic. Occasionally the inflammation is only observable in the canthi of the eye; sometimes it covers one half only of the ball, and sometimes it is in patches, the rest of the white of the eye appearing of a dirty yellow colour. The caruncula is often much swollen, and presents an almost fungoid appearance. Sometimes there are small patches of, or general ecchymosis, and chemosis may be present to a greater or less degree. There is an increase of the pain, which is now more of a burning, shooting, and itching character, generally worst towards evening, when there is usually more or less photophobia. In the *third stage*, there is increased mucous secretion from the conjunctiva; it has a purulent appearance, and may be in such quantity as to represent an actual blennorrhœa of the eye, or it may only collect in the canthi. This mucus together with the sneezing from the affected meibomian glands often covers the lashes, hardens on them, and causes nocturnal agglutination of the lids, and the thick mucus lying on the cornea may give rise to many delusions of vision, such as vision

of colours, clouded sight, dispersion of the light into rays, diplopia, &c. Many other catarrhal symptoms may accompany this affection of the eyes, on which it would be out of place to dwell in this essay, but which must be carefully attended to by the practitioner, and which will often guide him to the appropriate remedy.

Sometimes this ophthalmia is accompanied by a formation of one or more vesicles in the conjunctiva, generally at the border of the cornea, which bursting may form small ulcers; I recollect to have seen in Liverpool these phlyctæna occur almost epidemically, they were present in almost every case of catarrhal conjunctivitis that occurred for some time. Sometimes there is more considerable ulceration of the conjunctiva, extending even to the cornea. The disease may pass into a chronic form, in which there are very apt to occur thickening and papular elevations of the conj. palpebrarum, which in their turn keep up a constant irritation of the conj. oculi, and give rise to a chronic varicose state of that membrane, and even to pannus, as so frequently occurs after the Egyptian ophthalmia. A complication with catarrh of the lacrymal passages is not unfrequent.

When complicated with a scrofulous constitution, all the symptoms of strumous ophthalmia (see below) are present, along with a greater mucous secretion than is observed in the pure form of that species.

In the complication of the catarrhal ophthalmia with the rheumatic diathesis, there is observed, in addition to the superficial network of injected blood vessels, the deeper seated, carmine coloured immoveable blood vessels of the inflamed sclerotic, characteristic of rheumatic ophthalmia. There are likewise the shooting and tearing pains of this disease, and more marked nocturnal aggravations than occur in the simple catarrh. Phlyctænæ, ulcers, and abscess of the cornea are often observed in this complication.

The discharge from the eyes in ophthalmia catarrhalis is not unfrequently contagious.

2. *Ophthalmia bellica.*—This, which goes by the name of Egyptian, contagious, or purulent ophthalmia, and ophthalmo-blennorrhœa, is similar in kind, though much greater in degree,

than the preceding; its seat is, like it, the mucous secreting apparatus of the eye. For convenience sake I shall adopt the division of it into three stages or degrees. The *first stage* commences like an ordinary catarrhal ophthalmia, from which it cannot at first be distinguished. There are the same itching and burning in the eyes and lids, with constant desire to rub them, and the feeling as if sand had got into the eyes. The lids soon appear swollen, and on examining their conjunctiva there will be observed small projecting papillary bodies, giving a velvety appearance to the inside of the lids, and bearing a striking resemblance to the granulations on a suppurating surface. As the disease advances these granulations increase in size, become flattened on the top, and if the disease become chronic they present a cauliflower fungoid appearance, and add materially to the thickness of the lid. The *early* development of these papillary bodies is considered to be characteristic of this disease, not that they are peculiar to this form, for any chronic blennorrhœa of the eye is sooner or later accompanied by them. The caruncula and semilunar fold are swollen and redder than usual. The patient complains of pressure in the supraorbital region, the lacrymal secretion is increased, and is sometimes acrid, exciting sneezing, there is more or less photophobia, and the eyes are frequently closed. The *second stage* occurs within twenty-four hours after the first. In this we observe a copious secretion of clear thin whitish mucus, which gushes forth from the eye and hardens on the ciliæ into crusts, sealing up the eyes during sleep. The photophobia increases, the pains become violent, burning, shooting, extending to the supraorbital region, deep into the orbit, and often involve the whole side of the head; these pains are much increased by any attempt to open the lids or to move the eye-ball. The eye-lids, especially the upper one, swell sometimes to a great extent, and the patient loses the power of opening the eyes, though this can still be done by another. The skin surrounding the eye becomes red, and the edges of the lids are especially dark coloured. On opening the eyes the papillary bodies before described are observed to be much increased in size and intensity of colour, the conj. scleroticæ is scarlet, and often so swollen as to give to the

cornea the appearance as if it were deeply sunk. The inflamed conjunctiva bleeds easily, often spontaneously. The cornea has a lustreless appearance, its conjunctiva being involved in the inflammation, and it is generally covered with the viscid mucous secretion, so that it at first sight appears as if sphacelated. Often are the internal lining membrane of the aqueous humour and the iris inflamed, the pupil contracted and sluggish in its movements. The sight is so impaired that the patient can only distinguish betwixt light and darkness, yet though the lids are perfectly closed and thickened the light is felt painfully through them, and the patient seeks a dark place. Febrile symptoms often accompany this stage, which lasts from a few days to as many weeks, indeed some cases never enter the *third stage*. In this, the secretion becomes thick, yellow, puriform, corrosive, and flows in great quantity out of the eye. The whole conjunctiva of lids, sclerotic and cornea becomes studded over with the papillary bodies, producing total obstruction of vision, although at the same time the intense photophobia prevails, and this symptom often remains, as I have witnessed, after total destruction of the eyeball. The pain becomes frightful, stabbing, and pulsative; it comes in paroxysms, extends all over the head, and the eyeball feels like a glowing coal in the orbit. The whole ball appears swollen, the upper lid often attains the size of a hen's egg, and renders it impossible to obtain a sight of what is going on beneath; its colour is dark red, somewhat bluish towards the tarsal edge. The lower lid frequently becomes inverted from the growth of the granulations on its conjunctiva. The cornea occasional becomes sphacelated, bursts, and the whole contents of the eyeball escape, or ulceration with prolapsus or staphyloma ensue. If such a catastrophe do not occur, there frequently remain to give proof of the intensity of the disease, leucoma, pterygium, pannus, ectropium, and many other forms of eye disease, and very often amblyopia of various degrees. The chronic form of this disease resembles what I have described as the second stage, though the symptoms are less intense; it may continue for weeks, months, and years, always exhibits the papillary bodies under the upper lid especially, which generally, from the irritation they give rise to, produce in the end a vascular

state of the cornea, and even complete pannus. Both eyes are usually affected by this ophthalmia. The secretion from the eyes is highly contagious, and capable of developing a similar disease in a healthy eye.

3. *Ophthalmia gonorrhoica.*—This disease, which is evidently caused by actual inoculation of the eye with the matter of gonorrhœa,* presents symptoms almost identical with the foregoing ophthalmia. An attempt has been made to draw a distinction betwixt the phenomena of the two diseases. The granulations are said to appear later in this disease, the chemosis to be greater, the redness brighter, the eyeball to be more the object of attack, the secretion to be more copious, the cornea more readily ulcerated in this than in the preceding disease; but these are differences of degree not of kind. The fact of there being a probability of inoculation, from the patient having an urethral gonorrhœa, or from having used some towel or sponge for his face, which had been employed by a person affected with gonorrhœa, &c., together with the circumstance of one eye only being affected, whereas in the O. bellica both eyes are almost invariably attacked, will sufficiently serve to distinguish this from the latter disease. The secretion from the eyes is eminently contagious.

4. *Ophthalmia neonatorum purulenta.*—This disease, which bears a striking resemblance to the last two, attacks children from the third to the fifteenth day after birth. The first symptoms usually observed are some photophobia and spasmodic contraction of the orbicularis. The lids soon become glued up with hardened mucus; ono pening the eyes the conjunctiva, first of the lids, then of the bulb, is observed to be injected; a secretion soon commences from the inflamed mucous surfaces, at first milky, then yellow, greenish, thick, purulent, and at the height of the disease of a serous character. The upper lid soon becomes

* I am aware that this is by no means the opinion of all ophthalmological writers, some of whom have attempted to distinguish betwixt the ophthalmia produced by actual inoculation and that caused by metastasis, attributing greater severity to the latter. The persistence of the urethral clap during the ophthalmia, the fact of one eye only being in general affected, and that almost always the right eye; but above all, the actual production of this ophthalmia in its severest form by experimental inoculation, as in some of Piringer's cases, all speak for the inoculation theory, and against the idea of a metastasis.

swollen, œdematous, red, and the child is no longer capable of opening the eyes. The same papillary bodies as in ophth. bellica are observed on the palpebral conjunctiva. The disease runs through the same stages as I have described in that disease, and may be productive of the same dire effects. During the height of the disease on attempting to open the lids, a gush of blood often takes place from the eyes. Both eyes are simultaneously affected, but one generally in a greater degree than the other. The secretion from the eyes is in this disease also highly contagious, as I have had opportunities to verify experimentally.

5. *Ophthalmia rheumatica.*—The seats of this inflammation are the fibrous and serous membranes of the eyes. The division of this disease into *scleritis* and *keratitis rheumatica* is more one of degree than kind, for the cornea is seldom or never inflamed independently of the sclerotic. The name *rheumatica* has been objected to,* as the affection may exist independently of any so-called rheumatic diathesis; but the phenomena it exhibits bear such an analogy to rheumatism, that even though the patient has previously had no rheumatic symptoms, this may be considered as a primary rheumatism of the eye. The symptoms of this ophthalmia are as follow:—The first indication of the disease is frequently a sudden violent stitch in the eye, causing the belief that something has got into it; this is followed by the appearance of red vessels in the sclerotic, which may be seen in slight cases in patches of fine convergent vessels, near the tendon of one of the muscles, or a circle of radiating fine vessels may exist more or less perfectly round the cornea, either terminating at the edge of the cornea or running a little way upon it. There may or may not be present a certain degree of conjunctivitis, forming a moveable reticulated arrangement of larger vessels, over the immoveable pinkish coloured fine radiating vessels of the sclerotic. The conjunctiva of the lids is seldom affected. The pains are tearing, shooting, aching, pulsative, and deep seated, extending to the neighbouring parts, round the orbit, over the brow, in the temple, cheek and side of the nose. The patient often feels as if his eye were stiff and immoveable; any attempt to move the ball gives him pain. There is generally

* Mackenzie. Diseases of the Eye, p. 477.

photophobia. The symptoms are aggravated from sunset till midnight, when they generally remit, and by cold wet weather. One eye only is in general affected at first, the other may or may not become subsequently affected. When the red vessels encroach on the cornea, there may arise phlyctænæ, which may turn into ulcers of the cornea of greater or less extent, sometimes indeed penetrating through the cornea, and giving rise to prolapsus iridis. Abscesses may occur betwixt the lamellæ of the cornea, giving rise to onyx, or bursting inwardly cause hypopium. When the cornea is involved, the membrane of the aqueous humour rarely escapes, when it is attacked the eye feels to the patient as if too full; the cornea acquires a dim appearance without losing its external smoothness, and small dirty white or yellow spots appear on its posterior surface; the aqueous humour becomes muddy. The iris looks dull and its colour changes somewhat, its motions are sluggish, the pupil contracted, and there is an increase of photophobia. The inflammation seldom extends to the anterior capsule of the lens, which when that is the case becomes dim, and gives the appearance of cataract, which may however totally disappear on the decline of the disease. More rarely still does the inflammation extend to the retina. It may so happen that the membrane of the aqueous humour may be first and solely affected, or the cornea alone may be the seat of the inflammation; in the former case there may be present a fine circle of vessels on the inside of the cornea, similar to what I have described on the outside of that structure. The secretion of the aqueous humour sometimes becomes increased, causing the cornea to bulge forwards. When the cornea is the chief seat of the inflammation, the red vessels may be seen to extend over it to its very centre, exudation may take place, forming whitish or bluish points, which may be distinguished from similar affections of the corneal conjunctiva by examining the eye from the side. The opacity may extend throughout the whole of the cornea, or maculæ of various dimensions may be present. The pain that accompanies this state of things is fearful; tension of the whole eye, especially on moving it, with obtuse and tearing pains deep in the orbit.

Rheumatic ophthalmia may be complicated with the catarrhal

ophthalmia, as already mentioned, or with the scrofulous diathesis, of which more anon. It runs an acute or chronic course, lasting, in the former case, from two to six weeks; in the latter, with greater or less intensity and intermissions, as many months, or even years. As secondary effects of rheumatic ophthalmia, we see suppuration and ulceration of the cornea; thickening and vascularity of the cornea, constituting pannus; plastic exudations and obscuration of the cornea, and of the capsule of the lens; adhesions of the iris, and not unfrequently amaurosis.

6. *Ophthalmia arthritica.*—The appellation of *gouty* is palpably a misnomer for this disease, as, in this country at least, it is most frequently met with in ill fed, poverty stricken individuals, in whom we would not expect to meet with that disease of the luxurious and over-fed. There are two distinct species of this affection—the acute and the chronic. The acute arthritic ophthalmia commences, according to some, with a peculiar prickling sensation in the eye, a feeling as if a hair were drawn over its surface, or with a kind of formication in the orbital region; this is soon followed by excessively violent boring, racking pains in the eye and the whole head, apparently penetrating the bones, violent tearing in one half of the head—the tearing and boring extend into the supraorbital region and into the bones of the upper jaw. The head is often excessively sensitive to the slightest touch. There is often at first icy coldness of one side of the head; sometimes the half of the face and the eyelids become swollen, and erysipelatous. The cornea is often the part first affected, sclerotica and conjunctiva not participating in the inflammation; it becomes inflamed, dim in appearance, plastic exudations often take place betwixt its lamellæ, forming leucoma or maculæ; or it may ulcerate. The iris, with its investing membrane, next inflames, the pupil becomes contracted, misshapen, angular, sometimes vertically oval; the iris immoveable, discoloured, swollen, sometimes with bloodvessels visible in it; a circle of bloodvessels soon appears in the sclerotic, round the cornea. The arrangement of these vessels has been considered by Beer and others as characteristic of this disease. The vessels lie parallel to each other, and terminate suddenly about half a line from the edge of the cornea,

leaving a whitish or bluish ring immediately environing the cornea. The conjunctiva now participates in the inflammation, and its inflamed vessels are turgid and varicose. The photophobia becomes great and the pains increased, acrid tears are secreted. If the inflammation extend to the choroid, ciliary processes, and retina, photopsia and chrupsia are present, the patient experiences aching pains deeply seated in the eye and in the supraorbital region; the colour of the vascular ring round the cornea deepens, and the congested choroid, shining through the sclerotic, gives it a bluish appearance; the whole eyeball becomes enlarged, the conjunctival veins become varicose, the sight diminished or extinct. The inflammation may extend to the lens and its capsule, causing cataract; it may attack the hyaloid membrane, causing glaucoma and amaurosis, in which the pupil has generally a horizontal oval shape and a greenish colour. The sclerotic may be the first structure attacked by the gouty ophthalmia, whence the inflammation may extend to the other parts. The iris is almost invariably affected, whence the name arthritic iritis, which some authors have given to this disease. The consequences of this ophthalmia, besides those already mentioned, may be hypopion, abscess of the iris, closure of the pupil, synechia posterior, degeneration of the structure of the iris. The more chronic form of the disease not unfrequently develops pannus, capsular cataract, glaucoma, and amaurosis: the three latter often without any perceptible reddening of the surface of the eyeball.

Ophthalmia arthritica may be complicated with catarrhal, rheumatic, or syphilitic ophthalmia, when it will present some of the distinctive features of each of these species. It has been observed that those persons who have been much disposed to catarrhal ophthalmia in their younger days are most subject to arthritic ophthalmia in later years.

7. *Ophthalmia scrofulosa.*—This is generally a conjunctivitis, its seat being in the conjunctiva of the eyelids, of the sclerotica, and of the cornea. From its tendency to develop vesicles in the conjunctiva, it has been called by some (Mackenzie) phlyctenular ophthalmia. The redness of this disease is not in general very intense; generally a bundle of vessels of com-

paratively large dimensions are seen running from one angle towards the cornea, or these vessels may be pretty generally diffused throughout the conjunctiva, but all tending towards the cornea; or the redness may exist only on the palpebral conjunctiva; but from the very first there is a degree of photophobia disproportionately great when compared with the visible inflammation. As the disease advances, the redness generally increases, and may extend to the sclerotic; a greater or smaller number of vessels usually extend over the edge of the cornea, and at their termination is seen a small vesicle, at first filled with transparent, then with milky fluid; the situation of these vesicles is usually the transparent cornea itself, but they often do not appear beyond its border, and may even be confined to the conjunctiva scleroticæ. On these vesicles bursting, they give rise to small ulcerations of a whitish appearance, which are very much disposed to eat deeply into the substance of the cornea, and even to penetrate into the aqueous humour, and give rise to a prolapsus iridis. When the ulcer is formed there is a great increase of pain, and red vessels are distinctly visible, running over the cornea towards it, if it be situated on that part of the eye. The vesicles that form over the sclerotic are larger than those of the cornea, but their ulceration is a matter of less moment. The phlyctæna may be resolved without ulceration, in which case a slight speck is usually left to denote where it has been; this, however, is gradually absorbed. The speck that remains on the healing of the ulceration is more obstinate, and frequently persists through life. Of course the disfigurement occasioned by the prolapsed iris, should the ulcer penetrate the thickness of the cornea, is indelible. The phlyctæna gives rise to the sensation of a foreign body under the lid; the ulcer, besides this, often occasions acute stabbing pain, which will sometimes awake the patient in the middle of the night. The secretion from the eye consists either of a white thin mucus, which often corrodes the skin of the cheek in a remarkable degree, and has a great tendency to form rapidly hard crusts on the lashes, or of clear tears which gush out of the eyes, and are possessed of like acrid properties. The patient

complains of burning and shooting pains in the eyes. The photophobia is excessive and produces such a spasmodic contraction of the orbicularis, that it is extremely difficult to gain a view of the sclerotic and cornea. A spasmodic ectropium will often occur when we attempt to open the eyes, and the eyeball is spasmodically turned upwards, so as to render the cornea completely invisible. The patient will often lie for hours, his head buried in a pillow or the hands held over the eyes, without complaining of pain, but dreading the slightest ray of light. The inflammation, febrile symptoms, and photophobia, are greatest during the day, and diminish in a remarkable degree towards night, so that in many cases the patient is enabled to open the eyes quite well in the evening, and no traces of inflammation are visible. The meibomian glands and the palpebral conjunctiva are generally affected with the inflammation; the edges of the lids become red and swollen, the ciliæ often fall out or become deformed. An inflammatory affection of the lacrymal sack is no unusual accompaniment of strumous ophthalmia.

Scrofulous ophthalmia is often complicated with catarrhal, rheumatic or exanthematous ophthalmia, in which case the peculiar symptoms of each of these diseases will be superadded to the form I have just described. Thus, when complicated with catarrhal ophthalmia, the conjunctiva will be redder, more swollen, and the mucous secretion much greater, with great itching sensation in the eye. When with rheumatic ophthalmia, the sclerotic, iris, and membrane of the aqueous humour, will be affected, the pain will be tearing, and there will be both morning and evening exacerbations; the ulcerations of the cornea will be deeper, the phlyctænæ, according to Sichel, flatter. When with exanthematous ophthalmia, there will be much itching and burning, with pustules and scabs on the lids.

Scrofulous ophthalmia may last for months, and even years; in no ophthalmia is there such a tendency to relapse. It is the most common of all the inflammatory affections of the eye, and may in its progress give rise to all manner of secondary eye affections, from a simple macula to total destruction of the eye.

8. *Ophthalmia syphilitica.*—This ophthalmia, the result of

a syphilitic infection of the organism, has its seat chiefly and most characteristically in the iris, whence it has been called by some syphilitic iritis. This appellation, however, is of too limited a character, as other parts besides the iris are affected. The disease commences with a circle of fine vessels of a rosy, copperish, or violet red colour, round the cornea, not running upon it, but terminating, according to Jüngken, in loops at its very edge; these vessels are in the sclerotic, but there is generally some accompanying conjunctival inflammation. This is attended with pains of a shooting, boring character in the supraorbital region, which extend over the skull as the disease advances, appear to be seated in the bones, increase towards evening, attain their acmé by midnight, and remit towards morning. Iritis soon sets in, with aching pains in the eye and brow, which seem to the patient almost like pressure with the point of the finger. The iris becomes discoloured; if naturally blue, it turns green; if brown, it takes on a reddish hue, from the effusion of lymph and the increased vascularity. It often swells considerably and almost fills the anterior chamber. The pupil becomes contracted, angular, generally drawn upwards and inwards. There is great tendency to plastic exudation, which is not confined to the iris itself, but extends, at first in the form of threads, over the anterior capsule of the lens, into the pupil, which may at length be entirely closed up by lymph. Condylomata or tubercles frequently occur on the iris, varying from the size of a pin's head to that of a small pea. These condylomata are not of the nature of pustules, as Mackenzie alleges; they are of a reddish brown or pinkish colour, and seem to be analagous to the condylomata observed on the genital organs. Abscesses occasionally occur in the iris, which may burst, and fill the chambers with pus. The cornea is generally early affected; it becomes dim, greyish or yellowish, and is often the seat of an ugly venereal looking ulcer, with well defined borders and an aphthous bottom, which will often spread rapidly, and penetrate the cornea. If the progress of the disease be unchecked, the sclerotic, choroid and retina all become involved in the inflammation, and the other parts of the eye become sooner or later completely disorganized. Whilst

the iritis is present, there is always considerable photophobia, there is some lacrymation, and the vision is much impaired, more especially if the plastic exudation closes the pupil, when it becomes quite extinct. The disease may be accompanied with condylomata on the eyelids or their mucous membrane, with inflammation of the lacrymal sack and lacrymal fistula, from disease of the nasal bones, or nodes may arise on the bones surrounding the eye. The course of this ophthalmia is usually chronic.

It may be complicated with O. rheumatica, O. arthritica, or O. scrofulosa, in which case some of the characteristic symptoms of those diseases will be present.

9. *Ophthalmia scorbutica.*—This ophthalmia, first described by Beer, it has not been my lot to witness in the fully developed form described by him, though it is by no means unusual to see some of the above ophthalmiæ take on the scorbutic character. Mackenzie describes the disease under the name of choroiditis, and it is most probable that the choroid is the primary, though not the only seat of the disease, which by degrees involves all the structures of the eye. The first symptom is a violet red colour throughout the white of the eye. This is accompanied by photophobia and a peculiar sensitiveness to all bright bodies. The conjunctiva becomes full of varicose vessels, which appear to contain a blackish blood. The sclerotic becomes more and more of a dingy violet colour, the cornea loses its transparency and resembles that of a corpse, the aqueous humour grows turbid, the iris swells, the pupil becomes ill defined and irregular, large varicose vessels are seen to run forwards on the iris, which becomes insensible. The motions of the eye grow sluggish, extravasation of blood readily takes place beneath the conjunctiva and in the anterior chamber, ill defined ecchymosed spots are observed in the eyelids themselves. By this time, vision, which has gradually been getting impaired, is generally nearly extinct; the sclerotic forms dark blue elevations round the cornea; the tears are frequently tinged with blood, or real hæmorrhage may occur from the eyes; the eyeball appears larger than natural, protruded. The pain is not remarkable; there is sometimes

semilateral headache, and when the eye becomes protruded there is often a considerable amount of pain in the eye itself. The whole organism shews signs of the scorbutic diathesis. Both eyes are usually affected.

10. *Ophthalmia a dentitione.*—This is an inconsiderable conjunctivitis that frequently accompanies the operation of teething. It consists in a slight inflammation of the conjunctiva of the lids or ball, with moderate flow of tears and mucous secretion, resembling a slight catarrhal ophthalmia; but in scrofulous constitutions may present all the symptoms of strumous ophthalmia. It scarcely deserves to be mentioned, were it not that it is of very frequent occurrence and finds a place in most ophthalmological works.

11. *Ophthalmia menstrualis.*—This affection, which seems dependent on irregularity in the appearance, suppression, or cessation of the menstrual flux, is characterized by increased vascularity in the eye and around it—is ushered in with pressive, tensive pains and a feeling of fulness, sometimes pulsative pains in the eye and on the affected side of the head, for but one eye is usually attacked: these symptoms are increased by anything that tends to send the blood to the head. The eye becomes periodically red, sensitive, and weeping, the redness is dark, the vessels of the conjunctiva varicose. The iris is seldom immediately affected, but its motions are very sluggish, and in the progress of the disease red vessels may be developed in it. The ciliary body is early affected; indeed it is probably primarily attacked; it swells and projects round the cornea, in the form of bluish elevations. Not unfrequently at the menstrual period there is a discharge of blood into the anterior chamber. I have witnessed a case in which, at every monthly period, small specks of blood were seen over the lining membrane of the aqueous humour, which were re-absorbed in a few days. Jüngken mentions a case where a gush of blood occurred at each monthly period. This ophthalmia has a great tendency to terminate in dropsy of the eye, and especially of the anterior chamber, causing pellucid staphyloma of the cornea. Though it occurs chiefly at the critical period of a woman's life, it has also been met with in young girls labouring under amenorrhœa.

12. *Ophthalmia hæmorrhoidalis.*—An affection of the eye similar to the last has been described by the German ophthalmologists under this name, as occurring in subjects in whom some accustomed hæmorrhoidal discharge has been suddenly checked. The symptom of hæmorrhage into the interior of the eye has been observed to occur with a regularity almost equal to the same phenomenon in the menstrual ophthalmia. Jüngken mentions the case of a man where it occurred regularly every eighth or twelfth week. It is very frequently complicated with gouty or rheumatic ophthalmia.

13. *Ophthalmia puerperalis.*—Under this title seem to have been confounded two, if not three, very different diseases. (*a.*) *Ophthalmia from deranged lochial or lacteal secretion.* This is well described by Jüngken: it usually attacks but one eye, presents a great amount of redness equally diffused over the white of the eye, and seated in the conjunctiva and sclerotic, with great photophobia, a copious periodical flow of tears from the eye, with shooting, burning pains, and a feeling as if sand were in it. The disease may persist for weeks with equal intensity, and during its continuance it occasionally happens that the chambers of the eye suddenly fill with a milky fluid, supposed to be owing to a real milk metastasis; this disappears again with almost equal rapidity, and may occur several times during the course of the disease. (*b.*) *Ophthalmia from uterine phlebitis.* This disease, first described by Dr. Hall and Mr. Higginbottom (*Med. Chir. Trans.* vol. xiii.), occurs from five to eleven days after delivery. Along with the usual symptoms of uterine phlebitis, there were observed redness of the conjunctiva, photophobia, contracted pupil, rapidly followed by opacity of the cornea and excessive chemosis. The cornea in some cases gave way, and the contents of the eye escaped; only one eye was affected. All the cases observed terminated fatally. (*c.*) *Ophthalmia connected with phlegmasia dolens.*—Dr. Graves mentions a case of this (*Lond. Med. and Surg. Jour.* vol. xvi. p. 361). After violent pains in the eye, blindness suddenly occurred, the conjunctiva was elevated in a large œdematous swelling almost concealing the cornea, the eye was extremely sensitive to the slightest touch, the iris was inflamed

and covered with plastic exudation, the aqueous humour and lens became opaque, the vitreous body yellowish and altered in consistence.

14. *Ophthalmia a lactatione.*—The disease to which I have given this name I do not find described in any ophthalmological work, although I have frequently met with it in practice. It occurs principally in women of a delicate frame, or who have an insufficiency of nutritive food, whilst suckling. I have seen it occur in some cases after this operation had only been carried on for four or five months—in others where the suckling had been persisted in for upwards of a year. Although very disagreeable, it is by no means dangerous; there is considerable redness of the conjunctiva and sclerotic, photophobia, lacrymation, burning and smarting pains, and occasionally copious mucous secretion. In its nature it bears considerable resemblance to the catarrho-rheumatic ophthalmia; it persists with great obstinacy until the child is weaned, when it usually gets well of itself.

15. *Ophthalmia morbillosa.*—Accompanying measles there is generally a catarrhal ophthalmia, of greater or less severity (vide O. catarrhalis), often accompanied with the formation of vesicles and superficial ulceration of the conjunctiva. It is often complicated with the scrofulous diathesis when it presents all the character of *O. catarrhalis scrofulosa.*

16. *Ophthalmia scarlatinosa.*—The ophthalmia sometimes developed in the course of scarlatina resembles the last mentioned variety; but the redness is said to be darker than it is in the O. morbillosa, the lacrymal secretion more acrid, and ulceration, when it does occur, more penetrating.

17. *Ophthalmia variolosa.* This affection, before the introduction of vaccination, led to the destruction of many eyes, but is now rarely met with in such intensity; still, instances of it are occasionally and will always be met with as long as there are cases of natural small pox. Variola, whether natural or modified, is always accompanied with a certain degree of inflammation of the eyes. In the slighter cases, the conjunctiva of the lids, and sclerotic, are affected. In more severe cases, the sclerotic is also attacked, and in the conjunctiva corneæ appear

opaque spots, the commencement of true pustules; the iris sympathizes, its motions become sluggish, and the pupil contracted; chemosis occurs, variolous pustules appear on the cornea, copious mucous secretion takes place from the eyes, and the lids are frequently so swollen that the changes going on beneath them cannot be perceived; the pain and photophobia are excessive. As the primary disease declines, the eye symptoms become relieved, but the patient may only open his eyelids to find that the sight is gone for ever. In its severest form, this affection bears a resemblance to Egyptian or gonorrhœal ophthalmia, as also in its consequences. The three last mentioned varieties often light up, in a strumous constitution, ophthalmia scrofulosa of the eyes or lids, of various degrees of intensity.

18. *Ophthalmia erysipelatosa.*—Along with a feeling of tension, or perhaps only a peculiar disagreeable sensation in the eye and surrounding parts, the conjunctiva scleroticæ becomes of a pale red throughout, and elevated into yielding, vesicular, yellowish red swellings round about the cornea, which assume a different shape at every movement of the eye, and protrude beyond the lids. The conj. corneæ is not affected. The patient feels a pricking sensation on moving the eye quickly. At first sight the eye appears as if filled with tears; but this is owing to the vesicular elevation of the conjunctiva. There is sometimes indeed, a certain degree of lacrymation, and more or less photophobia. Sometimes the lids are simultaneously affected with erysipelatous inflammation. When the affection has existed some time, there is increased secretion from the meibomian glands, whereby the lids are slightly agglutinated in the morning. An extravasation of blood frequently takes place in patches under the conjunctiva, and as the disease declines, these patches become of a yellowish red colour.

19. *Ophthalmia exanthematica.*—Accompanying chronic cutaneous affections of the face there is frequently a certain amount of inflammation of the conjunctiva. The disease commences with itching of the eyes, compelling the patient to rub them often. By and bye he has shooting pains in the eye, lacrymation, photophobia, and redness, with some swelling, of

the conjunctiva. Phlyctænæ appear in the conj. of the sclerotic, and sometimes on that of the lids, and there may be, besides, vesicles, pustules, scabs, or scales on the lids themselves, according to the nature of the exanthema. Various degrees of ophthalmitis have been observed to occur after sudden suppression of some chronic eruption, more especially of tinea capitis and plica polonica. The ophthalmia I have above described bears some resemblance to the O. scrofulosa, and is most probably generally connected with the strumous diathesis.

20. *Ophthalmia senilis.*—Aged persons are liable to many of the ophthalmic affections above mentioned; but the disease which has been described under this name consists in a peculiar affection of the conjunctiva oculi et palpebrarum, which becomes lax, discoloured, its bloodvessels injected, varicose, the secretions become altered, increased, thicker; there is generally much mucus in the eye, a tendency to the formation of pingueculæ, a sort of ptosis from the relaxed state of the skin of the upper lid, itching and burning pains, with a feeling of a foreign body in the eye. There is present generally more or less ectropium of the lower lid, and I have more than once found entropium present, owing to the very relaxed state of the skin of the lower lid, whereby much irritation was produced. The disease lasts for years and is very obstinate. The accumulation of mucus gives rise to various deceptions of vision, such as halos round the light, temporary obscuration of vision, &c.

21. *Ophthalmia intermittens.*—Under this title various ophthalmologists have described as many varieties of ophthalmia, from slight conjunctivitis to severe rheumatic ophthalmia, whose only peculiarity consisted in their having a periodical type of from one to three and even fourteen days. Some (Wittcke, *Blasius Klin. Zeitsch.* vol. i. p. 2) have described a kind of ophthalmia accompanying intermittent form, which consisted in a slight sclerotitis, with much pain, occurring regularly after the shivering fit and ending with a critical flow of tears.

22. *Ophthalmia traumatica.*—The inflammation resulting from mechanical injuries may vary from a slight and transient conjunctivitis to destruction of the whole organ from suppurative inflammation; or a slight mechanical or chemical injury, a

foreign body getting under the lids or sticking into the cornea may light up the smouldering embers of a severe and disorganizing ophthalmia in scrofulous, arthritic, rheumatic, scorbutic, &c. constitutions. The slighter forms of this ophthalmia, resulting from the presence of a foreign body in the eye, will usually disperse after the removal of the irritating cause; the more severe forms, resulting from bruises, cuts, penetrating wounds, and the entrance of corrosive substances, will require medical treatment according to the symptoms they display, which may resemble almost any one of the ophthalmiæ I have above described.

B. *Therapeutics and Clinical Observations.*

Aconite.—The following symptoms from the pathogenesis of Aconite bear upon the class of diseases under consideration.

1. Dryness of the upper lids, causing a pressure on the eyes.
2. Prickling and smarting in the lids, as if catarrh were commencing, in the evening.
3. Smarting and itching in the lids.
4. Hard red swelling of the right upper lid, with feeling of tension, especially in the morning.
5. Feeling of pressure on the eyeball.
6. Pressure on the upper lid, and feeling as if the eyeball were pressed into the orbit, with pain as from a bruise.
7. Strong pressure, frequently shooting or burning in the front of the ball.
8. Pain in the interior of the eye, as if it would be pressed out, when the lids are opened; the pain extends to the supraorbital region and to the interior of the brain.
9. Sensitiveness of the upper part of the eyeball on moving it, as if it were pressed out of the orbit, relieved by stooping, changing into a dull pain on bending back the head.
10. The eyeball feels enlarged, as if pressing out of the orbit and stretching the lids.
11. Pressure in the eyes, most felt in looking down and around, with heat in them.
12. Pressure and burning in the left eye and over the brow.
13. Sensation in the eyes as if they were much swollen.

14. Burning, first in the one, then in the other eye.

15. Burning and itching in the eyes.

16. Burning and itching in the eyes and lids, with sensitiveness of the eyes to the open air.

17. Sensitiveness of the eyes.

18. Conjunctiva, especially towards the inner canthi, highly injected.

19. Extremely painful inflammation (chemosis).

20. Purulent inflammation, so excessively painful as to render death desirable.

21. Photophobia.

22. Lacrymation.

The above symptoms shew a powerful action in the eyes; and an attentive consideration of them, together with a knowledge of the general action of aconite, will lead us to infer the utility of this drug in the more acute forms of ophthalmia.

"In cases of ophthalmia," says Dr. Hartmann, "proceeding from the presence of a foreign body betwixt the globe and lid, the albuginea often becomes very red, a pressive shooting pain extends over the whole eye, which weeps and is intolerant of light. If we can remove the foreign body, we should do so before giving a minute dose of *aconite*. In a few hours all traces of inflammation are gone. If the sensitiveness of the eyes is such as to prohibit the extraction of the foreign body, a similar dose of *aconite* allays this and renders its removal practicable."

To this I may add that aconite is likewise useful in the inflammation produced by the action of acrid substances in the eye by wounds and by burns. A striking instance of ophthalmia from the last named cause, cured by aconite, is recorded in the (Allopathic) *Bulletin Médical Belge* (Aug. 1840), by Dr. Brou. It was a case in which the eye and face had been scalded by hot butter. The lids were red and swollen (S. 4), the cornea had lost its brilliancy and was covered with a whitish skin, the conjunctiva was inflamed, there were photophobia and excessively violent pains in the eye (S. S. 18, 19, 20, 21), blisters in several parts of the face. Compresses, moistened with a solution of 8 drops of tincture of aconite in 8 ounces of water, were laid over the eye and face, and some of the solution was

occasionally dropped into the eye. Alleviation of the pain and quiet sleep soon followed, and on the third day the cure was complete. A case where the eye was burned with a candle occurred in my own practice, and the inflammation thereby produced yielded speedily to the internal administration of *acon.* 3.

Hartmann advises the employment of aconite in the first stage of ophthalmia neonatorum, where the symptoms are photophobia, redness of the conj. palpebrarum, especially towards the inner angle, eyelids glued up. Gross (*Archiv.* vol. x. 2, 63) likewise considers it useful in such cases. Some cases of this disease cured by aconite are recorded in Homœopathic literature, but the details are not sufficiently minute to enable us to judge of their value.

The following case of ophthalmo-blennorrhœa (most probably a very severe case of O. catarrhalis), cured by aconite, is interesting:

"A coachman 45 years of age, addicted to brandy drinking, had been labouring under severe ophthalmo-blennorrhœa for seven days. The lids, especially the upper ones, of both eyes, were much swollen, red, hot, painful to the touch (S. 4). Betwixt the lids there exudes constantly, especially when an attempt is made to open the eyes, a quantity of purulent mucus, mixed with tears (S. 20). The lids could with difficulty be raised so as to expose a portion of the eyeball to view. The conjunctiva is much swollen, bright red, and forms round the cornea a uniform, swollen, soft wall (S. 19); the cornea of the right eye is clear and perfectly transparent; that of the left is dull and grey towards the inner canthus. In the middle of this opacity is a small ulcer, probably arising from a burst phlyctæna, without pus and of a grey colour. Seen from the side it looks like a flat, roundish excavation, of the size of a pin's head, as if it had been cut out. Great photophobia (S. 21), constant flow of tears (S. 22), continual tearing, shooting pains in and around the eye, diminished by day, but so bad in the evening and night as to render it impossible to sleep. Sensation in the eye as if it would come out of the orbit (S. S. 8, 9), as if the eyeball were swollen and enlarged (S. 10). The left eye is the worst; the patient sees dimly with it, as if through mist. Constant confusion of the head; evening fever. Prescription: every two hours a drop of aconite (12th, after two days 15th dilution). The second night the pains were so

lessened that the patient enjoyed several hours of refreshing sleep. In five days he could open his eyes himself: the swelling of the lids, inflammation of the conj. scleroticæ, lacrymation, purulent secretion, and photophobia were much less. On the 10th day the lids were normal, the sclerotic appeared through the now slightly reddened conjunctiva: the secretion had ceased. The rest of the affection, viz. the ulceration, yielded to tinct. sulph.—(Dr. Knorre, *Allg. Hom. Ztg.* xix.)

The symptoms given from its pathogenesis and the preceding case would lead us to infer its utility in the first stages of *O. bellica* and *O. gonorrhoica*, and generally in ophthalmia accompanied by excessive pains, chemosis or febrile symptoms, if not as a sole remedy, at all events in alternation with, or previous to the administration of other remedies.

Alumina.—This has been recommended as a remedy in *O. senilis*, and the following symptoms, from its pathogenesis seem to justify this recommendation.

1. Burning, prickling, smarting pain, as if from an acrid substance in the canthi.
2. Violent itching in the eyes, canthi, and lids.
3. Smarting as if from soap in the eyes.
4. Burning in the eyes.
5. Burning and increased mucous secretion in the eyes, with itching.
6. Redness of the eyes, with raw pain in the canthi and weak sight; in the evening he sees a halo round the light; he must often wipe his eyes, and they become glued up at night.
7. Redness of the right eye, with raw feeling and lacrymation.
8. Inflammation of the conjunctiva of the right eye, without much pain.
9. The lashes fall out.
10. Weakness of the lids; they are always disposed to shut, without sleepiness.
11. The upper lid is as if paralyzed; it hangs down and half covers the eye.
12. Lacrymation.
13. Secretion of mucous fluid, &c.

There are many other eye symptoms in the pathogenesis of alumina: but as I am not aware of its being much used as an ophthalmic remedy I forbear quoting them.

Antimonium tartaricum has the following eye symptoms:—

1. Bruised pain in the eyeball, especially on touching it.
2. Tearing pains in the eye.
3. Jerking, shooting in the inner canthi, and pressure in the eyes.
4. Burning and smarting in the eyes and canthi, with redness of the conjunctiva, especially in the evening.
5. Red inflamed eyes, swelling of them, and distension of the ciliary vessel with blood.
6. Injected eyes.

This has been recommended in *O. rheumatica*, and the above symptoms point to that affection, while the known anti-rheumatic virtues of the drug are a further confirmation of the propriety of using it in such cases. As yet, however, our Homœopathic literature is silent on the subject. S. 5 seems to indicate a state of the eye which might justify its trial in *O. arthritica*.

Argentum nitricum presents the following symptoms:—

1. Itching in the canthi.
2. Smarting in the right outer canthus.
3. Itching and smarting in the left eye.
4. Tearing from the forehead into the left eye and that side of the face; the eye weeps, looks red and sparkling.
5. Pressive pain deep in the eye in the morning.
6. On awaking in the morning, burning and dryness of the eyes; he could scarcely open them.
7. Pressure in the eyes, as if they were too full, heat and pains in the ball on moving or touching it; shreds of mucus hindering vision and requiring to be wiped away, all day; in in the evening, a scarlet redness, which had in the morning appeared in the inner canthus of the right eye, spread considerably, appeared very dark, and extended to the cornea; the *conj. bulbi et palpeb.* appeared at the same time inflamed and puckered up; there were shooting and itching pains in the eyes,

as if a grain of sand had got into them, serpentine bodies and grey spots moved before the axis of vision; he saw as if through mist; the candle too, although not discoloured, appeared as if in a mist; the commissure of the lids was at the same time con tracted, and he must frequently wink.

8. Nocturnal agglutination of the right eye. In the morning it was glued up with dry crusts of mucus, which had first to be washed away in order to open the eyes. These then appeared redder than the day before; there was more pressure and heat in the eye, the commissure was smaller, there was photophobia, and dim sight.

9. The eyes swim in mucus.

10. Blood red canthi, swelling of the caruncula: it projects like a lump of red flesh from the canthus; fasciculi of bright red vessels proceed from the inner canthus towards the cornea; puckering and swelling of the conjunctiva; increased mucous and lacrymal secretion.

11. Conj. oculi et palpebrarum blood red.

12. The conjunctiva forms a red swelling round the cornea, towards the inner canthus.

13. Mucus in the eyes, drying into scabs on the ciliæ.

14. Bleariedness of the eyes.

15. Watering of the eyes and partial agglutination in the morning.

16. He must continually rub away the mucus that collects in his eye and hinders vision.

17. Inflammation of the eyes, with violent pains.

18. Obscuration of the cornea; a white, opaque, apparently thick, but not deeply seated macula spreads over a large portion of the cornea.

19. The inflammation of the eye is better in cool and open air, intolerable in a warm room.

The foregoing symptoms of nitrate of silver, which we owe to [illegible] industry of Dr. Müller, of Vienna, and which are the more [illegible]able as they were not produced by the local action of the [illegible] on the eye, but by its action when taken internally in [illegible]oses (from the 2nd to the 30th dilution) afford a re- [illegible]orroboration of the long credited specific action of

silver on the eye, and, as I believe, prove the employment of collyria, containing lunar caustic, to be efficacious in virtue of its Homœopathic action. They teach us moreover, that in nitrate of silver we possess a remedy of remarkable powers in some very important and dangerous ophthalmiæ, a remedy which, to judge *a priori*, is second to none in our materia medica in affections of the mucous membrane of the eye, and more especially in those of a blennorrhagic character. True, our Homœopathic literature affords as yet no instances of the cure of ophthalmiæ by nitrate of silver; but independent of this being a desideratum which will soon be supplied, we have ample confirmation of its efficacy from the records of Allopathic literature. The symptoms given above, point more especially to *O. catarrhalis, neonatorum, bellica, gonorrhoica,* and these are just the affections in which it has been found especially serviceable by Allopathists. It may be objected that the Allopathic cures were effected by the local application of solutions of lunar caustic to the eye, and that they were owing to the general stimulant, astringent, or corrosive properties of the drug, and that the quantity used was such as to be quite opposed to the notion of a Homœopathic specific action. To this it may be replied that the general stimulant, astringent, or corrosive properties of a solution of nitrate of silver, dropped into the eye, are insignificant in comparison with those of many other substances that have little effect in inflammatory diseases of the eye, one obvious reason of this being, that the instant the solution comes in contact with the secretions of the eye it is decomposed, and an inert chloride of silver is formed, which is speedily washed away by the gush of tears that ensues; thus the action of the caustic is but momentary and the quantity infinitesimal. And here I may say a few words respecting the use and utility of local applications in eye diseases.—Many eye diseases are of a strictly local character, attended by no constitutional symptoms whatsoever; whilst others again are eminently dependent on the diathesis or constitution of the patient. It is obvious then that though it would be vain to attempt the cure of a constitutional eye disease by local remedies, there is no absurdity in treating a purely local disease by local means. I

have already given an example of the cure of a local ophthalmia by aconite locally employed, and should have no hesitation in employing the appropriate remedy locally in other ophthalmiæ of a like character. Thus, experience has shewn the advantage of using a solution of arnica in cases of wounds and bruises of the eye, and I doubt not but several other remedies may be applied topically with advantage. It is remarkable that the ophthalmiæ in which nitrate of silver has been most frequently employed as a collyrium with advantage, and which its pathogenesis points to, viz. *O. bellica, gonorrhoica, neonatorum,* and *catarrhalis blennorrhagica,* are precisely those which, if we except some sympathetic febrile disturbance, are most commonly of a mere local description. For my own part, my experience of the benefit of the local employment of this remedy in some of these ophthalmiæ, particularly the *O. neonatorum* and the severer kinds of *O. catarrhalis,* has been so striking, that I should be very sorry to dispense with this remedial means in those diseases; to which I may add the analagous species *O. bellica* and *O. gonorrhoica.* The solution I have been in the habit of employing contained two or four grains of the nitrate to an ounce of distilled water, and should be carefully introduced beneath the eyelids with a camel hair brush, once a day or every two, three, or four days, according to the severity of the symptoms. Although particularly applicable to the pure blennorrhœas of the conjunctiva, nitrate of silver is also highly serviceable where ulcerations of the cornea exist; S. 18 seems to point to such a complication. Some of the symptoms above recorded, point to *O. scrofulosa;* but, as I have before stated, its topical employment in such a case where the affection partakes of the constitutional character cannot be permitted. It may, however, be administered internally with good effect, as I have recently had an opportunity of witnessing.

J. H. a girl 7 years old, consulted me on the 4th November last. Three weeks ago she had measles, and for two days past has had inflammation of the conjunctiva of the left eye with [illegible]rymation, great intolerance of daylight, and running at the [illegible] bowels confined. I prescribed *bell.* 3, twice a day. On [illegible] the eye was much worse—it was the seat of great pain;

the pulse was quick and febrile. I gave *acon.* 3, three times daily. This removed the febrile symptoms and the acute pain in the eye. From that time to the 20th of January the inflammation continued with more or less intensity, notwithstanding the administration of *sulph.*, *nux*, *acon.*, *ars.*, *puls.*, *euphr.*, *calc.* The inflammation attacked the other eye; the pain was shooting, itching, and aching. The pain was sometimes very violent; although without a corresponding amount of redness, thephotophobia was excessive during the day, but declined much towards night. I now resolved to try silver, but as I had no dilutions of the nitrate, I gave her *arg. met.* 6, in water, a spoonful every night for a week. This completely and permanently removed a very troublesome inflammation: at least when I saw her last on the 3rd February her eyes still continued perfectly well.

Arnica has the following symptoms:—

1. Cramp like tearing in the left eyebrow.
2. Sharp, fine stitches in the inner canthi.
3. Stitches in the eye.
4. Itching in the canthi.
5. Burning in the eyes.
6. Sometimes glowing tears flow from the eyes which burn like fire.
7. The right eye projects somewhat from the head, and looks larger than the left.
8. Drawing pain in the right eye.
9. On the left orbital ridge very painful, intermitting, dull pressure.
10. Cramp-like pressive pricking under the left eye on the nasal bone, stretching over the eyeball.

Besides the obvious use of arnica in cases of wounds and bruises of the eye, which experience and analogy teach us more than its pathogenesis, S. S. 1, 2, 3, 6, 7, 8, and 9 would indicate its utility in rheumatic inflammation of the eye. The following case from Allopathic practice proves this:

"A robust man, fifty years of age, caught cold, and the following day there was considerable lacrymation, shooting and tearing pains in both eyes, and in the surrounding parts, increased in bed and by

warmth. The next day the conjunctiva was much reddened, there was photophobia and all the symptoms of a violent rheumatic fever. The patient was kept in a dark place, he was bled, leeched, purged, sweated, all in vain, the disease increased; the pains, epiphora and photophobia grew worse, and the eyeball resembled a piece of red flesh. For a fortnight anti-rheumatics and derivatives, and even corrosive sublimate were tried outwardly and inwardly without effect. At last infusion of arnica was given (from a drachm to a drachm and a half of arnica flowers infused in six ounces of water, the half of this quantity taken night and morning for three days, then again after an interval of two days,) and in seven days the inflammation and photophobia were much diminished, and soon entirely removed."—Thummel, in *Med. Ztg. v. Verein f. Heilk*, in Preussen 1833, No. 33, p. 144.

The local application of a weak solution of arnica is advisable in some cases of recent traumatic ophthalmia; but care must be taken that it be not too strong, five or six drops of the tincture in an ounce of distilled water will suffice.

(*To be continued.*)

Reflections on the probable reasons why Natrum Muriaticum, Calcarea carbonica, Kali carbonicum, and the like, require to be given in infinitesimal doses, for the purpose of developing their pure dynamic action.

By H. R. Madden, M.D.

A little consideration will suffice to show that external agents are capable of influencing the animal economy in three distinct ways—mechanically, chemically, and vitally. The amount of the first two of these is determined altogether by the quantity and physical or chemical condition of the agent; while the third action is developed to a great extent independently of the quantity, and varies infinitely according to the quality of the inducing substance. A pressure of two cwt. on any part produces twice as great an effect as that of one cwt. The corrosive action of a drachm of nitric acid may be fairly concluded to be twice as great as that produced by thirty grains; but the specific vital

actions set up by a hundredth, a millioneth, and a decillionth part of a grain may much more closely resemble each other. Again, in mechanical actions the physical qualities of the substance alone influence the result, and the phenomena change with every variation in their qualities. In chemical actions the agent itself takes a substantial part in the change, and enters into the material composition of the resulting combination; and hence quantity and chemical condition here manifest their effect. In purely vital actions on the contrary, the agent is the exciting cause, but nothing more; it touches the secret spring of action, so to speak, but takes no part in the resulting process; its quantity has no direct influence; its quality, its specificity, is all important.

There is much of chemistry in our functions; not indeed the chemistry of the laboratory and dead re-agents, but a chemistry governed by the same laws of affinity and atomic constitution, overruled and regulated by a superadded law, which in the absence of a more definite term is styled *vital*. We cannot compare rigidly the chemical actions within the range of vitality with those beyond it, for the one essential governing law is not to be imitated, and is nowhere else existent; but we have analogous phenomena which may assist in instituting a comparison, and we are frequently able to ascertain with accuracy the beginnings and endings of these vito-chemical actions, though the process is altogether beyond the field of observation. But while we cannot scrutinize all the steps of the process, we have certain fixed data on which to hang our speculations. We can determine all that a living body receives, and all that it parts with; we can investigate thoroughly the natural actions and reactions of these various substances upon each other; we know that however much these affinities may be modified, they are not destroyed; and we are certain that the atomic law is uninfluenced by vital phenomena. In this way chemists have been enabled to dive deeply into the arcana of living functions; they have discovered many changes, and suggested the probability of many others; and have only lost their vantage ground when endeavouring to reduce every action within us to the laws of a dead chemistry, imitable in retort and crucible. We only desire, how-

ever, at present, to look upon one single spot of this vast and deeply interesting field of vision—and it is this:—We know that during life each constituent of the body, however complicated, acts as a whole, and not as a number of substances simply mingled together. Blood, bile, saliva, chyle, &c. &c., severally act as simple fluids, not as complex mixtures; or rather each compound fluid in the body is something more than a mere mixture of its constituent parts. The chemist can tell us with accuracy the exact percentage of each component principle in blood, and can give chemical reasons for the retention of fibrine in solution; but no cunning alchemy has yet manufactured a drop of the vital fluid; no careful adjustment of proportions has succeeded in producing living blood. We have, therefore, in blood and all other organic fluids, a relationship more complex than what occurs in a mere admixture of its component parts; we have the chemical affinities of the elements of each proximate principle among themselves; the relationships of these compounds to one another; and in addition, an affinity not simply chemical, though answerable to many of the same laws, which holds the whole together and gives it an inimitable unity.

Notwithstanding this super-added *vito-chemical* affinity, if we may be allowed the term, which thus presides over as it were, the most complex combinations that exist in organized beings, numerous strictly chemical changes are continuously going on in the living body; but it is evident that for the occurrence of such changes, the simple chemical affinities of the re-agents for one another, must overpower or exceed the vito-chemical affinity which tends to prevent all change. All the chemical actions to which we at present refer, originate from the introduction of some new element into the living fluid; thus oxygen absorbed by the blood in its passage through the lungs, produces a series of changes which unless checked would speedily terminate in the total destruction of the vitality of the fluid; the balance which regulates these changes and prevents such destruction, we cannot now pause to consider; suffice it to remark that the check is given chiefly by limiting the *quantity* which gains admission. In all chemical actions quantity is an element possessed of great modifying power. We do not mean that two infinitely small quantities

of substances, having an affinity for each other, do not combine as readily as two infinitely large masses of the same ingredients; but if of two compounds capable of reacting upon each other, we gradually reduce the proportion of one or other, we shall at length arrive at a point where mutual interchange to all appearance ceases; this is not a universal, but still by no means an uncommon rule, especially where the affinity is slight, or where two opposing attractions nearly counterbalance each other; for example, Metallic Bismuth is soluble in concentrated Nitric Acid, and to this solution water may be added drop by drop without producing any alteration in the fluid; but if the solution, on the contrary, is dropped by degrees into a considerable quantity of water almost complete decomposition takes place, and the whole, or nearly so, of the Bismuth is precipitated, while a large proportion of the Nitric Acid is set free; in this case the affinity between the Acid and Bismuth scarcely exceeds its tendency to combine with water, and hence whichever of these abounds in quantity turns the balance in its own favour.

Again persulphuret of hydrogen is obtained when the solution of an alkaline persulphuret is poured slowly or cautiously into a large excess of Hydrochloric acid, whereas none can be obtained if you reverse the experiment. And again, a saturated solution of Bichromate of potass is acted on by strong Alcohol as follows: first, a quantity of the salt itself is precipitated, owing to its very sparing solubility in that menstruum, but after that a gradual deposit of oxide of chromium occurs; whereas no such change takes place when much water is present, even though there still exists in the solution a sufficiency of alcohol for the complete decomposition of the chromic acid.* Now late researches have shown that Chloride of Sodium (*Natr. Mur.*) and

* It may at first sight appear that these facts militate against the opinion expressed in an article on Homœopathic Pharmacy, which appeared in this Journal six months ago (See *Brit. Hom. Journal*, Vol. V. p. 368); but this is not the case; the affinities there spoken of are much stronger, and moreover have no counteracting affinity to check their development; whereas in the above named instances there are always two opposing forces which nearly balance one another. The experiment with Bichromate of Potass, however, indicates that this substance, even at the second dilution, will bear mixing with weak alcohol without fear of decomposition.

the alkaline and earthy carbonates (*Kali Carb., Calc. Carb., &c.*) perform important chemical offices in the animal economy, and undergo certain changes by acting chemically on the inorganic constituents of the blood and other vital fluids, which changes are necessary for the right performance of many of the functions; it is reasonable to suppose, therefore, that these substances when received into the organism in certain quantities and under certain conditions, as, for example, when mixed with food, enter at once into the vital laboratory, if we may be allowed the phrase, and perform therein their allotted parts, producing during their assimilation nothing more than a normal stimulus on the parts they come in contact with. Bearing in mind what we have already stated regarding the chemical unity of all organic fluids, it is evident that these inorganic compounds, in order that they may re-act on any of the constituents of these fluids, must be possessed of an amount of affinity for such constituents, exceeding the attraction which holds the various components of the fluid together, and for the development of such a power a certain *quantity* may fairly be deemed essential. What will be the effect, therefore, of altering the circumstances in which such substances are adminstered; such, for example, as giving them at a time when no food is taken, and in a quantity too small to re-act on any special constituent of the vital fluids? Will they not in this case be left free to exercise their own peculiar dynamic actions on the nervous system? And is it not both conceivable and probable that under such circumstances they will cease to act chemically altogether, and will develope what influence they are capable of, upon the nervous extremities alone? And does not this explain the practically ascertained fact, that, while these substances are contained in appreciable quantities in our daily food, and are in this manner constantly partaken of without evidencing any peculiar action; nevertheless, when administered in infinitesimal doses, and free from all admixture, they are capable of producing a series of symptoms quite and well marked as those resulting from various which in their turn have been well nigh proved to of extremely minute quantities of certain salts of ? But it may be objected to this, that the medicinal

effects of these substances are elicited by large as well as infinitely small doses, and that medium quantities alone seem void of power; this, however, when investigated, is no valid objection, since it is clear that if too much is taken for the performance of the normal chemical changes in the blood and other fluids, the excess will act as a foreign body, and as such will develope its peculiar effects during its passage through the system; it is only the necessary quantity that can be made use of, and should the dose be either so small as to be unable to break down the barrier of attraction by which the components of the vital fluids are held together, and thus be excluded from chemical action; or should it be so large that there remains a surplus after all that is required in the laboratory has been made use of, we have, in effect, the same circumstances in either case, viz: an unappropriated agent, free to act dynamically upon the nervous system. We may naturally expect to find certain differences in the action of these two kinds of dose, since it is evident that the larger must act chemically as well as dynamically, whereas the smaller is excluded from all action save the purely dynamic; but all we wish to point attention to here, is the probable rationale of the practically ascertained fact that certain substances are capable of eliciting well marked symptoms when given in large, or infinitely minute doses, while medium quantities are received daily into the system in conjunction with our food without giving rise to any characteristic or appreciable symptoms whatever; and our hypothesis for the solution of this problem is the following, viz: that the medium dose received with the food is prevented from acting dynamically, by its being *wholly appropriated for chemico-vital purposes*, while the small dose remains free to act, being excluded from its very smallness; and the larger quantity likewise produces changes in virtue of the whole amount being incapable of entering into the normal functions of the system. It will be observed that all the remedial means included in this category are normal constituents of animal bodies, to no other substances will the above line of reasoning apply, and to no other of our remedies is the same kind of argument necessary, for the purpose of explaining the power of infinitesimal quantities.

REVIEW.

ELEMENTS OF HOMŒOPATHIC PRACTICE OF PHYSIC, by J. LAURIE, M.D., &c. &c. 1847.

THIS work confirms the justice of Hahnemann's denunciations of systematic treatises on diseases in general; for were it not that we knew the author of it to be a very successful practitioner of extensive experience and well merited reputation, we should have put it down to the pen of a complete tyro, whose only knowledge of disease was derived from the perusal of a few nosological works, and whose whole knowledge of treatment was taken from Hartmann and Jahr. The reason of this lamentable failure, for we can call the book nothing else, is obviously because its author has attempted to unite two incompatible things—a new system of therapeutics with an old system of nosology; and finding as he went along that this antiquated nosology neither expressed nor corresponded with his own personal obvervation of disease, he gave himself up to an uncritical compiling spirit, and unable to test the accuracy of the doctrines he copied and taught, he was fain to hide his want of self reliance by a certain dogmatic air of assurance which speaks as confidently of the treatment of strange and difficult diseases as of those of every day occurrence. Nor do we think this could be otherwise: the task he undertook was premature. It is long before we can have a Homœopathic practice of physic, because it is long before we shall have materials for it.

It must be remembered that medicine is an art, not a science; that the art implies and includes certain sciences, but that these sciences do not constitute the art. The sciences essential to medicine are—first, pathology, or the knowledge of the laws which regulate all abnormal action, the consequences of this action, or morbid products, and the signs or symptoms by which one kind of morbid action or product is distinguished from another: secondly, pharmacodynamics, or the knowledge

of the special action of different medicinal substances upon the animal œconomy; and the connecting link between these two, the grand discovery of Hahnemann, the motto over our shield. These sciences are capable of being carried, at least theoretically, to perfection, but even when they have attained the limits of perfectibility they will not alone constitute the art of medicine, for there will always be a sufficient difficulty in the application of these knowledges to particular cases to require a degree of individual tact on the part of the practitioner, and to admit the important element of *tradition* into this as into all other arts. Tradition we may consider as the gradually accumulating experience of practical men, capable of being transmitted by one to another, for there is much experience which is quite untransmissible, being mere personal sagacity and penetration, sharpened by constant use, but not taking any form capable of expression by words.

Although the old school of medicine is much more indebted, naturally, to tradition than we are, yet even in Homœopathy it is a most important element. For example, there are medicines which are universally acknowledged to be specifics for certain forms of disease, and yet, in the provings of these medicines, we do not see such prominent characteristics for their use as we should expect from their utility; although the provings explain how they are useful in accordance with the great Homœopathic principle, yet from the provings alone we might very likely never have discovered the important fact. In this class stands the important remedy cinchona: we doubt very much if it would have been much used in ague by Homœopathists, had it not been handed down to them as the great ague medicine. Another example of purely Homœopathic tradition is aconite, as the infallible remedy in simple inflammatory action. This tradition we have from Hahnemann, who himself acknowledged that the admirable adaptation of aconite to pure febrile action was a happy thought, and not a scientific induction. Phosphorus in certain forms of pneumonia is beginning now to have a traditional importance. We may safely say that all minds, let them have ever so much confidence in their knowledge of disease and of medicine, will feel it a very

different thing attempting to treat a new disease regarding which they have neither any experience of their own nor that of others. It is for this reason—to build up the traditional part of our art—that we consider the publication of cases, especially successful cases, of great value.

A work on the practice of physic being intended for a practical guide should lay especial stress upon this department of our art. But our author, finding that the hitherto published experience by no means covered the great surface of disease which he had undertaken to delineate and for the cure of which he has taken upon him the task of giving the student the necessary directions, has been constrained to fall back, not upon what Homœopathists have actually done, but upon what Homœopathy may be supposed capable of doing.

The other great error in the conception of the work is the basing it upon nosology instead of pathology. It would have been impossible for the writer to have fallen into the track of a servile copyist had he attempted to rear a practical system upon the real foundation of the known morbid changes which characterize different diseases, for the very attempt would have obliged him to interrogate his experience at every step. It is from this cause, we apprehend, that there is such a total want of proportion in the book, the most serious diseases being knocked off in a few lines, while the most trivial are honored with as many pages. For example, three lines and a half of a foot note are devoted to puerperal peritonitis, without exception one of the most dangerous diseases that presents itself to the practitioner, and one so sudden in its attack and rapid in its course, as to require, more than any other, the fullest and plainest directions; while the directions for treating toothache of pregnant women occupy five pages. No one can be at a loss for the reason of this who is at all familiar with the Homœopathic literature.

We should be guilty of the very fault of the author were we to attempt a full correctional review of this work, so that all we propose to do is to give a brief outline of its contents, and a running practical commentary upon the treatment of the various diseases, whenever we think that our experience enables us to

contribute at all to clearing away obstacles which beset a young practitioner, of a kind not fully treated in other Homœopathic writings.

The Introduction to the volume is a good example of what the reader has to expect. It consists of seventeen pages of large print from the author's pen, wound up by thirty-three pages of small print, being a continuous extract from Jahr's new Homœopathic pharmacopœia and posology, constituting above a fifth of the whole of that useful little volume: rather a liberal extract, in our opinion.

The work itself opens with a chapter on fever, and we have, at the very outset, even in the nomenclature adopted, a sufficient proof that our author has studied this disease more in German treatises than by English beds. *Our fever*, par excellence—we mean typhus, that curse, that fatal, intractable scourge—is called nervous fever, slow fever, febris nervosa, typhus. In this country we believe it is never known by the first of these appellations, and alas! too well known by the last. The following sentence convinces us that the writer has had little experience in the disease.

"Death may take place from exhaustion of the vital energies, *paralysis of the whole system, or of the brain, apoplexy, disorganization of some of the nobler viscera, or a change to the putrid form.*"

The vagueness and inaccuracy of this description is too palpable to require any comment, and we shall not pursue our criticism of the author on this subject any further, but throw together such general obvervations as experience suggests in regard to the management of this fatal malady.

We may premise, that while we have found the various kinds of slight and changeable fevers which differ at every season and are impossible to name or classify, at one time attended with diarrhœa, at another with perspiration, at another with vomiting and weakness, all more or less amenable to Homœopathic treatment, and for the most part presenting brilliant examples of its efficacy, that hitherto we have always found typhus a constant unchangeable disease, as intractable as smallpox, and as fixed in its course. We do not believe it is possible

to *cure* typhus: all we can do is to conduct it to a favourable termination by carefully watching, and curing all the intercurrent affections so apt to appear in it, by judicious management. At the same time we have always given the medicines usually recommended, especially Rhus, Bryonia, and Arsenicum; and we believe that the convalescence will be much hastened by judicious treatment. The great question, however, for the practitioner (a question, by the bye, not even mooted by our author), is when to give stimulants. We believe that in the typhus of this country it is impossible to bring the patient through without the use of wine or brandy during the stage of collapse, the most critical, especially when there is great want of animal heat, and the pulse is very quick and small, attended with much trembling of the hands and constant muttering delirium. It is a period of irritability and weakness at the same time. The quantity of the stimulant must be regulated by the specialities of the case, but we believe it is better to give it frequently and in small quantities—perhaps a dessert spoonful of wine every hour: we do not believe that wine or spirits so given, so much interfere with the action of Homœopathic remedies as to justify the neglect of either. The intercurrent diseases are chiefly inflammation of the chest and affection of the mucous membrane of the stomach and bowels. These must be treated by their specifics, which for the most part are tolerably well marked, and on the superiority of this treatment much of the general success of our treatment of fever depends.

While we make these observations upon the intractability of typhus fever, we by no means wish to dogmatize on the subject; we merely give the result of our own observations, and shall be too well pleased to find we are mistaken. We know that we are at variance with many esteemed Homœopathic physicians upon this point, and are ourselves somewhat staggered by what we have read. We hope that those who have had much experience will give us the result of it, and so we shall be in the way of arriving at unanimity.

Among the other fevers mentioned (or not mentioned) in this chapter, there is one which we have found extremely

intractable; we allude to remittent fever. Although this complaint usually appears in infancy, hence known as infantile remittent, yet it is not unfrequently met with in early youth, and we have seen it last for months, notwithstanding every attention to diet and regimen, change of air, and the administration in succession of almost every medicine in the Materia Medica. It assumes this very obstinate form in persons of a scrofulous constitution. In such cases the medicines we should have most hope from are Sulphur, Calcarea, Arsenicum, and Silicea. It is but fair to mention that although an account of this fever is omitted in the chapter devoted to fevers in general, yet a notice of it is given among the diseases of infancy.

The articles on scarlet fever and measles are much fuller and more satisfactory, our author having taken advantage of the ample materials afforded by the Homœopathic literature, especially regarding the former, and no doubt he is himself well qualified to form an opinion from experience. We may mention, that in one very bad case of measles, in a young lady about twenty years of age, in which the eruption suddenly disappeared the second day, and was succeeded by fever, violent headache and breathlessness, we found great benefit to follow the administration of Aconite and Arsenicum alternately, and afterwards, when the head seemed the chief point of attack, indicated by excruciating headache, compelling her to scream or moan the greater part of the night, we found Belladonna and Cuprum Aceticum give very marked relief; the medicines were repeated frequently, every hour or every two hours. We mention this case because we believe the sudden disappearance or repression of the eruption of measles is very rare, at all events among the upper classes in this country, and we doubt much if those who write confidently about the best medicines in such a case have ever put them to the test of experience.

The fever division concludes with nettle rash, which we do not think has any business there, for even in its worst forms it frequently appears unattended with the slightest fever, and in the suddenness of its accession and of its disappearance is wholly unlike eruptive fevers. It is however a very troublesome

complaint, generally depending upon some morbid state of the stomach and alimentary canal.

The next division of the work treats of the diseases of the digestive organs. After a chapter on toothache—that Tell-apple for Homœopathic marksmen—we come to the more dangerous affections of the throat, and on this subject the directions are pretty full and satisfactory. We cannot, however, at all agree with our author when he mentions Hepar Sulphuris as useful "in bringing the matter to a head" (p. 104); on the contrary, we believe it to be the very best remedy to prevent that catastrophe, and have found it signally beneficial. We lately had a case illustrative of this: the patient was a lady about forty, and three years before had suffered so severely from a suppurating sore throat, that her life was considered in great danger by her Allopathic physicians. The fauces at that time were so much enlarged, and the suppuration so low down, that the attempts to make an artificial opening for the pus failed, and it discharged of itself, leaving her greatly exhausted. When we saw her, some years after this, she had been for three days suffering from sore throat. We found the tonsils so much swelled as literally to leave no opening visible at all; the pulse was rather high, about a hundred; there was intense pain, so that she could neither speak, nor move, nor swallow: in addition to this, she was of a very scrofulous family, and the children plainly indicated that this taint had been transmitted by her. In these circumstances we began with Aconite and Belladonna, with no advantage; all the symptoms continued. We then tried Mercurius, third trituration, every half hour for twelve hours; but the disease seemed still making head, and we fully expected, from the great size of the swelling and extreme uneasiness, that we should have to use a bistoury to evacuate the matter which we had no doubt had already formed. In these circumstances we began the use of Hepar Sulphuris, and gave a quarter of a grain of the second trituration every half hour for some time, then every two hours. Next morning the symptoms were all improved, and from that time recovery rapidly advanced, without there being any discharge of pus.

We cannot doubt that in this case Hepar Sulphuris arrested the suppurative process.

We will not venture upon the next department, including dyspepsia and costiveness, for we suppose that nine-tenths of the practice of every Homœopathist is included under the first comprehensive head, and were we to try and arrange our experience we should dilate this notice into as formidable a volume as the book under review.

We must pause a little, however, at page 154, where "Fistula in ano" is discussed. The Homœopathic treatment of this is spoken of, in our opinion, rather too confidently, and we think that after the general health is improved by judicious internal treatment, it will generally be found much the most satisfactory course, to apply to the surgeon. The following case illustrates our notion.—Early in spring we were suddenly sent for to see a patient who up to that hour had been in the hands of an apothecary. The patient was a gentleman about sixty, and was suffering intense pain from a tumour the size and colour of a dark grape, at the edge of the anus; the neighbouring parts were red and hard, and bore the marks of the two dozen leeches which had twice drank their fill. Our patient had great horror of the knife. He complained chiefly of pain in the back shooting down to the rectum. We gave him Aconite and Nux vomica, and in calling next morning were welcomed as if we had saved his life. He assured us the pain was gone, that he had slept sound, and was better than he had been for six weeks. On examining the seat of his former pain, we found the tumour gone and a slight oozing from the place where it had been. On examining with a probe we found a small external orifice and a sinus running up along the side of the rectum for about an inch and a half. Here then was a blind fistula newly formed: nothing could be more favourable for trying Homœopathic treatment. We gave in succession the various remedies most highly approved by writers on the subject, and the result was, that the general health greatly improved, so that he became quite well; the sinus diminished in length to about half an inch, but did not entirely heal. This

state of things continued throughout the summer, and he ceased his visits to us in August. We lost sight of the case till November, when he again called and said that he had been pretty well, but never quite cured, and had lived too freely, so that the original complaint was as bad as ever; and in addition we found that in consequence of a fall, another abscess had formed about an inch from the orifice of the fistula. In these circumstances we insisted upon bringing a surgeon with us on the following day and he reluctantly gave his consent, having a mortal aversion to cold steel. Accordingly on the morrow we went with an expert and distinguished man of the knife. The operation was performed in the course of three or four minutes; the patient was put to bed, having suffered very little; he was kept quiet for ten days, and after that pursued his ordinary avocations as if nothing had happened, and up to the time we write has remained perfectly well. Now we ask our impartial readers whether it was not much better for the patient to come under the surgeon's hands than remain in ours? Nay, would it not have been much better at the very outset of the case to have applied to a surgeon and had the operation performed, which need not at all have interfered with the Homœopathic constitutional treatment. It is in vain to suppose that we can do without surgeons; all we should try to do is to assist, not to supersede judicious surgery. There is a mutual good understanding growing up between surgeons and Homœopathic physicians, exemplified in the case of the late Mr. Liston, which, if properly encouraged, will be a great benefit to both parties and a great blessing to suffering humanity.

After an enumeration of the various medicines suited to the varieties of diarrhœa, we come to the treatment of dysentery, of which it is said (p. 176), that "during the course of treatment barely sufficient nutriment to keep up the strength of the patient should be allowed," and that "wine and alcohol are absolute poisons in this affection." We must confess ourselves to be guilty of the heinous crime of poisoning if our author is right in his assertion. In the Autumn of 1846 there prevailed a good deal of dysentery, and we had two very bad cases under treatment about the same time: the one was a lady of a ner-

vous, hysterical, and delicate constitution, about forty-five years of age; the other a gentleman above seventy. In both these cases we gave both wine and brandy, and it is our firm belief that neither of the patients would be alive now had we not done so. In both cases there was extreme sinking of strength, and there was the greatest danger of their dying of exhaustion, even after the dysenteric symptoms were mitigated. We gave brandy and water alternately with the medicine every hour, and also, after the inflammatory symptoms had abated, strong animal jelly, and portable soup, dissolved in a little warm water. We also found injections of milk in which mutton suet had been melted do good service, by conveying nourishment to the patient at the same time that it soothed the excessive irritability of the intestines. The medicines used were those commonly recommended, and considering the severity of the attack, the recovery was satisfactory, rapid, and complete. Of course we are far from advising the reckless administration of wine or spirits in every case of dysentery; all we wish to do is to warn the inexperienced practitioner against a prohibition which, if rigorously and unconditionally obeyed, would in some cases be found extremely embarrassing to himself and mischievous to the patient.

We need say nothing about the cholera, for the pamphlets which have recently appeared will convey to all interested in the subject much fuller and clearer ideas than are supplied either in the work before us, or by anything we could add upon a disease of which we have had no experience.

The remainder of this division of the work comprehends an account of the treatment of inflammation of the liver, spleen, stomach, and intestines, jaundice and worms, and then we come to the next class, the diseases of the respiratory organs.

After a full account of common cold—a complaint we would call the doctor's bore—we come to laryngitis, and we stop a moment here to notice that we lately treated a case of this successfully with *Kali Bichrom.* The patient was a gentleman between forty and fifty years old; he had been taken ill the day before we saw him, and had been hot and restless the whole night. We found the pulse about 110 in the minute,

his face flushed; he had a very frequent cough, hard and barking, attended with a little very tenacious mucus, and pain at the larynx and top of trachea, increased by pressure: no pain, nor any abnormal sound on percussion and auscultation in any part of the chest. We began with Aconite for the first six hours, a dose every hour, and then gave Aconite in alternation with *Kali Bichrom.* The general symptoms were better next morning, but there was still much hard cough and pain on pressure, and slight fever: we continued the *Kali Bichrom.* the whole of that day, and found the symptoms gradually ameliorating, and in the course of the third day the tough expectoration had given place to an easier kind, the pain had gone, and he was in every respect in a state of convalescence. It would be absurd to draw inferences from one case; all we can say is, that the result of the exhibition of this medicine fully justifies the expectations raised by the proving, and we would recommend practitioners to keep it in view in the treatment both of laryngitis and some forms of croup.

We shall not delay upon pneumonia or pleurisy, as we believe the treatment of these affections so fatal in ordinary practice is, on the whole, better understood than that of any other diseases of similar severity. We would however make one remark which may be serviceable to the young practitioner. It is, that when he has given the right medicine the indication of improvement will be in the general symptoms rather than the local ones, and he must bear in mind that as in these diseases there is a great change in structure, even under the best system of treatment, a considerable time is required to restore the integrity of the parts. In one very bad case of double pneumonia we found, after the exhibition of some strong doses of Phosphorus, the entire abatement of all the natural symptoms of disease, while both sides of the chest remained for some days afterwards as dull as a board.*

Little as we had any reason, from the preceding parts of the

* It is interesting to find a similar remark made by Allopathic writers upon Tartar Emetic in the cure of pneumonia. See an article by Dr. Herard, on this subject, which appeared in *l'Union Médicale*, and which is abridged in the first number of the *Brit. and For. Med. Chir. Review*, p. 273.

work to anticipate much that was useful and practical upon the subject of consumption, yet we confess we were not prepared for anything so very scanty as the five barren pages in which it is despatched, especially as a "common cold" occupies about six pages, and as we know that the writer must have had much valuable experience on a disease which more than any other taxes the knowledge and skill of the Homœopathic practitioner. There is absolutely nothing about the management of consumptive patients which is not in Jahr, except the observation that our author prefers a dry and even somewhat cold atmosphere to a warm humid one for consumptive patients. It is true enough what we find as an apology for there being so little upon this important subject, that it is so extensive that to do it justice would require a separate treatise; but there are certain general considerations regarding it on which we are very anxious for the collective experience of Homœopathists, and which we shall briefly indicate, with the results at which we ourselves are inclined to arrive at upon them.

After an accurate diagnosis of the disease, the next difficulty and one of a peculiarly embarrassing character, is the prognosis. The first question will be, Must the patient die? If this be answered in the affirmative, the next is, How long will life last? The satisfactory answer to both these dreadful enquiries will be found chiefly in the constitutional symptoms. If the disease be of a *local* character, if the pulse be but little affected, the digestion good, the patient of a tranquil habit of body, of a lymphatic bilious temperament, then we may entertain good hopes of being able, by judicious measures, so to subdue the disease, that either it may be perfectly cured or become dormant for years. As to the curability of consumption, no one who is familiar with the results of pathology can doubt. But the curability of a disease and our power of curing it are two very different things. We have said nothing about the *stage* as affecting the prognosis; we believe it is arrested at all stages. We know of more cases than one which have been under our observation for five or six years, in which there are, undoubtedly, cavities in the lungs, and yet the patients live and enjoy good health. They are leading, no doubt, a Damocles

life—the snapping of a hair will destroy them; but still they live, and get reconciled to their condition, which after all is not much more precarious than that of the most robust and life-promising. In such circumstances we may safely give a qualified favourable prognosis: telling the patients that they have a generally fatal complaint, but one which in their case may be very slow, and amenable to treatment.

Very different, however, is the position of patients in whom the constitutional symptoms are the more prominent. Even although the local disease be very slight, almost imperceptible, if the pulse get rapid, the strength fail, perspirations set in, then all the resources of our art are incapable of preventing a speedy fatal termination. We may give an illustration by a case which we have lately seen concluded, and it is selected out of several similar ones. We were consulted in March 1847, about a girl of sixteen years of age. She was plump and healthy looking, and the only symptom she then complained of was a slight tickling cough. Her friends told us that she had lost a cousin lately, in galloping consumption, so they were anxious. We gave the usual remedies in such cases; the cough for some time made little progress, but the pulse began to rise: the only abnormal signs we could detect were slight dulness under the right clavicle, with diminished respiratory murmur; this too was after the case had gone on for three months. Notwithstanding every precaution and the use of the remedies which seemed most fitted for arresting the complaint, it went on rapidly every week; she got weaker, and looked worn out: there was more hæmoptysis, a symptom she had had from the first, and one of the worst. In October one lung was found to have a cavity in it, but still there was nothing in the local disease to excite immediate alarm. She struggled on, dying every day, till the middle of January, when her strength failed and she died. We are sure that all practitioners will be able to recall from their experience similar sad cases, and we allude to it here to illustrate the important point, that whenever the constitutional symptoms make rapid head, at whatever stage of the disease, our prognosis should be most unfavourable.

As to treatment in the first class of cases, we have great

confidence that we shall be able, with the assistance of the necessary conditions, to do much towards cure. The medicines we have at present most reliance on, are *Calcarea, Sulphur, Hep. Sulphur.* and *Phosphorus,* and we believe the best way is to form a ground plan of treatment, as it were, based upon these medicines, and treat all the incidental affections separately. In this way we may give *Bryonia, Belladonna,* and various other medicines; but we look upon these as intercurrent. We have said we hoped to cure with the assistance of the necessary conditions: one of these is climate, and as this is a subject of paramount importance, and one we have paid considerable attention to, we shall speak of it more in detail.

The question of change of climate is one of the most embarrassing that is put to the physician; it involves very great responsibility, and must in all cases be decided on general grounds. It is obvious at the outset that there is only a limited number of cases which will be benefited by a warmer climate, and that these cases will fall into our first class, viz. persons in whom the disease is rather of a local than constitutional character; when this is not the state of matters, we believe harm, not good, will result from the step. We were consulted some years ago about a young lady of eighteen. She thought herself so well that she was going to balls, and it was with difficulty she submitted to an examination of the chest. We found unequivocal signs of phthisis in its third stage; the pulse was very rapid; she was in fact in a state of hectic fever. We gave a very unfavourable prognosis, and dissuaded the friends from any change of climate. However, they went to Madeira, where she died a month after landing.

We believe in this case, as in many others, the catastrophe was hastened by the fatigue and excitement of the journey, and that the air of Madeira was worse for her than that of her own bed room. Such are not the kind of cases which profit by Madeira, or any other climate.

If however a patient finds that he breathes freely, without tendency to cough, in a mild air, but that on the least exposure to cold the pectoral symptoms manifest themselves, and if his general health is in danger of failing from confinement to a

room in this climate, then he may live, and live comfortably, for years in Madeira, and even regain his health so as to return ultimately to his home. Some people go to a warm climate to be cured, others to live. To the former class belong young persons who have a tendency to consumption at a particular age: if the fatal years be got over, they may enjoy perfect health afterwards; we know many such cases. Others go to live; they find they die slower in a warm than a cold climate, and therefore prefer it. To use the illustration of one of this class: he was aware that even in Medeira he was on an inclined plane towards the grave: but it was at a more acute angle than if he lived at home.

Such are some of the general considerations which should weigh with a physician; he must first determine whether or not a warm climate will suit his patient better than a warm room, and then whether, when he leaves home, he is likely to have it in his power to return. As to the climate, in almost all cases where that can be of use we believe that Madeira will be the most desirable, with this great drawback however, that there is at present no Homœopathic practitioner there, and whether in these circumstances we ought not to prefer Torquay, or Rome, is well worthy of consideration.

We observe that our author speaks very confidently, in the next division of the work upon diseases of the nervous system, of the easy success which attends the Homœopathic treatment of delirium tremens. We confess this is not borne out by our experience, and it will be seen by consulting the tables of the Vienna hospital that Fleischmann's report of his success is not so encouraging. We should be very glad to have some detailed histories of cases of this complaint, as at present we feel considerable embarrassment in its treatment. We observe that in one instance chloroform was given with great benefit, a remedy undoubtedly Homœopathic to the disease, as indeed all the remedies commonly employed by the old school are, more or less.

The reader will find much useful information in the chapter upon diseases of the circulating system, and some interesting cases of pericarditis related. It is a very remarkable thing

that Homœopathic treatment will be found to give great relief even in those organic affections of the heart which are wholly beyond the power of art to cure. We have seen Lachesis act like a charm in such cases.

The chapter on diseases of the skin will be found singularly brief and meagre. We believe that now there are ample materials scattered through our literature for a full treatise upon this class of affections, which on the whole are very amenable to cure by our remedies. We trust that before long the subject will be taken up by some practical Homœopathist. We may mention that we have found one disease mentioned by Dr. Laurie, viz. Zona, leave behind it a neuralgic affection of an extremely obstinate character, and which yielded to no medicine we could hit upon. The case we allude to, however, had been under Allopathic treatment during the eruption, and only fell into our hands, after it had baffled all the efforts of the old school. We have treated a good many cases of the affection, and although the neuralgic pains tried to gain a hold, yet generally they were easily driven off.

It is with much pleasure that we come to speak of a department of the work which we can really commend, and from which we shall avail ourselves of considerable extracts; we mean the treatment of venereal diseases. This point of our author's work bears the stamp of personal observation and extensive experience, and we doubt not our readers will be glad to know the measures Dr. Laurie has found efficacious in this disagreeable class of diseases.

We shall first quote what he says on the treatment of gonorrhœa.

"Treatment of Gonorrhœa. The disease sometimes proves very intractible even in Homœopathic practice; but if the treatment is commenced sufficiently early it terminates much less frequently in the secondary form of the malady, and the other serious consequences we have detailed, than it does under Allopathic treatment. The remedies which have hitherto been chiefly employed by Homœopathists are *Copaiba, Petroselinum, Cannabis, Aconitum, Sulphur, Cantharides, Capsicum, Silicea, Lycopodium, Acidum nitricum, Sepia*, &c.

"In the milder forms of the affection, or in cases occurring in healthy

subjects, a cure is generally very easily and speedily accomplished when the patient applies before the second stage has set in. We have repeatedly succeeded in arresting the disease at its outset (*i. e.* when the orifice of the urethra looks fuller and redder, and a disagreeable itching is felt in the tube, together with frequent desire to make water, and some pain on voiding it) by means of the alternate employment of *Aconite* and *Cannabis*, at intervals of at first six, and subsequently twelve to twenty-four hours. So soon, however, as the discharge begins, and ardor urinæ is experienced, *Copaiba* 3—6 often proves a very useful if not a specific remedy; but should there be a perpetual urgency to make water, *Petroselinum* 0 may be prescribed in preference to *Copaiba*. *Cannabis* is preferable to either *Copaiba* or *Petroselinum*, when the inflammation runs somewhat higher, and the pain and difficulty in passing water are consequently more intense. A drop of the first, second, or third dilution may be taken every six or eight hours. In gonorrhœa with phimosis, or extension of the inflammation to the prepuce, *Mercurius* is the most important remedy; but it is sometimes necessary to prescribe a dose or two of *Aconitum*, in the first place, when the inflammatory action is excessive, and the glands, as well as the preputium very much tumefied. *Mercurius* is, further, of considerable efficacy at the commencement of the second stage of the disease, when there remains a muco-purulent discharge, of a white or greenish yellow colour, and some degree of pain in passing the last drops of water; or when there is swelling and induration of the lymphatic glands of the penis. *Silicea* or *Hepar s.* is sometimes required after *Merc.* in the latter case; and *Capsicum* is often useful in removing any ardor urinæ that may remain. *Sulphur* is still more frequently required than *Mercurius* after the inflammatory stage is over, and particularly when the discharge has become serous, and a feeling of uneasiness alone remains in the urethra when voiding urine. In painless gonorrhœa accompanied with swelling we have generally given *Merc.*, *Sulphur*, or *Silicea*, at the sixth potency: a few globules night and morning for four successive days. We now come to the treatment of the severer forms of gonorrhœa. Here the employment of *Aconitum*, *Cannabis*, and *Cantharides* is especially called for. The curative power of these remedies in such cases is frequently very striking, and the rapidity with which they afford relief highly satisfactory. *Aconitum* is more or less useful in most cases of gonorrhœa occurring in young and vigorous subjects, and attended with headache, restlessness, and other febrile symptoms;

but it is almost indispensable where the inflammation is severe and extensive, the pain during micturition excruciating, the glands, or indeed the entire penis, much swollen, and the sufferings greatly exacerbated by frequent or almost constant erections (priapismus). In such cases a drop or two of *Aconitum* at the third or sixth dilution may be added to an ounce of water, and a dessert-spoonful given every six hours. Relief is generally obtained after the first dose, and it is rarely necessary to continue the medicine after it has been taken for the third time. *Cantharides* is generally required after *Aconitum*. It may be given from six to eight hours after the second or third dose of the latter, when the intensity of the pain and any febrile irritation which may have been present have yielded, but the dysuria, ardor urinæ, and chordee still continue distressing. *Cantharides* may be exhibited without the previous employment of *Aconite*, when there is no marked degree of constitutional disturbance, but the scalding during micturition and the chordee are very severe, and the discharge is greenish and tinged with blood. It may be prescribed at the sixth dilution, and the dose repeated in from six to twelve hours according to circumstances. *Cannabis* is sometimes required after *Cantharides*, especially when the dysury proves obstinate; and when *Cannabis* effects little or no improvement, *Petroselinum* may be administered. We have occasionally found the alternate employment of *Petrosel.*, *Canth.*, and *Cannabis* requisite before the continuous urging inclination to pass water and the torture during micturition could be subdued. *Mercurius* or *Sulphur* are not unfrequently useful in completing the cure, when the before-mentioned remedies have removed the active inflammatory symptoms.

"Treatment of the Second Stage of Gonorrhœa. When the disorder has reached the chronic stage before the patient seeks advice, we must generally expect to encounter more difficulty in effecting a cure, than during the first or inflammatory stage; the more so, if the patient has previously drugged himself with large and long-continued doses of cubebs or of balsam of copaiba, or has fruitlessly persevered for some length of time in the employment of astringent injections. In a number of cases, early benefit has been derived from the use of *Capsicum*, *Mercurius*, *Sulphur*, and *Acid. nitr.* *Capsicum* has chiefly been recommended when the discharge is whitish and purulent, and ardor urinæ is still experienced when making water. *Ferrum*, *Pulsatilla*, and also *Nux v.* have been stated to be useful when *Capsicum* failed to remove the symptoms

quoted. *Sulph.* and *Merc.* are considered the most useful in general cases, when the patient has previously been under a course of copaiba or cubebs. *Acid. nitric.* is often very serviceable in gonorrhœa as soon as the inflammatory stage is over; but generally requires to be followed by *Sulph.* if the pain has subsided, but the discharge continues. When the inflammation had evidently extended far down the urethra, we have found much advantage in the use of *Cantharides* and *Cannabis*, and in some cases from *Nux v.*, when the discharge was serous and scanty, the desire to pass water frequent, and urgent, the act of urination painful and difficult, the stream of urine broken or forked; in short, when the symptoms presented the *appearance* of the formation of stricture or a tendency thereto. In addition to the above medicines, *Acid. nitricum* may be mentioned as a useful remedy in gonorrhœa secundaria or gleet; also *Sepia*, *Lycopodium*, *Cubeba*, *Silicea*, *Calcarea*, *Thuja*, *Natrum m.*, and *Dulcamara*. When, in consequence of errors in diet, the use of wines, spirits, acids, &c., an increased discharge takes place, accompanied by frequent desire to urinate, and some scalding pain, *Nux v.*, or one or more of the other remedies enumerated above, as *Cannabis*, &c., must be resorted to. *Tussilago petasites* (in the dose of two teaspoonfuls of the expressed juice of the plant, or of the water containing the plant in a macerated condition) has recently been recommended as a most efficacious remedy in recent as well as chronic gonorrhœas. If aggravation follows the first dose or two of the medicine, it must be given in a weaker or more diluted form. A case of ophthalmia which had existed for two years, and had made its appearance after a suddenly suppressed clap, was cured by the employment of this remedy.*

"When there is a complication of gonorrhœa and chancre, or when the discharge from the urethra is found to proceed from chancres within the tube, *Mercurius* should be prescribed. And when there are condylomata on or in the vicinity of the genital organs, or there is reason to suppose that the discharge from the urethra is of sycosic origin, *Thuja* and *Acidum nitric.*, or *Cinnab.*, *Merc.*, and *Sulph.*, are the principal remedies with which the cure is to be accomplished. Against symptomatic buboes *Carbo animalis* is considered as one of the most efficacious remedies. *Silicea* and *Mercurius* may also be named as likely to be useful in some cases.

"If cystitis ensue in consequence of the extension of the inflammation to the mucous membrane of the bladder, *Cantharides* and

* Rosenberg, Gr. u. St. N. Arch., 1—2. 80.

Cannabis will claim the principal attention. When swelled testicle results from the sudden suppression of a clap, *Clematis*, *Sulphur*, and *Pulsatilla* form the most appropriate remedies. And when *rheumatism* or *ophthalmia* are produced, the medicaments enumerated in the respective chapters on these affections must be employed. It sometimes happens that pains in the region of the prostate are complained of for a considerable length of time after an attack of gonorrhœa, which prove particularly troublesome during erections, and occasionally incapacitate the individual affected for riding on horseback. Their removal is, in general, accomplished without difficulty by means of *Pulsatilla*, *Thuja*, *Sulphur*, *Lycopodium*, or *Capsicum*."

A little further on at p. 482, etc., we find the following account of his mode of treating lues.

"The remedies we employed were *Mercurius vivus*, *Merc. corrosivus*, *Acidum nitricum*, *Hepar s.*, *Acid. phosph.*, *Lycopodium*, *Sulphur*, *Silicea*, *Arsenicum*, *Carbo v.*, *Lachesis*, *Thuja*, and *Sepia*. In the selection of these we were guided by the state and appearance of the sore, and varied the potencies according to the habit of body of the patient. Where *Mercury* had not been previously employed, we prescribed it for all sores which presented an indurated base and margin, whether they secreted and were covered with a tenacious or a thin offensive matter, and we should certainly most unwillingly dispense with this valuable remedy in such cases, notwithstanding the bad repute it has acquired, from the frightful effects which have so frequently arisen from its abuse in the hands of our Allopathic brethren. Such results can never take place in Homœopathic practice, assuredly not, in the hands of any one at all deserving of the name of a Homœopathic practitioner. Where the health of the patient was remarkably good, and the sore neither of long duration, nor had in any way been aggravated by previous treatment, we have repeatedly succeeded in effecting a cure in from ten to fourteen days, by means of MERCURIUS VIVUS, 6.* A few globules (about a dozen) night and morning, for five or six days, and subsequently on the ulcer assuming an healing aspect, every second or third day. In other cases, especially in torpid constitutions, it was found requisite to have recourse to the third, second and first triturations, and to the second

* The highest potencies of *Mercurius* (200 and upwards), are said to have recently been employed in Germany, with unequivocal benefit in the treatment of chancre.

and third of *Mercurius corrosivus*, giving ¼ to ½ a grain daily until a copious discharge of healthy pus supervened, or the excavation began to be filled up with healthy granulations. As soon as either the one or the other of these changes took place, a pause of three or four days was made. At the expiration of that period, a few more doses were generally sufficient to effect a cure in the last-named instance; but in the former, if no signs of granulation made their appearance, (which however, was rarely the case), a dose or two of SULPHUR 6 produced a favorable effect. If, on the other hand, granulations appeared, but instead of being firm and florid, they were pale, flabby, and prominent, ACIDUM NITR. 3 answered better. Again, when, after the previous employment of *Mercury*, the sore improved somewhat, became less cartilaginous at the base, and finally filled up with florid but too elevated granulations, and remained hard at edges, was very painful and irritable, bleeding rather freely at the slightest touch, and secreting a thin, acrid, offensive discharge, ARSENICUM brought about a healthy and otherwise favorable action. Nevertheless, a few doses of *Sulphur* or *Acid. nitr.* were sometimes required to complete the cure, after the employment of *Arsenicum*, especially when the ulcer had spread rapidly, and attained a large size at the commencement. From four to six or eight weeks generally elapsed before a cure was established in these cases.

"When there was excessive pain, swelling and inflammation, and these symptoms did not yield to the employment of *Mercurius*,—*Sulphur* and *Aconitum*, in alternation, every twelve hours, gave relief. In other cases, the exposure of the part to the vapour of hot water, together with spare diet and the recumbent position, were sufficient to allay the excessive irritation. The dressing, when the ulcer was neither very irritable nor extremely painful, consisted of a small piece of lint. Great cleanliness is requisite in all kind of sores; and when the chancre is located under the prepuce, and the latter is much swollen and inflammed, water should be thrown up between the prepuce and glands by means of an appropriate syringe.

"The remedies which we employed against the ulcer with raised edges were *Acid. nitricum*, *Hepar s.*, *Sulphur*, *Arsenicum*, *Silicea*, *Nitro v.*, *Lycopodium*, *Acid. phosph.*, *Sepia* and *Mercurius*. Most of the cases treated had already existed from six to eight weeks, and had been subjected to a smart Mercurial course, both outwardly and inwardly. ACID. NITRICUM and HEPAR S. were generally required. To the former the preference

was given when the gums were severely affected, and when aching pains were complained of in the bones; the sore itself not painful, yet disposed to bleed easily and profusely, presenting no signs of central granulation, and having the margins elevated and spongy-looking; or when there was a tendency to the production of condylomata (sycosic complication), with secretion of a thin sanious discharge. The dose consisted of one drop of the third dilution, at first, night and morning, then daily, and subsequently every other day, according to the results. *Sulphur* 6 and *Thuja* were sometimes required after *Acid. nitr.* had effected all the benefit it seemed capable of. The former when cicatrization proceeded slowly and imperfectly; and the latter (both outwardly and inwardly), when excrescences continued to form and to discharge profusely. HEPAR SULPHURIS proved particularly useful when the mouth and gums exhibited unequivocal signs of mercurial action, and when the sore was painful, irritable, and had assumed a disposition to spread rapidly. A quarter of a grain of the third or second, and in some instances the first, trituration, were given night and morning, at the commencement of the course, for four days; then daily, for a like period, and subsequently every second or third day. SILICEA, and at other times *Acid. nitric.*, were sometimes called for to complete the cure, after *Hepar s.* had subdued the more prominent symptoms of mercurial aggravation, and given a healthy character to the sore. *Sulphur*, as has already been observed, is sometimes of much utility in promoting healthy granulation in the Hunterian chancre, and is also of great service in sores which present a red or blueish margin, and display a tendency to take on a bad character; but it is especially in the treatment of the superficial ulcer with raised margins that we have derived the most satisfactory results from its employment. When a sore of that character occurred in a strumous habit, or in persons of lymphatic or bilious temperament, who were subject to hœmorrhoidal attacks and obstinate constipation—when, moreover, the edges of the sore were spongy, very sensitive, and prone to bleed rather copiously, however gently the prepuce might be drawn back—and, finally, when the secretion from the ulcer was thin and ichorous, or thick, yellow, and rather copious, but the centre of the ulcer flat and presenting no signs of incarnation, we never failed to derive the most satisfactory results from the employment of *Sulphur* 6, ten or twelve globules daily for from six to eight days, and then at longer intervals, if we perceived that the medicine had made a favorable alteration in the appearance

of the sore. It was rarely that any other remedy was required to complete the cure when *Sulphur* was indicated as above. *Arsenicum*, *Carbo v.*, and *Silicea* were found very useful when the ulcers had been rendered irritable by a free use of stimulating applications under Allopathic treatment. *Arsen.* or *Carbo* was equally beneficial when the margins of the sore were jagged, sharp, and undermined; the discharge thin, acrid, and offensive; the ulcer painful and liable to bleed somewhat copiously when slightly touched. *Carbo v.* received a preference to *Arsenicum* when the patient bore evidence of having been under a course of *Mercury*, the breath emitting the peculiar fetor, and the gums looking inflamed, spongy, and ulcerated. *Silicea* was sometimes requisite after the two preceding medicines, when they had produced great improvement, but seemed inadequate to effect cicatrization. When the sore was inflammed as well as painful and irritable, and the discharge dicoloured, or thin and bloody, the granulations indistinct or altogether absent, *Silicea* was of vast service. These medicines were prescribed at the sixth potency, and in the same manner as *Sulphur*. *Nux v.* and *Pulsatilla* were occasionally employed with advantage when the appearance of the sore was altered by intemperance in eating and drinking. *Mercurius*, from the reasons already specified, was rarely an available remedy in this form of chancre; but in two instances in which it had not previously been employed, or at all events in unusual moderation, it was productive of unequivocal benefit at the sixth potency. The sores in the cases in question occurred in subjects of lymphatic temperament and of plethoric habit, and displayed an active spreading character; the secretion being at the same time acrid, ichorous, and rather copious.

"In some very obstinate cases of superficial chancre, where the sore assumed all the characteristics of an indolent ulcer, the margins being thick, rounded, and prominent, without the slightest appearance of granulation, or if any granulations formed, they presented a pale and flabby appearance, *Lycopodium* and *Phosphoric acid* proved very serviceable. The former particularly in persons of lymphatic temperament and mild disposition, with tendency to habitual constipation; the latter in spare, debilitated subjects, who had been addicted to excessive indulgence in venery. When neither of these were sufficient to establish a cure, *Sepia* and *Sulphur* brought about the desired result. These, then, were the principal remedies which we employed with unequivocal benefit in the treatment of the *Hunterian* and *superficial chancres;* and in not one instance did the

slightest appearance of constitutional or secondary symptoms supervene. Considerable advantage accrued from the simultaneous external employment of the appropriate remedy in some cases, when the sores were of a very indolent character. As regards the treatment of the two other kinds of primary sores, viz. the *phagedenic* and the *sloughing*, we cannot say much, having had only three cases of the former, and none of the latter under our observation; but we have every reason to conclude that the Homœopathic remedies would, when timely resorted to, readily succeed in arresting the progress of the disease. In the three cases of phagedenic sores above alluded to, two of them had previously been injudiciously treated by overdoses of *Mercury*, and had been further aggravated by the employment of irritating external applications. *Hepar s.* 3, *Lachesis* 6, and *Acid. nitr.* 3, soon brought on a healthy action in these, and effected a cure. The remaining case, which bordered closely on the sloughing ulcer, yielded to *Arsenicum* 6 and *Silicea* 6. We found a striking change for the better in the appearance of the sores, from the internal use of *Arsenicum* and *Lachesis*,—the livid red or blueish margins soon assumed a healthier colour after their employment. The other remedies exerted perhaps a more favorable influence over the process of granulation. Against the true sloughing ulcer, *Arsenicum* must, doubtless, be an efficient remedy; it corresponds, both in its pathogenetic properties and those which have been derived from clinical observation, so closely to the local and constitutional symptoms of the disease. *Lachesis*,—and *Silicea*, *Bella.*, *China*, *Mezereum*, *Hepar*, or *Acid. nitr.*, might also be found useful, if not indispensable, in many instances."

The remaining portion of this part of the work treats, among other things, of gout, rheumatism, diseases of the eye and ear, nose and mouth, scurvy, goitre, nightmare, rupture, dropsies, scrofula, diseases of the bones, and casualties, such as wounds, fractures, burns, hydrophobia, &c. Into this forest, thick as Dante's, we should be afraid to enter without Virgil for our guide, and so we shall pass on to the treatment of the other sex, in all that relates to their peculiar functions. But this we find we must reserve for our next number.

BIBLIOGRAPHICAL NOTICES.

1. MANUAL OF HOMŒOPATHIC THERAPEUTICS, *by* C. BÖNNINGLAUSEN, M.D. *Translated from Dr. Roth's improved French Edition by J. Laurie, M.D. &c.* London, H. Baillière, 1847.

THE work before us is an arrangement of the various medicines of the materia medica in a certain order, according to the symptoms they produce or have cured. It is divided into seven parts. In the first part, all the remedies are classed according to the symptoms in connexion with the moral and intellectual faculties. In the second part, they are arranged according to the seat of the symptoms and the functions involved in them. In the third part, according to the kinds of pains and sensations they cause. In the fourth, according to the phenomena connected with sleep. In the fifth, according to the effects on the circulation and fever. The sixth part contains the etiology; and the seventh a concordance of the medicines among themselves. Five different kinds of type and signs [thus: 1. ACON., 2. CALC., 3. *hep.*, 4. puls., 5. (zinc.)] point out the importance of the different medicines relative to the particular symptoms under which they are ranged. The first indicates that the remedy has that symptom best marked in its pathogenesis, or is most frequently employed against the symptom in question. The second shews a remedy less distinguished, although as much recommended by practice as by the characteristics of the medicament. The third and fourth are next in importance; and the fifth shews that the medicine is doubtful in connexion with the symptom and not sanctioned by experience. In the seventh part, the same signs denote the degrees of similarity existing betwixt the different remedies. We may remark that the concordances are much too general to be of much practical use. There can be no question of the utility of the design of the other portions of the book in assisting the practitioner to discover the proper remedy for a given case of disease; but we think this utility would have been no way diminished, but rather much increased, had the author confined himself to the patho-

genesis of the medicines, and not made clinical experience the only authority for some medicines, indicated as most important in relation to certain symptoms, and as determining the value of the medicines relative to others; for clinical experience may be erroneous, and is, at all events, constantly altering the value of remedies.

With respect to the translation we may observe, in the style of Goldsmith's critic, that it might have been better if the translator had taken more pains. Thus, in section 3, a slight transposition of parts was necessary, in order to preserve in the translation the alphabetical arrangement of the original; but though the alphabetical heading A. B. C. &c. has been carefully preserved, the order of the French work has, strangely enough, been left unaltered, so that under B, we have *Ebullition*, under F, *Weakness;* under G, *Sphacelus, Frostbitten Limbs*, and *Swelling;* under L, *Fainting Fits;* under M, *Uneasiness, Contusions;* under N, *Blackness;* under P, *Heaviness, Wounds*, &c; so that did we not know that the French for *Wounds* began with P, for *Swellings* with G, &c. we should have to search the whole section in order to find what we wished.

Notwithstanding the minor defects we have pointed out, we hail this work as an important addition to our English Homœopathic literature.

2, *A Domestic Homœopathy restricted to its legitimate sphere of practice, together with rules for diet and regimen*, by EDWARD C. CHEPMELL, M.D. 8vo. London, Baillière.

3. *Hints for the use of a few Homœopathic Medicines.* Edited by G. ALSHORN, Homœopathic Chemist, Edinburgh.

THE very titles of these two works indicate an improvement—they are bonâ fide domestic, and make no further pretensions. They require no greater knowledge for their instructive perusal then may be attained at any grammar school. Dr. Chepmell's work is as well executed as it is conceived. About a third of it is devoted to general directions as to regimen and diet; and the bill of fare he presents is so extensive and engaging that we trust it will dispel the notion that Homœopathy is akin to the

"Hunger-cure." The same good sense, both in what is admitted and what is omitted, pervades the other parts of the volume, and we heartily recommend it as a sound, safe and useful household friend. The other book, if such a microscopic production deserve that imposing appellation, is Homœopathic every way: its size precludes the idea of prolixity, and it is perfectly clear and unambiguous. It is evidently intended as a companion to the smaller medicine-boxes, and will be found as satisfactory as works of much greater magnitude.

HOMŒOPATHIC MEDICAL INTELLIGENCE.

PROCEEDINGS OF THE BRITISH HOMŒOPATHIC SOCIETY.

January 6th, 1848.—Mr. KIDD read a paper "*On the Dysentery of Ireland in* 1847."—(See last No. of this Journal.)

Dr. GILIOLI highly applauded the scientific skill displayed by Mr. Kidd in his treatment of the dysentery, and his philanthropic zeal in devoting himself to the mission. He differed from him with respect to the wholesomeness of Indian meal; the peasantry of Lombardy fed almost entirely on that article of diet, and they were healthy enough; to be sure the peculiar disease *pellagra*, to which they were very subject, had been attributed by some to this food, but this he did not believe; on the contrary, he considered maize an excellent dietetic article.

Mr. METCALFE would ask the author if the great enlargement of the abdomen he alluded to, was found in the acute or the chronic cases of dysentery?

Mr. KIDD replied, in the chronic only.

Dr. CHEPMELL said no allusion was made to any post mortem examination of those dysenteric cases which terminated fatally. He would enquire if the Allopathic physicians of the town knew the object of Mr. Kidd's visit to Bantry; the statistics of the Homœopathic treatment of the disease were certainly most valuable. He should like to see regular statistics of the Homœopathic treatment of the late influenza, with notices of the more important cases, where there was accompanying inflammation of the respiratory organs, &c.

Dr. MASSOL thought that Mr. Kidd's observations would have been more instructive if he had given a more perfect history of dysentery in general, and of this epidemic in particular.

Dr. HAMILTON said it would be interesting to know if the severity of

the fever and dysentery differed with the locality in which it occurred. In corroboration of Mr. Kidd's views respecting the cause of the enlargement of the abdomen, he would mention that the aborigines of New Holland, who lived almost entirely on roots, had enormous abdomens and very emaciated limbs, but that those who dwelt near European habitations, and had a more animal diet, gradually lost these characteristics.

Dr. DUDGEON had only one objection to make to Mr. Kidd's excellent essay, and that was with respect to the physiological reasons Mr. Kidd brought forward to account for the enormous enlargement of the abdomen in the children affected with the chronic form. He held that here was no analogy with the changes that took place in the intestinal tube of carnivorous animals fed on vegetable food. In them the changes did not take place rapidly, but were developed in successive generations, and consisted of an actual addition to the alimentary canal of sound normal structure; whereas the enlargement Mr. Kidd had observed was of comparatively rapid growth, and was evidently abnormal and morbid, from the nature of the evacuations, and the emaciation attendant on the disease. To allow the intestines to be increased in size and length for the purpose of adapting themselves to a vegetable diet, the parts must be in a healthy state; but in the dysenteric cases the enlargement was evidently morbid and not healthy in character. If he might hazard an opinion, he would say that the enlargement probably depended on an increase in the thickness of the mucous membrane, together with enlargement of the mesenteric glands, and probably the accumulation of flatulence, which might be present without producing a tympanitic sound. The instance of the inhabitants of Australia, which Dr. Hamilton had adduced, was not a case in point; for in them the greater development of the intestine was the result of successive generations of root-eaters; and he believed it was not found that these large bellied individuals themselves became small bellied by resorting to a better diet, but that their descendants did so; he cited the case of the Bosjesmans exhibited in London, who notwithstanding a civilized and nourishing diet still retained their enormous abdomens.

Dr. PARTRIDGE asked, might not the dysentery have been owing to the same malaria that produced the fever, as dysentery was often an attendant on epidemics of fever? He had no doubt the maize had a material influence in predisposing to dysentery. In tropical climates it was observed that bowel complaints were always very frequent at the period of the maize harvest. Maize possessed nutritive qualities superior to potatoes, though inferior to wheat. Corroborative of the irritant action of the former, he would mention that he had seen a distinct eruption of nettle rash in a horse that had been fed on green corn. He suggested whether the enlargement of the abdomen did not depend on an hypertrophy of the intestines. Youthful subjects were more disposed to hypertrophies than those in advanced life.

Mr. ENGALL did not think Mr. Kidd's explanation of the enlargement of the abdomen satisfactory. He would ask Dr. Gilioli if a similar enlargement was observed in the peasantry of Lombardy who were fed on maize?

Dr. GILIOLI—No.

Dr. NEVILLE WOOD observed that a mere change of diet would often produce affections of the bowels, and this altogether independent of the nutritive or wholesome properties of the substituted article of food.

Dr. QUIN would like to know from Mr. Kidd the reason why in the fatal cases he had recorded, when the Mercurius corrosivus and Nux failed, he had not recourse to some other medicine?—Sulphur for example, which remedy he had often found efficacious in similar cases, more especially when prolapsus ani existed; another remedy he had found very useful in this state of the bowels was Ignatia, which was especially indicated where fever and unquenchable thirst were present. In the debility which followed, Mr. Kidd gave Arsenicum, Rhus, and China; he had sometimes found these fail, and experienced good effects from the Sp. Eth. Nit., after the administration of which the return of tone to the system was often very prompt. He had been called to a case of typhus, in the last stage, which had been given up by the Allopathic attendants as hopeless, and gave Sp. Eth. Nit., principally to interpose between the effects of the Allopathic and Homœopathic remedies, and the improvement that followed was most remarkable. In the anasarca following dysentery he had found Bryonia useful, and also Belladonna. He was not satisfied with the explanation given of the enlargement of the abdomen; he did not see why the idea of its arising from flatulence should be excluded. Mr. Kidd's modesty had omitted a circumstance that had only come to his knowledge that evening, and which proved the estimation in which his services were held by those capable of judging of their value, viz., that he had received letters of thanks from the clergymen in the neighbourhood, and also from the Committee appointed for the distribution of food—copies of which were to be found in the new edition of Mr. Sampson's work.

Mr. KIDD had never denied the nutritive properties of Indian meal when properly prepared. Even horses when fed on it grow fat and strong. The bran of the corn, as there prepared, was full of small spiculæ of silica, which produced mechanical irritation of the mucous membrane; no doubt the maize would be very wholesome if properly prepared. He dared not hint about a P. M. examination, the peasantry were so prejudiced against it. He always recommended the patients to use instead of the maize, wheaten bread, or rice; but those they were seldom able to obtain. He at one time thought of writing a history of the epidemic; but he afterwards thought that it would be more useful and interesting to state merely what he himself witnessed, than to swell the essay with extracts borrowed from various authors. The very severe cases of dysentery were comparatively rare. The enlargement of the abdomen might b

part owing to the increased thickness of the mucous membrane, certainly not to enlargement of the mesenteric glands, and no amount of flatulence could be detected, sufficient to account for it. In the fatal case detailed the medicines given were those which appeared most Homœopathic to the case, in which he had had little time to try any variety of medicines, as he only saw the patient twice.

March 2nd, 1848.—Dr. NEVILLE WOOD read a dissertation "*On the Treatment of Diseases each by a single remedy.*"

Dr. MADDEN said they were indebted to Dr. Wood for bringing forward a most interesting and important subject. He could see that in a theoretical point of view Dr. Wood was perfectly right; but his views could not be carried out practically. The provings of remedies only shewed them what could be done by keeping up a morbid action for a limited time. In practice, nine-tenths of the diseases they had to treat were the growth of years; however simple they might have been at first, they were rendered complicated by actions and reactions. Forbes said truly, in an article on Homœopathy in the *British and Foreign Medical Review*, that their provings had no strict resemblance to any known diseases; they might display the same sphere of action, but they did not find among them the exact counterpart of any disease. The class of Homœopathic practitioners called in Germany *Specifickers*, endeavoured to find one remedy for each disease; but they were the most slipshod practitioners in their ranks. Fleischmann of Vienna was a specimen of them; he was in the habit of writing on a board at the head of the bed the patient's disease and treating it with one single medicine, when he might succeed much better if he occasionally varied the medicine. Dr. Wood talked of the duration of action of a remedy, as if the medicine remained in the organism and effected all the changes produced. He believed the medicine did no more than excite the organism in a certain way, and that the changes subsequently induced were dependent on the previous state of the organism, not on the continued action of the medicine. He remembered a case recorded in the *British Journal of Homœopathy*, in which a violent critical diarrhœa occurred after the administration of Aconite, but that was not the effect of the Aconite. He believed what was called the duration of action of a medicine meant the setting up of a curative action which went on for a certain length of time; it was like the stroke of a whip to a horse, which kept the horse going for a considerable time after it had ceased to be felt. He admitted the fixing of one remedy for each case of disease was a desideratum in practice; but he thought that except in the case of some acute diseases, the practice of single medication must be the exception, not the rule.

Dr. CHEPMELL thought the notion that every disease might be treated by a single remedy could not now be realized; in consequence of the complicated nature diseases presented from the admixture of constitutional and

acquired taints. One remedy would scarcely suffice for the treatment of a case of actual disease, *e. g.* the influenza, which commenced usually in the cephalic mucous membranes, then extended to those of the windpipe and its ultimate ramifications, causing first an increase of the nasal secretions, then tightness of chest and dry cough, afterwards profuse expectoration; now, one remedy was required for one stage, and another for the subsequent stages of this disease; no remedy covered all the stages. Whenever they could trace strumous or other additional morbific causes actually modifying the usual course and seat of a disease (whether dependent upon former remedial treatment, or upon those accidental circumstances which acted on all living beings), it would be found necessary to alternate remedies. He should have liked that Dr. Wood had given cases illustrative of his practice.

Dr. DUDGEON could not hope that they would ever attain to that great desideratum, a single remedy for every case; to have that, the symptoms developed by medicines must be analagous in their course to diseases; but this was not the case, the pathogeneses of medicines furnished them as it were with but fragments of diseases; whilst treating a case of disease one medicine would often effect such a change in the symptoms as to render its employment any longer useless, and the symptoms that remained pointed to another remedy. In treating a chronic disease they drove the disease by different remedies from one stronghold to another, until it was finally subdued. Dr. Wood had quoted Hahnemann's *Organon* in support of his doctrine of single medication; but Hahnemann's practice justified the employment of successive remedies in even acute disease; he would instance cholera, where the directions of Hahnemann himself were to give one medicine in one stage, another in another stage of the disease. Though there were few cases treated by Hahnemann on record, yet among the most recent would be found instances of the administration by the master of several successive remedies.

Mr. ENGALL thought the giving but one remedy for each case would tend to routine practice. They could not have one remedy for every disease, for the same disease frequently presented so many different characters. Thus rheumatism in one might be increased by movement, when we should require to give Bryonia; in another it might be relieved by motion, which would lead us to Rhus. A plan of treatment the reverse of what Dr. Wood advocated had been pursued by some amateurs, who mixing all the medicines of the Materia Medica together, formed thus a compound they designated *omnium*, which they prescribed in every case, alleging that the activity of the medicine depended solely on the receptivity of the system, which would from this hotch-potch select the proper one only. He had seen the omnium tried, but had not been encouraged to administer it from the results of the experiment.

Mr. METCALFE, when first commencing Homœopathic p[illegible] in the habit of changing his remedies, in accordance with [illegible]

opinions resulting from Allopathic practice, and was often reminded of the Homœopathic law by finding the cure was retarded by the change; thus in a case of pneumonia which was progressing favourably under the use of Bryonia, he was induced to give Phosphorus, which at that time was in great repute; but the case grew worse and he had to return to the Bryonia, which completed the cure. He had had other cases in which one remedy alone had sufficed. He might mention a case of acute rheumatism, which was treated with Bryonia alone. He was of opinion that in functional derangements and in those acute cases which had a tendency to resolution, one remedy would often suffice, while in those cases which terminated in effusion, suppuration, or ulceration, several remedies would be required.

Dr. PARTRIDGE held that the cases curable by single remedies must be few, and rather belonging to the class of chronic than of acute diseases. He had recently had three cases of erysipelas of the vulva in children under his care: *belladonna* was at first administered with benefit, but subsequently the disease spread over the nates and back, and the *belladonna* ceased to produce any benefit; it was suggested by a colleague to administer *pulsatilla*, which was followed by the happiest effects.

Dr. QUIN, after expressing his opinion of the great importance of the subject brought before the Society by Dr. Neville Wood, and complimenting him upon the clearness and admirable order in which he had recorded his views, observed that although he (Dr. Q.) was ready to go so far with the author of the Essay in condemning a too frequent and a too rapid change of medicines in treating each particular case, he much feared that the attempt to treat disease by a single remedy in the present state of Homœopathy, would, in the great majority of cases, lead to most unsatisfactory results. It was true that Dr. Wood was borne out in his views by certain remarks to be found in Hahnemann's works, but the fact must not be lost sight of, that many of the sentiments expressed by Hahnemann in the *Organon* and in the prefaces and introductions to the records of the provings of the medicines in the different volumes of the Materia Medica, were the earlier opinions of their illustrious master, and that they were much modified and changed in later years. In estimating their just value, various circumstances attending Hahnemann's practice and opportunities for observation must be taken into account. When he published the earlier editions of some of his works he lived at Cœthen, where he remained entirely secluded in his own house, never crossing his threshold; his practice consisted entirely of patients who visited, or of cases of disease, reports of which were conveyed to him either by word of mouth or by writing. A large proportion of his patients lived at a distance from him, in Germany or in foreign countries, and sent him reports of their condition, probably at intervals of weeks or months; he had thus little opportunity of watching the progress of acute diseases, and the immediate changes produced upon the symptoms by the remedies, consequently it is to be presumed that much of what he wrote at that time was dictated by the natural wish to prevent

too much or too frequent medication. In later years, particularly after he removed to Paris, he altered his mode of practice; he used there to visit patients, and had more frequent opportunities of observing and treating acute diseases, and watching the changes superinduced by the medicines; this convinced him of the necessity of repeating and of changing the medicines much more frequently than he had previously been in the habit of doing. He observed that while treating a certain case of disease, symptoms would arise in its progress which demanded another remedy, this led to his plan of administering remedies by olfaction, and subsequently to give them in solution frequently repeated. Thus his practice was materially modified when he came more frequently in contact with acute disease. But still even in Paris his practice, owing to his great age, consisted more of chronic than of acute diseases; his patients consisted chiefly of the poorer or the richer classes who came to his house for advice. It was greatly to be regretted that he never had the opportunity of applying his system in an hospital. No doubt had he had an hospital under his care, his great powers of observation and extraordinary quick perception of the immense variety of signs and phases of disease and of the operation of medicines, would have suggested further modifications of the rules for practice originally laid down by him. He (Dr. Quin) admitted that some cases of disease might be cured by a single remedy; thus measles was often cured by Aconite alone, but symptoms often arose in the course of the disease which Aconite could not reach, when they were forced to have recourse to other remedies. Belladonna alone was often sufficient to cure Cynanche Tonsillaris, but in many cases Mercurius, Pulsatilla, and Arsenicum were also required to complete the cure. Syphilitic warts were generally curable by Thuja, but many cases resisted the powers of this remedy unless it were alternated with Acidum Nitricum. Again, although Aconite was almost specific in some cases of pleurisy, there were others in which Bryonia, Rhus, Nux Vomica, or some other medicine was indispensable. In the present day, pure and uncomplicated cases were seldom met with; a simple disease arising in a constitution tainted with psora, with syphilis, or with sycosis, or in cases such as he had had the misfortune to meet with, where all these three morbific causes were in operation at the same time —no single remedy could meet the various indications that sprung up in consequence of the aggression of the casual simple disease. A variety of remedies might be required to succeed one another before the accidental malady could be got under. Dr. Wood had alluded to these points, but he had put them forward as exceptions, whereas he (Dr. Q) was sorry to say that his experience would lead him to the opinion that diseases seldom presented themselves in their specific form, and this was the reason that a change of remedies was essential for their cure. With respect to Dr. Wood's observation about the duration of action of a medicine, they must not look for the same duration of action from small doses of medicines as had been observed in those who had taken repeated large doses for a

considerable number of days to prove the medicine. He agreed with Dr. Madden in considering the symptoms that sprung up after the administration of a medicine, as the effect of the impulse given to the organism by the medicine, but not as a proof of the enduring action of the medicine. He could not agree with Dr. Wood in considering a succession of remedies as at all akin to polypharmacy. He might instance the late epidemic of influenza as an example of the necessity of varying the medicines. At its commencement it generally had an inflammatory character, demanding the employment of anti-inflammatory medicines, such as *aconite*, *belladonna*, and *nux vomica*, it would then sometimes assume a typhoid character, requiring the employment of a totally different class of remedies, such as *arsenic*, *rhus*, *&c.*; but yet these last remedies would not have answered at the commencement, any more than the former medicines would in the second stage of the disease. If they laid it down as a rule to stick by one remedy only for each case of disease, he felt convinced the inefficacy of their treatment would be proved by the surest of tests, the falling off of their practice. It was a step in the right direction to attempt to simplify treatment, but it was impossible to lay down any arbitrary rule on the subject. He agreed with Mr. Engall in thinking that a routine practice would be apt to arise from the plan proposed by Dr. Wood, instead of its being prevented. Homœopathy was still in its cradle, and much remained to be done in order to simplify their mode of treatment, but they must be cautious how they set about it. One case of his (Dr. Quin's) had been quoted by Dr. Wood, in which one remedy alone had cured a severe case of tic douloureux of long standing; but Dr. Wood would remember that at the same time that he observed this case, he must have seen other cases in which he (Dr. Q.) had prescribed several remedies successively. He repeated that he thought the cases in which single medication was effectual, the exception, not the rule. A case presented itself with symptoms which were not covered by one sole remedy, but which required several remedies to correspond to all its symptoms; would they do wrong to prescribe those remedies in succession? He thought they would thereby shorten, in place of prolonging the treatment; and if the patient were properly instructed how to report the changes taking place in his malady, they would avoid the confusion feared by Dr. Wood, and be able to learn the effect of each remedy, and omit or continue to prescribe that remedy which was followed by an improvement in the symptoms. He was chary at the beginning of a treatment of choosing a remedy for a chronic case of very enduring action, *e. g.* Sepia, whose action was said to last for fifty days, unless well assured of its thorough Homœopathicity to the case; he rather preferred giving medicines at first of short action, although each singly might not appear quite so Homœopathic. An important point of practice was the prescribing of antidotes to former Allopathic remedies, thus in patients who had been drugged with mercury he had often effected surprising and prompt results by merely giving the

antidotes to that drug, *pulsatilla, sulphur, acidum nitricum, &c.* before commencing the regular Homœopathic treatment of the disease itself. With respect to the *omnium* mentioned by Mr. Engall, it put him in mind of the practice said to be pursued of old in China when the emperor was sick, all the first physicians in the town were called together, each prescribed his remedy, all the prescriptions were mingled together and administered to his imperial majesty—if his majesty recovered, all the physicians were handsomely rewarded, but if the reverse, a grand holocaust of all the doctors was made, their heads being all chopped off,—a practice not likely to gain favour in that or in any other medical society.

Dr. Wood expressed his satisfaction at the discussion that had ensued on his paper. Most of the members seemed to think he wished to effect a sudden revolution in practice; but he had distinctly said, that in the present state of Homœopathy, the exclusive practice of single medication was impossible. He had intended to bring forward cases in illustration of his principle; but he could not have done so without infringing on the time allowed for the reading of a dissertation. It had been alleged by Hahnemann and his followers that certain medicines had a long duration of action, among the rest were *silicea* and *sulphur*. If one of those remedies were given two or three days after the other, how could they tell whether the effect produced was not a double action? Perhaps they did not yet possess a remedy that prevented all the stages of a disease, as for instance of influenza; but he did not doubt that such remedies would be one day discovered. He could not see that single medication could ever lead to routine practice, because they would then require to be still more careful in the selection of the proper remedy.

The Cholera in Moscow.

(Extract of a letter dated 16th October, 1847.)

"The patients often die in 24, 30, 36 hours, sometimes quicker. The number of those attacked is as yet small compared with the population; in general only those of the lowest class, drunkards, &c., are carried off. *Veratrum* is useful in the premonitory symptoms; ipecacuanha, or veratrum and ipecacuanha alternately, according to circumstances, is serviceable in the commencement of the cholera, with nausea, vomiting and diarrhœa; in a few hours amelioration and convalescence sets in; but these remedies should at that period be repeated *often* and in *strong* doses—the first dilution, three or four drops at once. *Veratrum* appears to be the chief remedy; cases occurred where the patients had already dark blue spots when they first came under treatment; here *arsenic* in strong doses did good. Bad cases were cured by *veratrum* and *arsenic* in alternation. The main thing is to get aid in the premonitory symptoms, wherefore it is best to have the Homœopathic remedies ready in the house. Frictions with hot vinegar are good to produce an irritation on the skin and favour the occurrence of perspiration."—*Hygea*, xxii. p. 568.

Homœopathy in Russia.

A letter from Dr. Johannsen, of St. Petersburgh, in the January number of the *Hygea*, gives an account of the state of Homœopathy in the dominions of the Czar. From this we learn that, except in the large towns, there is a great scarcity of medical men of any persuasion throughout the empire, still more so of Homœopathic physicians; but, on the other hand, there are very many landed proprietors who practise the system of Hahnemann on their own estates, as is evident from the vast number of Homœopathic medicines that are sent into the country from the central Homœopathic laboratories of St. Petersburgh and Moscow. Much good is done by these amateur practitioners in the way of curing their dependents. St. Petersburgh, Moscow, and Riga are well supplied with Homœopathic practitioners, but not many of the other large towns of the empire. It is chiefly among the upper classes that Homœopathy is in vogue. In St. Petersburgh, for the last two years, the half of a government hospital for women, containing 100 beds, has been put under Homœopathic treatment. The Minister of the Interior wished it to be entirely devoted to Homœopathic practice, but it was resolved to keep half of the beds under Allopathic treatment, for the purpose of comparing the results of the two. No obstructions are made on the part of the Government to the practice of Homœopathy; it is perfectly legalized, there are licensed Homœopathic laboratories, and a scale of charges for the medicines fixed by authority. Among the medical counsellors of Russia one Homœopathist has been nominated. It is allowed to Homœopathists to prepare and dispense their own medicines.

Homœopathy in Edinburgh.

At the time when there was the greatest apprehension of the appearance of the Cholera, a meeting of the Committee of the Homœopathic Dispensary was held, at which it was resolved to appoint a deputation of that body to wait upon the Lord Provost and offer the services of the medical officers of the institution to undertake any charge that might be committed to them, in case of the city being divided into districts, and hospitals instituted. The conference accordingly took place between some of the most influential members of the Committee and the Lord Provost and some members of the Town Council. It was stated by the latter that no decision had yet been arrived at respecting the steps to be taken if the Cholera appeared, but the Lord Provost expressed his willingness to put himself again in communication with the body representing the Homœopathists of Edinburgh before any arrangement of the nature alluded to was made.

Homœopathy in Belfast.

On the 15th of March, a meeting of the friends of Homœopathy in that town, was held for the purpose of presenting Mr. Mac Gregor with a

testimonial, in the form of a gold watch and highly complimentary address; and also for taking the initiatory steps for the establishment of a Homœopathic Dispensary in some central part of Belfast. Mr. Mac Gregor made a very appropriate and encouraging reply, and the meeting resolved that both the address and the reply should be published in some of the local newspapers, which was accordingly done.—See the *Northern Whig*, Belfast, March 18th, 1848.

Liverpool Homœopathic Dispensary.

The annual report of the above institution informs us that the number of new patients admitted from the 1st January, 1846, to the 1st June, 1847, was 4,078, and the number of prescriptions dispensed 20,382. The total number of patients admitted since the first opening of the Dispensary in November 1841, to June 1847, was 14,624, and the total number of prescriptions dispensed during that time was 73,091. It further informs us that the Treasurer has in his hands a balance of £212, which it is hoped by the Committee will be the nucleus for a fund, which may in the course of time be sufficiently augmented to allow the establishment of a Homœopathic Hospital in Liverpool. When we consider that this dispensary is conducted on entirely gratuitous principles, and that patients are not even required to bring a recommendation from a subscriber in order to receive the advantages of the institution, the flourishing state of funds above mentioned speaks volumes for the munificence of the inhabitants of Liverpool, and the practical interest they take in the extension of the benefits of Homœopathy to the poorer classes. There is not in London a free Homœopathic Dispensary that can boast a similar flourishing condition.

Edinburgh Homœopathic Dispensary.

The first report of this dispensary informs us that it was founded in 1841, and that since then 9,656 persons have availed themselves of the advantages it offers. An analysis of the residences of these various patients is interesting, as it shows the distance that will be travelled by the poor in search of health, and the wide spread reputation of Homœopathy in the Land of Cakes. 8,049 were inhabitants of Edinburgh, 1,123 came from Leith, 83 from Musselburgh, 75 from Newhaven, 56 from Portobello, 20 from Kirkcaldy, 19 from Linlithgow, 26 from Dalkieth, and 15 from Glasgow, the rest came from other parts of Scotland, as Perth, Dundee, Lanark, Forfar, and Inverness. Orkney, the *ultima Thule*, yielded its quota of six patients. The funds which had for some years been in a declining state, are now, we are glad to see, in a more flourishing condition. The ordinary physicians of the institution are, Drs. Russell, Wielobycki, Lyschinski, and Sutherland. Consulting physician, Professor Henderson. This dispensary is conducted entirely on gratuitous pr

Leeds Homœopathic Dispensary.

The report of this institution for the year ending November 1847, shows its increasing popularity. The number of patients treated in 1845-6, was 444, while in 1846-7, there were 931 patients. The financial statement shows a balance of near £100 in the Treasurer's hands. The physician is Dr. Irvine.

Northumberland and Newcastle Homœopathic Dispensary.

The report for the year ending December 1847, shews us a total of 688 patients treated during the year. The physician of this Dispensary is Dr. Hayle. As in the Leeds Dispensary, two classes of patients are received, ordinary patients who are treated gratuitously, and extra-ordinary patients who pay a small monthly contribution. Without discussing at present the propriety of having a paying class of patients attached to dispensaries, we would recommend all who adopt such a plan to have the financial concerns managed entirely by a committee, who should draw up periodically a statement of the affairs of the dispensary, in order to prevent the imputation that the physician derives any remuneration from a nominally charitable institution. We are glad to observe that this has been done by both Dr. Hayle and Dr. Irvine.

Announcement of Prizes.

Dr. Leon Simon, President of the Hahnemannic Society of Paris, at the meeting of the Society in November last, announced his intention of offering a prize of 300 francs to the author of the best essay on the following subject :—"*By the aid of what method may we succeed in establishing a system of Homœopathic pathology? What part should pathological anatomy play in this system?*"

The competition is open to all Homœopathic physicians, members of the Society or not.

Essays may be written in French, Latin, English, German, Italian, or Spanish; they must bear a motto, corresponding to one on a sealed envelope, containing the author's name, and must be sent to the Hahnemannic Society by the 1st of November, 1848.

The *Société de Médecine Homœopathique* of Paris, not having received any competing essays for one of the subjects announced in the 4th vol. of this Journal, offers the same subject for competition during the current year: it is—

"*To give the history of acute pleuropneumonia in infancy, manhood, and old age; to describe with care all the shades of symptoms by which this affection manifests itself, and by which one kind is distinguished from another, and to show the Homœopathic agents, which the materia medica pura requires for combating each of these pathological varieties.*"

A gold medal value 300 francs will be awarded to the author of the best essay.

The essays written in French, Latin, German, English, Italian, or Spanish, must be sent, post paid, before the 1st November, 1848, to Dr. Arnaud, Secretary of the Society, Rue Pinon, 22, Paris.

Each essay must bear a motto, corresponding to one on a sealed letter containing the name of the author.

We may remind the members of the British Homœopathic Society that Dr. Quin's prize for the best essay "*On any class of diseases dependent on, or modified by, sympathy, their causes and Homœopathic treatment,*" is still unawarded, and that the competition will be open to all members till the 10th of July, 1848, by which time the essays must be forwarded to 111, Mount Street, Grosvenor Square.

MISCELLANEOUS.

ALLOPATHIC PROVINGS.

We willingly avail ourselves of all addition to our knowledge of the pathogenetic effects of remedies, and all confirmations of their effects as we know them through the labours of Hahnemann and his disciples, from whatever source we can obtain them. Thus, we were much pleased some time since to find that the Society of Physicians in Vienna (Allopathic) had appointed a committee to prove, on their own persons, various medicines, and looked forward with satisfaction to the time when the results of the labours of that committee should be recorded in the pages of their Journal. We were much disappointed, however, to find, in the report of the procedings of this society contained in the No. for December, 1844, not an account of the effects of the medicines on each individual of the proving committee, but only a statement of the general effects produced, *i.e.* the effects common to all or most of the provers. The medicines proved were *Chelidonium*, *Belladonna*, *Arnica*, and *Chamomilla*. We hardly think the following loose report of the effects of these medicines will be very serviceable to us, but we give them as we find them.

"I.—Of *Chelidonium*, the *extractum alcoholico-aquosum* and the *extractum pharmacopœae Austriacæ* were taken by twelve members, in doses of from 2 grs. to 4 drachms in the day, and the following phenomena were observed:—

"1. In the *digestive apparatus:* sourish or saltish bitter taste, similar or bitter eructation, increased mucous and salivary secretion in the mouth

and fauces, amounting in one individual to actual ptyalism, scratching and burning in the mouth, gullet, and stomach, pressure on the stomach, increased peristaltic motion of the bowels, disgust, nausea, vomiting, furred tongue, pasty taste, generally increase, in one case only loss of appetite, emission of flatus, increased evacuation of the bowels, only diminished in one instance.

"2. In the *vascular system:* no symptoms.

"3. In the *nervous system:* confusion of the head, headache in the forehead, dimness and weakness of the sight, desire for sleep, illusions of smell.

"4. The *secretions;* (*a.*) of the skin unaffected; (*b.*) the saliva and mucus as above; (*c.*) the urine at one time increased, at another diminished, darker coloured; in two cases of a resinous odour.

"Here it is to be remarked that the effects were not constant and did not increase in proportion to the dose; that the larger doses produced disgust, vomiting, pressure in the stomach, and furred tongue; that the nervous symptoms were but slight in degree; and lastly, that in some the evacuations, even after the use of the medicine, continued to be more copious and regular.

"The *tinctura chelidonii* was taken by eleven members, in from five to 200 drops at a time. The phenomena observed were: spirituous bitter taste, increased secretion of mucus and saliva, warmth and burning from mouth to stomach, rare eructations, slight disgust, retarded evacuations; confusion and pain in the head, slight vertigo, restless sleep, lively dreams, cloudiness and illusions of the sight, ringing in the ears, weariness and disinclination for exertion; urine generally darker—in two cases of a resinous smell. In one case an eruption of pimples broke out on the face.

"II.—The *extractum herbæ Belladonnæ* was taken by twelve members, in doses from ⅛ to 1½ grains in the day. The constant phenomena, which were only modified by the individuality of the experimenter and the size of the dose, were:

"1. In the *digestive apparatus:* weak aromatic taste, uncomfortable continued dryness of the lips, of the buccal cavity and fauces, with desire for drinks, and only temporary relief by drinking, redness of the mucous membrane of the fauces, eructation; pasty taste, furred tongue, diminished appetite, disgust, nausea, pressure on and spasms of the stomach, flatulence, and flying pains in the abdomen, easy and at the same time loose evacuations of the bowels.

"2. In the *vascular system:* at one time increased, at another diminished pulse, palpitations of the heart, of the carotid and temporal arteries, with heat and redness of the face; feverish symptoms, congestion in the head.

"3. In the *nervous system:* difficulty of moving the tongue, impeded speech and deglutition, confusion of the intellect and hallucinations, humming or ringing in the ears, sensitiveness of the eyes; weak sight, diplopia, confusion and emptiness of the head, pressure, general and

partial headache, vertigo, reeling as if slightly intoxicated, general feeling of illness, sullenness, weariness, which in one case amounted to almost a paralytic state, changeableness in the feelings of temperature, restless sleep, sleeplessness or torpor, vivid dreams.

"4. In the *secretions:* the cutaneous transpiration more or less increased to diaphoresis; the urine sometimes darker coloured, increased, or sometimes diminished.

"Occasional symptoms were: more frequent erections, breaking out of a papular eruption or of boils in the face, itching and moisture in the perinæum, temporary exaltation of the general feelings, with remarkable cheerfulness and agreeable feelings, slight epistaxis.

"The nervous phenomena generally occurred after the third or fourth dose; the gastric and congestive symptoms, which were also the longest, continued after the larger doses, and when the medicine had been used for a considerable time.

"III.—*Extractum florum Arnicæ* was taken by eight members, in doses from 1 to 12 grs. once a day. The phenomena observed from its use were:

"1. In the *digestive organs:* bitter taste on swallowing it, flying pains in the abdomen, in the epigastrium and right hypochonder; eructation, disgust, yawning, dryness of mouth and throat, burning of the tongue and palate, oppression of the stomach, increased appetite, flatulence, firmer and less frequent evacuations of the bowels.

"2. In the *vascular system:* Stronger beat of the heart, frequent blowing of the nose with traces of blood, slight epistaxis, swelling of the hæmorrhoidal vessels.

"3. In the *nervous system:* confusion and fulness of the head, slight pressure, partial headache, vision of sparks, itching of the skin and eyes, comfortable feeling or exhaustion, restless sleep, vivid agreeable dreams.

"In one individual a *hydroa* appeared on the lips, and one person subject to periodical hæmorrhoidal hæmorrhage observed fulness and pressure in the lumbar region, burning and shooting in the anus, and increased soft motions with considerable loss of blood.

"It should be here remarked that the above phenomena neither appeared in all the experimenters nor bore a fixed relation to the increase of dose, for by the use of larger doses, symptoms which had formerly occurred lessened or vanished entirely, without others taking their place. Some of the provers were almost not at all affected by this medicine.

"IV. Five members took *extractum Chamomillæ* in doses of from 2 to 24 grs. in the course of the day. Although but slight effects were produced, the following symptoms were observed during its use, though they did not occur in all; bitter aromatic taste, eructations, oppression of the stomach, nausea, disgust, inclination to vomit, pinching in the abdomen, diminished appetite and evacuations, flatulence, yawning, hiccough, furred tongue, rapid pulse, palpitation of the heart, increased

heat, thirst, confusion of the head, rush of blood to head, headache, weariness, excited irritable temper and restless sleep."

. One of the members of this proving committee, Dr. Schneller, gives in a subsequent No. of the same Journal a more particular account of his own proving of the above medicines, as also of some others not tested by the other members: his report of his own trials still leaves much to be desired; he tells us, however, that although he registered carefully every symptom developed in him while taking the medicines, he has selected from the diary he kept only such as he could positively say were the direct effect of the medicines, and owing to no other cause.

The mode he adopted was this: he was generally ignorant of the medicine he was taking, in order to be uninfluenced by any preconceived ideas whilst making the trials; he generally took the dose two hours after breakfast, in increasing doses, during from fourteen to thirty days, with occasional intermissions. The medicines he thus proved were *Rheum*, *Arnica*, *Chamomilla*, *Chelidonium*, *Aconitum*, *Cicuta*, *Hyosciamus*, *Stramonium*, and *Belladonna*.

1. *Rheum*. He began with 2 grs. of the *extractum rad. Rhei aquosum*, increasing the dose daily by 2 grs. until at last he took 38 grs. for a dose. The total amount taken was 380 grs.

After the first two doses, he experienced, besides the peculiar nauseous taste, chiefly frequent empty eructation soon after taking it, and subsequently rumbling and twisting of the bowels, tension and pain in the right umbilical region, with discharge of fetid flatus giving relief. Under the larger doses the eructation and production of gas was somewhat less; on the other hand the tension of the abdomen increased; gripings set in (five to six hours after taking the medicine), which were sometimes relieved by increased pappy stools, sometimes they went gradually off, of themselves. On many days two stools occurred, whilst on many others, even when rheum was taken, there was no, or at most a scanty hard evacuation. When the dose amounted to 6 grs. the urine became more scanty and darker coloured, its temperature increased and the smell not disagreeably aromatic, but not at all that of rhubarb. Along with this was pricking and slight shooting in the urethra. The peculiar colour of the urine commenced an hour and a half after taking the medicine, and continued for about four hours after leaving it off. The dose of 26 grs. produced, besides the increase of the above phenomena, feeling of indisposition. Soon after taking the

subsequent doses, there occurred disgust and nausea, oppression of the stomach, rumbling in the bowels, disagreeable pasty taste, frequent spitting of fine frothy white fluid, with diminished appetite; the urine scanty, reddish brown, cloudy, and warmer; the stools rather increased, always pappy, never serous, with some tenesmus. At other times was observed frequent palpitation of the heart and oppression of the chest; pulse fuller and quicker, especially towards night; irritable disposition.

The two last doses of 36 and 38 grs. increased the first mentioned symptoms to a great degree. It would soon have amounted to absolute vomiting, had he not repressed it by a great effort; the distended abdomen was painful to the touch, there occurred shooting in the right hypochonder, tormina in the umbilical region; emission of flatus with relief, increased evacuation, dark urine. Besides these, general feeling of indisposition, shuddering, fatigue of the limbs, tension in the back, anorexia, confusion of the head, excitement in the vascular system, and irritability of temper. These symptoms gradually disappeared; the motions became hard and unfrequent, the urine remained for a day of a darker colour;—in three days all was normal.

These symptoms add little or nothing to our knowledge of the pathogenesis of *Rheum*. Dr. Schneller thinks they prove that its action is more on the muscular coat of the intestines than on its mucous membrane.

2. *Arnica*. The dose used was a grain of the watery extract of the flowers, increased every day, for eleven days, by 1 gr.: so that the last dose was 12 grs.: the total amount taken was 78 grs. Up to the dose of 6 grs. nothing particular was observed, except a bitter rather disgusting taste, and increased production of gas in the bowels; the sleep was besides very restless and diminished. The symptoms produced by the doses of from 7 to 10 grs. were, besides the foregoing, a sensation of burning in the tongue and soft palate, as if from pepper or from swallowing a hot liquid, which set in particularly three hours after taking the medicine, and was confined to the anterior third of the tongue, on which nothing abnormal was visible; the appetite was unaffected. During the doses of 11 and 12 grs. the burning decreased and was only felt on the point of the tongue; in the middle of the lower lip several vesicles appeared, containing a clear fluid and soon drying into scabs. In the evening

there was once slight epistaxis from the right nostril. The nights were restless, the dreams very vivid.

3. *Chamomilla.* He commenced with 2 grs. and increased the dose daily by 2 grs., so that by the 12th day he took 24 grs.: the total amount taken was 156 grs. Whilst taking from 8 to 14 grs. besides the disgusting taste, the following symptoms occurred:— Soon after taking the medicines, slight palpitation of the heart; in the evening flying stitches in the right side of the chest, near the fifth rib, anteriorly, lasting a short time and increased by deep inspiration; besides these, on taking 12 grs. he had slight stitches in the cardiac region, the appetite lessened, the head warm and confused. During the large doses, from 16 to 20 grs., these painful feelings declined and symptoms of deranged digestion ensued, viz. oppression of the stomach, discharge of wind upwards and downwards, yellow furred tongue, diminished appetite, increased rapidity of pulse, increased temperature of the body, and a gloomy, irritable disposition. During the two last doses of 22 and 24 grs. the flying stitches in the cardiac region again appeared, but were not confined to this part; the pain extended, at one time of a shooting, at another of a drawing character—now right, now left—down the legs to the dorsum of the foot and ankle, then back to the right shoulder or hip, or left side of the head. The derangement of the digestion increased, disgust at food ensued, costiveness, palpitation, increased rapidity of pulse, and peevish disposition. These symptoms continued for some days after leaving off the medicine.

4. *Chelidonium majus.* This was proved twice: once as tincture, and then as extract. The tincture was prepared according to Hahnemann's formula. He commenced with 5 drops, increasing, for the first six days, 5 drops daily; afterwards 10, 20, and 30 drops, so that he took 140 drops the last day; altogether 625 drops. Whilst taking the 3 first doses he noticed: feeling of burning in the gullet, empty eructations, some increase of mucus in the fauces, increased heat of face, urine and fæces somewhat increased, sleep restless. During the doses of from 20 to 50 drops, the burning and eructations increased, the taste was insipid, the tongue furred white, the secretion of mucus in the hot mouth increased; in the mucous membrane of the lower lip a vesicle, filled with limpid serum, appeared, which, after bursting, grew flat and disappeared: there was besides pressive frontal and occipital headache. Under the last

doses of from 70 to 140 drops appeared drawing pains in the muscles of the chest and back, as also in the teeth; besides which there appeared a papular exanthema with red base on the upper lip and right cheek, disgust, eructation, fulness in the abdomen, burning in the urethra, frequent call to micturate, with increased secretion of a clear pale urine; sleep restless.

Of the Extract of Chelidonium he began with 10 grs. increased daily by 10 grs. so that the last dose taken was 100 grs.; altogether 550 grs. Up to 60 grs. the gastric symptoms were the prevalent ones, viz. disgust, eructations, rumbling in the belly, oppression of stomach, white tongue, discharge of flatus from the bowels, flying stitches in the right leg, and, three hours after taking the medicine, a peculiar burning, with increased redness of the face. Whilst taking the following larger doses of from 70 to 100 grs. pimples and pustules appeared in the face, especially in the frontal and temporal regions; on the cheek, the ala nasi, and the upper lip, chiefly of the left side, they came in groups of three or four: sixteen were present at the same time; besides these there appeared a small furunculus about the middle of the right under jaw. Whilst the pustules in the face dried up, fresh ones appeared, which, after leaving off the medicine, disappeared in a few days. The urine was increased and the stools darker coloured; there was also slight confusion of the head.

5. *Aconitum.* Of this the extract was used. The smallest dose taken was ½ a grain, increased daily by ½ a grain, until it came to 9½ grs.; afterwards 20½ grains were taken, and lastly 26½ grs.—altogether 188½ grs. Up to 4½ grs. nothing was observed except gripings and increased heat in the abdomen. From 5 to 9½ grs. there was first pressive frontal and occipital headache, especially about noon; to this were added increased heat of the body, some palpitation, a fuller pulse, and a kind of mental uneasiness, that did not allow him to remain long at one occupation. At the dose of 7½ grains there occurred scraping and burning in the gullet, diminished appetite, and yellow furred tongue. At 9 grs. the conjunctiva of both eyes, especially towards the inner angle, began to be highly injected. The four last strong doses produced, besides an increase of the above abdominal symptoms and headaches, the following: dryness of the fauces, slight stitches in the side of the chest, then in the cardiac region and left hypochondrium; at the dose of 24½ grs. he had in the dorsal and lumbar regions, along the *m. sacrolumbalis*

and ***longissimus dorsi***, on both sides of the spine, such a violent drawing pain, increased by pressure, that every motion of the body was difficult: this went off after five hours, but passed into the antagonist muscles, the ***recti abdominis***, which were stretched as hard as a board. In eight hours tension of the abdomen alone remained. On taking the last dose of 26½ grs. three days later, there occurred wandering stitches in the left hypochondrium, in the back and head, tension in the lumbar region, persisting after three days; joined to this were increased warmth and redness of the face. There was great distraction, impaired memory and exalted spirits; the disposition was cheerful, the sleep restless.

6. ***Conium maculatum.*** Dr. Schneller began with 5 drops of the tincture, increasing daily by 5 drops up to 65; then he increased it by from 10 to 40 drops; so that at last he took 200 drops for a dose—altogether nearly an ounce. Up to the dose of 50 drops he only noticed some eructations, and, some time after taking it, rumbling in the bowels, which passed into gripings, or pressure in the epigastrium. During the dose of from 55 to 85 drops, besides the above there was shooting drawing pain in the tonsils, without any abnormal appearance about them, and burning in the gullet. From 100 to 200 drops the above symptoms continued in greater intensity, and there was a strong saline taste on the tongue, particularly observed in hawking up mucus—less so in the saliva: this continued several days, but was almost gone on taking the penultimate dose of 160 drops. Besides this there were flying stitches and tearings at one time in the cardiac region, at another in the hands, in the head, and in the legs. Calls to urine more frequent, appetite increased. He felt the drawing in the tonsils, and occasionally the taste a fortnight after the last dose.

7. ***Hyosciamus niger.*** This was proved twice: the first time in the form of *Extr. herbæ recentis Hyosciami alcoh. aquo. Ph. Bor.* He began with ¼ of a grain, and increased the dose daily by ¼ grain; the last dose was 5¼ grs.—total 57¼ grs. The first 4 doses produced nothing remarkable. Two hours after taking 1¼ gr. he noticed, dryness of the lips, of the tongue, of the soft palate, and of the whole mucous membrane of the buccal cavity; the tongue was furred yellow, the taste insipid; seven hours after taking 1¾ gr. there was confusion of the senses, weakness of sight, and some difficulty in speaking; a by no means disagreeable state—like slight intoxication. At 2 grs., besides dryness of the mouth and

throat with hoarseness, there was confusion in the frontal region, spreading afterwards to the sight and hearing, restless sleep, and scanty stool. From 3¼ grs. to 4 grs. there was considerable disgust after taking the dose; dull frontal headache, and in seven hours cloudiness and weakness of vision, with a normal state of the pupil; the dryness of mouth increased, the taste was disgusting, the tongue furred yellow; considerable swelling of the abdomen, with a necessity to breathe deeply, sour eructations, diminished stools; the pulse rather slow. From 4¼ to 4¾ grs. the dryness of the mouth diminished; the confusion of the head however remained; frontal headache on the left side, and amblyopia set in, as also frequent inclination to yawn, and sleepiness. Every evening, nausea. During the two last doses the above symptoms decreased in a remarkable manner: there was very little confusion of head; sneezing frequently occurred, with the sensation of an approaching coryza (which now developed itself); the sour eructations were frequent, the stool diminished, sleep good. Two days afterwards all was restored to the normal state.

The other preparation of Hyosciamus was the *Extr. herbæ recentis Hyosc. ex succo, Ph. Aust.* He commenced with ¼ gr. increasing the dose daily by ¼ gr.; he afterwards took larger doses, viz. 11¼ grs. and 18¾ grs.: altogether he took 87¼ grs. Whilst taking the first 7 doses he had tickling and burning in the throat, with increase of mucous secretion. On taking from 2 to 3¼ grs. the mouth became dry, the tongue furred white; there were slight gripings in the umbilical region, the voice became hoarse, the appetite lessened. From 3½ to 4½ grs. the dryness of the throat decreased, the voice regained its clearness; the other symptoms continued, and a peculiar drawing and tearing pain in the joints, especially the wrists and knees, came on, as also confusion of the head and attacks of giddiness. From 4¾ to 5¼ grs. the mouth and fauces became again extremely dry; a thick fur covered the tongue, the taste became insipid with disgust at food, and a bad smell from the mouth; head confused. Here and there small furunculi appeared on the face; the vision became weak, the conjunctiva somewhat injected. He left off for two days, when all became normal, except the injection of the conjunctiva. The dose of 11¼ grs. caused in an hour giddiness and reticulated vision, with frontal headache on the right side, soon followed by a prickling sensation in the arms and thereafter viscid perspiration on them; at same t[illegible]

heat, redness and congestion of the face, which went off in half an hour. The other phenomena of dryness, &c. came later; the nasal cavity also became dry, and painful at the root of the nose; very little mucus mingled with blood, was secreted. To this was joined empty eructations, oppression of stomach, slight gripings with soft stool, appetite much diminished, pulse accelerated, sleepiness. On leaving off the medicine for a day, the most of these symptoms disappeared. The last dose of 18¾ grs. was taken about half-past 7 o'clock, P.M. About a quarter past 8 there occurred slight vertigo, with cloudiness of vision and dilated pupils; sensation as of a foreign body in the eye; the upper lids felt heavy from sleepiness; the conjunctiva injected; the arms felt as if a warm air were breathed on them. At 9 o'clock the dryness of mouth occurred, with the usual accessories; the taste metallic, the head confused. At 10, eructation and nasty taste, with inclination to vomit; discharge of flatus. The mouth remained dry all night, as also the nose; the sleep was restless. In the morning the teeth and all the mouth were covered with a yellowish mucus, the taste disgusting, the voice hoarse. In two days all was right again; the furred tongue and diminished appetite continued longest. The motions were on the whole rather increased.

8. *Stramonium.* The first dose of this was 5 drops of the tincture; this was irregularly increased up to 120 drops: after some interval he took again 50 drops, and as a last dose 200 drops;—altogether about ¾ oz. Up to 30 drops for a dose he had only flying stitches in the gullet, pappy taste and rumbling in the abdomen. At 40 drops, after four hours, confusion of the head, dryness of the mouth; during the intermediate doses up to 100 drops these symptoms increased; the vision became somewhat weak, the nasal secretion diminished during the forenoon, increased in the evening; pappy taste, oppression of the stomach, and diminished appetite. These symptoms went off after omitting the medicine for several days. After 120 drops they returned, with some variations. In two hours there was nasty bitter taste, with yellow furred tongue; after three hours, spitting of white frothy fluid, dryness of the mouth and nasal mucous membrane, confusion of head; afterwards flowing of liquid, fœtid yellow mucus from the nose, with relief; hoarseness, difficult speech, drawing pain in the fauces, oppression of the stomach, inodorous eructations, want of appetite, with disgust at food, some thirst for some fluids. In the evening most of these symptoms went

off. After leaving off for four days, on again taking 50 drops, exactly the same symptoms were experienced as when he took 50 drops before. He then took 200 drops; the same symptoms were repeated, and in addition frequent yawning, with desire for sleep, which was, however, very restless; increased irritability of temper.

9. *Belladonna.* This was twice proved: first in the form of the *Extr. herb. Bellad. alcoh. aquo. Ph. Bor.* Dr. S. began with $\frac{1}{8}$th gr. for a dose, and increased it for twelve days by $\frac{1}{8}$th gr.; the last dose was $1\frac{1}{2}$ gr.—altogether $9\frac{1}{4}$ grs. Three hours after taking $\frac{1}{4}$ gr. there was pappy taste, with white furred tongue, and a feeling of emptiness in the stomach. From $\frac{3}{8}$ to 1 gr. there were, besides the above, dryness of the mouth and larynx, hoarseness, collection of white tough viscid mucus in the mouth, with frequent spitting; the tongue adhered to the palate; the appetite was diminished. These symptoms developed themselves in the course of an hour, and gradually went off during the day; the hoarseness was still present in the evening. After $1\frac{1}{8}$th and $1\frac{2}{8}$th grs. the sensation of dryness extended to the nasal cavity, along with headache. The gastric symptoms increased to violent pressure in the stomach, inclination to vomit, swelling of the abdomen, formation of flatulence, and pinching in the umbilical region. On the skin of the face a slight pimply exanthema broke out, which suppurated slowly and dried up in a few days. The two last doses, $1\frac{3}{8}$th and $1\frac{1}{2}$ grs. produced all the above symptoms, but in a still greater degree. The dryness of mouth was excessive—so much so that he could scarcely speak, and desired drinks without actual thirst. The fauces were more red than natural and burning; in the face there was such an increase of heat that it actually glowed, became brownish red and turgid. In the evening there were always severe pinchings in the abdomen, followed by a soft motion; sleep restless. These symptoms continued in a lesser degree two days after the last dose. The second trial was with the *Extr. fol. Bellad. ex succo rec. Ph. Aust.* The smallest dose was $\frac{1}{8}$th gr. increased daily by $\frac{1}{8}$th, up to $1\frac{7}{8}$th gr.; then $4\frac{1}{8}$th grs. at once: total $19\frac{1}{8}$th grs. The first six doses produced exactly the same symptoms as the same doses of the former preparation. After $\frac{7}{8}$th to $1\frac{3}{8}$th gr. the head became confused, the vision obscured, the nose dry, sneezing occurred, and mucus mixed with blood was blown from the nose; besides this, great pressure in the stomach, in the cardiac region, and pain under the larynx, with hiccough, especially after eating. After $1\frac{1}{4}$ gr. the

head symptoms increased—pain in the forehead and discomfort in a great degree: the conjunctiva and tarsal edges of the lids were injected; the weakness of vision increased without any dilatation of the pupil. The weakness and relaxation of the genitals were remarkable, as also frequent call to pass water, and yet that could only be done after a great effort and *guttatim;* the urine was normal. After $1^6/_8$th and $1^7/_8$th gr., besides the above were dilatation of the pupil, heaviness of the lids, ringing in the ears, uncommon sleepiness and dulness of intellect. In three days all had returned to the normal state. The last dose of $4^1/_8$th grs. was taken at a quarter past 7, P.M. In less than three-quarters of an hour dryness of the fauces came on, with burning skin and hoarseness; soon afterwards frontal headache at the left side, vertigo, and dryness of the tongue. At half-past 8 his sight failed him: the letters swam whilst reading, and the vertigo increased on any movement of the body. About 9, there was dryness of the nasal cavity and dull frontal headache; the pupils somewhat dilated; taste pappy; bad smell from the mouth; pinching in the umbilical region; the fauces became reddened; swallowing difficult; pulse rapid. At half-past 9 the former weakness of the genitals was observed; micturition caused no pain, but although there was great desire, the urine flowed with difficulty, only after great effort. At a quarter to 10, frequent dry sneezing, with tickling, especially in the left nostril, and frequent burning at the back of the palate. The night was restless; the burning in the head, palate, and fauces considerable; the feet ice cold, and scarcely to be warmed; the urinary secretion much increased and more easily passed, bright yellow coloured, aud presenting nothing unusual. The following morning the head was still confused; lumps of tough mucus were hawked up and blown from the nose, with great diminution of the dryness; appetite diminished, tongue furred white. For a week afterwards he had sore throat, difficulty of swallowing in a great degree, with considerable reddening of the mucous membrane of the mouth and fauces; the tonsils slightly swollen; there appeared on the face, especially in the left cheek, along with increased heat, red irregular patches of the size of a crown piece, which disappeared and again returned. All these symptoms declined gradually, and at the end of a fortnight nothing abnormal was present.

These provings of Dr. Schneller and the Austrian Society owe their interest, not merely to the corroborative proof they afford of the accuracy of the provings of Hahnemann and his disciples, but also

to the evidence they furnish of the dissatisfaction of these physicians (some of whom occupy a distinguished position in the medical world) with the hitherto generally credited accounts of the action of medicines given in the standard works on materia medica, and their earnest desire to obtain some sure principle of guidance in the administration of remedies—a desire which does not stop at mere aspirations, but leads to practical results. We differ from the committee as to the propriety of only recording those results of the medicines common to all the provers: we hold, on the contrary, that there is instruction to be derived from every symptom which can be clearly referred to the action of the medicine, though occurring in only solitary cases. It will be observed too, from Dr. Schneller's proving, that his attention was much more directed to the objective pathological symptoms developed in himself than to those finer shades of change in the sensations, which assist us so materially in the selection of our remedies.

Dr. Schneller concludes his record with the following sentence, fraught with import to the Homœopathist:—

"Now we may ask, What does practical medicine gain from all these observations? The object of this essay was not to shew this; and when its therapeutic action is ascertained, it will be most conveniently demonstrated how far the physiological proving of the remedy is capable of being harmonized with its employment at the sick bed, or how far the former may give us a hint for the discovery of a hitherto unknown therapeutic relation. However this may be, the physiological action of a remedy is very useful as the complement to its therapeutic action—as explanatory of the latter it is indispensable."

There is of course but one principle upon which provings like those of Dr. Schneller and his associates could be useful to practical medicine; and it were no difficult task to shew from their own experiments, compared with the clinical experience of writers of their own school, that the diseases in which these medicines have been found serviceable correspond in symptoms to their action on the bodies of the proving committee of the Vienna Society. Viewed in connexion with the therapeutic maxim of contraria contrariis, or any any other principle except the Homœopathic, these records are useless, and the provers have suffered in vain; but contemplated by the light of the guiding star revealed by Hahnemann, that harmony betwixt the physiological and therapeutic actions of remedies so much desired by Schneller is at once perceived, and an advance is made in practical medicine of incalculable importance.

Brera on Homœopathy.

The following remarks upon Homœopathy by Professsor Brera, undoubtedly one of the most distinguished authorities in the Allopathic school, may not be uninteresting to our readers; they are extracted from an article by the learned and venerable professor in the *Antologia medicale*, of which he is editor, and were penned in the year 1834, since which time Homœopathy has made rapid and immense strides, not only in his own country (Italy), but also all over the world, and has gained a large number of adherents among medical men, to which the 500 practitioners spoken of by the author are but as a fraction.

After noticing the constant progress of the new doctrine which reckons "not less than five hundred physicians, who openly and courageously practise it exclusively," he goes on to observe, "Homœopathy though it may appear vain to some, singular to others, and extravagant to the greater number, does actually reign in the scientific world just like any other school; for it has its chairs, its books, its journals, its hospitals, its cliniques, its professors who teach, and its public who listen. It is consequently established as well as any other system, and its present position has already assigned it a place in the history of medicine. Such being the case, it can no longer be treated with contempt: it merits that calm examination, that severity of judgment, which have been applied to all systems of medicine successively, proofs of which we have in our own days had with respect to the systems of Boerhaave, of Cullen, of Brown, of Rasori, of Broussais, &c., and so much the more reason have we to treat it in this way, for, as we must in truth allow, the Homœopathists have their principle, on which they act and prescribe, and by which they only administer a substance of such a quality, and in such a quantity, that no danger can thereby accrue to their patients directly. If Homœopathy announces facts and theories, beyond the sphere of our present knowledge, this is no reason for despising it, and rejecting it as an absolute illusion. That physician is greatly mistaken who imagines that he cannot learn to-morrow what he is ignorant of to-day! Is not the insufficiency and incertitude of medicine a constant subject of reproach? And do not the sagest and profoundest practical physicians *honestly* mistrust the solidity of their knowledge? And without doubt it is to conviction of this sort, that we must attribute the resolution taken by a considerable number of celebrated physicians, more especially amongst our transalpine brethren, to conquer the repugnance naturally felt at abandoning principles formerly adopted, in order to devote themselves to an impartial examination of new ones; and, if necessary, to profess such as might be of use to suffering humanity, even if by so doing they should abjure their former medical faith! Let us not forget the animated controversies that have always ensued before the admission of the greatest discoveries. We need only instance the circulation of the blood in the 17th century, the employment

of bark and of inoculation in the 18th, as well as the discoveries of Galileo, of Newton, of Descartes, &c." "With respect to the dose apparently so minute, administered by Homœopathists, there is not a physician of any practice or experience, who ought to reject it as absolutely erroneous and inefficient *in every case.* The author of this paper had from his own experience in the year 1797, demonstrated that salivation excited by a mercurial preparation, was arrested by the administration of a smaller dose of another mercurial preparation. (v. *Comment. medic.*, v. I. p. 60.) He has cured several intermittent fevers of a very severe nature with mere atoms of *arseniate of potash* (*Annotaz. medico-pratiche sulle diverse malattie trattate nella clinica di Pavia negli anni* 1796-97-98, vol. I., p. 228). He has shewn that *belladonna*, which produces in the healthy individul phenomena similar to those of Hydrophobia, is a powerful remedy against this terrible disease. (v. *Com. clinico per la cura dell' idrofobia, l'anno* 1804, *in più morsicati du un lupo arrabiato, nelle memorie della società italiana delle science*, 7. xviii.) The same with respect to *datura stramonium* and *hyosciamus*. (v. *Dei contagi*, v. I. p. 91; v. II., p. 85.) He has observed angina pectoris relieved in an instant by a few drops of *stramonium*, which is itself capable of producing symptoms of cardiac affection, accompanied with dyspnœa. (v. *Prospetto clinico dell'anno scolastico*, 1821-22.) A hysterical gastrodynia which had for two years resisted antiphlogistics, sedatives, revulsives, and latterly *oxide of bismuth*, in ordinary doses, yielded as if by magic to small doses of *oxide of bismuth*, (one grain combined with sugar of milk, divided into 100 doses). Many similar facts might be adduced from his long practice. In the cases cited it was observation and experience which led him to such results; but he was guided to the principle on which they were treated by the three following circumstances:—1st. By the consideration of a passage in Hippocrates pointed out to him by the celebrated Blumenbach, when he attended his course of lectures at Göttingen, '*diseases are sometimes cured by remedies capable of producing an analogous affection;*' 2nd. By the action of the contagious viruses, more particularly those of variola and vaccinia, which attenuated to an almost immaterial state, and thereafter inoculated, develope after a certain space of time, such a powerful action that a process is lighted up in the organism by which the contagious atoms introduced are multiplied a million fold. 3rd. By a reflection on the ideas concerning the pathologico-therapeutical vicissitudes of the complex organism, first imbibed by the author at the school of Reil, at Halle, and afterwards enumerated by himself in his *Practical Medical Annotations, anno* 1796-98."

"We should always bear in mind that the more fine and subtle matters are, the greater are the effects they produce on living organisms. Light, heat, electricity, magnetism, are familar examples of this. The phenomena, which we every instant observe whilst studying nature, sufficiently convince us of the incomparable power of matter subtilised to an almost incon-

ceivable extent. We need merely allude to the well known experiments of Spallanzani, in reference to the fecundation of frog's spawn. The phenomena of sympathy and antipathy are apparently referrible to modifications of the most active and rapid character, excited in our senses by causes of a material nature certainly imperceptible, and doubtless subtilised to a greater degree than any Homœopathic remedy. And how many chemical reagents are there not, which do not act unless carried to an excessive degree of dilution by the addition of immense quantities of fluid? And do we not every day see the great reproductive power of atoms in the development and growth of vegetables?"

After this splendid preface which, from the favourable manner in which our doctrines are spoken of, we might almost suppose to have been written by a zealous adherent, it might naturally be expected that Professor Brera would thereafter recommend an unreserved adoption of the Homœopathic method of treatment, but alas no! What he defends so ably theoretically, he practically condemns by the following lame and impotent conclusion: "Homœopathy is only useful in some nonfebrile, chronic or nervous diseases, especially of women." And the very examples he adduces from his own practice, of Homœopathic cures, do anything but correspond to this description; he there speaks of intermittent fevers, hydrophobia, angina pectoris!

Chorea cured by Asafœtida, by Dr. HOFFMANN.

A girl nine years old, who with the exception of having suffered from catarrh and worms had always been perfectly healthy, suddenly began to eat inordinately, three times as much as was appropriate to her age. To this there supervened, grinding of the teeth, starting at night, transient griping pains in the region of the navel, especially after she had eaten anything sour. A month afterwards Chorea showed itself distinctly, the child constantly chewed and worked a quantity of frothy slime out of its mouth, with its swollen tongue. Her speech was unintelligible, and the constant convulsive tremors of the extremeties could be restrained by the hand of another person. The child always missed laying hold of anything she wished, and could not walk; the pulse was small, spasmodically contracted, rather quick, the tongue white, abdomen soft, distended, appetite bad, consciousness unaffected. After a number of vermifuge medicines had been tried in vain; *on account of the torpidity of the bowels*, a clyster with Asafœtida was given. Whereupon all the symptoms were mitigated, even the tremors of the extremities ceased as long as the clyster was retained, but upon its discharge the tremors returned. After this *Asafœtida* was given internally combined with *liquor am. succin.*, upon which all the symptoms of Chorea and the other functional disturbances disappeared. *The reason why no worms were observed to be passed by stool probably is that they had died, putrified, and lost their shape and colour, so as not to be recognisable.* (*Med. Zeitung*, 1844, *No.* 30.)

[This case is most instructive; it shows—1st. A cure by a substance that produces the symptoms to be cured—See Jœrg's proving of Asafœtida, in which "trembling of the whole body with small pulse," besides the other symptoms of this case, are minutely detailed. 2nd. That the right remedy was given entirely accidentally. 3rd. That an hypothetical and probably wholly false pathological explanation prevented the recognition of the cause of cure and made the experience useless.]—ED.

Clonic Spasm of the Muscles of the Face cured by Galvano-puncture, by DR. NEUHAUSEN.

This affection occurred to a man, 45 years old, after an attack of Rheumatism. Attacks of spasmodic action of the muscles came on after indulgence in spirituous liquors and exposure to damp and cold weather. At first leeches were applied to the affected part, and afterwards diaphoretics were tried, as well as Stramonium and Rhus, and all without benefit. At length the patient finding his sight affected by the spasmodic action causing squinting, put on steel spectacles. He noticed an immediate improvement in the spasms of the face after this, and Dr. Neuhausen was thus led to try the effects of galvano-puncture. After applying this remedy four times the patient was quite cured. The attacks were less and less after each application, and after the fourth remained entirely absent.—*Oester. Med. Wochenschrift*, 1845.

Melancholia intermittens tertiana cured by Arsenic, by DR. JEITTELES, of Prague.

A lady of weak constitution, 42 years old, nervous constitution, melancholy temperament, unhappily married, the mother of two children, whose birth was attended with much loss of blood, and their nursing with much loss of strength, had for a length of time complained of dyspepsia, oppression of the stomach, cardialgia, costiveness, and was besides morose, retired, quarrelsome, and discontented with the whole world. Instead of occupying her time with household matters, she passed it in novel reading, filling up the remainder by scolding and giving way to tormenting jealousy. After having been under medical treatment for long, in the country she was placed under my charge. On my first visit I found the lady much pulled down, which was accounted for by the dyspeptic symptoms she manifested. The temperature of the surface was diminished, the pulse was weak and contracted. She was indifferent to everything, scarcely answered the questions addressed to her, or answered them in a peevish tone; the eye had a fixed look, the expression of the face was frightened and anxious. Suddenly she gave vent to her tormenting jealousy in words and quickly fell, in spite of all admonitions to the contrary, into her

The following two days she was in tolerable health,

she was as bad as ever. I ordered *china* in strong doses with *Belladonna, Magister. Bismuth., acet. Morph., Pulv. cort. Peruv.*, in different forms and doses, but without any important benefit, only the digestion was improved. I then gave Fowler's solution of Arsenic, ten drops twice a day, and rose gradually two drops at a time. By persevering in this medicine alone, I had the satisfaction of seeing the patient in blooming health, free from all jealousy, and happy, in the course of five months.

I must observe that at first I considered the jealousy of this woman to be the cause of her whole disorder, but as this gradually subsided with the improvement of her bodily health, I apprehend that it arose from some unknown affection of the nervous system.—*Oester: Wochenschrift, 30th Nov.*, 1844, *No.* 49.

Scrofula cured by Mercurius Corrosivus.

By Dr. Jeitteles, of Prague.

Miss N., the child of healthy parents, but nursed by a scrofulous woman by whom she was probably tainted, for from her birth she bore the marks of a scrofulous constitution, 14 years of age, of lymphatic constitution and phlegmatic temperament, and very marked torpid-scrofulous habit of body, with enlarged mesenteric glands easily perceptible through the abdominal parietes, and the head covered with a thick crust of porrigo, had suffered from swelling of the glands of the neck from childhood, and for two years from contraction of the neck so that the head was drawn to the right side; besides this, she had pain which became intolerable on pressure between the second and fourth cervical vertebræ, the vertebræ themselves are swollen, and moving them excites violent pain not only in the part but also in the head. The patient cannot straighten the neck, the attempt to do so causes violent agony and even convulsions. The pain in the head which sometimes came on is stabbing, boring, and felt especially in the most prominent part of the side of the head and in the temporal region. In this part of the head the hair was of enormous thickness so as to resemble *plica polonica* and painful to the touch, and there are numerous small tumours not firmly attached and devoid of pain, perceptible under the scalp. The digestion is much impaired, the pulse is slow, the perspiration is offensive, and the pain is often so severe as to bring on convulsions.

Considering the whole affection to be scrofulous I ordered Antimonials, Nitrum Carbonicum, Aurum, Cicuta, Oleum jecoris aselli, mineral waters, baths, and a residence in the country, but without any benefit for nine months, except some improvement in her appearance. I then sent my patient to Töplitz; after six weeks she was somewhat improved in appetite and sleep, but after a month her former complaints had returned. I then gave the 20th part of a grain of Mercurius Corrosivus, once a day for eight days, and then the same dose twice a day. Some days afterwards the body

was covered with perspiration of a rancid smell which continued a long time. Under this treatment, with afterwards some sulphuric ether, the swellings of the neck lessened and disappeared, and in eleven months the whole system was restored to perfect health. — "*Oesterreich: Wochenschrift, Nov.* 1844. *No.* 49."

On the effects of Conium Maculatum,

By Hosea Fountain, M.D., of Somers. New York.

"I swallowed about twelve grains, to test its activity, and quietly awaited its effects. Half an hour passed away without any alteration in my feelings, when supposing the medicine worthless, I threw part of it, from which I was preparing some pills, in the street, and started on my daily ride. In a few minutes, however, I observed a dimness of vision, with bright points scintillating, or rather quickly moving, in the distance. This caused me to turn from side to side, to notice them; and from this cause, I suppose, I found myself reeling in the saddle. There was no vertigo or unpleasant sensation about the head to produce this effect, save a slight feeling of lightness. Very soon a numb, pricking sensation was felt in the fingers, extending gradually to the elbows, producing a stiffness of the muscles of the parts, making it difficult to move the fore-arm and hand. In a few minutes the same sensation was observed in the feet, creeping slowly upward until it reached the upper part of the thigh. The eyes now began to feel uncomfortable, causing me to brush them frequently, to clear apparent obstructions from the lids. The pulse was soft and feeble, but not more frequent than usual. In dismounting, about an hour from the commencement of the symptoms, I found so much difficulty in walking as to require assistance to reach the house, the inferior extremities appearing nearly paralyzed. So little pain or distress was felt, however, that I laughed heartily at the predicament I had so unwittingly placed myself in. Feeling anxious to get rid of this annoyance, as well as from the solicitude of those around me, I tried what effects smoking of tobacco would produce; I had been in the habit of using this luxury occasionally, and at this time had a strong desire for it. Whether from this cause or from rest and composure, I soon felt very much relieved. Vision became clearer; the limbs less troublesome; and whilst sitting, little or no apparent effects of the poison remained. On rising, however, the inferior extremities persisted in their unwillingness to move; but much less so than before. The whole day passed away without being entirely rid of these feelings, and it was not until I enjoyed my usual sleep that perfect vision was restored. I will observe, that the intellect appeared unaffected, the bowels and kidneys were not disturbed, neither was any soporific effect produced."— *From the American Journal of Medical Sciences. Jan.* 1846.

On the Variolaria Amara.

This has been of late much recommended in certain types of intermittent fever, more especially the quartan. It has been found most efficacious when administered the day after the attack. It is said to have cured many cases for which *cinchona* had been used in vain. According to Barreau it exerts a specific action on the tonsils and salivary glands; but this is denied by others. Constipation is a frequent consequence of its employment. Hitherto it has been given in large doses in the form of pill. —*Annal. de la Soc. di Méd. de Toulouse*, and *Gazette des Hopitaux*, 1844, *No.* 62; also *Œster. Wochenschrift, Aug.* 1844.

Case of Necrosis of the inferior Maxilla from the effects of the Vapour of Phosphorus, by F. S. Pluskal, *Surgeon in Somnitz.*

A scrofulous girl of 7 years old, used to play herself a great deal with lucifer matches; she carried them about with her, lighted one after another, and so amused herself. She took particular delight, in the evening when it was dusk, in observing the faint glimmer of the damp phosphorus, which she did almost every day. The parents, unaware of any danger, gave themselves no trouble about the apparently innocent amusement of their daughter. Gradually a red swelling appeared upon the under part of the chin; at first it was the size of a fourpenny piece, and quickly enlarged until it extended over the face as far as the eyes. Except upon the chin, however, the swelling remained pale and doughy. Upon the original swelling of the chin there was formed a group of pustules of the size of hempseed and larger, which, after discharging their thin turbid contents, formed an ulcer the size of a sixpence. At the same time the parts beneath became disorganized into a thin, slightly discolored offensive purulent mass. A disagreeable smell also emanated from the mouth. The gums and teeth, particularly the front teeth of both jaws, became loose from salivation, which set in at the same time; and the child, from the commencement of the affection, complained much of tooth-ache and headache. Within eight days the ulcer had destroyed the soft parts, even to the bone. Such was the state of matters when I saw the patient, and after I had convinced myself of the true cause of the affection, I judged that the following mode of treatment was best suited to check its progress.—The surface of the ulcer was kept moistened with a solution of Potash, and over this a compress of lint was laid, fastened by a simple bandage; the lint was changed every 24 hours, and then the ulcer was washed with soap and water. She also got a mixture of Aloes and carb. of Magnesia. Decoction of Gall nuts was used alternately with plain water, to wash the mouth and check the salivation. After the use of these means for ten days, three thin pieces of bone, the size of a bean,

detached themselves from the surface of the lower jaw at the chin, and on the following days other small very thin fragments of bone were observed upon the lint. Upon this the sanious discharge was arrested; the surface of the ulcer became clearer and began to discharge a thin pus, and to form granulations. Three weeks after the exfoliation, the ulcer was cicatrized.—*Œster. Med. Wochenschrift, Juli,* 1846.

[From the "LANCET" of Saturday, July 10th. 1847.]

Case of Poisoning with Sulphuric Acid. By Dr. CHOWNE.

H. G——, a widow about 52 years of age, was admitted on the 18th of May, suffering from the effects of sulphuric acid, which she had taken intentionally. She had been in the habit of drinking, and had become dejected in her spirits. She procured the acid at a druggist's: she took about a table spoonful in the street, almost as soon as she left the druggist's shop. She informed me that she was "strangled" the moment it got into her throat, and that she fell. A woman, however, who was close to her when she put the cup to her mouth, had time to take it from her before she fell, and this afforded an opportunity of ascertaining that it was sulphuric acid of the full strength.

About an hour and a quarter elapsed before she was brought to the hospital, and during that time she had not taken anything, but had been many times sick. It was not necessary to use the stomach pump. She drank very freely whatever was given to her. The usual alkaline antidotes were given, which were immediately returned in an effervescing state. The doses were repeated until what came up ceased to be acid—until, indeed, the rejected matters were alkaline.

During this process she complained of burning pain at the pit of the stomach: but about an hour after, this sensation subsided, and her most distressing symptom was extreme irritation of the throat, a feeling of suffocation and constant desire to cough, in order to remove the mucous phlegm from the fauces. There was also occasionally vomiting of small quantities of fluid, partly white and partly red-brown: the pulse was small and weak, varying from 100 to 110, and intermitting: the interior of the mouth looked rather white, as if milk had just been in it. She did not complain after the first two hours or thereabouts, of pain in the region of the stomach: and she bore pressure over the situation of the stomach without pain.

On the 19th, she remained nearly in the same state with regard to pulse, tongue, general appearance, and absence of pain, but with increased difficulty of swallowing, and extreme thirst. The throat was not particularly irritable, and the disposition to cough had abated. The epiglottis gave the impression to the touch of being more than twice its natural size. The voice was almost natural, shewing that the rima was little, if at all, in-

volved in the immediate effects of the acid. There was at this time excessively severe and extensive corrosion and destruction of the œsophagus, stomach, and duodenum, notwithstanding the apparently favourable state of the patient, so far as general symptoms and local pains were concerned.

In the course of the afternoon she succeeded in taking a fair quantity of fluid, sufficient to allay her thirst: she had also enemata of beef tea. Castor oil was prescribed, but she could not swallow it. The bowels were kept open by enemata, and she had anodynes to procure sleep and to keep the stomach also under their influence.

20th. She had passed a tolerably quiet night, without any fresh symptoms until the morning, when she began to breathe with difficulty, head cold, clammy sweats, and great depression: these symptoms, as is common in such cases, grew worse, and she sank rapidly, and died about 40 hours after taking the acid.

During the whole time, she had not the spasmodic contractions of the face and lips mentioned as being common in such cases.

Post mortem examination, 26 hours after death. There were no marks of acid having come into contact with the cheeks, nor indeed with any external part of the body: and we may conclude that she swallowed all that she took into her mouth. The mucous membrane of the cheeks, tongue, and gums, was not excoriated at any part: but on the palate near the velum it was destroyed. In the angle formed by the tongue and the epiglottis, at that part where they join, there were two deep excoriations. The epiglottis was covered by a thick layer, (resembling false membrane,) about as thick as a fourpenny piece: it came off quite easily. It appeared to be formed by coagulation of the mucus of the part, which in all probability increased very rapidly under the stimulus produced by the acid. The epiglottis was of a deep scarlet-red colour, intensely inflamed: but the mucous membrane was smooth, and not corroded. The rima glottidis appeared to have so far escaped contact with the acid as to have preserved its functions during life, and to appear quite natural after death. In the trachea, about an inch below the larynx, there were two small patches where acid seemed to have lodged, and corroded the mucous membrane: the whole of the larynx and trachea, and the beginning of the bronchial tubes were also extremely red, but otherwise healthy. The lining membrane of the œsophagus was of a dirty ash-red colour, and could very easily be stripped off in shreds; with care it might have been removed almost entire. The muscular substance of the œsophagus was extremely inflamed, and of a darker colour than usual. Between the muscular and mucous coats there were two patches (near together) where the inflammation had proceeded to suppuration: the pus was between the muscular coat and the lining membrane. The cardiac orifice of the stomach did not show any marks of the acid having been in contact with it. The large curvature of the stomach, at the cardiac extremity, had several strong ridge-like elevations, at small distances from each other: they were ob-

viously thickened by the acid, and the mucous membrane covering them was destroyed. It appeared as if the first effect of the acid upon the mucus covering these ridges was to coagulate it, so as to form a distinct film. This film was of course strongly impregnated with the acid, and by remaining in contact with the membrane, corroded it. The ridges were formed in lines about the fifth of an inch broad: at some places broader and running together, forming masses rather than ridges. Between the ridges the mucous membrane was natural (preserved most likely by corrugation.) Upon carefully examining the surface of the ridges, the first appearance was as if they were covered by a false membrane. Upon attempting to separate this, (by lifting it up with the edge of the scalpel,) it was found that the margin extended over sound mucous membrane, and could be separated. This free margin, however, was extremely narrow, not more than the sixteenth part of an inch. Within this, the mucous membrane was corroded and incorporated with it, so as to make separation impossible.

Some sulphuric acid was, by way of experiment, dropped upon the mucus, at different parts of the intestinal canal, where the mucous membrane was sound, and a coagulated film was produced immediately, similar to that spoken of, although thinner. Immediately after the formation of this film, it could be removed (scraped off) with the scalpel: but if it was allowed to remain more than a few seconds, the mucous membrane became corroded and involved with it. In order to ascertain with still greater certainty that the acid did convert the mucus into a film, a small quantity was scraped off from a healthy part of the intestines and placed upon the skin on the back of the hand, and subjected in like manner to the same sulphuric acid: the effect was the same—a similar film was produced.

At the pyloric portion of the stomach, the effect of the acid appeared to have been intense, and the appearances were very different: the mucous membrane was not destroyed, yet the mischief was extremely severe. There was a large patch, about the size of a crown piece, very much elevated, and making the stomach at that part not less than the third of an inch thick. Extravasation of blood had taken place under the mucous membrane, giving to the elevation (which was greatest in the centre) a black mulberry appearance. Small patches of extravasated blood were very visible under the membrane. The parts of the stomach around this elevated portion were also very much thickened. The thickening seemed to affect both the mucous and muscular coat. The pylorus was rather thickened, but not corroded. The lining membrane of the duodenum was in some places corroded by the acid, in the same way as the ridges in the stomach, but was not otherwise altered. The acid did not appear to have passed beyond the duodenum. There was not any blood in the left cavities of the heart: in the right auricle none: but in the right ventricle there was about half an ounce, dark and coagulated.

Poisoning with Acetate of Copper.

A woman of 28 years old, of sanguineous temperament, after a quarrel with her husband, took a quantity of vert-de-gris and swallowed it in his presence. The symptoms of poisoning were not long of making their appearance with much severity. Anxiety, constriction of gullet, violent gripes, distension of the abdomen, burning heat in the throat, coldness and cramps of the limbs, depressed pulse, countenance expressive of pain, and brilliant eyes. The treatment was emetics, leeches to the epigastrium, albumen and almond oil. At two o'clock on the following morning Dr. Guillo was called and found the patient in extreme distress, the throat was hard and swollen, she could not swallow, the abdomen was painful and distended, she complained of heaviness of head, great sleepiness, and the pulse was depressed. She vomited some frothy fluid mixed with blood. In the course of the day the difficulty of deglutition had increased so much that the patient did not wish to swallow any more. The tongue and the throat as well as the mucous membrane of the mouth were affected, the throat very much swollen, the face and eyelids red, the eyes prominent, the head heavy and pained, the abdomen so sensitive that she could not bear any covering, and the rectum so inflamed and sensitive that the patient could not receive an enema. She was leeched and bled, the blood showed an inflammatory crust. On the following morning there was an inclination to coma, the face was pale, the lips swollen more than the previous day, the gums were ulcerated, there was much viscid saliva, the tongue and throat could not be examined, petechial spots on neck and arms; for the first time since the poisoning, copious stools. She took an emulsion of egg and milk, which she vomited in the night mixed with blood. She was gradually recovering when another quarrel with her husband threw her back, and she was then attacked with complete suppression of urine and fæces, general cramps, and shivering, so that she was given up altogether. She recovered, however, in four weeks under the use of bleeding, antispasmodics, &c.—*Journ. de connaiss, Nov.* 1843; also *Jahresbericht über die Fortschritte der gesammten Medicin in allen Ländern,* 1844, *Vth. Bd. 2nd Heft. p.* 5, 275.

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WHAT IS PSORA?

A lady who had been under the treatment of an excellent Homœopathic physician for some time, had afterwards occasion to consult an Allopathic doctor in Dublin. After stating her case, she told him she was of a *psoric habit*. He looked surprised, went up to her, took her hand, and examined it minutely, then questioned her, very gravely, if she ever had been in Scotland or if she were a native of Ireland, "For," he added, "I see no marks of the itch about you." Flushing with indignation, she asked him, who said she had itch? "Psora is the Greek for itch," he replied, "and psoric habit means an itchy habit." Greatly exasperated, she then told the doctor that her Homœopathic physician had used that expression, but she had no idea of its meaning; but from that day to this, so the legend goes, she has done nothing but abuse the calumnious disciple of Hahnemann who ventured to cast so foul an aspersion upon the purity of her skin. Our Homœopathic readers immediately protest against such an interpretation of the phrase, psoric habit. They say that by that expression they do not mean itch at all, but something quite different; at the same time they admit that, literally interpreted, it has that meaning; and if we were to ask them to state scientifically what they did mean by psora, we fear that they would feel considerable embarrassment.

Now it seems to us that it is high time that this state of things should come to an end. Our mission, to use the catch-word of the day, is not to introduce innovations in pathology, but in therapeutics. This psoric doctrine is eminently a pathological one; right or wrong it must be tried by pathological laws; and if we wish to see it generally adopted we must submit to the necessities of language and use unambiguous terms which signify always the same thing. To an infant every man and woman is either papa or mamma; as its experience increases, it learns to discriminate, not the things only, for that it has already done, but the names of things. It is the same in the sciences: in their infancy one name covers many different phenomena, although persons familiar with those sciences do not confound these phenomena. Afterwards each separate appearance receives a separate name. Accurate nomenclature is the coping stone of accurate observation. Long after the disease known by the name of itch was acknowledged to be a peculiar affection quite distinct from all others, it retained the name given it, in common with many others, of psora. As it is of the first consequence in every discussion to know what we are talking about, we propose to consider the said disease called psora, scabies, or itch; first, in its relations to itself, then to other affections, and lastly, to investigate the general notions or ideas, of which the term has been used as the vehicle by Hahnemann.

It is now 630 years ago since Abenzohr, an Arabian physician, described a cutaneous eruption attended with so curious a peculiarity that it seems odd how it could ever again be confounded with any other affection of the skin. Nor does he ascribe to himself the merit of discovering this strange characteristic, but merely registers the popular belief upon the subject. "Syrones," he says, "called (by the Arabs) *assoalat* and *assoab*, are lice which creep under the skin of the hands, legs, and feet, and there excite pustules full of water. [We translate literally.] So small are the animalcula that they can hardly be distinctly seen."* There were no microscopes then.

* *Rectificatio Medicationis et Regiminis.* Venitiæ, 1549. Tract vii. lib. 19, p. 43.

Although this description was copied by the most distinguished writers, and the belief in the existence of these little insects was universal over large regions in Europe, from Greenland * to Italy and Portugal; and in Germany the people were in the habit of picking them out of the skin under the name of *säuren* (probably from syrones), and had a special name for the operation, *säuren-graben;* and Hauptmann, of Leipzic, gave a drawing of them in 1650. Yet it was not till the end of the 17th century that scientific men became fairly interested in the matter, through a letter of an Italian called Bonomo, entitled, *Osservazioni interno ai pellicelli del corpo umano, dal G. Cor. Bonomo;* published in 1683. And a century afterwards, in 1786, Dr. Wichmann, a German, wrote an exhaustive treatise on the subject under the title of *Œtiologie der Krätze.*

It seems almost incredible that after all this, and after Moufet, in his *Theatrum Insectorum,* had in 1634 given a description and delineation of the insect, that owing, according to Hebra (*Medicinische Jahrbücher* 1844), who has written an admirable paper upon the subject, to the prevalence of the humoral pathology and the influence of Autenrieth and Hahnemann, the whole notion of the itch insect fell into neglect and disrepute, and came to be looked upon as fabulous; so that even as late as 1812 we find that Rayer and Biett, who were supposed to be among the best dermatologists of the day, were against the opinion. At this time an apothecary of the name of Gales played a memorable hoax upon the learned world. He gave out that he had at length discovered the insect, and went the length of sending a lot of them, which he asserted he had picked out of the skin, to the French Academy. All the philosophic eyes were directed to scrutinize the long sought and at last found tormentors of our race, and Gales for a time was hailed as a discoverer. Soon, however, it was observed

* Fabricius, in his *Faun. Groenland.*, mentions the dexterity of the Greenlanders.—"Habitat in vesicula scabiei Groenlandorum qui illum acu eximere scientes, mihi miranti, ut vivum animal incendentum ostenderunt." This is noticed in Linnæus's work also. See a paper in the London Med. Journal for 1788.

that there was a marvellous similarity between these insects and meal mites; the hoax was admitted, and the learned world relapsed into more secure incredulity than before. At length a student from the island of Corsica, who had been in the habit of seeing the insects taken out of the skin at home, came to Paris and instructed the great Dr. Rayer, of La Charité, in the simple and popular mode of digging out the acarus from its lair. After this time the little insect may be said to have been promoted to a scientific degree, as the learned men in Paris, and afterwards over Europe, condescended to acknowledge its existence and give accurate delineations of its appearance. The best account we have seen, of the progress of the disease from the first application of the insect, is that given by Dr. Adams in his work on morbid poisons, first published in 1801, at a time when the connection between the itch and the insect was not generally believed in. When in Madeira he says—

"In July 1801 I procured two ouçöes (the Portuguese name for the itch insect) from the young woman whose aunt consulted me for the cure of her niece. The old woman—without spectacles, which she always used when working with her needle, but not without much diligence and nicety—extracted them from the girl by means of a pin, and placed them between the fingers of my left hand, the skin of which, and I believe of my whole body, was entire. They remained without any disposition to move as long as I watched them, but on examination two hours after, nothing was to be discovered but a small desquamation of the cuticle. For more than three weeks little or no inconvenience was felt. From that time began frequent itching in different parts of my body, but no eruption could be discovered. In less than a fortnight afterwards, my arms and belly were covered with a general efflorescence; but few vesicles appeared. I applied to my old woman, who readily drew two ouçöes from my arm, but not from the vesicles; indeed on this and on all other occasions I could not help remarking, that although I could not discover what the marks were by which she was directed, yet she constantly passed over the vesicles without suspecting them to be the nidus of the insect. At length I perceived it was a small slightly discoloured elevation of the cuticle, which appeared as if soon to be vesicular, that the woman always attacked, but not

always with success. However, she constantly answered to our enquiries, that where the bladder was formed the ouçāō had left the spot.

"No remedies being used, nor any alteration in diet or my usual habits, the weather also being warmer than common, even for this season of the year, the disease continued to spread rapidly, so that by the end of August my whole body, arms, and thighs, were covered with the efflorescence. As, however, the vesicles were few, I was willing to believe the eruption might be the prickly heat. On this subject I applied to the old woman, who confirmed my suspicions; but there is reason to fear I was not sufficiently cautious in leaving my teacher to form her own opinion before she had discovered mine. In the mean time my health suffered exceedingly, not only from the inconvenience produced by the itching, but about noon a quotidian fever began, with a slight shivering, and was succeeded with headache, dry heat, great thirst, loss of appetite, and considerable exacerbation of the itching. The consequent perspiration was not greater than what the season might have produced.

"So little was I prepared to expect such effects to arise from such causes, or so determined to ascertain the cause, that to allay the itching I used an ointment of pomatum and saccharum saturni, from which some relief seemed to follow. It was however for a short time, and the paroxysm of fever being as regular, though much slighter than in common ague, I had recourse to the bark. If this produced relief it was very temporary.

"By the middle of October the efflorescence was universal over my abdomen, and very general over my arms, breast and thighs; my hands were only slightly affected, but sufficiently to be detected by the natives. The character was indeed here more strongly marked, for the white shining cuticular elevations were such as I should not have scrupled in England to call the itch.

"About this time one of my family became slightly infected with the eruption; but her fever was very considerable. It seemed therefore reasonable to attribute all my own symptoms to ouçöes, or at least it was time to try whether by ridding the skin of them the other symptoms would cease. The ointment I had invariably found successful in all other cases was composed of a drachm of white precipitate of mercury and an ounce of soft pomatum. The effect of this on us both was almost incredible. In three days time the itching

nearly ceased and the fever entirely. However, it was found necessary to have recourse to the ointment occasionally for nearly a month afterwards; little cuticular elevations and some vesicles arose at different times during that period, and when they arose were constantly attended with symptoms of fever. From that time we felt no further occasion for any remedies.

"In the mean time my friend Banger had begun a similar experiment upon himself. He borrowed a single ouçöen of me, and its multiplication soon showed itself. The first parts in which he discovered either itching or eruption were the inside of his left arm, near the axilla, and part of the chest which comes in contact with it. This he imputed to his habit of sleeping with his right hand in that position. At first he used no means of cure but warm bathings. He next tried dry frictions of brimstone over such parts only as showed the eruption or gave the sensation of itching, and gained some assistance from them, but was not cured without a sulphur ointment; and the efficacy of this was slower than I have usually found from the white precipitate ointment. . . . . .

"My friend Mr. Banger brought a child to his house much covered with the disease, that he might learn to extract the insect himself. He was so diligent in the lessons he received daily from an old domestic, that in about six weeks the child afforded no more ouçöes, though all remedies were carefully avoided."*

Dr. Adams gives a very accurate description of the exact spot where the acarus is to be found. He concludes his paper by a series of reasons against the identity of the disease engendered by these insects and true itch, but refutes himself unconsciously by giving an excellent delineation of the insect which on examination turns out to be the true acarus scabiei. Rayer, p. 343, a competent authority, says of them, "Adams has given two good figures of *the acarus*."

There is now no longer any doubt of the existence of this little beetle called *acarus scabiei*; and that it has been burrowing under the skin of our race for centuries; nor is it doubted that wherever this insect is, there is true itch. Whether itch may exist without the acarus is another question. The experiments

* *Observations on Morbid Poisons, Chronic and Acute*, by Joseph Adams, M.D. F.L.S. 1807. Second edition, p. 293.

of Adams and others seem to establish that the acarus is of itself sufficient to produce the itch in a healthy individual; but it by no means follows that the itch would subside if all the acari were removed, or that there can be no itch without an acarus. At the same time it is highly probable that in all cases of true itch the acarus has beeen present at some stage of the disease. Hitherto they have been found chiefly, if not solely, upon the hands, forearm, feet and scrotum, thorax, and knee; and they are always at the very end of their tortuous passage. They are truly progressive, always going forwards and never returning by the way they came, which may account for their affinity with the inhabitants of Scotland. When taken out of their hiding hole they leap like a flea, and give the same sensation as that insect when crushed between the thumb nails.

The itch, then, seems to have a truly local origin; at its commencement it is always vesicular; it is never developed spontaneously, but always by infection; it takes from two to five days to form in children, and from ten to twelve days in adults, and it advances more rapidly in the young, vigorous, and sanguine, in whom alone it becomes complicated with impetigo and ecthyma, than in weak, ill nourished people. This we state on the authority of Biett, whose position at the Hospital of St. Louis gave him the best opportunities of investigating the disease.*

These facts are greatly in favour of the opinion that the insect is the true cause of itch, for if the disease were inoculated by the insect merely—that is to say if there were a true itch virus, which when brought into contact with the circulation produced a vesicular eruption which afterwards spread—then we should expect to find that the same length of time was required for its development in all individuals; at all events it is against all analogy that there should be so great a difference as two to twelve days. We have besides numerous direct experiments made by Hebra and others, the uniform result of which was that the inoculation with the fluid of the itch pustule in no case gave rise to more than one single vesicle, and often not even to

* *Abrégé Pratique des Maladies de la Peau*, par Cazenave et Schedel, 1828.

this; while the application of the insect to the skin in the great majority of cases produced the disease. (See the paper by Hebra, an abstract of which appeared in the 4th vol. of this Journal.)

Itch is a disease to which both sexes, all ages and ranks, in all climates, are liable; but it prefers youth to old age, spring and summer to winter and autumn, the temperate to the other zones, and the male sex is more liable to it than the female. It never subsides spontaneously, and although limited to a small part on its first appearance, soon spreads over a large surface of the body, and ultimately may cover the whole of it. At first vesicular, it may become pustular, and from first to last it is attended with intolerable itching, and is altogether a very filthy and loathsome disease.

Let us now enquire into the alleged repercussion or suppression of Psora. It is quite manifest that so long as itch is merely a local disease, the consequence of the housing of one or more of those itch insects in the skin, it is no more possible to suppress it or drive it in, as it is called, then it would be to drive lice from the outside to the inside of the head. No one dreams of driving in a flea-bite, however anxious they may be to drive away the flea. It can only be when the irritation caused originally by the acari has become general, and the surface of the skin become sympathetically affected, that the sudden stopping of this morbid cutaneous action may light up disease in some of the organs with which the skin is united by sympathy. If on the sudden ceasing of the itch, a series of morbid changes immediately commences in other organs, then we shall have an example of true metastasis; that is, the transference of a disease from one part of the body to another, such as happens when swelling and inflammation of the parotid gland suddenly disappears, and similar swelling and inflammation of the testicle takes place. This, let us observe, is quite different from the so-called repercussion of measles or scarlet fever, or any other general disease which manifests itself externally. The *eruption* of measles is not measles. Measles is an affection of the whole body, one symptom of which is an exanthematous eruption on the skin. The essence of the distinction is this, that in the one

case the skin is the source—the only source of the irritation, which may be transferred sympathetically to other parts; whereas in the other case the skin itself is only secondarily affected. No one who knows anything of pathology could think of curing small-pox by suddenly arresting the formation of the eruption; but it would be far from irrational to think that he could cure itch by curing the first vesicles that had appeared. By destroying the eruption of itch you may kill the disease root and branch, because it is simply a disease of the skin; whether this would be attended with dangers or not experience alone can teach; but there is no *a priori* impossibility about it. We find so much vagueness in the analogical arguments by which the doctrine of so called suppressed itch has been written about, that we think it necessary to be thus definite, even at the risk of being prolix in truisms. Experience alone can decide whether the rapid disappearance of the itch from the surface of the body, either spontaneously, or by means of external applications, is liable to give rise to morbid action of internal organs.

Before entering upon the analysis of the evidence, *pro* and *con*, we must first point out an obvious, but often overlooked distinction. The skin being united sympathetically with the other organs, it necessarily follows that any important change in it, whether it be suppression of its natural functions, or establishment of peculiar action, can hardly take place without more or less affecting the system generally. The most important emunctuory of the body cannot be suddenly closed without the body suffering. But the mere affection of different organs, dependent upon a change in the morbid action of the skin, even if this change were constant, would not of itself constitute true metastasis; for any general impression upon the skin, such as a burn or scald, or sudden cold, or a large blister, will produce an immediate effect upon the organs sympathetically connected with the skin; but we never speak of the metastasis of a burn. In the same way, if for a length of time the skin has been the seat—the only seat—of certain morbid actions, which, in some degree, it may be a great degree, destroy its capacity for serving its physiological uses, it is plain that to counteract the mischief

which would arise to the constitution from these actions not being performed at all, other organs must do the work vicariously. Suppose that for a length of time the skin has been disabled by a general eruption from eliminating proper perspiration, it is plain that the other secerning organs, such as the kidneys and lungs, must have had more to do, and if the integrity of the skin be suddenly restored, then the balance will be as much deranged by the return of the proper cutaneous functions as it could have been originally by their sudden suppression. To make a true metastasis, the morbid action set up in the organs secondarily affected must be of the same specific nature as that which disappeared in the primary seat of the disease. It is not enough to shew that upon the sudden suppression of itch pneumonia occurs, unless it be shewn that this pneumonia be of a peculiar kind; for the itch may not have gone inwards but away, and the sudden exposure of the skin, unprotected by its former nasty coat of mail, may excite an action which is immediately transferred to the lungs; as the sudden opening of the ports causes a stagnation at the metropolis.

Before investigating the evidence adduced from a great host of writers in favour of the frequent retrocession of itch, let us attentively consider the conditions required to make the evidence available. Suppose that after the disappearance of the itch a disease of some other organ than the skin occurs, how shall we establish that the two events stood to one another in the relation of cause and effect?

As itch runs no determinate course like small-pox or measles, we cannot say at any particular time that it has disappeared *too soon;* in fact, we should rather say, the sooner the better. So there is no antecedent probability of a disturbance of the system following merely from the going away of the itch, any more than from the restoration of any organ to health.

To establish the causal nexus we must be prepared to show either—

1st. That the secondary disease was of so peculiar a kind that we could not find for it any other cause; a disease, in short,

never produced by the ordinary morbific agencies, but evidently like syphilis, depending upon a quite peculiar excitement: or—

2nd. That it was so frequent an occurence after the disappearance of the original malady, as that the cases in which it did not take place were the exception, not the rule, and that within a given limited time; for if the secondary disease were not of a specific character, but one which might arise spontaneously; so to speak, in the system, it is plain that other causes besides the one supposed might have produced it: or—

3rd. The alleged secondary diseases though not specific, might be so extremely rare, either in themselves or as affecting some particular class of individuals, that their frequent occurrence, either generally, or among the class usually exempted from their attack, in the absence of any other discoverable reason might fairly be imputed to the previous disease, as a predisposing, if not an exciting cause. For example, if pneumonia occurred as a general rule, ten times more frequently in men than women, and this proportion became suddenly reversed, and it was found that the majority of these women had been recently cured in a very rapid way of the itch, then the previous itch, or its sudden cure, might be presumed to have some connection with this perturbation of a pathological law.

We propose then to examine critically the fullest histories we have of diseases ascribed to the repulsion or retrocession of the itch, and to try them by the above canons. And as we shall frequently merely quote the cases, leaving them to the judgment of our readers, we must request of them to apply for themselves the rules of criticism we have now laid down, if they feel satisfied with the justice of these rules.

The chief authority we have to do with on this subject is Autenrieth, a name so frequently quoted by Homœopathic writers, that we have no doubt it is familiar to all our readers, although we believe few, if any, have perused his work. As we cannot possibly give an accurate idea or criticism of his cases without a pretty full detail, we must beg of our readers to accompany us patiently through the long and tedious story; for without a minute attention to particulars in an investigation

of this kind, we never shall arrive at any safe general conclusions.

Autenrieth's famous work is entitled, "*Versuche für die practische Heilkunde ausden clinischen Anstalten von Tübingen*, von Prof. J. H. T. Autenrieth, 1808.

Case 1st. "A blooming girl of six years old lost her usual cheerfulness and healthy appearance, after the eruption common on the head of children had been driven away by the use of fat. A year afterwards she fell into an incurable hydrocephalus, which soon killed her."

Is it probable that the disappearance of the eruption in this case had anything to do with the Hydrocephalus? Will the use of lard or fat cure any eruption on the head of long standing? We may safely answer in the negative. So the first assertion of the cure of the eruption being due to the medication is, to say the least, highly doubtful. Nor is there anything in the age, or any circumstance stated, to make an unusual exciting cause necessary in order to explain the occurrence of the malady. The *facts* are simply these: a girl six years old had an eruption on her head: she rubbed it with some kind of fatty substance and it went away: at the age of seven years she died of water in the head.

Case 2nd. "A case is known to me in which a girl [age not stated] apparently in full health, from whom a cutaneous eruption [no particulars stated] had previously [when not stated] been driven away, [means not stated] without any perceptible cause fell into convulsions, which terminated fatally without any intermission of the attack."

Case 3rd. "I also saw a boy of nine years old fall suddenly into convulsions without any perceptible cause, which ended in death upon the third day."

Not a word about a repelled eruption, except that in the next sentence he says that he believes on good grounds such sudden convulsions are always owing to the rubbing over an eruption with ointment; only "that in young children teething sometimes presents the same scenes." Sometimes after an itch

eruption has continued a long time and gradually gone away, an ulcer forms on the instep, attended with œdema of the foot. In such cases it requires the greatest care to bring back the original eruption.

Case 4th. "Two cases in our clinical wards showed that ulcers of this kind, though healed rapidly themselves when treated with ointment, had some epileptic attacks as their consequence, from which that incurable paralysis of the lower extremities followed, which has almost always a repelled itch as its cause, and unfortunately is of frequent enough occurrence among the lower classes."

By far the most important disease attributed to repelled itch by Autenrieth and others is Phthisis; so much so indeed, that it goes by a special name, *Raudenschwindsucht;* and is believed to be specifically distinct from the ordinary disease known by the name of phthisis, and to be distinguishable both by peculiar symptoms in the living subject, and anatomical characters on the dead. We shall give a literal translation of the whole passage upon this point, that our readers may form their own opinion of the matter.

P. 262. "As far back as the year 1802, I employed in the former clinical establishment (in order to direct the attention of my pupils to the peculiar kind of phthisis which follows itch incautiously suppressed by ointment,) the examination of the body of a young man who had died of *psoric phthisis.* [Raudenschwindsucht]. He was a little above twenty years of age, a weaver by trade, and therefore, next to tailors, the most liable to those diseases which this treatise is about. He died so completely emaciated, that the skin was almost too thin and soft to allow the sewing up of the body; the blood was in such a state of dissolution that the body seemed as if saturated with water. Not a trace of itch was to be seen upon the skin. In the latter period of his disease the quantity of watery purulent expectoration was remarkable, and at last he had not strength to bring it up. The opening of the cadaver showed the superior surface of the liver and spleen to be covered with small pustules of coagulated white lymph [softened tubercles?]; the external surface of the heart, as well as the inside of the pericardium, were no longer covered with a smooth membrane, but were roughened by larger and more confluent pustules, which were inflamed. [More softened tubercles?] Lym-

phatic pus, mixed with cheesy flakes, covered both the outer surface of the heart and the inner surface of the pericardium, which besides contained an unusual quantity of fluid. In the lungs were many small white granules, like those pustules which were strewed over the surface of the liver [more softened tubercles?]. In the right lung the number, size, and hardness of these little lumps was more remarkable the nearer the lung was examined towards its upper part. The upper portion showed gradually pus in its substance until at the apex there was found a large cavity eaten away, which contained the same purulent serum as that found in the pericardium."

After referring to a case detailed in another portion of his book, which we have not been able to obtain, and innocently observing that in it, as well as in the case just described, he forgot to examine the lining membrane of the air tubes, he proceeds to give a more perfect account of another case, as follows:—

"In the beginning of September, 1807, there died in the clinical ward a tailor of nearly the same age as the individual last described, upon whom I made the investigation of this point also. Itch, repelled by ointment, had brought on phthisis, and he died after it had run its whole course. The pharynx and œsophagus were healthy; but immediately under the inferior surface of the epiglottis the mucous membrane of the larynx and trachea presented a thickened appearance, and also there had grown upon it small irregular elevations, between which in small spots it was ulcerated superficially over its whole extent, and of a brownish red mixed with leaden colour, here and there shaded with a dark green. This was the appearance of the membrane of the bronchial branches. The substance of the lungs on being cut into was destroyed and filled with sanious pus, without any large regular abscess, it was friable and of a brown red colour. The smallest branches of the bronchia seemed to have undergone the same change in their lining membrane, but at the same time the adjoining ulcerations had communicated, and in this way the intervening portion of the lungs was irregularly destroyed; particularly in the upper part of the lung, and more especially in the left than in the right. There were fewer pustules on the surface of the lung of this patient, than in the case formerly described. The heart and intestines were healthy, only the spleen was double its natural size, and white and thickened at one part, in other respects it was healthy; and on

each side of the abdomen towards the crest of the ilium, particularly on the left side, the surface of the ileum in contact with the anterior abdominal parietes exhibited a spot of the diameter of an inch, consisting of a mass of separate white lardaceous pustules, which varied in size from a pin's head to a small pea, were attached to the wall of the intestine, and from the number of blood vessels with which they were surrounded, but not penetrated, gave a brown red colour to the whole portion of the gut, which was here somewhat narrowed. The rest of the intestines were pale and distended with air."

After mentioning that the chest was small and tapering, and that there was a reduced inguinal hernia, the narrative proceeds:

"But it was remarkable that this patient, who had never complained of pain in the head, and retained his faculties unimpaired to the last, and seemed to have died from the exhaustion which usually attends consumption, should have exhibited, on examination of the head, fluid between the arachnoid and pia mater, a good deal of water in the lateral ventricles, and large and small vesicles filled with water upon the arachnoid of both lateral ventricles; in other respects the brain was sound. *These appearances are the consequence of the liability of the serous membranes to be attacked by repelled itch.* The presence of a hernia also in the person of a patient of a phthisical build, as well as the enlargement of the spleen, may be ascribed to the relaxation of the serous membrane of the abdomen, which in repelled itch in other cases so readily allows the permeation of too much fluid, which, in this case, perhaps owing to the exhaustion (Erschöpfung) of the fluids by the excessive expectoration, had again disappeared."

"It was remarkable that in all the three dissections related, the lymphatic glands were not swollen or indurated even, though the lungs were affected with tubercle, nor was there any trace of the diffusion of scrofulous acridity. The healthy appearance of the substance of the lungs between the small lumps, which were quite separate from one another in the first two cases; lastly, their manifest pustular form where they approached the surface of the lung, all this corresponds perfectly with the characteristic signs of psoric phthisis during life, with the peculiar kind of expectoration that accompanies it, *and proves distinctly the presence of internal itch pustules when they are incautiously driven from the skin.*" [Und beweisst deutlich

das Vorhandenseyn innerer Raudenpusteln, wenn sie auf der Haut unvorsichtig vertrieben wurden.]

After observing that the pustules he describes had been noticed before by various writers, but not ascribed to their right cause, which is the more wonderful as the internal eruption of small-pox was a well recognised fact, our author continues—

"The more minute examination of these would soon have led to the characteristic symptom of commencing psoric phthisis. This important sign consists in *a watery, occasionally frothy, colourless expectoration, in which only single lumps of thick yellow pus swim, which mix with the rest of the fluid without being dissolved in it.* I never found this expectoration in any other kind of phthisis, and never this expectoration unless the origin of the phthisis was from anointed itch. These purulent lumps, expectorated in psoric phthisis, are distinguished from the roundish granules which are often expectorated by patients who suffer from scrofulous phthisis, which grate against the teeth and have an oppressive smell in these particulars; they consist of truer somewhat thicker pus, are soft, not cretaceous, and have no smell. They seem to consist of pus poured out from the single pustules of the air passages, with which the watery secretions of the rest of the irritated surface of the air passages is mixed merely mechanically." * * *

"I have seen the psoric phthisis occur only in young men in the bloom of life, from a little above twenty to a little above thirty years old. Many of these patients were indeed so made as to suggest an inclination to phthisis even without repelled itch; but I have seen some die of this disease in whom a broad chest and a short athletic frame would have made an attack of pulmonary consumption the last thing to be anticipated. In like manner this fatal disease is most frequently met with among those classes most liable to itch; but particular examples convinced me that not only poverty, bad nourishment, residence in a damp place, were necessary to bring on the complaint, if a running itch had been stopped by an ointment in a person of sedentary habits." * * * *

"In young men *soon* after the itch has been suppressed there arises a sense of weight in the epigastric region; the patient feels his stomach full even although he has eaten nothing; then comes a sense of weight in the middle of the sternum; the breathing is

hurried on mounting or climbing a hill; a short, at first dry, insignificant cough accompanies these symptoms, and soon a remarkable weariness of the knees. As the pectoral symptoms increase, the uneasiness about the stomach declines; some patients even profess never to have felt it at all. The cough now begins to be attended with slight expectoration of the kind described above, and affords the pathognomonic sign that the disease is psoric phthisis. Hæmoptysis is less frequently present; many patients who died of this kind of phthisis had never expectorated a trace of blood in their whole illness; but others who had heated themselves at the beginning of the consumption by dancing, nocturnal dissipation and drinking, had hæmoptysis at the beginning of the attack; then single stitches are felt in the chest, or rather at particular parts of the chest the patient complains of constant pain. Obstruction of the passages gradually associates itself to this form of phthisis; emaciation; continued hectic pulse; night sweats; in the meantime the expectoration increases, composed of larger quantities of very watery pus, which seems to come from regular abscesses of the lung. The usual attendants of completed phthisis, diarrhœa, aphthæ in the mouth, very early hoarseness of the voice, swelling of the extremities, manifest themselves, and the patient dies quite exhausted. The great quantity of the watery purulent expectoration at last; the never very long continued fever-heat; the insignificant degree of burning in the palms of the hands; in general the absence of the circumscribed red spot in the cheek, while the rest of the countenance and the skin generally is of a pale watery complexion, such as happens in most other kinds of phthisis; and in connection with this, less fear of death; less inveterate hope of cure, greater equanimity, and absence of constant irritation and repining, which so frequently are the prevailing moods of mind with other consumptive patients, seem to me in the majority of cases to distinguish even the completed phthisis of this kind."

Is there any evidence here for repelled psora being either an exciting or proximate cause of phthisis? To prove it to be the exciting cause we must be prepared to show that in the cases adduced there was an absence of all the ordinary causes, and that the first symptoms of the phthisis were coincident with the disappearance of the itch. We know, to begin with, that between a fifth and a sixth of the whole population who die are cut off by

consumption;* so that there is nothing at all surprising in the fact that a weaver and a tailor should have been of the number of its victims. Neither the age nor the occupation gave any immunity to the disease: on the contrary, in both individuals it occurred at the usual age, and certainly the trades they followed, even if they did not give peculiar liability, certainly do not give any exemption. Strange to say, our author has omitted to tell us the length of time the itch had existed and the interval between its disappearance and the occurrence of the phthisical symptoms. If it could be shewn that immediately on the disappearance of itch the unequivocal premonitory symptoms of consumption appeared and again disappeared upon the reappearance of the original eruption, then there would be fair ground for presuming the relation of cause and effect. For example, in the following case related by Dr. Stokes, of Dublin, a very accurate observer, there seemed to exist such a relation between a certain morbid action in the glands of the neck and the lungs.

"A boy, aged 12, after recovering from a succession of eruptive fevers by which he was greatly reduced, became suddenly affected with glandular swellings on the right side of the neck. These increased rapidly; the whole chain of lymphatic glands, from the clavicle to the mastoid process, became enlarged and indurated, causing considerable deformity. In little more than a fortnight however, the tumours had nearly disappeared, when he was attacked with violent cough, difficulty of breathing, and acceleration of pulse. I saw him on the third day of this new illness; all traces of the glandular swellings had subsided, the breathing was hurried, and the cough dry. *Both sides of the chest sounded perfectly well; but while the respiration was loud over the left lung and lower half of the right, it was totally absent over the whole right upper lobe.* Bleeding from the arm was performed, and the axilla was freely leeched, and on the next day the respiratory murmur had returned with nearly its natural intensity. The lymphatic swellings now began to reappear, and in less than a week had attained their former magnitude, the chest being completely relieved. Iodine was now used both

* Vide *Fourth Annual Report of Registrar General*, p. 218.

externally and internally. For upwards of two weeks the tumours resisted the remedy, when they suddenly began to disappear, and in three days nothing was left but a slight induration above the clavicle. Cough, pain, acceleration of breathing and quickness of pulse set in, and the respiration of the upper lobe became, as before, extinct, while it was intensely puerile in other portions. Leeching and blistering were employed on the affected portion; the symptoms were again removed, and again in the course of a week did the cervical swellings return. These of course were no longer interfered with, and by a steady perseverance in constitutional treatment the boy gradually recovered; but a year elapsed before the lymphatic tumours had disappeared."—(*Stokes on Diseases of the Chest*, p. 395.)

We quote this case to shew the kind of evidence we want to establish the repulsion of itch as an exciting cause of consumption. Autenrieth says (at p. 234) that 430 die annually in Germany of diseases originating in repelled itch. If phthisis bear the same proportion in this mortality to general mortality —and it should bear a larger—there would be not less than above 80 deaths every year from this cause. How does it happen that out of this vast number we do not find a single example recorded with the exactness and fidelity of the case we have quoted?

If it is difficult or impossible to establish that repelled itch is an exciting cause of phthisis, let us consider whether it ought to be looked upon as a proximate cause, that is, whether the itch repelled from the surface does in any way associate itself with the disease of the internal organs as to modify its course and character in so definite a manner as to constitute a distinct species deserving a peculiar name, such as psoric phthisis. This enquiry is comparatively an easy one, for we have such admirable histories of the whole disease, as well in its progress in the living subject as in the appearances after death, that any marked deviation from these may be readily determined.

Waiving the preliminary objection that the best authorities deny that there is more than one species of phthisis, let us compare the symptoms and appearance on dissection given by Autenrieth as characteristic of psoric phthisis with those of

the ordinary disease as described by the accurate and trustworthy Louis. We shall begin with the symptoms presented by the patient when alive. In this enumeration we shall put down only the constant symptoms, omitting those which Autenrieth says may be absent, as they cannot be pathognomonic.

Sense of weight in the middle of sternum; short, dry, insignificant cough; remarkable weariness of knees. *Slight expectoration, watery, occasionally frothy, colourless, in which only single lumps of thick yellow pus swim without being dissolved in the fluid.* Occasional hæmoptysis; single stitches in the chest, or constant pain at particular parts; obstruction of the passages, emaciation; hectic pulse, night sweats, increase of expectoration of watery pus; diarrhœa; aphthæ of mouth, hoarseness of voice; swelling of the extremities; death by exhaustion. This is Autenrieth's picture of psoric phthisis.

Here is Louis's description of the first period of ordinary phthisis.*

"In the majority of persons the cough originates without appreciable cause, while they generally appear in perfect health, and in a fair number of cases one, two, three, four, five weeks, or more, elapse before it is attended with expectoration. The dryness of the cough and the absence of appreciable cause for its existence—conditions so rare in essential pulmonary catarrh—are in themselves calculated to afford motive for suspicion as to the true nature of the affection. Whether *expectoration* occur at the outset of the cough or at a more or less advanced period of the disease, the sputa are at first clear, frothy and white, and retain these characters for a period of variable length. This again is not commonly the case in simple pulmonary catarrh; the same may be said of the pains in the chest so common in phthisical patients. Pain scarcely exists in truth in pulmonary catarrh, except behind the sternum; whereas in tuberculous disease it affects the lateral regions of the thorax or the space between the shoulders. Besides, the characters of the two kinds of pains differ: in phthisis it resembles pleuritic, which in fact it actually is; while in the catarrhal affection it is constituted by a sensation of heat and tearing of the part affected."

* *Researches on Phthisis, Anatomical, Pathological, and Therapeutical*, by P. C. A. Louis, M.D. p. 435.

In regard to the expectoration on which Autenrieth rests so much weight, Louis observes (p. 464)—

"The sputa, more or less thick and yellowish at the close of the first period, become greenish and streaked with whitish lines at the commencement of the second; they increase daily in thickness, and soon grow round in shape—nummulated, as it is called."

We do not think it necessary to follow out the comparison into the later stages, as the symptoms set down by Autenrieth are notoriously those of ordinary consumption; and we hardly think it necessary to add that the differences between Autenrieth's description of psoric phthisis and Louis's description of phthisis are far too slight to warrant their separation into two distinct classes. Indeed the differences are almost inappreciable, and evidently depend upon the greater care and accuracy of the latter writer.

Forced to give up the living body as affording any evidence in favour of our author's assertions, let us see what light is thrown on it by the examination of the dead. To do this satisfactorily, as we have only three dissections recorded we shall submit the one which contains the fullest and most intelligible description of the appearances to a careful analysis, and compare it with Louis's account of what is generally found in the bodies of patients who die of ordinary consumption.

Psoric Phthisis.	*Phthisis.*
Pharynx and œsophagus healthy.	
Thickening and ulceration of the inferior surface of the epiglottis, which is of a brownish red colour shaded with green.	Louis found ulceration of the epiglottis in about a sixth of his cases.—p. 41.
Similar state of the membrane of the bronchial tube.	Ulceration of the bronchia in twenty-two out of forty-nine cases. p. 43.
The substance of the lung brown-red; destroyed; filled with sanious pus, the intervening por-	An ordinary appearance in phthisical patients.

tion between abcesses having been broken down, especially in the upper part of left lung.	
Heart healthy.	Disease of heart is an uncommon combination.—Rokitansky.
Spleen double its natural size, and white and thickened at one part.	The spleen in some cases much larger, and in others much smaller. In one case covered by cartilaginous false membrane; on one part of the organ a mass of yellowish tissue of dull aspect, &c.—p. 105.
The age in psoric phthisis is always between twenty and thirty.	The age of the patient was thirty-seven years.
A mass of separate white lardaceous pustules attached to the surface of the ileum, and in contact with the wall of the abdomen.	In 54 out of 120 patients tuberculous granulations over small intestines, especially the ileum; frequently accumulated into masses.—Louis, p. 73.
Fluid between the arachnoid and pia mater; a good deal of water in the lateral ventricles; and large and small vesicles filled with water upon the arachnoid of both ventricles.	The tissue uniting the *pia mater* and arachnoid was infiltrated, and the lateral ventricles distended with a notable quantity of serosity in *three fourths* of the cases.—Louis, p. 151.
These appearances are the consequence of the liability of serous membranes to be attacked by repelled itch.	
A hernia, owing to the relaxation of the serous membranes, the general consequence of repelled itch, and which allows the permeation of fluid.	All the serous membranes in a great number of phthisical patients are the seat of a more or less abundant accumulation of fluid.—Louis, p. 151.

This comparison will, we believe, put it altogether beyond doubt, that as far as Autenrieth is concerned, there is no evidence whatever given, for psora modifying the anatomical characters of phthisis. For it must be borne in mind that the

larger number of Louis' cases were females, who are not subject to so called psoric phthisis; and so the cases observed by Louis as presenting the appearances described, could hardly be complicated with psora which he had overlooked. The fact of the female sex dying in a larger proportion of phthisis, as stated by Louis, p. 479, is a strong presumption against psora being an exciting cause of the disease, for it would seem that many more men than women are attacked by itch, at least in the Hospital at Stuttgart in one year, out of 500 itch patients, 454 were male and only 46 female. (*Allgem. Zeitung für Militär-Ærzte*, No. 23.)

We have dwelt thus fully upon phthisis because it occupies a prominent place in Autenrieth; because it is a disease of great importance itself, and one which has been so thoroughly investigated, as to afford an excellent touchstone for the accuracy of our author's statements, and the trust he deserves as an observer and describer of diseases in general; and we shall now go over much more cursorily the other affections he mentions as having their origin in repelled itch, keeping in view throughout, the same principle which guided us in our criticism of his cases of phthisis, which was, that in order to establish the relation of cause and effect between the disappearance of the itch and the appearance of any other disease, it must be shown that there were no other causes capable of producing the secondary diseases, or that these diseases were modified in some characteristic way. If in the enumeration we shall now give, it appears that the diseases occurred in the very circumstances we should have expected them to occur had there been no such thing as itch in the world, and run their natural course, then we are quite entitled to reject the hypothetical cause, either as exciting or proximate.

Hysterical chlorosis is stated to be in females the counterpart of psoric phthisis in males. There is nothing peculiar in the age of the patients whose cases are related to make it unlikely that they should have had the disease, nor anything unusual in its course; and we have the strong objection to this being the consequence of itch, that it occurs much more

frequently among the higher ranks, who are not exposed to itch, than among the lower who are.

Morbus coxarius.—A case of this disease ascribed to the repulsion of itch is narrated, in which all possible means were used to bring back the itch to the skin, or produce a substitute, by tartar emetic ointment. Although the itch metastasis is described as having been overcome, yet the man lost patience, after having been 135 days under treatment, and left the house; and the last news our author got of him was, that two years afterwards he was begging his bread about the country, under the pretence that he was disabled from work.

Anasarca.—A man of a very scrofulous appearance, twenty-six years of age, was admitted into the hospital with general dropsical swelling of the body. The breathing was difficult, and the water vary scanty. The termination of the disease is not told, but its origin is ascribed to a dry itch which spread over the body the previous winter. No particulars are given of its repulsion.

Epilepsy is said to be a common consequence of repelled itch; but the details given of cases are not satisfactory, nor is there anything characteristic in the general outline of the symptoms described as indicating the disease.

Amaurosis and Glaucoma.—Instances of these are spoken of as having arisen from the repulsion of itch; but there is no exact detail of the history of the previous eruption, and the means by which it was repelled.

Melancholia.—A case of this occurring after the disappearance of an eruption was relieved by an artificial eruption.

Mania.—Three cases of this disease are spoken of, but the particulars of the previous eruption, to the repulsion of which they are referred, are not given. A case is quoted from Richter of mania produced by itch driven in *by washing with cold water.* It lasted fourteen days, and was relieved by an artificial eruption. A case of intermittent mania is mentioned, which Autenrieth ascribes to itch repelled by ointment. Neither the duration of the itch nor the kind of ointment are specified. In this case nature sought relief in an ulcer on the foot.

Paralysis of the lower extremities is said to be a very common effect of repelled itch, and Autenrieth gives a full account of one case of what he calls psoric-paraplegia. [Raudenparaplegie.] The patient was twenty years of age. His head was large, and showed a tendency to rhachitis and cretinism He had had the itch from his youth up, and had tried to get rid of it with sulphur ointment at eighteen years of age. He then became bound to a shoemaker, and by long sitting, his legs became stiff, and at length he lost the power of them so that he could not walk. Purgatives and other means were of no use. When he entered the hospital there were still traces of itch on his skin. Vapour baths brought back the itch eruption somewhat, but no improvement followed. Mercurial ointment and cantharides were employed and the eruption disappeared. Blisters were applied to the loins, he improved, and then his legs began to twitch and he died "quite unexpectedly." On opening the head the following day at least a pound of blood flowed from the interior of the skull. There was also much fluid found in the spinal canal. What the death of this young man had to do with the previous itch we leave our readers to decide.

Another case terminated more favourably. A lad of ten years old cured himself of itch by sulphur ointment, six years afterwards he was attacked with severe headache and paralysis of the lower extremities. He was restored to health by the use of sulphur internally, and the external application of tartar emetic ointment and various other appliances. Nothing more is said about the itch. Here closes the evidence from Autenrieth, whose book is spoken of in high terms by Schönlein, and Hahnemann says it corroborates perfectly what others have written. We have chosen it for analysis because it is almost the only, and certainly by far the most frequently quoted book upon the subject. We shall now shortly consider the papers of Dr. Weitenweber, the most recent champion of the doctrine, and some observations of the celebrated Schönlein. We have made no allusion to the cases given in Hahnemann's "Chronic Diseases," because they are for the most part taken from old authors, and will not bear a critical examination as the details

are too insufficient. If any one doubt this let him apply to them the same kind of test we have applied to Autenrieth.

Dr. Weitenweber, in a series of papers in the Austrian Medical Journal, gives twenty-seven different kinds of diseases as the result of repelled itch. Almost the whole number are taken from the description of others, and Autenrieth supplies a considerable share. The following case he had himself observed.

"A tailor, 19 years old, otherwise quite healthy, had for three months so completely lost his voice as to be scarcely audible at two or three paces distant. When the cause was enquired into, he at length admitted, with an ashamed demeanour, that he had cured himself rapidly of itch, which had long troubled him, by means of cupping glasses and inunction of white salve. After I had rubbed on the back of his neck Autenrieth's salve for four days, and brought out in consequence numerous itch-like pustules, the voice manifestly improved, and after fourteen days it had acquired its natural clear tone."*

This a very good case, and a somewhat similar one of amaurosis is given by Beer, which, having been often quoted, is probably familiar to our readers.

A case of convulsions is described by Pfeiffer in *Casper's Wochenschrift* for 1833, which occurred in a boy of 14 years old, after the itch had been rapidly cured by some domestic remedy; and in this case the health was restored after a pustular eruption resembling itch had appeared round the margin of a wound made by the actual cautery. Schönlein, at p. 87 of the 4th part of his *Allgemeine und Specielle Pathologie und Therapie*, speaks thus of what he calls *asthma psoricum*.

"It is always preceded by itch which has been powerfully repressed by ointment. After a longer or shorter time the patient becomes affected with a pressive pain in the sternum, which, though at times better and worse, never leaves him. Towards evening, and after exertion, this pain rises suddenly to an attack of asthma, by which the chest is much narrowed; the patient has a sensation as if a breath or a ball rose from the pelvis, or generally only from the

* *Med. Jahrbücher des K. K. Œster. Staates*, 1844, s. 21.

ensiform cartilage, a sensation which closes the larynx, so that he thinks he must be suffocated, or that something was sticking in the larynx and impeding respiration."

The attacks last several hours, and are relieved if an exanthematous eruption appear. He speaks afterwards of the disease passing into psoric phthisis. In the treatment he recommends the bringing back of the itch by means of vapour baths, impregnated with air of sulphur. Schönlein, whether deservedly or not, is a high authority in Germany: we have therefore given a place to his opinion; although his speaking of psoric phthisis, and that asthma may pass into phthisis, throws great doubts upon the value of his testimony in our eyes.

In the few cases quoted or referred to which really seem to bear out the notion of disease being caused by itch, the disease is one of the nervous system, and does not properly belong to any of the great families of constitutional derangement which form the bulk of chronic diseases. For example, the case of aphonia no one would call a constitutional disease; so that, even if there were evidence for itch metastasis, the secondary affection would not belong to the class of diseases we are in the habit of treating with antipsoric remedies. Had we no counter evidence we should feel much difficulty in admitting the repulsion of itch to be even a good hypothetical cause of any distinct continued disease. But we must now turn to the evidence against the sudden cure of itch producing any bad consequences whatever.

In looking over the list of diseases said to be produced by repelled itch, we find that so far from being confined to the male sex they are shared by the female sex in at least an equal proportion; indeed, we may safely aver that a much larger proportion of women are generally ill of chronic diseases than men. Now if repelled itch were at all a general cause of such diseases, this ought not to be the case, for, according to Hebra, the proportion of men to women affected with the complaint is seven to one. We have, besides, the direct testimony of the same author, that after observing 5500 cases, he could not observe a peculiar constitution in the patients, nor that the

itch had any association with other diseases, nor any alternation between itch and any other form of disease, nor any metastasis of itch into other forms of disease. We have, moreover, a very important authority, Dr. Roesch, who was a pupil of Autenrieth. He writes as follows, in his article upon dyscrasic diseases, in the *Jahresbericht über die Fortschritte in der Heilkunde im Jahre* 1844, of Canstatt and Eisenmann, second part, p. 317.

"There is no peculiar psoric dyscrasia and no peculiar diseases which are the consequence of the itch alone. For long I believed in the real existence of those diseases of which I had heard so much from my respected teacher Autenrieth, and I sought for them, but never found them; that is, I have sometimes found after itch had existed for a long time and been driven away by injudicious means that operated powerfully on the skin, that consumption, chlorosis, hysteric disturbance of the digestion arose; but these after diseases appeared only rarely, affected for the most part weak, scrofulous individuals, and had not the characteristic of a peculiar specific dyscrasia; and I can only look upon them therefore as the consequence of a general derangement of the cutaneous vitality, caused partly by the long existence of the itch pervading the surface of the body like any other eruption, and partly by the treatment, or rather mistreatment of the diseased skin with different remedies."

It would be easy to quote many other high authorities. We shall give but one more. Rayer, *Op. Cit.* p. 338, says:

"Rammazzini, Testa, and several others tell us they have seen hæmaturia, affections of the heart, and several other serious diseases, follow *retrocession of the itch.* I have not myself met with any similar occurrence, and such cases must be very rare."

The conclusions we feel entitled to draw from our examination of this part of our subject are, that psora or itch is essentially a local disease, and that there is not sufficient evidence for the assertion that when treated as such and cured by local applications it *frequently* gives rise to any other diseases whatever, and never does it produce such a depravation of the whole constitution as to engender a disposition to those intractable chronic maladies against which our so called anti-

psoric treatment is directed. Want of space prevents us at present from entering upon the most important part of our subject, viz. the consideration of the idea which Hahnemann sought to convey by his doctrine upon this point, how far that idea is essentially true and reconcileable with modern pathology; and until we have expressed our views upon this head, we must beg our readers to suspend their judgment of the matter as a whole, while we cannot forbear expressing our conviction that the progress of science will triumphantly vindicate Hahnemann from the imputation of having invented a merely fanciful hypothesis to be a guide in practice, and will establish the vast importance, if not the absolute scientific truth of all he has taught on this, as well as on every other subject he ever handled.

ON THE HOMŒOPATHIC TREATMENT OF DISEASES OF THE EYE.

By R. E. Dudgeon, M.D.

(*Continued from page* 221.)

In the pathogenesis of *Arsenicum*, we find:—

1. Deep seated pain in the right eye, with violent shootings on moving it, so that she can scarcely turn it.
2. Pressive pain on the left lid, and in the upper half of the ball, increased by looking up.
3. Pressive pain under the right eye at night, lasting for hours, so that she could scarcely remain in bed for it.
4. Pressure in the left eye, as if sand had got into it.
5. Drawing pain in the eyes.
6. Occasional tearing in the eyes.
7. Tearing in the head and right eye.
8. Beating like a pulse in the eyes, at each beat a stitch, after midnight.

9. Itching about the eyes and temples as with countless glowing needles.

10. Smarting gnawing itching in both eyes, compelling her to rub them.

11. Burning in the eyes.

12. Red inflamed eyes.

13. Inflammation of the conjunctiva.

14. Chemosis.

15. Violent inflammation of the eyes.

16. Swelling of the lids.

17. Swelling of the eyes.

18. Blue spots in the white of the eye.

19. The inflamed spots of the conjunctiva take on a black colour.

20. Dull appearance of the eyes.

21. Dryness of the lids as if they rubbed against the eye.

22. Weeping eyes.

23. Constant watering of the right eye.

24. Acrid tears which make the cheeks sore.

25. Watering and itching of the eyes, some matter in them in the morning.

26. Agglutinated eyes in the morning.

27. Outer canthus glued up with eye-gum in the morning.

28. The swollen and œdematous lids are spasmodically closed, and look as if they were inflated.

29. Protruding eyes.

30. Photophobia.

31. Snow dazzles the eyes so that they weep.

From the above symptoms, it appears that arsenic has a most extensive action on the eyes. The conjunctiva is not alone the seat of its action, but the sclerotic and choroid membranes also. We see here evident indications for its employment in *O. catarrhalis, scrofulosa, rheumatica, arthritica, scorbutica;* as also in some of the stages of *O. bellica, gonorrhoica,* and *neonatorum,* more especially when the pains are extremely violent and burning, and the secretion of an acrid serous nature. An intermittent character of the symptoms will be another indication for employing this remedy; an excellent example of a case of this kind successfully treated by *arsenic* has been given in the 4th

Vol. of this Journal, p. 249, to which I must refer the reader. At p. 248 he will also find the details of an interesting case of *O. scrofulosa* of several years standing, with ulceration of the cornea, which yielded rapidly to *arsenic*. The following case of O. arthritica is instructive :—

"Catherine Woderka, aged thirty-two, robust, choleric temperament; had been subject in her infancy to scrofulous ophthalmia, and for some years previously to frequent attacks of gout, which affected alternately the superior and inferior extremities. One day she came to Dr. Hirsch complaining of horrible pains in the left eye and surrounding parts, which had prevented her sleeping for several nights. He found the eye very sensitive to light, and generally closed, especially in the afternoon and night. Lacrymation on opening it. The cornea resembled a piece of tarnished glass (S. 20), the sclerotic was red (S. 12), and immediately surrounding the cornea was a bluish green circle (S. 18), the pupil was very much contracted, the colour of the iris was deeper, the caruncula red and swollen. Burning pain in the eye (S. 11), with sensation as if the globe were swollen and the orbit too narrow for it (S. 17). Indescribable pains in the eye, and at the same time at a point in the supraorbital ridge corresponding to where the supraorbital nerve comes out; tearing and racking pains from time to time extending towards the forehead and left temple (S. 7). The fits of pain were terrible, especially in the evening and night. The patient was a little better towards the morning and in the day time, but not one instant free from pain. Besides a sensation of weight in the head, she had frequently throbbings, the usual precursors of an attack of pain in the eye and surrounding parts. Little appetite. On eating any thing, oppression of the stomach and general exhaustion. Bowels very irregular. Constipation alternately with diarrhœa and colic. Weakness and bruised pain in the lower extremities, sometimes tearing pains there. These pains were worst when there was a remission in the eye symptoms. Every evening some febrile action. Restless and fearful disposition. *Acon.*, *Bell.* and *Sulph.*, produced but little effect on the eye symptoms. After more than a week of ineffectual treatment with these remedies, Dr. H. gave *Arsenic* 30. On the second day there was marked improvement both in the appearance and feelings of the eye. The amelioration went on daily; on the thirteenth day after the first, another dose of

Arsenic was given, and nine days thereafter the patient was perfectly and permanently cured."—Hirsch. *Allg. Hom. Ztg.*, vol. vii, p. 133.

I have found arsenic very useful in what I have termed *O. exanthematica*, also in the ophthalmia following measles, more especially when the lacrymation was excessive, and the tears produced corrosion of the cheek (S. 24), and doubt not it will be found equally serviceable in some cases of *O. scarlatinosa* and *variolosa*; and it seems to be the only remedy from which we may expect any advantage in the ophthalmia from uterine phlebitis. S. S. 8 and 17, together with the well known influence on the hæmorrhoidal vessels, and the typical character of the symptoms of arsenic would seem to point to its utility in what has been called *O. hæmorrhoidalis*, and the same may be said with regard to *O. menstrualis*.

Aurum Metallicum.

1. Whilst looking at anything a feeling in the eyes as if from being over-heated, as if the blood pressed upon the optic nerve.
2. Weak feeling and pressure in the eyes.
3. Pressure on the left eye from without inwards.
4. Pressive pain in the right eyeball from above downwards.
5. Pressive pain in the right eyeball from without inwards; worst on being touched.
6. Pressure in the eyes, as if something had got into them.
7. Excessive cramp-like pressure in the back part of the left orbit.
8. Sensation of pressing out of the left eyeball in its inner canthus superiorly.
9. Tension in the eyes, obstructing vision.
10. Excessive tension in the eyes, with diminished visual powers, worst on looking intently at anything, less on shutting them.
11. Fine tearing in the right orbit, near the outer canthus.
12. Dull stitch in the left orbit, inferiorly and externally.
13. Several single stitches in the inner canthus and lid of left eye.
14. Smarting pain in the left upper lid.
15. A kind of boring in the eyes.
16. Itching and burning in the canthus of the right eye.

17. Swelling of the lower lid.
18. Bluish appearance of the inner canthus.
19. Prominent swollen eyes.

The above symptoms give evidence of an action not only on the superficial, but also on the deeper seated structures of the eye. It will probably be found useful in some cases of rheumatic and syphilitic ophthalmia. The efficacy of gold in scrofulous affections should lead us to think of it in strumous ophthalmia, and indeed it was employed successfully by Dr. Lobethal in such a case. A girl, namely, seven years of age, affected with scrofulous ophthalmia and great photophobia, was rapidly cured by the internal use of *Aurum* 3, and the external application of a collyrium of gr. iij of *Aurum* 1, in water.

Baryta carbonica.

1. The eyeballs are painful.
2. Violent pains in the left eye, and thence over the temple to the ear.
3. Pressure in the external canthus, as if a grain of sand were in it.
4. Pressure in both eyes, with itching as from dust.
5. Tearing in the eyes.
6. Jerking shooting in the outer canthus.
7. Itching in the eyes.
8. Itching, burning, pressure, raw and dry feeling in the eye.
9. Dry heat and pressure in the eyes.
10. Burning in the eyes on looking long at anything.
11. Burning in the inner canthus, with lacrymation.
12. Redness in the white of the eye, and a white vesicle near the cornea.
13. Red albuginea and lacrymation.
14. Matter on the lids in the morning.
15. Nocturnal agglutination of the outer angles.
16. Eyes glued up.
17. Difficulty of opening the eyes in the morning.
18. Internal inflammatory redness of the lids.
19. Swelling of the lids in the morning.

The utility of Baryta in scrofulous diseases would naturally induce us to employ it in curing ophth. scrofulosa, even although

its pathogenesis did not present us with striking symptoms of that disease, S. 12 indicates its employment in those phlyctenæ which are so frequently met with in the scrofulous ophthalmia. I have found it useful in marked scrofulous habits, with ulceration of the cornea. A case is recorded by Dr. Schreter of a girl of twelve years of age, affected with glandular swellings, eruption behind the ears, and well marked scrofulous ophthalmia, in which *baryta*, *bellad.*, and *sulph.* produced a favourable termination to the disease. (*Hom. Annal.* vol. i, p. 75.)

Belladonna.

1. Itching stitches in the inner canthi, going off for a short time by rubbing them.
2. The inner canthus of the left eye is very painful to the slightest touch.
3. Smarting in both eyes.
4. Shooting in the eyes, towards the interior.
5. Dryness in the eyes.
6. Burning dry feeling in both eyes.
7. Pain and burning in the eyes.
8. Increased heat and hot feeling in the eyes.
9. Burning of the eyes combined with sensitive itching, relieved by pressing the eyes upwards.
10. General pressure in both eyes, as if hard spring water had got into them.
11. On closing the eyes pressive pain deeply seated.
12. Pressure in the eyes and lacrymation, especially in the morning.
13. Creeping pressive pain in the eyes as if they were full of sand; she must rub them.
14. Pressure in the eyes as if sand had got into them.
15. Pain in the orbits, sometimes as if the eyes were torn out, sometimes as if they were pressed into the head.
16. Tearing in the eye from the inner canthus.
17. Drawing pain under the left eye, upwards.
18. Lacrymation.
19. The albuginea streaked with red in the morning, with pressive pains.
20. Inflammation of the eyes, injection of the veins of the albuginea, with tickling sensation.

21. Ophthalmia, the conjunctiva is full of red vessels with shooting pains, the eyes water.

22. Yellowness of the white of the eye.

23. Great injection of the conjunctiva and sclerotic.

24. Blueish injection of the conjunctiva and sclerotic.

25. Eyes glued up in the morning with matter.

26. Irregular pupils.

27. A white flake in the pupil of the left eye, which is much dilated.

28. Photophobia.

29. Great inflammatory swelling of the lower lid towards the inner canthus, with throbbing pain in it and great flow of tears.

In the above symptoms we find indications for the use of Belladonna in almost every kind of ophthalmia; it is not so suitable for the blennorrhagic forms as some other remedies, and is consequently less to be trusted to as a sole remedy in *O. gonorrh., bellica,* and *neonatorum,* than for the removal of casual symptoms in those affections; such as violent pains, congestion, and excessive photophobia. It is highly serviceable in *O. catarrhalis, scrofulosa, arthritica, rheumatica, syphilitica, erysipelatosa,* and for excessive photophobia when it occurs in the course of the other ophthalmiæ. The remarkable power of dilating the pupil when applied externally, which belladonna possesses to a greater degree than almost any other substance, should not, I think, be neglected by Homœopathists in cases of syphilitic, rheumatic, or traumatic ophthalmia, where there is danger that vision may be lost by the closure of the pupil, or by the adhesion of the iris to the capsule of the lens. I think S. S. 26 and 27 will bear me out in the opinion that its employment in affections of the iris is Homœopathic; but even should the employment of belladonna in the way proposed be merely palliative and antipathic, who would run the risk of a permanent deformity, or even loss of vision, when it might be so easily prevented by the employment of a temporary, it may almost be called a mechanical means? * The experience of most Homœo-

* A great deal of pedantry and affectation exists among oculists respecting the mode of applying the belladonna for the purpose of producing dilatation of the

pathists will furnish them with examples of the power of belladonna over the slighter forms of *O. catarrhalis* and *scrofulosa*. As a sole remedy I have seldom found it sufficient in these affections, but eminently useful in subduing the attendant photophobia, and the congestion of the head so often accompanying various forms of ophthalmia; and in looking into the records of Homœopathic cures, I find few instances where it alone has sufficed. I subjoin a couple of examples of its use.

"A little girl of 3 years old, of feeble constitution, who had had natural small pox, was very subject to ophthalmia. She was attacked in the winter of 1825 with scrofulous inflammation of both eyes. I found the following symptoms: photophobia, abundant lacrymation at each attempt to open the eyes; both the balls were slightly reddened, traversed in every direction by a large number of vessels going to the outer border of the cornea; on the left eye two small ulcers, and a still smaller one on the right. I caused the eyes to be shaded from the light, and gave *bellad.* 6. Six days afterwards the ulcers were cured and the redness gone; the photophobia alone remained, but in a smaller degree. *Ignat.* 6 completed the cure. Change of climate has since had no influence on the child, who has remained quite cured."—(Maly, *Prakt. Beitr.* p. 3.)

"W. E. H. aged 23, a compositor, of scrofulous constitution, had had, when 14 years of age, an ophthalmia with weakness of sight in the left eye. Far from diminishing, the inflammation had only increased. There was so much the more reason for alarm, as two days before his entrance into the establishment, the right eye, in consequence of a chill, had also become much inflamed, watered much, and was the seat of drawing shooting pains, ordinarily, when he looked long at any object or was exposed to the light of day.

pupil; one daubs the extract over the forehead, another prefers the temple for exercising his artistic powers, a third carefully paints the upper lid, a fourth describes a circle round the eye; in fact, we may almost say, *quot medici, tot signa*, and on the faces of patients at the ophthalmic dispensaries we may often read as plainly as if it were written, "Dr. So-and-So, his mark." I may observe that a weak solution of the extract in water, dropped into the eye, will generally amply suffice to effect the requisite dilatation; or if circumstances render this process inexpedient, the extract applied to the natural eyebrow will produce least disfigurement, and accomplish the desired object. A solution of Atropine is also a very efficacious preparation for this purpose.

Photophobia, aggravation of the pains by pressure on the eye, and generally in the evening. Pupil of the left eye slightly irregular; it had lost its usual black colour, but was normally contracted. Sight of that eye very weak. The patient could not read, and he required to bring objects, even large ones, close to his eye, in order to distinguish them. Slight pressive pain externally on the left side of the chest. After the first dose of *bellad.* 30, the inflammation and pain almost entirely left, and the sight became pretty good. However, the inflammation returned in a less degree three days afterwards. The *bellad.* was repeated, and a third dose given three days subsequently. The last dose was given by way of precaution, for the second removed the disease. The treatment lasted but ten days."—(Hartmann, *Allg. Hom. Ztg.* vol. xii. p. 10.)

Berberis.

1. Itching in the canthi, smarting or pricking.
2. On rising in the morning there is frequently a fine white frothy deposit on the dry edges of the lids.
3. Constant dryness of the eyes.
4. Dryness and smarting or burning, sometimes itching sensation in the eyes, often with the feeling as if sand were in the eyes, sometimes with slight redness of the conjunctiva of the lids and eyes.
5. Violent burning and dryness in the eyes, with dull appearance of them, great redness of the conjunctiva of the lids.
6. Inflammation of the caruncula, pressure, and very dry conjunctiva in the inner canthus.
7. Stiff feeling and pressure in the eyes.
8. Pressure and burning in the eyes.
9. Pressing-out feeling in the eyes.
10. Intermitting painful tearing in the eyeball.
11. Throbbing in the eye.
12. Shooting into the eyes, generally from other parts, as the temples, forehead, or from the eye to the forehead, generally in rapid stitches.
13. Burning pressure and dimness of the eye.
14. Sensitiveness of the eyes to sunlight.
15. Most of the eye symptoms are aggravated in the open air.
16. Moving the eyes produces, excites, or aggravates the pains.

Catarrhal, rheumatic, and arthritic ophthalmia are indicated in the foregoing symptoms; S. 2 points particularly to the last named species. Pure rheumatic ophthalmia is, however, especially well marked in the above symptoms, without the slightest admixture of the blennorrhagic process. I am not aware of berberis having been employed in the ophthalmiæ; but the above should suffice to direct our attention to it.

Borax.

1. Sensation in the eyes as if something were pressing into them; rubbing them removes it.
2. Pressure in the eye in the morning, as if it were pressed into the orbit.
3. Cutting in the left eye, horizontally, suddenly coming and going.
4. Tearing in both eyeballs, with jerking in the forehead, and nausea in the afternoon.
5. Stitches in the left eye, in the evening.
6. Shooting in the eyeball, with drawing down of the upper lid.
7. Itching in the inner canthus, so that she must often rub it.
8. Itching in the eyes, sometimes with the feeling as if sand were in them.
9. Rawness of the outer canthus.
10. Burning in the eyes, and transitory closure of them on putting on spectacles.
11. Pressive burning in the right eye, in the afternoon.
12. The ciliæ turn in towards the eye and inflame it, especially at the outer canthus, where the borders of the lids are quite raw.
13. Inflammation of the outer canthus of the right eye, with derangement of the ciliæ, and agglutination of the eyes at night.
14. Inflammation of the edges of the lids, with nocturnal agglutination.
15. Inflammation of the inner angle of the left eye, with nocturnal agglutination.
16. At night the eyes are glued up with dry hard gum, which irritates the eye like sand.
17. In the morning the eyes are glued up and weep.
18. Lacrymation.
19. Sensibility of the eyes to candlelight in the evening.

The ophthalmiæ chiefly pointed to in these symptoms are *O. catarrhalis*, and especially, I think, *O. senilis*, particularly that variety of it accompanied by entropium, as shewn by S. S. 7, 8, 10, 11, 12, 13, 15, 16, 17, 18. I am not aware of its having been used as yet in ophthalmic affections.

Bovista.

1. Dull, lustreless eyes.
2. Pressure in the eye as from a foreign body, with lacrymation and redness of the eye.
3. Heat in the eyes, and painful contractive feeling in them.
4. Burning in the eyes, with extraordinary heat in the cheeks.
5. Inflammation of the eyes and canthi.
6. Nocturnal agglutination of the eyes.

The efficacy of bovista in cutaneous diseases, together with the above symptoms, should induce us to try it in some cases of ophthalmia exanthematica.

Bryonia.

1. On awaking in the morning he can scarce open the eyes, they are glued up with a purulent mucus.
2. Pain as if the left eye were burnt out.
3. Pressure in the eyes, with burning itching sensation in the lids.
4. Pressure in the eyes.
5. A pulsation in the right eyeball.
6. Frequent lacrymations.
7. Albuginea of right eye reddened.
8. Raw pain and smarting in the left inner canthus.
9. In the morning on awaking, a pressure in the eye as if a hand pressed on it, or as if he were in a room full of smoke.
10. In the morning the coverings of the eye are swollen and glued up with matter.
11. Smarting in the eyes as if sand were in them, causing him to rub them.
12. Flying stitches in the right eye.
13. Much burning and weeping of the right eye.
14. In the forenoon, sudden swelling of one eye with pain, without redness; matter escapes from it, and the conjunctiva is dark red and swollen.

15. Itching smarting in the canthi.

16. Itching in the left outer canthus mixed with smarting, not to be relieved by rubbing.

17. Burning smarting in the right inner canthus.

18. The eyes are full of tears, and the lids itch, as when something is healing; he must rub them.

19. Burning, increased by touching, in both outer canthi.

20. The inflammation in the eyes is always accompanied by copious secretion of purulent mucus.

21. Itching in the lids, causing him to rub them.

22. Burning itching in the lids, and itching mixed with burning and smarting in the tarsal edges.

23. Redness and swelling of the lids, with pressure and heat in them.

24. Shooting itching in the tarsal edge, diminished by rubbing.

The ophthalmiæ chiefly pointed to in the above symptoms are those in which the process is more of a blennorrhagic character, and the conjunctiva of the lids is much affected. O. catarrhalis, bellica, gonorrhoica, and especially neonatorum, in which disease it has been successfully employed; as also in traumatic ophthalmia, after operations on the eye, where there are very violent pains and vomiting. (*Noack and Trinks' Handbuch.*) Hartmann (*Aconite, Bryonia, and Mercury*, vol. ii. p. 16) speaks favourably of its effects in rheumatic and arthritic ophthalmia; but the affection he describes under these names is neither of these diseases, but simple catarrhal inflammation. From the known efficacy of bryonia, however, in rheumatic affections in general, and in inflammation of serous membranes and fibrous structures, I have little doubt but that it will be found serviceable in those forms of rheumatic ophthalmia in which the sclerotic and membrane of the aqueous humour are principally affected. S. S. 4 and 5 bear me out in this opinion.

Calcarea.

1. The eyes pain, so that she must shut them, with a feeling as if they would be pressed in.

2. Painful sensation, as if a foreign body had got into the eye.

3. Pain in the eyes, as if they would be pressed in.

4. Pressure in the eyes, in the evening.

5. Great pressure, day and night, as if a grain of sand were under the upper lid.

6. Pressure in the eye after lying down at night, and later as if a grain of sand were in it.

7. Pressure, burning, and lacrymation of the eyes.

8. Tension in the muscles of the eye, on turning the eyes, or straining them whilst reading.

9. Stiffness in the left eyeball on rising in the morning; it cannot be moved without a disagreeable feeling.

10. Jerking and pulsation in the eyes.

11. Stitches in the eye and head during the catamenia.

12. Shooting and smarting in the eyes.

13. Shooting in the inner angle, then alternate shooting and throbbing in the eyes.

14. Shooting in the outer and inner canthus.

15. Itching stitches in the inner canthi, going off on rubbing them.

16. Violent tearing stitches in the right eye, as if it were inflamed.

17. Boring stitch in the upper border of the orbit.

18. Itching in the eye in the evening, pressure in the morning.

19. Excessive itching in the eyes.

20. Itching in the canthi.

21. Smarting in the eyes.

22. Heat and burning in the eyes.

23. Burning and shootings in the inner canthi.

24. Burning and itching in the eyes.

25. Redness of the white of the eye.

26. Red albuginea, with pressure in the eyes.

27. Inflammation and swelling of the left canthus and lower lid, with shooting, throbbing, and itching round about.

28. Violent ophthalmia, the white of the eye is quite red, and all day much mucus in the eyes, especially their outer angles, which are raw and ulcerated.

29. Swelling and redness of the lids, with nocturnal agglutination; by day the eyes are full of mucus, with hot feeling, raw pain, and lacrymation.

30. Lacrymation.

31. Smarting water runs out of the left inflamed eye.

32. Purulent mucus is constantly in the eyes; she must often wipe them.

33. Dry matter on the borders of the lids and in the canthi.

34. Agglutination of the lids.

35. Some blood exudes from the white of the very red but painless eye.

36. Light dazzles her.

37. Sensitiveness of the eyes on looking at the candle.

38. The lids of the watery looking eyes are in the morning glued up, and the eyes are painful on looking at the light.

This is one of our most important ophthalmic medicines, and is surpassed by none in its applicability to the generality of cases of scrofulous inflammation, whether of the eye itself or of its lids; and is indispensable where there is marked scrofulous diathesis indicated by swellings of the glands, &c. Our Homœopathic literature abounds with cases illustrative of its good effects in such affections, of which the following examples will suffice:—

"Henrietta Doblern, aged five years and a half, had been affected in her infancy with tinea, swelling of the glands, and painful dentition. She had subsequently had hooping cough and intermittent fever. Three months since, she had been affected with ophthalmia, which had been cured in an hospital here. For about six weeks her left eye was inflamed anew. The inflammation extended to the right, and this time she could not be cured. Considerable redness of the conjunctiva and lids, especially of the left eye; great photophobia, eyes frequently closed by the swelling; lacrymation; lancinating pains. For about eight days a number of small yellow pimples and red spots had appeared on the left cheek and forehead. For a long time obstruction of the nose, which was full of scabs. She had then more mucus in the nose. *Bellad.* effected some amelioration in six days; four days afterwards the amendment was more observable in the left eye; the right on the contrary had got worse. *Hep. Sulph.* did no good. The left eye got better, the right more painful and inflamed. *Ars.* had no effect. *Sulph.* produced some change for the better for a week. The dose was repeated a fortnight afterwards, but was followed by aggravation for several days, and a whitlow commenced to form on the left thumb. A dose of *puls.*

prevented this from being developed. Six days afterwards the child got *calc. carb.* At the end of seven days nothing remained but slight redness and a little swelling of the left upper lid. All the other symptoms had disappeared. These symptoms in their turn went off."—(*Jahrb. der Hom. Klin.*, vol. iii, p. 75.)

"C. S., of M., a girl of fifteen years, scrofulous, had been subject for several years, every spring and autumn, to violent ophthalmia with photophobia. The light of a candle especially gave her violent shootings in the eyes. The disease had already lasted a fortnight. By day, in the light, the eyes wept much. Swelling of the left upper lid. Great thirst for cold water. Frequent internal shiverings. *Sulph.* $^2/_{30}$, given on the 28th December, 1835, had no effect. She got on the 12th January, 1836, *calc. carb.* $^2/_{30}$, which removed all the symptoms and prevented their return."—*Archiv*, vol. xvii. pt. 1, p. 19.)

"O. S., sister to the above, aged thrteen, began also to suffer from inflammation of the left eye chiefly, which was very red, with pain as if sand were in it. The pupils were moreover dilated, the nose obstructed, and the submaxillary glands swollen and hard. *Sulph.* $^2/_{30}$ given on the 28th December, 1835, had no effect. By the 12th January, 1836, the ophthalmia and obstruction of the nose had increased. *Calc. carb.* $^2/_{30}$ cured her permanently."—(*Ibid.*)

"H. T., of T., a boy of thirteen, had long suffered from an affection of the eyes, that had resisted the powers of Allopathy. The eyes were much inflamed, caused violent shooting pains, and were intolerant of candlelight. The cornea of the right eye was all dim; he could not see with that eye. There were besides, throbbing and tearing in the forehead, and cuttings in the abdomen, which was swollen. A dose of *sulph.* $^2/_{30}$, only somewhat relieved the pains in the head. Three weeks afterwards *calc. carb.* $^2/_{30}$ rapidly cured the disease."—(*Ibid.* p. 23.)

From the powerful action of Calcarea on the skin, we might expect it to be of service in that variety of ophthalmia attendant on, or subsequent to, cutaneous eruptions, and which is generally connected with the scrofulous diathesis. The excessive itching accompanying this form is extremely well marked in the foregoing extract from the pathogenesis. I subjoin a few examples of cure.

"Doris H—r, a girl of four years, had been affected for about two

months with ophthalmia, which was treated by Dr. P. by external and internal remedies. The general condition was ameliorated, but the eyes were not quite cured, and at the end of 1831 the ophthalmia reappeared with increased violence. The lids of both eyes were much swollen; the left eye could not be opened; the right very little. The right eyeball appeared very red. Complete photophobia; if the child opened the eyes for an instant she immediately shut them again. Formerly there had been much lacrymation, they were now dry. There were some dry scabs on the head. Anorexia, ill humour, and a disposition to cry. I gave, on the 2nd February, 1831, *rhus.* $^{6}/_{30}$. The eye affection decreased notably, but on the other hand the exanthema increased. In the beginning of March the eyes grew worse again. Lacrymation; eyes closed at night by the swelling. I gave *calc. carb.* $^{1}/_{30}$. There soon occurred a violent loose nocturnal cough. The ophthalmia disappeared, all except a little photophobia; on the other hand, the exanthema increased. It was moist and had a bad smell. On the 21st March I gave *Sil.* $^{1}/_{30}$. She was completely cured in a few weeks, and for a year has enjoyed uninterrupted health."—(Hartlaub, *Hom. Annal.* vol. iii, p. 166.)

"A girl of four years, who had had several attacks of scrofulous ophthalmia, had for three weeks lain with her face buried in her pillow, or in her hands; the lids closed, red, swollen, painful, itching, glued together in the morning; the conj. oculi inflamed and red; pustules full of pus on the cornea, flow of acrid tears, great aversion to the light, shooting pains in the eyes; scalp full of scabs, sometimes dry and thick, sometimes moist; glandular swellings in the neck; nose much swollen, excoriated at the nostrils by the acrid watery mucus that incessantly flowed from it; upper lip also swollen, covered with an eruption, as was also the face, especially the forehead and cheeks. This eruption consisted of small red pustules, in some places raw and moist, or covered with thick yellow scabs, with exudation of an acrid fluid. In the latter case the skin peels off when touched with the fingers. Violent itching and heat in the eruption. Abdomen swollen, hard, indolent; skin pale and bloated. I gave *calc. carb.* 15, one drop. After a Homœopathic aggravation for six days the amelioration went steadily on, so that at the expiry of twenty days the inflammation, photophobia, and eruption had disappeared, and at the end of seven weeks the child was perfectly cured."—(Knorre, *Allg. Hom. Ztg.*, vol. v, p. 81.)

"A. M. C., of A., a girl of two and a half years, scrofulous, was attacked after repercussion of tinea, by a violent ophthalmia, with excessive photophobia. She would allow no one to examine her eyes, but uttered such fearful screams, when any one attempted to open the lids, that the attempt was forced to be abandoned. There were besides, great salivation, thirst, hard and sluggish stools. On the 14th August, 1835, she got *tinein* $^1/_{35}$, which made the eruption reappear and diminished all the symptoms. On the 8th October I gave three doses of *sulph.* $^2/_{60}$ and $^2/_{30}$ without any result. The 21st November she got *calc. carb.* $^2/_{30}$, which by the 10th February, 1836, had removed all the symptoms, except a spot on the left cornea, which soon yielded to *nitr. acid.* $^2/_{30}$."—*Archiv*, vol. xvii, pt. 1, p. 17.)

"L. A., of B., a girl of nine years, of a scrofulous appearance, had been treated for two years for an ophthalmia by an Allopath, who had given her large quantities of mercury and antimony, which only made her worse. She was brought to me the 11th September, 1835. Not only had the inflammation extended all round the eye, and given rise there to a number of small ulcers, but there were also ulcers on the balls, and one in the centre of the left cornea. Besides this, the lips were excessively swollen, and covered with scabs externally, and there was an exanthema all over the body. I gave at once two doses of *sulph.* $^2/_{60}$ and $^2/_{30}$, to be taken at an interval of a week. The general state improved, but up to the 14th October no favourable change was observed either in the eyes or lips; on the contrary, a new ulcer was formed on the right cornea. *Calc. carb.* $^2/_{30}$ gradually diminished all the symptoms, and at the end of six weeks the child was cured without any other remedy."—(*Ibid.* p. 17.)

"S. B., of L., a young lady of twenty-five years, had had attacks of epilepsy, which had ceased on the breaking out of an eruption, chiefly on the occiput. This having been dispersed by inunctions, a violent ophthalmia ensued. The eyes were much swollen, the lids adhered, there were violent burning pain in the evening, and flow of tears in the open air. No catamenia for six months; confusion and congestion of the head. She took the 29th February, 1836, a dose of *sulph.* $^2/_{30}$, which did nothing but diminish a little the burning in the eyes. A dose of *calc. carb.* $^2/_{30}$, given three weeks afterwards removed the disease."—(*Ibid.* p. 22.)

Some of the symptoms in the pathogenesis of calcarea would lead us to infer its utility in rheumatic ophthalmia, (particularly S. S. 3, 8, 9, 10, 16, and 17), and the following seems to be a case of that nature successfully treated by it.

"J. G. Dohler, aged twenty-eight, a joiner, had often suffered from affections of the eyes. In his infancy he had had tinea, and later an acute fever. For three days the right eye had been again inflamed. He had recourse to a collyrium containing much opium, but without success. The eye moderately inflamed. A gray stripe across the pupil. Violent pressure with shooting pain in the eye and lacrymation on moving it. Great photophobia. He got *calc. carb.*, and six days afterwards he was much better. The pressure and heat in the eye were much less. The inflammation had almost disappeared. Ten days later no more inflammation or pain. The shootings across the cornea still remained, but in nine days they too had ceased, and the cure was completed without further medicine."—(*Jahrb. d. Hom. Klin.*, vol. ii, p. 74.)

Calcarea has likewise been found useful in traumatic ophthalmia, as shewn by the following case:—

"A fragment of glass, struck whilst playing, on the eye of a boy, who had suffered for a long time from swelling of the glands of the neck and groin, and who was unable to make water without great pain, and only drop by drop. Soon afterwards he complained of pain in the eye which was red, according to the mother's account. I saw him three days afterwards. Conjunctiva inflamed; a mark on the cornea from above downwards, and from within outwards; the cornea dim in the neighbouring parts. A kind of cloud at the bottom of the eye, which I could not well examine on account of the dimness of the cornea and the sensibility of the patient. Abundant lacrymation. He could with difficulty perceive even large objects. I gave immediately a drop of tincture of *arnica* 6, and put five leeches to the temple. That evening, and the following morning, I repeated the *arnica*. Some hours after taking the last dose, I found the inflammation, pain and lacrymation a little less, but not removed. The cornea was also less dim, and the crystalline lens could be perceived dim, and the pupils dilated. The second evening I gave a dose of *calc. carb.* $^{3}/_{30}$. The third day the amelioration was striking. There was no more pain in the eye, and the child could distinguish large objects.

He could also make water without difficulty. I saw him again the fifth day of the treatment. The cornea was clear, there was only a small stripe in the centre; the crystalline was not in the least dim; the pupils were no longer dilated, their motions were normal. Sight good, so that he could distinguish the letters of a book. The swelling of the glands even appeared somewhat less. He got now every fourth day a dose of *calc. carb.* The amendment has gone on so well that I hope to cure the swelling by this single remedy."—(Arnold, *Hygea*, vol. i, p. 411.)

Calcarea has been recommended in O. arthritica, and there are several symptoms in its pathogenesis which would induce us to use it in most chronic ophthalmiæ, more especially in those sometimes obstinate affections of the eye consequent on measles, scarlatina and small-pox, and in the inflammation of the eye attendant on dentition, should this fail to yield to *cham.* or *bell.* It is said to be of use in O. bellica and neonatorum (Noack and Trinks' *Handbuch*). I should feel indisposed to make use of it in the height of these diseases; but it may be of great utility in the secondary effects of these and other ophthalmiæ, as the following case will prove:—

"Fr. H., of L., aged twenty-five, of robust constitution; had had the itch four years previously, which had been repressed by means of ointment. Soon afterwards he was forced to serve as a recruit, and scarcely had he joined his regiment when he was attacked by a species of ophthalmia called elephantiasis. [query, Egyptiatica?] After a long but ineffectual treatment he was discharged. The following symptoms were present: the corneæ of both eyes were dim, and he saw objects as if through a mist. In damp weather the eyes inflamed and became very red, with violent shooting pains. He could not bear the light of day, candle light affected him less. Sometimes itching in the hams and elbows for several days at a time, especially in the evening, and when this was the case the eyes were better. The 27th April I gave him *psorin* $^2/_{30}$, *sulph.* $^2/_{30}$, and *calc. carb.* $^2/_{30}$, to take at intervals of a fortnight. *Psorin* had no effect, *sulphur* was more efficacious; but less so than *calc.* The 17th June the cornea was still rather dim, and the eyes intolerant of daylight. There were also shooting pains in the inferior molars. Another dose of *sulph.* $^2/_{30}$ and *calc.* $^2/_{30}$ effected a cure."—(*Archiv*, vol. xvii, pt. 1, p. 24.)

Calendula.

1. Inflammation of the white of the eye, with pressive headache, at one time in the forehead, then in the temples, whilst lying, but not whilst sitting or standing.

2. Dryness and smarting of the edges of the lids, as from smoke.

In a former No. (vol. v, p. 318) attention was directed to the virtues of calendula as a vulnerary, and it certainly deserves to be borne in mind in cases of lacerated and incised wounds of the eye, where it may be applied externally in the form of a lotion, according to the formula recommended by Dr. Thorer.

Causticum.

1. In the eye pressive pain, increased by touching it.

2. A pressive pain in the eyes from the forehead.

3. Pressure in the orbits and behind the eyes.

4. A very painful pressure in the eyes in the morning, before he can open the eyes; on shutting them again the pain lessens.

5. Pressure in the eyes as if sand were in them.

6. Pressure in the eyes, as if they were pressed in and would come out.

7. Pressure in the left eye as if it would be pressed out.

8. An internal pressure in the eye, as if it were stretched out.

9. Out-stretching pain in the right eye.

10. Tearing and pressure in the eyes.

11. Itching in the eyes and canthi, going off on rubbing them, followed by lacrymation.

12. Itching in the eyes.

13. Itching like a flea-bite in the left inner canthus, inciting him to rub.

14. Voluptuous itching in the right canthus, necessitating rubbing.

15. Smarting, like salt in the eye.

16. Smarting and pressure in the eyes, which seem heavy, with redness of the lids.

17. An itching sore pain in the inner canthus of the right eye in the morning after awaking, as from salt in the eye, requiring him to rub, whereby it is much increased, so that water exudes from it, without redness of the eye.

18. Heat in the eyes.

19. Burning in the eyes.

20. Burning and dryness in the eyes in the afternoon, or in the evening, with shooting as from needles in them, and photophobia.

21. Burning in both inner canthi.

22. Inflammation of the eyes, with burning and pressive pains.

23. Inflammation of the eyes, with pressure in them by day, and agglutination in the morning.

24. Agglutinated eyes in the morning.

25. Dry feeling with pressure in the eyes.

26. A rubbing like sand in the eyes.

27. First, dryness in the eyes in the morning and stiffness, then lacrymation.

28. Lacrymation, especially in the open air.

29. Lacrymation, even in the room, worse in the open air.

30. Difficulty of opening the eyes, they feel as if the lids were swollen, especially in the morning.

31. Photophobia, the eyes pain on moving them when he looks at daylight.

32. Photophobia all day long; he must constantly wink his eyes.

In the above symptoms we find many of the characteristics of O. rheumatica, arthritica, and scrofulosa, and this corresponds with what we know of the general utility of causticum in rheumatic, arthritic and scrofulous affections. The following cases, obscurely enough described, will serve to illustrate its curative powers:—

"A. C. O., of O., the wife of a poor journeyman, aged about forty years, suffered from an inflammation of the left eye, with corrosive lacrymation and shooting pains. At night the candle appeared surrounded by a green halo. From the vicinity of the eye shooting pains often extended into the head. Exacerbation in the evening and night. A dose of *Sepia* $^2/_{30}$, given the 23rd November, 1835, produced an amelioration, but without changing the pains. The state having become stationary, at the end of a month I repeated the dose, but without effect. To the symptoms already existing was added an exanthema over the body. The 23rd January, 1836, two doses of *sulphur* $^2/_{60}$ and $^2/_{30}$. Aggravation; the disease regained all its former intensity. The 20th February, *causticum* $^2/_{30}$. The affection rapidly declined, no further medicine was required."—(*Archiv*, xvii. pt. 1, p. 27.)

"G. C. B., of G., a peasant woman forty years old, had suffered from her eyes fourteen years. They were always injected, with violent shooting pains, and the sight was so dim she saw as through a thick mist. There were, besides, continual beatings and noises in the head, fluent coryza, and an exanthema about the neck. Aggravation of the symptoms in the evening. The 24th October, 1836, *sulphur* $^{2}/_{30}$, which had no effect. Three weeks afterwards *causticum* $^{2}/_{30}$, which removed all the symptoms in six or seven weeks. No other remedy was required."—(*Ibid.* p. 30.)

"H. C., of H., a robust man of thirty years of age, had bad eyes for several years. He felt, especially in the evening, burning and shootings in them, with a feeling as if sand had got into them. Besides this, continual noises in the head, putrid taste in the mouth every morning, and dull pain in the stomach after having eaten. A dose of *puls.* $^{3}/_{30}$ produced marked benefit at first, but three hours later all the symptoms reappeared. *Caust.* $^{2}/_{30}$, a single dose effected a complete and radical cure."—(*Ibid.* p. 81.)

The following case of ophthalmia occurring after the disappearance of itch, cured by causticum, is also deserving of attention:—

"N. N., of G., a girl of eighteen, had had the previous summer the itch, which was treated with sulphur and mercury internally and externally. Soon afterwards she was affected with a violent ophthalmia, with purulent discharge from the eyes, which were closed by swelling. Giddiness in the evening. She had never menstruated. The 6th February she got *puls.* 4, gtt. j; which removed the giddiness but left the other morbid symptoms as before. A fortnight later *caust.* $^{2}/_{30}$. A single dose sufficed to cure her and to cause the appearance of the menses."—(*Ibid.* p. 25.)

Causticum is deserving of attention in the treatment of most chronic ophthalmiæ, and it has been found of especial service where opacities of the cornea have resulted from inflammatory affections of the eye.

Chamomilla.

1. The canthi are in the morning full of mucus.

2. Eyes in the morning swollen and gummed up with purulent mucus.

3. After sleeping the lids are agglutinated.

4. Painless injection in the white of the inner angle of the right eye.

5. Pressure in the eye; the eyes are inflamed and full of mucus in the morning.

6. Violent stitches in the eyes.

7. Feeling as if fire and heat came out of the eyes.

8. Great swelling and bluish redness of the lids, puckering and dark red colour of the conjunctiva of the sclerotic and lids, with much yellow purulent mucus or bloody fluid.

9. Frequent exudation of pure blood from the eyes on crying or coughing.

10. Catarrhal symptoms often accompany the eye symptoms.

11. Pressive pain under the upper lid on moving the eyes.

The above symptoms point to catarrhal ophthalmia with much mucous secretion, and to ophthalmia neonatorum where the conjunctiva only is affected; it would be unsafe to rely on it alone in the latter disease where ulceration of the cornea or inflammation of the more deeply seated structures of the eye existed. It is particularly indicated when the attack is recent, and when there is a tendency to hæmorrhage from the congested mucous membrane, as shewn in S. S. 8 and 9. The following cases illustrate its curative powers. In the first case it may be doubted whether *bell.* had not an equal share in the cure of the disease.

"A child 3 weeks old, born of very poor parents, was attacked by ophthalmia. The mother was a stout healthy woman, During the first week of its life the infant was very lively, but thereafter it fell ill without assignable cause. I found the following symptoms: for a fortnight constant diarrhœa, at first greenish, then like clear soup, and then, for the last three days, watery and fetid; the child screams and twists about like a worm before each evacuation. Eyes closed by swelling of the lids; on opening them forcibly the conjunctiva is perceived injected with blood, and the borders of the lids dilated by the same fluid. Blood flows from the eyes each time the infant cries. The whole body is covered by a kind of miliary eruption, especially the face, the epidermis of which is abraded, owing probably to the acridity of the secretion from the eyes. Extreme

restlessness, not a moment of sleep, heat of head and body without perspiration, coldness of extremities; all nourishment is refused, even the mother's breast. Excessive emaciation, which gives the child the appearance of extreme old age. I despaired of the infant's life, but as there was no risk in trying an experiment, I gave *chamom.* 12, one drop. No change in diet was necessary, as the infant scarcely sucked at all, and took nothing but a little beef tea very rarely. However, in order to avoid any deleterious influences, I forbade the mother to take coffee, and in place of it to use milk. I saw the baby two days afterwards. An hour after taking the medicine it enjoyed refreshing sleep for three hours, from which it awoke quiet, and partook of some drink. It had only had three evacuations, more like soup and of a yellow colour; it had ceased crying. The swelling of the lids had lessened; it could not yet open the eyes. The vessels of the conjunctiva and the borders of the lids were less injected, but the exudation of blood had not diminished; it was not, however, so deep coloured. The heat of the body was moderate, the eruption less red in some places; desquamation had commenced. I allowed chamomilla to act for two days more, but finding that this produced no further amendment than increase of quiet and diminution of the eruption, I gave on the third day *bell.* 30, a small portion of a drop. This one dose sufficed to remove the remainder of the symptoms. Two days afterwards the bloody tears and swelling of the lids had disappeared, and the eyes assumed their natural appearance. The emaciation was considerably diminished. I saw the child again some weeks afterwards, when there remained not the slightest trace of disease."—(Hartmann, *Archiv.* vi. pt. 2, p. 38.)

"An infant of six weeks old, son of the farmer N., of B., had from its birth a considerable swelling of the lids, with redness, and frequent purulent discharge. The disease went on increasing, especially that of the left eye, which could not be opened at all, whereas the right still opened, but only in the dusk. On separating the lids forcibly, the eyes were perceived highly injected, especially the left; all the mouth was covered with small aphthæ. The infant cried much, and every day had liquid, yellow, chopped up stools. I gave it on the 28th November *cham.* $^2/_{12}$. On the 30th the infant was quieter, the lids less swollen and less red, the eyes opened of themselves and appeared less red. The 2nd December there was no

more redness nor swelling of the lids; the eyes were opened without difficulty; the photophobia and inflammation had entirely disappeared. The aphthæ had much diminished, but there were still several glairy stools during the day. A small dose of *merc. sol.* 12, given on the 6th December, removed the remainder of the complaint. By the 10th the aphthæ also had disappeared." (Seidel, *Hom. Annal.* ii. p. 200.)

In the following case of severe catarrhal ophthalmia, it is doubtful whether the honour of the cure belongs to the chamomilla or the phosphoric acid.

"G. Conti, a youth of 14, pupil at a public school, of robust constitution, was suddenly seized with a severe inflammation of the eyes, caused by atmospheric changes. At the expiry of three days his parents brought him home. They called in Dr. Crisafulli, who ordered the immediate application of a large number of leeches to the eyes, blisters and internal remedies. This treatment the parents objected to on account of some popular prejudice, especially the application of leeches, and the physician, despairing of being able to cure the patient by any other means, informed the parents of the danger and retired. I was then called, and found the following symptoms:—Severe tearing headache, painful pressure on the orbits, and pulsation like blows from a hammer in the temples; the eyelids so swollen as completely to close the eyes; in the interior the sclerotic [conjunctiva?] all inflamed and red, formed a projection round the iris; the cornea itself was somewhat opaque (especially that of the right eye, where the inflammation was most intense.) Objects could not be distinctly seen; they appeared to the patient as if covered by a thick mist. Candlelight and daylight were intolerable, so that he was forced to remain in complete obscurity. The least alteration of air in the room, the least examination by the physician, or the approach of night, caused him great suffering. Want of sleep or restlessness during sleep; febrile state, which increased in the evening; sensation in the interior of the right eye, as if it would burst out of the orbit. Sensation in both eyes as if caused by the presence of grains of sand underneath the lids. I gave *cham.* $^2/_6$ to be repeated two hours afterwards. The following day the inflammation was much diminished, and the sclerotic [conjunctiva?] depressed; but the pain persisted in the head and eyes. There was

still a slight aggravation towards evening. I gave *acid. phos.* $^{3}/_{30}$. The night was passed quietly and the sleep was peaceful, and the improvement from that instant was so rapid that by the fourth day of treatment he was perfectly cured."—(Scudery, *Archives de la Med. Hom.* vol. v. p. 373.)

If a remedy be requisite for the ophthalmia accompanying dentition, chamomilla will generally suffice, particularly if it do not depend on a scrofulous diathesis. It is likewise deserving of attention in the milder forms of ophthalmia bellica.

China.

1. Smarting, first in the one, then in the other eye, with lacrymation.

2. Pressive smarting pain in the eyes as from salt; she must constantly rub them.

3. Mucus in the outer angle after sleep.

4. Pain over the left orbit.

5. Tearing in the left outer canthus.

6. Dry feeling betwixt the lids and balls, rubbing pain on moving the lids, without perceptible alteration in the eye.

7. Pressive pain in the outer canthus.

8. Painless pressure in the eyes, such as arises from weariness and want of sleep.

9. On awaking at night the right eye feels full of water.

10. Lacrymation, with formicating pains in the eyes and on the inner surface of the lids.

11. The eyes are somewhat red with pressive burning pains in them, and much heat.

The great benefit that has been found to result, in Allopathic practice, from the employment of bark and its preparations, in certain affections of the eye, more especially in scrofulous and rheumatic ophthalmia, would naturally induce us to bear them in mind in our Homœopathic practice. In the above symptoms, however, there are few tangible indications to guide us in the employment of china. A knowledge of the tendency of this substance to cause periodical affections, together with the hint afforded by S. 6 of pain in the eye without corresponding redness and unnatural dryness of the eye (a symptom, by the

way, which is also observed in the pathogenesis of *Chinin. Sulph.*), andour experience of the advantages to be obtained from china in cases of excessive loss of humours, will perhaps lead to a precisionizing of its Homœopathic application, but until future provings shall have furnished us with more accurate indications for its employment, we must be content to be guided, in a great measure, by the experience of our Allopathic brethren, assisted by the obscure hints afforded in the above scanty symptoms. From these sources we may learn that china may be applied with advantage in cases of chronic scrofulous ophthalmia, where the redness of the eye is but slight, while the subjective symptoms are severe; in intermittent ophthalmia of various kinds; in certain stages of rheumatic and other chronic ophthalmiæ; in some of the secondary affections consequent on the more acute forms of ophthalmia, and in those inflammatory affections of the eye consequent on onanism. The following cases illustrate its efficacy.

"A girl 17 years of age, scrofulous, and from her infancy subject to frequent attacks of ophthalmia, was attacked by a recurrence of this disease. Conjunctiva of left eye slightly reddened; motion of both eyes difficult, as if sand were beneath the lids. Every evening about 11, aggravation of the state, when the following additional symptoms occurred: great lacrymation of left eye, sensitiveness to light; in-pressing pain in a small spot of the border of the orbit, towards the nose. Sometimes this pain descends from the eyebrow into the lid, and appears to close this, as if it were tired; sometimes the pain remits for several minutes; frontal headache. Three hours before the next attack I gave a drop of *China* 12, and it occurred at the usual hour with increased violence. The following day, however, it did not occur, and by the third day the redness of the conjunctiva was quite gone."—(Caspari, *Archiv.* III. 3. p. 77.)

"Charles Voelker, aged 8 years, was attacked last autumn, after a slight cold, by a periodical ophthalmia of a peculiar character. Every morning at ten o'clock he experienced painful pressure and drawing in the forehead and temples, which increased every day in violence. Soon afterwards his eyes became red, commenced to

weep, there was contraction of the pupils, and great sensitiveness to the light. Not only touching, but any motion of them gave him pain. This lasted three hours, after which the pains gradually diminished. There was then a remission until evening, and during that time the skin was covered with perspiration. During the attack the pulse was febrile, the face red. Out of the attack, face pale, great depression. The catarrhal origin of the complaint and the morning exacerbation decided me to give *nux vomica* 30. This remedy having had no effect, the third day I gave *euphrasia;* the pains lessened in intensity, but the attacks came on at the usual time. I then gave *china* 12. The following day the attack came an hour later and was less violent. I made him take two more doses of *china* within 48 hours, and he was cured."—(Rau, *Werth des hom. Heilv.* p. 275.)

The following curious case of intermittent ophthalmic affection successfully treated by china, in Allopathic practice, deserves notice in this place.

"Seven or eight years since, the author was called to see a young lady who for some days had suffered from the following remarkable symptoms. A pain in the eye, that included not only the eyeball and all the parts contained in the orbit, but also the sinus superciliaris, and extended along the eyebrow to the temporal bone, of an excessively violent character, as if a knife were thrust betwixt the orbit and ball, and moved round about in the orbital cavity in order to scoop out the eye, during which the eye wept, but was neither inflamed nor particularly red; this pain commenced every morning, about eight o'clock, with the same violence, and the last trace of it disappeared about two or three o'clock P.M. After using some general means, *china* was administered, and with such rapid effects that in two or three days the cure was perfected."—(St. Martin, *Jour. de Med.* vol. xiii. part 3, p. 228.)

The next is a case of gonorrhœal ophthalmia, rendered chronic (by mismanagement probably), in which china was used in Allopathic doses with surprising good effects. The Homœopathic practitioner might almost have been guided to the selection of china in this case from a consideration of the following symptom in its pathogenesis.

"The flame of the candle seems to be of a dazzling sulphur colour;

after a few minutes all surrounding objects appear enveloped in dazzling rosy light."—(Noack and Trinks' *Handbuch.*)

"A man of about 40 had inadvertently introduced gonorrhœal matter into the eye. This was followed by very violent inflammation, not only of the coverings of the eye, but also of the iris, which obstinately resisted the employment of all derivative, antiphlogistic, internal and external remedies, especially leeches, blisters, and mercury so as to produce salivation. The excessive photophobia of the inflamed eye affected with iritis, which was also shared by the other eye, caused him to see for four weeks, which were spent in darkness, flashes in the form of rays shooting from the centre to the periphery, something like a sun with rays, combined with dull pains in the frontal region. The irritability of the patient was so great, that if a few grains of the watery extract of opium more than usual were added to some ounces of a collyrium he was in the habit of using, this robust, hardy man immediately experienced narcotic head symptoms. Belladonna dropped into the eye was, like the other remedies, useless; and the violent inflammation of the left eye, with the dull headache, photophobia, nocturnal uneasiness and delusions, as if the patient was in a brilliantly lighted room, continued uninterruptedly, until the experiment was made of giving him bark in a strong decoction. (Sulphate of quinine had previously been employed in vain.) After the employment of a few ounces of this decoction, he felt an alleviation of the dull headache, which diminished, along with the ophthalmia. He grew so fond of the remedy, that he daily took above an ounce of it in powder in black coffee, and by means of this alone, continued for a few weeks, this violent inflammation of the iris and the spongy swelling of the membranes of the eye completely disappeared."—(Erdmann, *Graefe and Walther's Jour. f. Chir. u. Augenheilk.*, vol. xxvi. pt. 1, p. 136.)

Although the quantity of china given in the foregoing case is uselessly large, I may remark that this remedy often seems to do more good in sensible doses of the tincture, or first dilution, than in the higher attenuations.

The *sulphate of quinine* has been used for affections of the eye similar to those in which bark has been found serviceable, and the indications for its use are almost identical with those of bark, as the following extract from its pathogenesis will prove.

Chininum Sulphuricum.

1. The eyes close from weariness.
2. Sensitiveness and lacrymation of the eyes.
3. Peculiar dryness of the eyes.
4. Excessive brightness and sparks before the eyes.

The following case of well marked intermittent ophthalmia from Allopathic practice will illustrate its action.

"A man of 40, healthy and robust, of choleric temperament, immediately after bathing in the river, on the 10th June 1834, felt much weakened. The next day he had heaviness of the head, disagreeable taste, eructation, and furred tongue. He took a dose of infusion of senna, which produced several evacuations with benefit. On the 12th June, on awaking he could not open the eyes, which were glued up. After loosening the mucus with milk, the excessively red and weeping eyes could not bear the light, even in a dark room. The conjunctiva was reddened, as if injected, the pupils contracted [likewise a symptom of chin. sulph.], the lids red and swollen; epiphora, extreme photophobia, heat, tearing in the orbit, disagreeable taste, violent headache and thirst, moderate fever, pulse full and hardish, skin dry.—Leeches, cold compresses, tartar emetic, and calomel. No effect was observed during the employment of the remedies, but the following morning not a trace of the ophthalmia was observable; but the next day (14th June) it returned with all its former intensity. Its intermittent character was now detected; another intermission and subsequent fit were allowed to elapse, and on the 17th a few doses of *chinin. sulph.* were given, after which no trace of the ophthalmia returned, notwithstanding that the patient writes a great deal."—(Herschmann, *Med. Jahrb. des k. k. Oest. St.*, b. 30, h. 2, p. 236.)

Cocculus.

1. Headache, as if the eyes would be torn out.
2. Headache, as if the eyes were forcibly closed.
3. Pressure in both eyes, as from dust in them.
4. Bruised pain in both eyes, with inability to open the eyes at night.
5. Shootings in the eyes from within outwards.
6. Dull pressure on the outer border of the orbit.

The above symptoms do not indicate clearly the precise kind of ophthalmia in which cocculus is useful. Attention to the other symptoms of its pathogenesis, and more especially to clinical experience, will be our best guide in its use. The disease in which it has hitherto been found most efficacious is ophthalmia arthritica, and it may possibly be found of service in some cases of rheumatic ophthalmia. The following case illustrates its efficacy in the former disease.

"G. a man of 43 years, strong, muscular, who worked hard in the open air, suffered for several weeks from an arthritic ophthalmia, which neither the collyria nor the salves he had used by the advice of his master and his doctor had been able to cure. He had formerly suffered from rheumatic pains in the limbs, especially the shoulders and arms, for which he had used, but without success, vapour baths. The disease presented the following morbid phenomena:—The sclerotic of the left eye, which was the worst, inflamed. A rose coloured inflamed circle, deeper in colour next the cornea, diminishing towards the canthi. The cornea dim, as if covered with dust, surrounded by a bluish white circle. The iris of the left eye inflamed, especially towards its inner border. The pupil drawn upwards, angular and contracted. Photophobia and contraction of the upper lid. No lacrymal flux. Tearing pains in the eyebrows and left side of the head, more violent in the evening and night. The patient saw as through a veil, for his right eye began also to be affected by the arthritic dyscrasia. In fact, though there were as yet no symptoms of actual inflammation, a commencement of arthritic ophthalmia was unmistakeable, on account of the angular form of the pupil and the bluish white circle at the border of the cornea. There was nothing particular about the general state of body, except great depression of body and mind. On the 10th June, 1832, I commenced the treatment. After having put aside the collyria, I gave him to take until the 14th, two doses of *merc.* $^2/_{12}$. No benefit having ensued I gave him *cocculus* $^2/_{12}$. On the 18th the inflammation was already considerably less. This happy result determined me to give him a second dose of the same remedy. On the 29th the inflammation had disappeared; the photophobia was much lessened; nothing now remained but some nocturnal pains in the supraorbital ridge and forehead. These last symptoms induced

me to give a third dose of *cocculus* $^{3}/_{12}$. The arthritic affection of the head disappeared entirely in a fortnight, and the patient ceased to take any medicine. But on the 13th July he was attacked again with rheumatic pains in the right knee and arm. I could not believe that these slight pains were the effect of *cocculus*, although they are to be found amongst its symptoms, so I gave the patient *calc.* $^{3}/_{30}$. He was completely cured, and for four years has not had the slightest relapse."—(*Thorer's Prakt. Beitr.* vol. iii. p. 9.)

Colchicum.

1. Soreness, pressive pain in the eyes.
2. Short sharp tearing in and about the eye.
3. Smarting in the eye, especially in the outer canthus, with lacrymation, and feeling as if the canthus were glued up.
4. Drawing tension deep in the eye.
5. Slight redness of the sclerotic, a well defined small white macula, afterwards dimness of the cornea, increase of the size of the ball, deposit of a purulent fluid at the lower part of the anterior chamber, complete capsulo-lenticular cataract, with increased size of the lens; it is pressed forward against the iris, which was at first of a beautiful brown colour, but afterwards dim and as if destroyed, thus closing up the pupil, so that the bright cornea becomes thereby highly convex and pointed, and the eye appears as if protruding from the orbit; round the edge of the pupil, behind the iris, a yellowish flocculent membrane appears in the pupil, which is naturally large and excessively sensitive to light, contracting not much but very rapidly; the trembling, quivering motions of this membrane are distinctly seen when the lids are quickly open and shut; by and bye it comes into the anterior chamber, where it sticks fast, its upper end being directed to the lower border of the pupil, the under end directed diagonally towards the lacrymal points; it is about two lines long and one and a half broad; in a few days absorption of the whole disease commences, after the lens has first assumed a green colour like verdigris, and a slight nebulous dimness appears in the posterior chamber, probably proceeding from the vitreous body.

S. 5, which I have copied from Noack and Trinks' Manual, but the original source of which I am unable to ascertain, if a *bona fide* physiological effect of colchicum would indicate it as

a most valuable remedy, in rheumatic, arthritic and syphilitic ophthalmia. Though clinical experience is still silent respecting its use, it deserves to be borne in mind in those diseases, more especially as it has long enjoyed a reputation among Allopathists in gout, rheumatism, and secondary syphilitic affections.

Colocynth.

1. Pain in the eye, a sharp cutting in the right eyeball.
2. Stabs as from knives in the right eyeball.
3. Burning pain throughout the right eyeball.
4. A prickling burning pain in the right inner canthus.
5. Great itching in the right eyeball, compelling him to rub.
6. Painfulness of the eyeball.
7. Pressive feeling in the orbits towards the root of the nose.
8. Pain as if the eyeballs were pressed from above downwards.
9. In the evening pressive pain in the right eyeball from above and outside, increased by wiping with the finger; the eyeball feels harder at that part.
10. Acute pressive pain in the eye, increased by stooping.
11. Smarting in the eyes.
12. Pale inflammatory redness in the eyeball.
13. Inflammation of the conjunctiva, here and there tendency to ulceration; this was fully developed in the evening, and by morning the cicatrization was complete.
14. Copious secretion of acrid tears.
15. In the evening dry feeling in the eyes.

Rheumatic and arthritic ophthalmia are chiefly pointed to in the above symptoms. The phlyctenular ophthalmia alluded in S. 13 is scarcely to be depended on, as the prover was subject to similar affections of the eye. Affections of the more deeply seated structures of the eye are indicated, rather than of the superficial membranes. The following case, which I take to have been an exquisite example of arthritic ophthalmia, although the description of the eye symptoms is lamentably vague, will serve to illustrate the power of colocynth in such cases.

"Several years ago, Mr. A., of D., was attacked by violent

ophthalmia. A surgeon applied leeches, and put him under a general antiphlogistic treatment; but the disease having resisted the treatment, the patient, fearing lest he should lose his sight, applied to a physician of T. At the end of a month the case had made no progress towards cure. He again changed his doctor, but without greater success, and at last applied to me, after he had already lost an eye. I found all the symptoms of arthritic ophthalmia; there were besides constant horrible gnawing pains in the head, which had preceded the ophthalmia itself; burning, cutting pains in the right eye (S. S. 1, 2, 3), congestion of the head, and abundant discharge of acrid fluid from both the eyes (S. 14). The ophthalmia appearing to me to be connected with the headache, I gave *tinct. colocynth*, two drops in water, every three hours, this remedy having already proved serviceable to me in headache, and I applied to the nape of the neck a plaster of citrine ointment and tartar emetic. But before the plaster had time to produce its effects, the headache disappeared, as if by magic, and the racking pains in the eye had much abated. I then gave but one drop at a time. In eight days this obstinate disease was gone. The ophthalmia disappeared, the right eye retained all its power, and since that time the patient has had neither headache nor inflammation of the eyes."—(Schuler, *Prakt. Mittheil.* 1827, p. 39.)

Dr. Watzke, in commenting on this case (*Œst. Z. f. Hom.* i. 1, p. 112), says, in his humble opinion the morbid phenomena in the head from congestion of the brain were primary, the ophthalmia again secondary, from sympathetic affection of the ophthalmic branch of the trifacial and of the branches of the sympathetic nerve in connexion with it. In my opinion, there is no evidence to prove either that the headache was what is termed congestive or that the eye affection took the round-about course here described, any more than that the similar ophthalmic symptoms observed in the proving of colocynth depended on sympathy with the brain; the former is sufficiently clear by the name of arthritic (or rheumatic) affection of the eye and head, and the latter is obviously enough the effect of colocynth on the eye. Although I do not believe the plaster had anything to do with the cure, its application was unfortunate, as the purity of the treatment was thereby damaged.

Conium.

1. Pressure in the eyes, chiefly whilst reading.
2. Pressure in the outer canthus, as from a grain of sand.
3. Pressure in the eyes, as from a grain of sand, especially in the forenoon, with inflammation and redness of the white of the eye, and smarting tears.
4. Painful pressure in the eyes on shutting them to sleep, at night in bed.
5. Drawing pain, with redness in the eyes.
6. Shooting in the inner canthus; the lids are glued up in the morning.
7. An itching shooting in the inner canthi, not removable by rubbing.
8. Smarting pain in the inner canthus, as if an acrid matter had got into it, with lacrymation of the eye.
9. Heat in the eyes.
10. An almost burning heat goes rapidly through the eye, morning and night.
11. Burning in the eyes.
12. Burning in the eyes in the evening, with pressure in the orbits.
13. Red eyes.
14. Gum in the eyes in the morning.
15. Increased irritability of the eye.

The great utility of conium in scrofulous ophthalmia with excessive photophobia, we have learned more from the experience of Allopathic physicians, confirmed by the observations of Homœopathists, than from the foregoing physiological action; for though S. 3 presents some of the peculiarities of scrofulous ophthalmia, yet the photophobia, which is, after all, the chief indication for its administration, is nowhere to be found in its proving. Indeed it may be a question whether this power over photophobia be not merely an Allopathic action, as its pathogenesis abounds with symptoms of paralysis of the optic nerve and insensibility to light, for most Homœopathists seem to agree that it is but a palliative action, and that conium has little power over the imflammatory symptoms of the eye, and

none in preventing a return of the symptoms for which it is most useful. Dr. Segin's cases (vide *Brit. Jour. of Hom.* vol. ii, p. 204), to which I must refer the reader, distinctly prove this, especially cases 1, 6, and 11. The following observations of Dr. Knorre on the subject are useful.

"Scrofulous photophobia," he remarks, "is generally a symptom of scrofulous ophthalmia; it is, however, often an independent symptom, purely nervous, without implication of the vascular system. In the former case it does not always bear a proportion to the violence of the inflammation, for we may on the one hand meet with a considerable scrofulous ophthalmia with ulcers in the cornea whilst the photophobia is moderate, and on the other hand, violent photophobia with very little redness of the eye. I have met with cases of the latter kind where there was the most violent photophobia, accompanied by spasmodic closure of the eyelids. The lids could only be opened with the greatest difficulty; a torrent of tears escaped from the eye, but the sclerotic and cornea presented no trace of inflammation. When it is impossible to open the eyes, the appearance of the lids will enable us to judge of the state of the eye. If they show no morbid, no inflammatory appearance, we may be sure that the eye is also exempt from inflammation." [My own observation does not coincide with this remark.] "In some violent scrofulous ophthalmiæ, the lids are always more or less swollen in their borders, red, burning, with a dry muco-purulent matter betwixt the lashes. But generally there is along with scrofulous photophobia a pale reddish colour of the eyeball, surrounding the cornea like a narrow collar, or some injected vessels are perceived traversing the conjunctiva scleroticæ. In such cases the effect of conium is as certain as it is rapid. I usually administer it in repeated doses, a whole drop or a fraction of a drop of the mother tincture. Several times I have observed, after the administration of this remedy, a scabby moist exanthema come upon the head and face, with disappearance of the photophobia. When the inflammation predominates, that is, when the photophobia is only a subordinate symptom, *calc.*, *graph.*, *lyc.*, &c. are always the chief remedies. *Conium* does not preserve from relapses."—(Knorre, *Allg. Hom. Ztg.* vol. v. p. 88.)

I subjoin two cases illustrative of the action of conium in the same affection, but in widely different doses.

"Two of the daughters of Mr. D. who were subject to different scrofulous complaints, were both affected, though since different periods, with scrofulous ophthalmia. For two years I treated one of them by antipsorics, and only cured her with great difficulty after a great length of time. What principally troubled me was photophobia, which resisted all antipsorics given internally, but which was removed in a very short time by *conium* 30, two drops in half an ounce of distilled water."—(Thorer's *Prakt. Beitr.* vol. iii. p. 28.)

"The daughter of a poor woman, aged 11, had suffered for three years from scrofulous photophobia, which made her sit during the day in the dark with her eyes bound up, and it was only at night the bandage could be taken off. Various remedies had been frequently employed without success; *Extr. herb. rec. Con. macul.* ʒss. *Aq. distil* ʒss., of this 12 drops to be taken twice a day, and the quantity increased every second day by two drops. Scarcely had she finished the drops, when she was able to go about with her eyes uncovered on dull days. After repeating the remedy she got quite well and remained so. Seven similar cases were rapidly cured in the same way."—(Seidel, *Med. Z. v. Ver. f. Heilk. in Preussen*, 12ter Jahrg. p. 98.)

A solution of the extract applied endermically to the forehead or temples has been found very efficacious in scrofulous photophobia in the hands of Allopathists, and should not be altogether despised by the Homœopathist, in severe cases, more especially as the action of conium is, I feel assured, merely palliative in such cases.

Conium, when otherwise indicated, will be found especially serviceable when glandular swellings are present.

Crocus.

1. In the head and right eye, as also in a hollow tooth of the left side, acute tearing, with dimness of that eye, and the feeling as if a cold air blew through it.

2. Whilst reading, as if a veil before the eyes, which goes off on winking or rubbing the eyes; at the same time a pressure in the eyeballs, which changes into a heaviness on shutting the eyes and returns on opening them.

3. Simple pain of the eyes, as if after looking through spectacles of too great magnifying power.

4. Pain in the right eyeball, stitches at one point of it.

5. On reading for some time, he has pressive and raw burning pain in the eyes, with dimness, causing him to wink often.

6. A pressive pain in the eyeballs, with great flow of tears; when the pain went off the sight became very dim.

7. Smarting as from smoke in the eyes.

8. Sensation in the eyes as if she had wept much; they are all swollen, and feel tense, without anything being observable externally.

9. Sensation in the eyes as if he had wept violently; they have also that appearance.

10. Burning in the eyes.

11. Very dry eyes.

12. On awaking at night she cannot open the eyes for a feeling as if a weight were on them; on opening them forcibly, tensive and pressive pains in them, and after many efforts she can only open them imperfectly by rubbing and pressing them.

Crocus has long enjoyed a reputation in Allopathic practice as an external remedy for various ophthalmic affections; it enters into the composition of many collyria. It has been recommended Homœopathically after surgical operations on the eye, when there are throbbing and itching pains in the eye. (Noack and Trinks' *Handbuch*.) A case of syphilitic ophthalmia is on record treated by Dr. Caspari successfully, with puls. and crocus, but as the former medicine seems to have had the greatest share in the cure, it would be out of place to give it here in detail. It has also been used in traumatic and scrofulous ophthalmia with good effect. Some of the above symptoms would seem to point to rheumatic ophthalmia, and S. S. 8 and 9 should induce us to bear it in mind in inflammation of the eyes caused by weeping.

Digitalis.

1. Pain in the eyes, a horrible pain in the eyeball on touching it.
2. Pressive pain in the eyeballs.
3. Pressure in the right eyeball, quickly coming and going.
4. Throbbing pain in the orbits.
5. Smarting burning in the outer canthi.
6. Red eyes, with painfulness, especially in the evening.

7. Violent inflammation of the eyes.

8. Lacrymation.

9. Lacrymation more in the room than the open air; the eyes are dull, hot, full of red vessels, with pressive pain, and mucus in the angles.

10. Agglutinated eyes in the morning, followed by weakness of them.

11. Acrid tears.

We have here indications for the use of digitalis in some cases of catarrhal, arhthritic, and scrofulous ophthalmia; it is to be regretted that there are no more precise details respecting S. S. 6 and 7, to enable us to determine more accurately the cases in which it is applicable. Dr. Knorre (quoted in Noack and Trinks' *Handbuch,*) relates a case in which it was successful, of ophth. catarrhalis occurring after a suddenly suppressed coryza, with redness of the conjunctiva palpebrarum et bulbi; swelling of the lids; burning in the eyes; great photophobia; feeling as of sand betwixt eyes and lids; pressure and stitches darting through the eye; constant lacrymation, increased by the action of light on the eye, and by cold; copious secretion of purulent mucus, which during the night accumulated in the canthi; stoppage and dryness of the nose. Hartlaub recommends it in the photophobia accompanying scrofulous ophthalmia (*Ibid.*); and Hartmann considers it indispensable in scrofulous blepharophthalmia, followed by *merc.* and *hepar.* (*On Aconite, Bryonia and Mercury,* vol. ii, p. 85.)

Dulcamara.

1. Pressure in the eye, increased by reading.

2. Inflammation of the eye, with chemosis.

Dr. Wesselhöft (Noack and Trinks' *Handbuch*) recommends the employment of dulcamara in ophth. neonatorum. The scanty symptoms mentioned above, do not afford us any very precise indications for its employment. In the following case of catarrhal ophthalmia, S. 2 has apparently afforded the guide for its administration.

"Pasquale Loto, a soldier, aged twenty-four, of robust constitution,

entered the hospital the 8th June, 1828, affected with chemosis of both eyes, with all the concomitant symptoms. [What were they?] The disease had lasted a week, and by the 8th had attained its height. He got on that day *Tinct. dulcam.* gtt. j. Half diet. By the fifteenth day the chemosis had ceased. Full diet. On the sixteenth the patient got *coccul.* gtt. j; for the ecchymosis of the conjunctiva, the ordinary consequence of such affections. On the 21st June he returned to his regiment perfectly cured."—(Horatiis, *Saggio di Clinica Omeopatica*, p. 70.)

This case certainly does not prove much, for we are left completely in the dark as to the intensity of the disease; and there would be nothing very wonderful in an inflammation of the conjunctiva with chemosis, getting well in a fortnight without any medecine at all.

Euphrasia.

1. The eyes are painful from the light, as if he had not slept enough.
2. Contractive pressure in the eye, whilst walking in the open air.
3. Sometimes smarting in the eye; scalding water flows out of it.
4. Pressure in both eyes.
5. Sleepy, dry pressure in both eyes.
6. Disagreeable dryness in the eyes.
7. In the evening a contractive feeling from both sides of the eyes, especially in the upper lids, making him wink frequently.
8. Very fine stitches in the canthi.
9. Mucus in the canthi.
10. Flux from the eyes, so that he becomes almost quite blind.
11. Sore eyes, he becomes almost quite blind.
12. Blood vessels running on the white of the eye to the edge of the cornea.
13. Painful pressure in the left inner canthus, with lacrymation.

This plant is a good illustration of the fate that awaits most medicinal substances at the hands of Allopathic physicians, who know no rule for the administration of remedies, save the imperfect results of blind indiscriminating experimentation. Whether it first obtained a reputation as an ophthalmic medicine from its signature, that is, from some fancied resemblance

betwixt its flower and the human eye; or, as is more probable, from the experience of peasants relative to its beneficial influence on the eye, it is immaterial now to inquire; certain it is, that its ophthalmic virtues have been pretty generally believed, as its popular names in various countries (*ocularia, eyebright, augentrost, casse-lunette,* &c.) abundantly testify; and as is still further corroborated by the passage in Milton :—

> "Then purged with *Euphrasy* and Rue
> The visual nerve, for he had much to see."

Many treatises have been written by Allopathic authors, commending it as a true polychrest medicine in eye diseases;* now-a-days, however, its virtues are generally decried, and it is held to be not only useless in eye affections, but according to some, injurious to the stomach; although even this mean quality has been denied to it by others, thus we read in Merat and De Lens' Dictionary of Materia Medica (art. *Euphrasia,*) the following forcible reasons for its employment :—

"But at any rate if it possess no virtue in eye diseases, it cannot be injurious, and we may without danger, and for the satisfaction of the patient, give an infusion of it in doses of from one to three drachms; because it will not prevent the spontaneous resolution of the ocular disease if that would otherwise take place, or interfere with the action of more efficacious remedies if the case require them."

In contrast to Allopathic uncertainty, let us see what decision Homœopathists have come to respecting the utility of Euphrasia as a remedial agent in ophthalmia. In the above extract from its pathogenesis we have obscure indications for its employment in O. catarrhalis, rheumatica, scrofulosa, and experience has taught that it is peculiarly useful where there is a constant flow of tears (S. 3,) and photophobia (S. 1). The hint for its employment when the cornea is much involved has evidently

* The most modern panegyrist of Euphrasia is Dr. Kranichfeld, of Berlin; who (*Hufeland's Journal,* 1836,) gives a detailed account of all that has been said about it by ancient authors, and lauds its efficacy not only in inflammation of the eye, but in cough, hoarseness, otalgia, cephalalgia and vertigo caused by suppressed catarrh, &c.; and he brings forward cases illustrative of its power.

been afforded by S. S. 10, 11, and 12. The following cases will illustrate its action:—

"Charles Zwesper, aged six months, had been very well the first weeks of his life. He was vaccinated at three weeks. A fortnight ago he had aphthæ, which were cured by honey of roses. For eight days the lids of the right eye had been swollen and agglutinated, and those of the left eye since the previous evening. The eyes inflamed. Flow from them of mucous matter mixed with blood. Fluent coryza by day, dry by night. Functions otherwise normal. A dose of *Euphrasia* greatly ameliorated his condition in two days. He could open his eyes. The sixth day he was cured."—(*Jahrb. d. Hom. Klin.*, vol. i, p. 167.)

"The wife of Mr. Kl. Fr., of Alfeld, twenty-two years old, of robust constitution, and phlegmatic sanguine temperament, had suffered for ten days from ophthalmia, the effects of a chill, when she applied to me on the 3rd December, 1834. The conjunctiva of the lids and eyeballs red. Some injected vessels running from the outer and inner canthi to the cornea, resembling a vascular network; at the outer angle she felt continual itching, and a painful feeling as if from a grain of sand. Lacrymation; photophobia. The right eye gave more pain than the left. The coryza accompanying this inflammation was likewise greater on the right than on the left side. I ordered a suitable diet, and gave *euphrasia* $^{2}/_{3}$. On the 5th the condition was much improved in every respect. My patient told me that she had taken the medicine on the 3rd before going to bed, and that she had slept well all night; but on awaking had had greater pains. They soon attained such intensity that it seemed to her as if the vessels of the eye would burst, and the eyes themselves be forced out of their sockets. She had been forced to go to bed again. Two hours afterwards the pains were a little diminished and she fell asleep. On awaking she felt much relieved; the pains were less than they had yet been since the commencement of the disease. The amendment went on and the cure was completed by the 8th, without any other remedy having been used, and although the patient was unable to withdraw herself from pernicious influences, especially vapour, which had occasioned her disease."—(Frank, *Hygea*, vol. vi. p. 101.)

In the following case of catarrho-rheumatic (?) ophthalmia,

with ulceration of the cornea, the remedy was used both externally and internally with very good effects:—

"C., of H., a gardener, aged fifty, otherwise in good health, had suffered for six weeks from an ulcer on the cornea of the left eye, for which he had fruitlessly employed various collyria. On the 19th December, 1832, he applied to me. I found the following symptoms: The left eye less than the right, which was sound; the meibomian glands much inflamed and swollen, on the albuginea an inflammatory focus of a deep red colour, whence proceeded fasciculi of vessels running towards the middle of the cornea and converging at a deep ulcer. All the cornea was dim and of a conical form. The iris lighter coloured than that of the sound eye; the pupil very much contracted but perfectly round; no photophobia nor morbid secretions. For some weeks the patient had suffered violent pains in the eye and adjacent organs; but now he felt nothing but pressure in the eye when he looked at the light. All his other functions were healthy. This ulcer had come on after a cold in the head, which he had caught from exposure to a draught of air. From the 20th to the 28th December, I gave every two days a dose of *euphrasia* $^{2}/_{3}$, and in the beginning of January I made him wash his eyes with a collyrium composed of *aqua spirit.* gtt. c, and *tinct. euphr.* gtt. iij. In three weeks the ulcer and inflammation of the eye had entirely disappeared, and the cornea was restored to its normal state. For the last six months the patient has had the perfect use of his eye."—(Thorer, *Prakt. Beitræge*, vol. iii. p. 17.)

The next case is one of highly developed strumous ophthalmia, which seems to have got well under the use of euphrasia.

"Anna, daughter of the peasant W., of W., aged six years, had never been very well since she was vaccinated in her tenth month. The two following years she had continually hard nodosities and tumours on her head. When these disappeared the glands of the neck became swollen; some of them at last suppurated and gave rise to most obstinate ulcers. These having at length yielded to the employment of various ointments, the ophthalmic disease gradually developed itself, and on the 19th June, 1835, the following symptoms appeared. The region of the eyes red and swollen; the border of the lids much swollen; the lashes gummed together in bundles; the albuginea covered by a tissue of vessels unequally red, relaxed;

the cornea dim, the patient could not distinguish objects well; great photophobia; spasms of the lids, which could not be opened much; lacrymation; abundant secretion of purulent mucus which gummed up the lids at night; burning and shooting pains in the eyes. In addition, little appetite, want of sleep, sad humour, great emaciation; frequent pains in the stomach and shootings in the chest, in the kidneys, and in the swollen cervical glands. The symptoms were worst in the morning; at that time she generally went to bed, wept and groaned. I prescribed *Tinct. Euphrasiæ* gtt. iij, *Spirit. vini*, ʒj, of this five drops every second night. Three weeks afterwards the father came to tell me that his daughter was almost quite well; her eyes were good, only if she remained long in the open air they became somewhat red and wept; the appetite and sleep were good, the disposition more composed. The same remedy every three days. The 6th August, the swelling of the glands of the neck persisting; I gave some doses of *merc. viv.* 3, every third day. I have heard no more of the case."—(Dr. Y. (Watzke) *Bekehrungsbriefe.* pt. 1, p. 100.)

Followed by *calc.*, it seems to have been beneficial in the following case of catarrho-rheumatic ophthalmia:—

"Mr. Giovanni was, without assignable cause, attacked by inflammation of the eyes. The symptoms were:—Frontal headache, with compression and pressure in the temples; internal inflammation of the eyes with intolerable pains; tension of the lids; photophobia; abundant flow of irritating mucus from between the lids; constant lacrymation; burning itching in the eyes; adhesion of the lids in the morning; black cloud before the eyes; habitual constipation; depressed and restless disposition. *Aconite* afforded temporary relief. *Cham.* followed by *nux* had no effect. *Euphrasia*, followed in three days afterwards by *calc.*, on the contrary, produced salutary results, and on the tenth day of treatment the patient was cured."—(Scudery, *Archives de la Méd. Hom.*, vol. v, p. 375.)

In the opacity of the cornea following severe inflammation it is often employed with success; as the subjoined case will show.

"Obscuration of the cornea in an old woman whom the gout had long confined to bed. The podagra having yielded to Homœopathic treatment, there supervened an inflammation of the right eye, with

complete obscuration of the cornea. After the subsidence of the inflammation, the prolonged employment of *Euphrasia* removed this symptom entirely."—(Knorre, *Allg. Hom. Ztg.*, vol. v. p. 163.)

"Too little confidence," says Dr. Rummel, "is placed in *euphrasia*. Administered internally and externally, this remedy has not only remarkable effects on spots on the cornea, but it, at the same time, cures inflammation as well as blennorrhœa of the conjunctiva."—(*Allg. Hom. Ztg.*, vol. iii. p. 25.)

"My practice," says Dr. Lobethal, "compels me sincerely to recommend to my colleagues *Euphrasia*, whose curative virtue has often been tested with success in ophthalmia. It has appeared to me most useful in rheumatic, catarrhal and strumous ophthalmia, and that where there was considerable mucous secretion in the inflamed organ; as also in blennorrhœas of the eyes; in all which cases I employ *euphrasia* at once, internally and externally; in the former case one drop of the pure tincture; in the latter, as a collyrium, from two to five drops in four ounces of water."

Graphites.

1. Pain in the eyes on opening them, as from straining whilst reading.
2. Pressure in the right eyebrow, and thence through the whole eye.
3. Pressive pain in the eyes, every morning and evening.
4. Paralytic pain in the lids.
5. Drawing pain in the eyes.
6. A violent shoot into the right eye.
7. Itching in the inner canthus.
8. Smarting and heat in the eyes.
9. Smarting in the eyes as if something acrid had got into them.
10. Burning smarting in the inner canthus.
11. Heat in the eyes and some matter in the canthi.
12. Burning in the eyes, by candlelight.
13. Burning in the eyes.
14. Great burning in the eyes in the morning.
15. Burning and weeping in the eyes in the open air.
16. Coldness over the eyes.
17. Redness of the white of the eye and photophobia.
18. Redness and painful inflammation of the lower lid and inner canthus.

19. Redness and inflammation of the eyes with drawing and pressive pains, then acrid tears.

20. Suppuration of the eyes with pressure in them, and drawing pain up into the head.

21. Weakness and red appearance of the eyes.

22. Frequent lacrymation and pressure in the eyes.

23. Much mucus in the eyes.

24. Dry mucus on the lashes.

25. Agglutination of the lids, in the morning.

26. Great sensibility of the eyes to daylight.

27. Intolerance of light, with redness of the white of the eye.

28. Light dazzles the eyes.

29. The sunlight is unbearable, the eyes weep from it.

30. Dazzling of the eyes and lacrymation in looking at anything white.

31. Only daylight affects the eyes, not candlelight; she can read well and without difficulty by the latter.

32. On looking at anything white or red, or at the sun, there occur stitches from the temple through the eye into the inner canthus.

In the above symptoms we have well marked indications for the employment of graphites in O. scrofulosa, as also in that form of it combined with catarrhal affection (O. catarrho-scrofulosa.) Accordingly we find Dr. Knorre observes, "Graphites I have found useful in a scrofulous ophthalmia with ulceration of the cornea, and great intolerance of light." (*Allg. Hom. Ztg.* vol. v. p. 165.)

The powerful action of graphites on the skin should lead us to bear it in mind in cases of O. exanthematica, particularly when complicated with the strumous diathesis; thus Hartlaub says, "Graphites opens the gummed up photophobic eyes of scrofulous children, when there is at the same time an eruption on the face." (Noack and Trinks' *Handbuch*). It is recommended by Dr. Weber in arthritic ophthalmia, where there exist contraction and irregularity of the pupils. (*Archiv*, vol. xvi. pt. 1, p. 76.) Its efficacy in erysipelas may be a hint for its employment in erysipelatous ophthalmia.

Hepar Sulphuris.

1. Pain in the eye at each step.
2. Violent pain in the eyes, as if they were drawn into the head.
3. Pressive pain in the eyeballs, and as if they were bruised on being touched.
4. Pressure in the eyes, especially on moving them, with redness of them.
5. Pressure in the eyes, in frequent fits during the day, whereby they weep.
6. Dull stitch in the eye.
7. Burning pain in the bones above the orbit.
8. Cutting pain in the outer canthus.
9. Raw pain in the external canthus, with accumulation of mucus.
10. Inflammation and swelling of the eye, with redness of the white.
11. Red albuginea.
12. Soreness of the eyes, which gum up in the night; mucus is secreted; the eyes become dim, and in the evening he cannot see the light well.
13. Eruption of pimples on the upper lids, and under the eyes.
14. Eyes painful from daylight.

Judging from the above symptoms, and bearing in mind the prominent characteristics of the remaining pathogenesis of Hepar, we would at once say that it should prove most useful in ophthalmiæ of the scrofulous, catarrhal, and exanthematous kinds. And these are precisely the ophthalmic affections in which hepar has been found most useful. Some indications for its use in rheumatic ophthalmia may also be found in the above, especially S. S. 1, 2, 3, 4, 6, 7, where affection of the more deeply seated structures is observed. In scrofulous, and especially in catarrho-scrofulous ophthalmia, it is more particularly indicated when the meibomian glands are much involved, with copious secretion from them, photophobia and phlyctenulæ on the conjunctiva. "In inflammation of the eyes," says Dr. Schrön, "accompanied by burning pains at the edges of the lids, which are red on the internal surface, photophobia and lacrymation, enormous mucous secretion from the meibomian glands,

and consequent agglutination of the lids, pustules on the sclerotic, and even on the cornea, where some small vessels converge to its periphery, I have frequently employed with success, *hepar sulph. calc.*, though I could not discontinue its use until after a considerable lapse of time, for the same symptoms would again return. When the photophobia was excessive, it was necessary to interpose *belladonna.*" (*Hygea*, vol. iii. p. 166.) It is held by Dr. Hartmann to be absolutely necessary for the cure of scrofulous blepharophthalmia, given alternately with *dig.* and *merc.* (*On Aconite, Bryonia and Mercury*, vol. ii. p. 85.)

"A young man of sixteen, robust, blond, employed in a manufactory where he was exposed to chills, and had frequently to strain his sight, had suffered for a fortnight from inflammation of the glands of both eyelids. Lids swollen, palpebral conjunctiva inflamed, erysipelatous [?]; at the outer and inner canthi the lids were as if corroded and ulcerated; the secretion of the glands augmented; eyes agglutinated in the morning; every effort and light caused him pain. Although the patient could not quit his occupation, nor change his ordinary diet, *spirit. hep. sulph.* mother tincture, was of excellent service; I gave him four doses of a drop each, one to be taken every second day. He had no occasion to take all, for in a few days his eyes were well."—(Griesselich, *Hygea*, vi. p. 397.)

"A case of catarrhal inflammation and blennorrhœa of the eye in a woman of psoric constitution, who had been plagued with it often and much for many years. Lids of both eyes inflamed, excoriated, running, as if corroded, especially at the inner canthus; the internal surface of the lids, especially of the lower one, of a deep red colour and inflamed; heat, especially in the morning on waking; pain, as of a burn, smarting, itching in the lids; lids and angles agglutinated in the morning by purulent mucus; conjunctiva red, traversed by large vessels; photophobia; in the evening, vision of coloured and dim halos round the candle, with pressive pain forcing her to shut the eyes occasionally. The cure was effected with repeated doses of *hepar sulphuris* 3."—(Knorre, *Allg. Hom. Ztg.*, vol. v. p. 84.)

"J. R., a little boy of two years old, had since autumn, tinea capitis that extended to his face. His mother attempted to cure him by means of a decoction of sabadilla, but inflammation of the eyes came

on, causing a small ulcer on the left cornea. The child was brought to me the 12th April, 1828. He was in the following state: his hair fell off profusely, leaving bald places on his scalp. He had scabs also on his head, face and neck, painful when touched. Itching in the scalp. Eyes closed by swelling at night, and discharging much purulent mucus. A small ulcer on the left cornea; the eyeballs slightly swollen. Frequent calls to stool; difficult evacuations. Nocturnal perspiration of a sour smell; peevish, fretful humour. I gave *hepar sulphuris* 3, which I allowed to act for five weeks. The amelioration continuing, I did not consider it necessary to give any other remedy, and at the end of five weeks he was quite cured."—(Schreter, *Jahrb. d. Hom. Klin.*, vol. i. p. 78.)

It is impossible to say what share the medicine had in the cure of the following case of traumatic ophthalmia, which would probably have succeeded equally well without it:—

"A young man, whilst fencing, got a small, scarcely visible fragment of steel in his eye, which stuck into the cornea, on which he came to consult me. As it was already dark and the eye was excessively irritated and restless, I put him off to the following morning, giving him in the meantime the Homœopathic remedy. The following symptoms were present: violent pain over the right eyebrow, which did not continue long, but rapidly changed to the permanent symptoms of the left eye. Excessive lacrymation of the left eye. Photophobia alternatingly occasionally with this symptom, that the patient saw unusually clear and distinctly in the dark parts of the room, everything appearing illuminated. Two or three times objects appeared red. The left pupil much dilated, not contractible even by strong light; the right in its normal state. The conjunctiva reddened from the canthi, but not on the cornea. Sensation as if the eyes projected. Painful pressure in the eyeball as if it were bruised. The slightest touch on the eyeball causes an acute bruised pain. Motion of the eye impeded, but not as if a foreign body were in it. On turning the eye to the canthi it felt as if something stopped it from within. I gave $^1/_{100,000}$th of a grain of *hepar*, advising the patient to keep himself quiet, to avoid all strong light, and not to rub the eye. The next morning he told me that about half-an-hour after taking the medicine all the symptoms had been relieved, without Homœopathic aggravation, except the pressive bruised pain, which

was still felt; he had felt otherwise well all night, and had slept well, only on awaking in the morning, when a bright light struck on the eye, all the symptoms were renewed. I now succeeded in removing the fragment of steel with a cataract needle, whereupon the pains soon went off and did not return."—(Caspari, *Archiv*, vol. iii. pt. 3, p. 76.)

Ignatia.

1. The lids are in the morning glued up with purulent mucus; on opening them the light dazzles.
2. In the outer angle of the left eye, sensation as if dust were in it, with pressure.
3. In the outer canthus, shooting, tearing; the eyes are glued up in the morning, and water in the forenoon.
4. The lids are gummed up in the morning; pressure inside the eye as if a grain of sand were in it; shooting in the eye on opening the lids.
5. Smarting in the outer canthi.
6. Itching in the eye.
7. Itching in the inner canthus.
8. Stitches in the right eye.
9. Pressure in the right eye outwards, as if the eye would be pressed out of its orbit.
10. Painful pressure over the eye and in the eye itself, especially on looking at the light.
11. Burning and weeping of the eyes, especially the left.
12. Inflammation of the left eye.
13. Increased secretion of mucus in both eyes.
14. Increased lacrymal secretion.
15. Intolerance of the light.

From the above we might infer the utility of ignatia in catarrhal and catarrho-strumous ophthalmia, in cases of which it has accordingly proved efficacious. Hartlaub says that the ignatia eye affection consists more in an irritated state of the eyes than in a fully developed inflammation. Würzler recommends it in cases after eye operations, where there are violent shooting pains in the temples and eyes. (Noack and Trinks' *Handbuch*.) Hartmann considers it to be specific in the ophthalmia of new

born infants, preceded by a dose of aconite. (*On Aconite, Bryonia, and Mercury*, vol. ii. p. 15.) Dr. Dessaix relates the following case of traumatic ophthalmia cured by ignatia:—

"A young man in good health and circumstances received a smart stroke on the left lid, from a pretty large lump of sugar, thrown by a guest after dinner. Immediately violent pain and rapid inflammation. Constant employment of rose water in compresses and lotion. Six or seven hours afterwards, about midnight, I was summoned. I found very violent pains, anxiety, sleeplessness; the eye much reddened, could scarcely be opened; the least light is dreaded. Compresses and globules of *arnica*. No amelioration during twenty-four hours; thirty hours more were passed without remedies and without relief. I now resolved to study the affection more accurately, or rather to forget the cause and attend only to the totality of the symptoms, which had much more analogy with the pure action of *ignatia* than with that of arnica; one especially appeared to me to be characteristic, the feeling, namely, of a grain of sand rolling beneath the lids (S. 4). I accordingly gave this remedy the fourth day about noon. Great aggravation during the night till one o'clock, A.M., and thereafter extraordinary relief; refreshing sleep. The fifth day another dose of *ignatia* 30, which was followed by a fresh aggravation at night, and remission in the morning as before. The sixth day, slight remains of pain. On the seventh the young man goes out, he is thoroughly cured."—(*Bibl. Hom. de Genève*, vol. ii. p. 162.)

The well known efficacy of ignatia against the effects of great grief, induced Dr. Watzke to give it in a case where an ophthalmic affection, originally excited by the introduction of a foreign body into the eye, seemed to have been much aggravated by that condition of mind, and which had resisted all the antiphlogistic apparatus of the old school. I must, however, forbear from giving the details of the case in this place, as the ignatia was not given alone, but in alternation with other remedies, so that the part it played in the cure is not capable of being determined. (Dr. Y., *Bekehrungsbriefe*, i. p. 97.)

Iodium.

1. Pressure in the eyes as if sand were in them.
2. Pressure in the eyes.

3. Tension of the right eye, with some inflammation.
4. Tearing round about the right eye, especially under it.
5. Shootings in the upper part of the left eyeball.
6. Cutting stitches in the left eye, towards ths outer canthus.
7. Itching in the canthi.
8. Inflamed eyes.
9. Watery white swelling of the lids.
10. Albuginea dirty yellow, traversed by red vessels.
11. Lacrymation.

Although our literature is still silent on the employment of iodine in the ophthalmiæ, the above symptoms, together with the well known powers of iodine, should make us bear it in mind in cases of inflammatory affections of the eye of a syphilitic, mercurial, and scrofulous character.

Kali bichromicum.

1. Itching in the eyes.
2. Violent itching in both eyes, with lacrymation.
3. Itching in the canthi.
4. Itching in the canthi, with lacrymation.
5. Smarting in the outer canthus.
6. Smarting in the eyes, worst in the open air.
7. Smarting in the eyes, with lacrymation.
8. Soreness of the caruncula.
9. Shooting pains in the eye.
10. Pressive but violent shootings in the right eye.
11. Burning in the eyes.
12. Burning in the left outer canthus.
13. Burning and smarting of the eyes.
14. Burning and smarting in the eyes until late at night.
15. Burning in the eyes in the evening.
16. Great burning in the left eye, with lacrymation.
17. Burning and pressure in the eyes.
18. Great burning and pressure in the eyes in the open air.
19. Heaviness and soreness of the eyes.
20. Heaviness and swelling of the eyes in the morning.
21. Pressive pain in the eyeballs.
22. Pain as if sharp sand were in the eyes.

23. Great lacrymation.

24. Lacrymation, itching, burning of the eyes, with photophobia.

25. Photophobia.

26. On account of excessive photophobia he has constant winking in the lids, and lacrymation and burning in the eyes on opening them. In the evening, however, he is quite insensible to candlelight; the tarsal edges and conjunctiva of eyes and lids injected.

27. Eyes agglutinated in the morning, followed by considerable and continued lacrymation.

28. Eyes gummed up in the morning.

29. Redness of the conjunctiva throughout its whole extent.

30. Redness of the conjunctiva, with aching in the eyes.

31. Redness of the conjunctiva, with heat and uneasiness.

32. Redness of the conjunctiva, with lacrymation.

33. On awaking in the morning, agglutinated lids, with reddish yellow sclerotic; much itching and rubbing in the eyes.

34. Eyes inflamed, with yellow sclerotic, and agglutination in the morning.

35. Eyelids inflamed and much swollen; an eruption broke out on them and the adjacent parts of the face.

36. Eyes tender; conjunctiva oculi injected; eyelids slightly granular.

37. Violent ophthalmia, with photophobia and loss of vision.

38. Pustule on the left cornea, with surrounding indolent inflammation and pricking pain; leucoma on the right cornea.

39. The albuginea is dirty yellow, discoloured, and swollen, studded here and there with yellowish brown spots the size of a pin's head, especially on the left eye, where there appears a brownish spot near the inner edge of the cornea, like an ecchymosed spot in the stage of resolution. The eyes are hot and he must rub them.

40. In the albuginea of the right eye, not far from the edge of the cornea, a brown spot the size of a pin's head.

41. The eyelids feel thickened and rough on their inner surface.

This remedy promises to prove one of our most important ophthalmic medicines; but owing to the short time it has been known, our experience of its curative action is necessarily limited. Dr. Drysdale and I have found it useful in catarrhal and catarrho-scrofulous ophthalmia; I have used it occasionally as

a collyrium with advantage in such cases. S. 26 is characteristic of strumous ophthalmia, and S. S. 36 and 41 afford a hint for its employment in some stages of Egyptian ophthalmia. I may remark that its action seems nearly confined to the conjunctiva, and that the deeper structures are scarcely affected by it.

Kali hydriodicum.

1. Cutting pain in the right outer canthus.
2. Smarting in the right eye, going off on scratching it, but returning in the evening.
3. Burning in the eyes, and secretion of muco-purulent matter in the evening.
4. Violent burning of both eyes in the afternoon.
5. Intolerable burning of the lids, with sensitiveness to light in the evening.
6. Burning of the eyes, redness of the lids, and lacrymation.
7. Inflammation of the conjunctiva, with most disagreeable itching of the lids.
8. Considerable chemosis; great swelling of the lids, with increased secretion, but no formation of purulent matter.
9. Purulent mucus in the canthi in the evening.
10. Constant watering of the right eye.
11. Troublesome lacrymation.
12. Constant covering of the eye with the hand to protect it from light, although it did not seem peculiarly sensitive to light.

Little more than catarrhal or catarrho-strumous affection of the eyes is indicated by the foregoing symptoms; the medicine, however, has proved useful in the hands of Allopathists in rheumatic iritis and scrofulous ophthalmia, in which diseases we may bear it in mind; the observations I have made respecting iodine will apply to this substance also.

(*To be continued.*)

ESSAYS ON GENERAL PATHOLOGY.

By William Henderson, M.D.,

Professor of Medicine and General Pathology in the University of Edinburgh.

I have selected for the purpose of a series of essays on Pathology, the chemistry of disease, not only on account of the great attention which is now paid to the subject, and of the many interesting and important discoveries which we owe to the pathological chemist, but more especially because it concerns in a peculiar manner those who have adopted the Homœopathic method as the rule of their practice, to determine what effect such discoveries are calculated to produce on the treatment of diseases, and, in particular, whether, and how far, the researches of the chemist suggest the adoption of remedial means productive of chemical action, or of chemical conditions. There can be no question as to the nature of the practical inferences and the expectations which physicians of the other school entertain on the subject. I am, I believe, fully warranted in saying, that where chemical aberrations exist they are usually regarded as the proper and immediate objects of treatment by a chemical method, and that some of the most enlightened among them appear to anticipate, from the advancement of pathological chemistry, new and important suggestions for a chemical treatment of many diseases. It is my object to examine the grounds of both the practice, and the anticipation, to which I refer; to endeavour to ascertain the extent and sufficiency of the one, and to learn how far the other is justified by any practical facts or scientific principles, hitherto discovered either in chemical therapeutics, or in pathological chemistry.

The execution of this design I begin by proposing the following theorems:—

1. That some morbid conditions of the chemical kind appear to arise independently of a perversion, or inordinate action, of the living matter of our bodies; and are therefore essentially

primary disorders, themselves constituting the essence of the morbid states, or diseases.

2. That all such primary disorders fall within the province of Hygiène—are due to errors of regimen, and curable by regimenal means—cases of poisoning excepted.

3. That other morbid conditions of the same class are secondary,—in the sense of having sprung from antecedent morbid actions in the organs or living matter of our bodies, and do not therefore constitute the essence of the disease in any case,—however they may act injuriously by producing other or *tertiary* phenomena.

4. That such chemical effects are not the *proper*, and ought not to be the *immediate*, objects of treatment having a curative purpose—while they may in some instances admit of, or even demand, the employment of palliative, or temporary, expedients, necessary to, or not inconsistent with, that purpose.

These several propositions are stated at the outset, rather by way of putting the reader in possession of the views I shall endeavour to illustrate in the following pages, to enable him the more easily to distinguish the several principles which I believe to be concerned in the subject under consideration, than with the purpose of affording to them a separate and consecutive discussion. The agencies at work in producing the chemical phenomena and combinations noticed in living animal bodies, are not often so distinct and independent in their operation as to allow of such a definite limitation of their actions as would be necessary in attempting to give a separate history of each; and so much is yet obscure, and conjectural, as to the manner in which many of the chemical results are produced, that to classify them so as positively to indicate the source and mode of their production would often be arbitrary and unsafe. At the same time it can hardly be questioned that the first and third theorems (the strictly pathological) proposed above, express certain fundamental principles, or general facts, under one or other of which all the phenomena and compositions of pathological chemistry must be more or less included, though we cannot specify in many in-

stances the exact degree in which they may individually fall under the one or the other, or, indeed, always determine to which they should be referred.

It is chiefly from an over haste to dogmatise on these points that pathological chemistry is exposed to the risk of failing to interest the physician so much as it should do. Having fallen, however naturally, into the hands of the professional chemist for the most part, animal chemistry, in doctrine and theory, has been assimilated so much to ordinary chemistry—the secret, and, as they have been commonly regarded, mysterious processes of the living and sensitive organism have been so confidently depicted in the language of the laboratory, and all, too often, in forgetfulness or ignorance of pathological and practical truths, not easily, if at all, capable of being included in the picture, that it can hardly surprise should the pathology of the chemist need to be materially modified before it ought to become the pathology of the physician. The latter may be said to look towards chemical researches rather with hope than complacency, for the instances are very few in which chemical pathology has had an important influence on the treatment of disease, however desirous some physicians have shown themselves of reducing to practice the chemical principles of those who are the leaders in this department of the physiology of health and disease. And even among chemists themselves there is much less of progress in discovery than might be supposed, considering the numerous publications which issue annually from the press devoted to animal chemistry. What chiefly distinguish the more recent works on the subject, and in particular the pathological portions of them, are a greater nicety of analysis, and precision in details, than existed at an earlier, though not very distant, period. Consequently, in all that relates to proportions, or degrees of alteration in the normal or abnormal elements of the blood, and other fluids of the body —the principal subjects of chemical researches,—and in the methods of determining and distinguishing them, the labours of the later chemists abound in interesting and useful information. But it cannot be said that within the last twenty years (though pre-eminently the chemical age of modern pathology, in respect at least to the pretensions of chemistry, and the number of its

votaries) there has been anything like a corresponding success in the detection of previously unknown elements of disease, or in satisfactory theory to explain the manner in which the chemical results of disease are produced. Apart from the discovery by Bostock of urea as a morbid element of the blood, which marks the beginning of the period I have distinguished as the pre-eminently chemical in modern Pathology,—a discovery seemingly simple and easy, though highly important to Pathology and Practice of Medicine,—what is new in theory in this period is, for the most part, falling already into neglect, a proof of some radical imperfection; and what is new, more easy, or more accurate, in matters of detail, has not had a commensurate influence on methods of treatment (whatever their success may be) which prevailed under less favourable opportunities for improvement; a consequence, as well as an additional proof of a felt imperfection in the theoretical chemistry of disease, considering that the ordinary practice looks to theory as the pioneer of its progress.

What the imperfection in question is, may be pointed out without difficulty. There may be defects of a minor kind, which appear more or less important in the estimation of different persons, but there can be little doubt that the grand deficiency in the chemical pathology of the day consists in the expressed or implied denial of their due share in the production of chemical results to the force or forces which are peculiar to animal bodies in the living state. In the chemico-physiological theory of Liebig for example, the vital force plays but a negative part where chemical changes are going on. The *active* principle, according to this system, is the oxygen admitted into the body, and the vital force is heard of only as opposing the affinity of oxygen for the matter of the tissues, and *successfully* opposing it only when present in a certain degree, that is, a degree superior to the force of the chemical affinity of the oxygen for the living particles. The vital force in an organ, or part, of the body may be partially drawn away to execute distant operations, such as muscular contraction, or may be lessened in intensity by other means, and then the forsaken tissues fall a prey for the time to

the oxydising element, which thus produces the peculiar compounds that appear in the bile and the urine. No *active* influence or agency is recognised on the part of the living solids in the generation of any of the compounds into which the materials of the blood and textures are transformed in the oxydising process,—and, therefore, when the theory is carried into the province of pathology the vital force is still seen only in its attitude of successful or unsuccessful resistance to the chemical principle, and the morbid compounds which occur find their explanation in the simple and comprehensive statement that all their diversities are due to the proportion in which the oxygen and other chemical elements are present in the blood. To some of the applications of this theory allusion will be made in the sequel, and at present I remark only that a transition so great, from the predominant vitalism in which the majority of existing physicians were early indoctrinated, to the almost exclusively chemical principles of the system referred to, was far more than they were prepared for. It produced, indeed, when first propounded, six years ago, considerable excitement, and has since made its way more or less fully into many pathological essays, but having failed, as many believe, to harmonise in certain essential particulars with both the phenomena and treatment of diseases, not less than with known and familar facts in animal physiology, it is not likely ever to exercise, directly, a considerable influence on pathology. Indirectly, however, it is certainly doing so. The genius of its author, the brilliancy of his discoveries and reputation, and his eminence as a teacher of his science, have naturally attracted many who were laying a foundation for future professional pursuits, whether as chemists or physicians, and have thus served to imbue them with a general bias for somewhat extreme chemical doctrines, and led others, farther advanced in their career, to defer so far to the weight of his authority as to look for the solution of many problems in pathology at least in the direction to which he and those of kindred views have pointed. Still the great bulk of practitioners of medicine, however desirous of chemical remedies, and willing to receive information on the actual changes which

occur in the constitution of the blood and secretions in disease, have as yet felt theories which excluded so much the peculiar powers believed to be resident in living organs from a share in the results, too repugnant to their conceptions of all that constitutes the difference between matter in the living and in the dead state to be readily adopted. How long this disinclination to the chemical doctrines may resist the growing authority of the chemists, it may not be easy to conjecture; but that it will yield, for a time at least, to a greater degree than it ought, is highly probable from the circumstance that vitalism has occupied some untenable positions which it must and should abandon, while there is no fixing bounds to a retreat once begun before so vigorous a rival. The doctrines which ascribed unlimited powers to the vital principle in determining the processes and results which are manifested in living bodies, which beheld in it an energy all but creative, and in the field of its operations admitted scarcely a trace of the laws which are elsewhere to be observed, which regarded it, in short, as operating or capable of operating independently or in defiance of every property and principle by which the more ordinary conditions of matter are distinguished, must be admitted to be destitute of all foundation and likelihood. And it must also be allowed that there is no force or power in living bodies capable of altering the nature of chemical elements, of transmuting one into another, of superseding the law of chemical equivalents which is observed in the combinations of ordinary chemistry, or of producing results of any kind without the instrumentality of material elements endowed with properties suitable and adequate to the sensible effects. All this may be freely granted, and yet a residue of consequences remain which require for their explanation the admission of an agent different in its powers from any that exists in inanimate matter, and capable of, or actually, producing chemical combinations (to confine the illustration to the subject more immediately in view) which could not occur in the circumstances under which they present themselves without such a special and peculiar force to effect them. This force, it may be admitted, cannot maintain the nutrition or growth of the tissues, or furnish the secretions

and the temperature proper to animal bodies, without a supply of materials suited by their mere nature and constitution to be so operated on by it as to serve the purposes in question, and that too without their undergoing by its influence any essential alteration of their properties. What is different in their behaviour in the place they occupy in a living organism, from what they exhibit elsewhere, being as much the result of their nature and capabilities in the circumstances of that place, as another and perhaps more familar behaviour is the result of their nature and capabilities in the circumstances of an inanimate and inorganic existence.

These observations are entirely in accordance with those of the more philosophical chemists when they refer expressly to the mutual relation of chemical elements and the vital force. The existence of a force, or forces, peculiar to living bodies is fully recognised, and even their controlling influence on the chemical processes of the organism is pointedly admitted. Liebig, for example, alluding to the nerves says: "Under their influence, the viscera produce those compounds, which, while they protect the organism from the action of the oxygen of the atmosphere, give rise to animal heat; and when the nerves cease to perform their functions, the whole process of the action of oxygen must assume another form. When the pons varolii is cut through in the dog, or when a stunning blow is inflicted on the back of the head, the animal continues to respire for some time, often more rapidly than in the normal state; the frequency of the pulse at first rather increases than diminishes; yet the animal cools as rapidly as if sudden death had occurred. Exactly similar observations have been made in the cutting of the spinal cord, and of the par vagum. The respiratory motions continue for a time, but the oxygen does not meet with those substances with which in the normal state it would have combined; because the *paralysed viscera* will no longer furnish them." And in reference to a force different from the ordinary nervous or vital force, yet acting through the instrumentality of nerves, the mental, he observes: "It cannot be denied that this peculiar force exercises a certain influence on the activity of vegetative life, just as other

immaterial agents, such as light, heat, electricity, and magnetism, do; * *" and "there are thus two forces which are found in activity together; but consciousness and intellect may be absent in animals as they are in living vegetables, without their vitality being otherwise affected than by the want of a peculiar source of increased energy, or of disturbance." In the development, however, of the chemical doctrines regarding the various processes occurring in the animal body, and in the application of them to the pathology and treatment of diseases, the disturbances which result from altered conditions of the vital force, whether mediately or immediately, are almost, or altogether, overlooked by the chemical pathologists, and the explanations of unhealthy conditions of the fluids are given on the merely chemical grounds of the proportion of material, and the opportunities for chemical action; and remedial expedients are alone suggested which bear upon these points. An example of both is furnished at large in the treatise of Dr. Bence Jones on Gout, which professes to apply the chemical doctrines to the pathology and treatment of that disease; and other less elaborate instances will be noticed in their proper places.

We shall afterwards see how far the chemical principles may be justly recognised as concerned in the pathology and treatment of certain morbid conditions; but what is contended for at present is, that the force or forces proper to the living body have been too much regarded in the light of a constant quantity, while a correct pathology ought to consider them as subject to modifications and diversities, capable of affecting the processes of organic chemistry both in the degree of their activity, and probably in still more remarkable particulars, the kind and character of their operation, and consequently the nature of their products. It is not necessary in order to our forming an opinion on these points, that we should be able distinctly to understand the number of forces which exist in living bodies or on what their existence depends, or the particular parts of the system in which they reside, or the nature of the alterations they undergo when giving rise to morbid products. Physiology is not so far advanced as to afford us any specific information on

the three first of these problems, and pathology is equally deficient in materials for justifying an attempt to determine the last. Whether the forces be one or many that are at work in a living body, and whether the seat of them be the nervous system essentially, or also the several organs and tissues, by virtue simply of their molecular constitution and arrangement, and in what degree the latter are indebted to a force pertaining to the former for the capacity to manifest their different functions, are questions which do not of necessity enter into an inquiry as to the fact of the force or forces being subject to modifications which are accountable for chemical consequences, morbid either in amount or kind. But although a knowledge of these particulars has nothing to do with our endeavour to ascertain that fact, I may notice very briefly the views which are entertained respecting some of them. I believe what is expressed as follows by Mülder, to be the general notion which exists, regarding the agent peculiar to organised and living bodies. He is controverting a statment by Müller which affirms the existence of *an* essential and specific force existing in the embryo as the "potential whole of the future animal;" and proceeds to say—"In physiology, the existence of a similar general force, governing the whole, is assumed in the fully formed organism. Respiration, the circulation of the blood, the function of the nerves, &c., are effected by one force, which is called *vital force*. This vital force causes respiration here, digestion there, the secretion of the saliva and pancreatic juice in other parts of the body. It maintains at once the substance of the bones, of the muscles, and of the brain. It is supposed that this same force is modified in reference to the different organs which it influences." With this ordinary belief of the unity of the vital force or principle, there is associated another which places it in a particular part of the system. It is thus expressed by Andral, "In as much as in man the accomplishment of vital actions appears, according to our present knowledge of physiology, to be necessarily dependent on the nervous system, we may, by hypothesis, consider this system as the seat and instrument of vital power. In the same manner, too, we may admit that there is formed in the

nervous centres a fluid, which may be called nervous, vital, electro-vital, &c., and may serve to represent the unknown force by which these centres hold all the organs under their influence."

Such is one view of the subject, a view which, to say the least of it, has derived no increase of probability from the later experimental physiology, which has tended rather to show that the nervous force may affect the *activity* of the functions performed by the different organs of the body, but does not confer on them the power of performing those functions, and that they are not deprived of the capacity of doing so in some measure, although the influence of that force be withdrawn from them by the division of their nerves. To this effect are the deductions of Professor Reid, of St. Andrews, from many careful experiments on the secretion of the gastric juice after division of the eighth pair of nerves, and on the nutrition of muscles which have been severed from their connexion with the nervous centres, and to the same effect also are the conclusions which follow from the experiments of Dr. Sharpey and Dr. Baly, on the reproduction of the caudal extremity of reptiles after the destruction of a portion of the spinal marrow. It would appear from these experiments that the matter of the several organs of the body is so constituted (and consequently possessed of such vital force) that in the ordinary healthy conditions of the blood and circulation, of temperature, &c., they are able to select the elements necessary for their maintenance, and for the secretions which some of them are destined to furnish, independently of a connexion with the brain and spinal marrow, in the same *manner* as when possessing full communication with them, though not with the same degree of energy; and, also, that there must exist in the different parts of the body a difference of some sort in the vital forces they possess, sufficient to account for whatever diversity of constitution and function distinguishes one part, organ, or tissue from another. It is worthy of remark, in connexion with these inferences from the experiments referred to, that though the organs do not derive their capacity to perform their specific functions from the nervous system, they are yet liable to have them stopped, or suspended, by impressions conveyed through

the nerves—in other words, that the *active* influence of the nerves on the functions of other parts is not confined to an acceleration or increase of their activity, but extends also to the production of the very opposite effect. Division of the connecting nerves impairs the functional activity of the organ; but without such division impressions may be conveyed along the nerves which produce a similar effect, and even in a greater degree. The heart beats independently of the nervous system, but an impression may be conveyed through the latter that shall stop its motion entirely; and, in like manner, it appears from the experiments of Brachet, that not merely does the withdrawing of nervous influence from the stomach, by the division of the pneumogastric nerves, lessen or suspend the secretion of the gastric juice, but that deep incisions made in parts of the body of animals which have no direct concern in the function of digestion are followed by a similar result.

What other influences the nervous system may be capable of exercising on the functions of the organs besides that of affecting the activity of their performance, physiology does not, and perhaps is not competent to inform us. It belongs to pathology, properly, to impart such information, because deviations from the normal *mode* of action must probably depend upon alterations not in the *degree*, but in the *quality*, of the modifying power. There are, indeed, not a few examples of mental impressions still probably within the limits of the normal intensity, producing alterations in the *qualities* of the secretions, and thereby proving the perverting influence of the nervous force. To such belong the remarkable cases in which sudden and violent anger has apparently made the milk of a nursing mother a deadly poison to her infant, and the more familiar examples of new and peculiar odours being sometimes given to the perspiration by certain emotions of the mind. Still we must look to pathology, for the reason just mentioned, for the proof and illustrations of those other influences which the nerves may be instrumental in communicating to the organs and tissues. But while this may be perceived and admitted, it is very difficult to determine specifically how far the nervous system is concerned in the pro-

duction of the morbid changes in question. We know that the action of living parts may be perverted by the influence of morbific agents, so as to give rise to new and abnormal effects; but it is not easy to determine regarding many of these agents, whether they operate through the nerves, or by directly acting on the parts where the morbid effect occurs. When the exciting cause of disease is a material substance there appears to be, *a priori*, as much reason to suppose that it may act by coming into immediate contact with the parts affected, as that it may do so through the instrumentality of the nervous system. In the present day there is undoubtedly a prevailing inclination towards the former supposition, and as the blood must be the vehicle of these substances, if they operate directly on the parts which they incite to morbid action, it follows that primary blood diseases form a considerable portion of the existing humoral pathology. To this class contagious diseases, for example, are regarded as belonging; and countenance, or proof, is believed to be given to the doctrine by the instances in which some of those diseases have been communicated by inoculation with infected blood, or by the injection of it into the circulation of the previously healthy. That the inference drawn from these examples is not so necessary as is commonly imagined will be shown in the sequel. But though there may be a difference of opinion on the *modus operandi* of contagious and infectious principles, there can be none as to the fact of many causes of unhealthy action really producing their effects by immediate contact with the parts that manifest disease. Such is the case in some truly primary blood-diseases, as when noxious substances are taken into the stomach and thence absorbed into the circulation; and in others of a secondary kind, as when urea accumulates in the blood in consequence of disease of the kidneys. When, however, the exciting cause of disease is not a material substance, but an immaterial agent, whether producing its influence positively or negatively, by excess or deficiency, as in the case of temperature, we have incontrovertible evidences of an action through the nervous system, capable of disturbing the ordinary processes of the body and giving rise to deviations from the

healthy condition and character of their products, of which inflammation and its consequences are familiar examples. These reflections are introduced in this place, not for the purpose of discussing the share which the nerves, and the proper texture of organs, separately and respectively take in the abnormal actions of the system at the instance of the exciting causes of diseases, but simply in order to finish the short outline, which alone is now attempted, of the state of opinions respecting some of the modes in which pathological processes may be induced. From that statement it appears that in one way or other changes may be excited in the actions of the several organs and tissues of the body by the impressions made upon them, directly or indirectly, by some at least of the exciting causes of disease, which are competent to alter both the amount and the nature of their results; and it will prepare us in a measure for the enquiries which follow, into some of the individual instances of such morbid results, and into the sources from which they spring. It will be perceived that reference has been chiefly made to the circumstance that morbid actions of the forces of living solids, however induced, may be the sources of morbid results, and that circumstance is thought worthy of special attention because, although sufficiently obvious and familiar as a pathological truth, it has not been admitted distinctly and fully into the doctrines of chemical pathology, while there appears to be no sufficient reason for its exclusion from them any more than from other departments of pathology.

Morbid conditions of the Blood.

The alterations which the blood may undergo, considered merely as a compound or mixture of material substances, are reducible to three classes. One consists of a change in the relative proportion of the proximate principles or elements which belong to it in the state of health; the second, of chemical changes in the composition of those elements, which leave them, however, still possessed of more or less of their distinguishing characters; the third, of substances that do not enter normally into the composition of the fluid. But the blood must also be regarded in another view than as a mere compound of material elements.

Certain properties it possesses as a *living* fluid, in the sense of being pervaded by a force emanating from the living solids; with which it may be said to be intimately mixed, so fine are the streams into which it is divided for distribution throughout the tissues, and so constant is the interchange of particles between it and the solids.* There is no more difficulty in comprehending that it is pervaded by such a force, than that it is pervaded by the force termed heat; and, if it be admitted that it is, it is not more difficult to understand that it may possess a different amount or intensity of the one force than that it may do so of the other, in different circumstances,—that the blood may have its vitality increased or diminished, in disease, as well as its temperature. The proof, however, is not so direct and easy in the one case as in the other. The first of the details into which I shall enter will partly illustrate this interesting point.

First class of changes in the Blood.

Morbid conditions of the fibrine.—a. Changes of quantity. It has long been known, in this country more particularly from the works of Scudamore and Thackrah, that the proportion of fibrine which may be procured by spontaneous coagulation from the blood, is greater in diseases of the inflammatory description than in health, or in other diseases. Andral and Gavarret, Becquerel and Rodier, Simon, and many others, have by later researches amply comfirmed the conclusion of former authors on the subject. The conditions that must necessarily be present in inflammation in order that the increase of the fibrine may occur are, an acute form of the disease (though sometimes what is termed the *sub*-acute suffices), and a local extent of it enough to excite or to be associated with some degree of inflammatory fever.

Fully to appreciate the details in regard to the increase which it may experience in disease, it is necessary that we should

* The existence of a peculiar force in the nerves which is capable of extending itself beyond the tissue to which it properly belongs, and even of traversing inanimate substances, is shown in the experiments of Matteucci, on what he terms "induced contractions." Oil and turpentine were traversed by the force in these experiments.

know the proportion which the fibrine bears in health to the other elements of the blood. The average has been variously estimated by different chemists, from 2 (Simon) per 1000 of blood, to 4·5 (J. Davy); these estimates must, however, be regarded as rather the extremes of proportion in which the fibrine may occur in the state of health, for the majority of those who have investigated the subject give higher averages than the former, and lower than the latter. Thus Lecanu's is 2·9480; Denis' 2·5; Dumas', Andral's and Gavarret's, 3. The latitude of health allows, however, a range from 2 to 4 (Andral), or 4·5.

In acute inflammation the increase of the fibrine varies generally, according to Andral and Gavarret, from 6 to 8 parts in the thousand as the maxima of different cases; in a smaller number of cases it reaches 9 parts, and in a few 10·5, the highest proportion which they have witnessed it to attain; Denis says he has seen it as high as 13 parts. The two diseases in which the proportion is commonly the greatest are acute pneumonia, and acute articular rheumatism; and those in which the increase of proportion is the least remarkable are cases of inflammation which, whatever may be their seat, are of little intensity or extent. In such Andral found the proportion to be 5 parts or less; while in acute rheumatism and pneumonia the range for well pronounced examples was from 6 to 10·5; one hundred and twenty-seven bloodings, practised in those diseases, having yielded a hundred and two examples in which the proportion occupied this range. Others also attest the high proportion which the fibrine reaches in acute pneumonia. Simon witnessed it at 9·11, the highest he had known in inflammation; and Rindskopf saw it in the same disease as high as 12·7. In other inflammatory diseases the increase of fibrine has not been known to reach the same maximum as in the two that have been specified. A proportion of 9 parts, more frequently of 8, and still more so of 7, are what have been observed to occur in acute bronchitis, cystitis, erysipelas, nephritis, and inflammations of the intestinal mucous membrane. In individual cases, whatever may be the seat of the inflammation, the proportion of fibrine varies with the decline and increase of the malady, a circum-

stance which has been noticed more distinctly and frequently in acute rheumatism than in other inflammatory diseases, owing to the fluctuations of intensity which are apt to occur both in the local affections and in the attendant fever of that disease. It may thus be found to increase, to decline, and to increase again, according as the local and general phenomena of the disease increase or decline, showing how intimately the disease of the solids and the changes in the blood are connected. It is interesting to notice, also, that the law of increase of the fibrine in the blood of inflammation is not confined to person who have been previously robust and vigorous; but is exemplified among those who may have become exhausted by chronic diseases; a local inflammation, and inflammatory fever, are the two conditions which alone are necessary to the increase of the fibrine. And it is remarkable that even starvation does not prevent the occurrence of it, if only these conditions be present. In illustration of this statement the following account of experiments made on dogs by Andral may be adduced. Three of these animals selected for experiment were bled, and the proportion of fibrine found to be respectively 2·3, 2·2, and 1·6 per 1000 of blood. The first dog was kept 21 days without food or drink, and was twice bled in the course of this period. The fibrine had augmented to 3·9 and 4·5 parts. The second dog was kept 18 days on water only, and blood drawn on the 18th, the day of his death, had fibrine in the proportion of 4·0. The third was sustained for 26 days on a very small ration of soup daily, and when bled four days before his death the fibrine was found to be 3·3. In the three animals dissection disclosed in the mucous membrane of the stomach the usual traces of inflammation, redness, softening, and (excepting in the third) ulceration.

The only other state (besides the inflammatory, for the elevation of the fibrine in phthisis pulmonalis is probably due to some attendant condition allied to inflammation, or actually inflammatory) in which the fibrine shows a tendency to increase, is that of pregnancy. The blood of pregnancy presents from the first to the end of the sixth month a minimum of 1·9, and

a maximum of 2·9 of fibrine; but in the last three months the mean is above that of ordinary health, approaching 4, with a maximum of 4·8. In the last month of pregnancy the highest mean is attained, 4·3. Such are the results obtained by Andral and Gavarret from the blood of 34 pregnant females, and their general accuracy is confirmed by Becquerel and Rodier. The increase amounts, however, only to the maximum of health.

The source of the increased proportion of fibrine in the blood of inflammation has been disputed, or stated differently, by different authorities. It has been supposed by Thackrah, Denis, Jones, and others, that it is at the expense of the albumen of the *liquor sanguinis* that the fibrine increases. This change may be effected, according to the hypothesis of Mülder, by the albumen losing merely an equivalent of sulphur, so that the transformation, if rendered probable by the ascertained proportion in which the albumen exists in the blood of inflammation, would not be difficult to explain. And, indeed, it is very generally held that the albumen is decreased in inflammation, as it ought to be if the increase of the fibrine were due to the transformation in question. Thackrah expressly mentions that he has always found the decrease of the former, and the increase of the latter, to occur together in inflammation. The manner in which the transformation may occur is stated differently by different authors. Denis conceives that the only difference between the albumen and the fibrine of the blood is effected by the salts which exist in the fluid; that they are identically the same substance, but that a part is held in solution by the salts, and therefore manifests one of the distinguishing properties of albumen, while the rest (the whole of the substance being too great to be kept in solution by the salts) is allowed to follow its natural bent and to coagulate on standing,—the distinguishing property of fibrine. He conceives that in inflammation the salts are diminished, and that consequently there is a greater amount of animal matter allowed to coagulate, or to assume the character of fibrine. A conclusive objection against this purely chemical theory is that the salts are not diminished in inflammation. Jones again (*British and Foreign Review*) considers

with Wagner and Henle, one office of the red blood corpuscles to be the elaboration of albumen into fibrine, the performance of this function being completed by the dissolving or melting down of the corpuscles into the liquor sanguinis. To account, therefore, for the increase of the albumen it is only necessary to suppose that the corpuscles dissolve more rapidly in inflammation than in ordinary circumstances. Without entering at present on the state of the blood-corpuscles in inflammation, it will be enough to object to that part of the theory which maintains the albumen of the blood to be the source of the increased amount of the fibrine, that it is not supported by a careful consideration of the whole facts regarding the albumen in inflammation. It may be noticed, first, that there are few acute inflammations in which an exudation of serous fluid, more or less abundant, does not take place from the inflamed tissues. This is sufficiently observable in most examples of inflammation of the serous membranes to render any details unnecessary; but, though less commonly understood, it is not less certainly the case in inflammation of the mucous membranes also. To take pneumonia as the least likely example, as may be supposed, of an inflamed mucous membrane yielding any considerable amount of serous or albuminous exudations, it ought to be remembered that in the early stage of that disease the affected part of the lungs is loaded with a thin fluid, and that in the stages of hepatisation the air cells contain, indeed are often distended with a more consistent, or semifluid, matter, in which albumen is shown to exist by the ordinary tests. And if, to these facts, we add that the exudations of inflammation are richer in albumen than the secretions of the part affected with the disease are in the healthy state, very sufficient reasons appear for a decrease of the albumen of the blood in inflammation, irrespectively of the hypothesis which traces that decrease to its conversion into fibrine. If these reasons are just we should expect to find in some acute inflammations that the albumen is not decreased. Dr. Babington (*Cyclopædia of Anatomy and Physiology*), who at one time held the common opinion on the subject, relinquished it on findingan example of inflammatory blood in which the specific gravity of the

serum was 1040 (the natural specific gravity being 1030 or thereabouts), a circumstance which indicated an increase of the albumen; and Dr. Traill has by analysis found such increase actually to occur. That these results were afforded by cases in which no albuminous exudation from the blood had taken place is probable, for we know how readily a notable decrease in the albumen occurs when such exudation happens, as in certain stages of Bright's disease of the kidney. But we have more positive proof as to the fact that when no albuminous exudation has occurred, the albumen of the blood is at least not lessened in inflammation. In a case of *dry* pleurisy of considerable intensity, I found the specific gravity of the serum to be 1036, and the proportion of albumen to be higher than the standard of health, and in acute rheumatism Andral and Gavarret found it sometimes as high as 92 parts in the thousand, the average of health according to them being 68 or 70, and according to Lecanu, 78, the mean of ten analyses. In pneumonia, the former observers never found the albumen to exceed 76 per 1000 of serum, and to range between that and 66. Now, when we remember that in acute articular rheumatism there is little or no albuminous exudation, while in pneumonia there is usually a very considerable quantity, it can hardly fail to appear that the difference noticed in the amount of albumen most probably depended on its having escaped from the *liquor sanguinis* in the one disease, while it was retained in the other. And it may be added, as conclusive in regard to the hypothesis that the fibrine increases at the expence of the albumen, that in the very disease (acute rheumatism) in which the increase of fibrine is the greatest, the proportion of albumen has been found also the greatest.

What has been remarked regarding the circumstances in which the fibrine is found in increased quantity, and more especially the account of Andral's experiments on dogs, shows that the increase of the fibrine in inflammation must be sought for in some element already present in the circulation, and not introduced into it during the progress of the disease The only other element, the albumen being excluded, to which we can look for an explanation is the corpuscular portion of the fluid.

This consists of two sorts of bodies, the red, and the colourless or white globules. The much greater number of the former would naturally suggest that they are more likely to be the source of so great a change as may occur in a very short time in the quantity of the fibrine in inflammation, while the exceedingly small number of the latter would furnish an objection to the idea that they could be concerned in the occurrence. But various arguments have been adduced with the view of proving that the white corpuscles are the elaborators of the fibrine, and that the increase of the fibrine in inflammation is due to an increase of activity among them (Carpenter). The principal grounds on which the latter doctrine is maintained are that the white corpuscles are found in increased abundance in the capillaries of inflamed parts (Addison, Williams), and in the blood generally of inflammatory fever (Gulliver, Davy, &c.), and thus a presumption has arisen that they elaborate fibrine in unwonted abundance. Before the former fact (allowing it to be a fact, though this is denied) can subserve the doctrine in question, it would need to be proved that the increase of fibrine originates in the part inflamed, but of this there is no proof; and before the latter fact (and it is a fact) can countenance the doctrine it would need to be shown that whenever the white corpuscles exist in increased numbers in the blood, the quantity of fibrine is increased also. This, however, is not the case, for Mr. Gulliver (who called them pus-globules, though now admitted to have been white corpuscles) found them in increased numbers in cases in which an increase of the fibrine is known not to occur, as in small-pox (he says in every case which he examined, and in one with only a few imperfect pustules—*Lancet*), and they have been found also in unusual numbers in an epidemic fever without either local inflammation or increase of the fibrine. But we need go no further for a conclusive argument against the hypothesis than the fact that the albumen does not, directly or indirectly, furnish the increased proportion of fibrine in inflammation. For, of course, it must be from the albumen that the white corpuscles elaborate the fibrine if they do so at all, and this is implied or expressed by those who hold

the opinion under consideration. What has already been said respecting the albumen sufficiently disproves the hypothesis. The function of the white corpuscles, whether in health or disease, is not yet known, and it would appear that Dr. Carpenter has been induced to regard them as the agents by which the fibrine is so much increased in inflammation, in consequence of considering them the elaborators of fibrine in the healthy state, although he conceives the particulars mentioned of them in inflammation as the strongest evidences of that opinion. The others are certainly not more satisfactory.

No element remains from which the increase of fibrine can result, but the red corpuscles. These exist in such abundance, averaging 130 in the thousand parts of the blood, that they appear, in that respect at least, a competent source of the increased fibrine, without the necessity of trespassing on the proportion of the albumen to furnish the additional matter. If we find them to vary in their proportion inversely as the proportion of fibrine does, and to be the only element of the blood which steadily decreases during the progress of inflammation, we shall have better grounds for regarding them as the source of the increase of fibrine than any other constituent of the blood. The analogy of cells in general, which are concerned in the elaboration of the peculiar elements of other fluids, leads to the supposition that the performance of a similar function by cells in the blood (and the corpuscles of the blood belong to the class of cells,) must be accomplished by the solution of the cells themselves, in the act of yielding their contents to the *liquor sanguinis* in which they float. It is the opinion of Wagner, Valentin and others, that the red corpuscles are in truth floating cells, one function of which is the preparation of the fibrine; and Simon conceives that they yield fibrine to the blood by the gradual transformation, and ultimate solution of their nuclei, which resemble fibrine closely in their composition. A similar doctrine had been maintained by Bauer and Home. We should expect, therefore, to find the red corpuscles to decrease as the fibrine becomes unusually abundant; and the fact that in inflammation the white corpuscles exist in much more abundance

than in health, affords a strong and additional presumption against their being the source of the increase of fibrine, if there be any truth in the very reasonable conclusion regarding the analogy between the cells of the blood and other cells. While thus, the doctrines of physiology favour the opinion that the red corpuscles are the sources of the increase of the fibrine in inflammation, the facts of pathology entirely concur towards the same conclusion, and serve to impart additional probability to the doctrine of the physiologists who hold that the fibrine is derived from the red corpuscles in the normal state. The first pathological fact which bears upon the subject, is that the red corpuscles decrease very much in the course of inflammation. This is admitted by all, though there may be a difference of opinion regarding the reason of the decrease. The most particular details of their decrease are those furnished by Andral and Garnerot. They found them in some cases to fall from thirty to forty parts in ten or twelve days; and in one [illegible] proportion of 110 to that of 106 parts, between [illegible] blood-letting. They do not, however, ascribe [illegible] to the increased solution of them in the *liquor* [illegible] merely to the influence of the bloodings and the [illegible] treatment. And no doubt, to those [illegible] ought to be added, and as we [illegible] much of the decrease [illegible] due to [illegible] of the most direct [illegible] that there is an actual [illegible] of the solution of the [illegible] merely the fact experimentally [illegible] a very great decrease in [illegible] course of inflammation; a [illegible] in this discussion, for it would [illegible] red corpuscles are the source of [illegible] were found to undergo but little [illegible] mation. So far, therefore, there [illegible] opinion furnished by analysis of [illegible] to show that part of that decrease [illegible] solution of the corpuscles. If it be

proportion of fibrine? The answer to this question has been anticipated by the proof that it cannot be from the albumen; and in addition to what has been said on that subject, the testimony of Becquerel and Rodier may be adduced to show that it cannot. While attesting the decrease of the red corpuscles, they say that the proportion of albumen diminishes but little (and we have seen that that little, when it does occur, may be accounted for otherwise), and the fibrine not at all, as a consequence of the blood-lettings.

The low proportion of the red corpuscles in advanced pregnancy, at a time when that of the fibrine rises to the maximum elevation, an elevation much beyond what it possessed at the earlier periods; and, on the other hand, the remarkable elevation in the proportion of the corpuscles in fevers distinguished by a low amount of the fibrine, concur in pointing to the kind of relation which exists between these elements of the blood, and in supporting the doctrine which traces the increase of the fibrine in inflammation to the decrease of the red corpuscles as its immediate cause. In the typhoid fever of Paris, it was ascertained by Andral and Gavarret, that there is a progressive decrease of the fibrine as the disease advances—so as to have fallen to 1·8, and 1·3, by the eighth and tenth days of the fever and to 0·9 on the fifteenth; and along with this they observed the remarkable fact that the red corpuscles maintain a high standard, for a time considerably higher than the average of health—and decrease, notwithstanding the extremely restricted diet adopted in the treatment, very slowly from day to day. In five persons bled on or before the eighth day of the fever, the corpuscles existed in the average amount of 143·4, ranging from 139·5 to 146·7, the normal proportion being 130. The indisposition to decrease was evinced by the result of twenty-one blood-lettings, practised in thirteen cases, between the eighth and the twelfth day of the disease. Though there were among the patients persons who had been unfavourably placed, previously to their infection with the fever, for maintaining a high proportion of the corpuscles, having recently suffered from other illnesses, or subsisted on meagre fare, the corpuscles amounted

on an average to 122·4, and that too, notwithstanding that some of them had been even previously bled. Of individual cases it is related that in one the proportion of corpuscles on the ninth day was 136·2, and on the twelfth 134·5; of another, that it was on the tenth day 129·7, and on the fourteenth 123·6; and so on of others, the decrease being so slow as to average in all only about two parts from day to day. Even in the premonitory period of fever the inverse change of proportion of the corpuscles and fibrine was perceived. Among six cases during that period, the proportion of corpuscles was higher than usual in five, from 136·4 to 157·7; and that of the fibrine had declined in four to below the average of health, in two of these to 1·8 and 1·6. The fever poison had already taken effect on the vital actions of the blood. Similar conditions of the corpuscles were noticed in scarlet fever and measles.

(To be continued.)

Remarks on the Homœopathic Treatment of some Chronic Conditions of the Kidneys, giving rise to the more common varieties of Urinary Deposits.

By J. S. Sutherland, M.D.

However satisfactory the results of Homœopathic practice, particularly in acute disease, Homœopathists by no means deem the system, as bequeathed to them by Hahnemann, a perfect one; and however beautiful their theory of cure may be, and however harmonious that theory may appear to be with the doctrine of disease equally acknowledged by Allopathist and Homœopathist, flaws must here and there exist, arising from what has been omitted, misstated, or undiscovered. These flaws will no doubt be filled up with far more certainty than similar deficiencies can be in the old school.

Of the desiderata here alluded to, one of the most prominent is the difficulty of applying to Homœopathic practice the results of certain labours of the Allopathists, which we ought not to

neglect; for although these labours and results have done little to advance the cure of disease in the Allopathist's hands, they are decidedly calculated to increase the success of the Homœopathist. The latter, no doubt, cures diseases by comparing the totality of the symptoms narrated by the patient and observed by himself with the remedy he selects; but here a flaw exists, for many symptoms characteristic of serious functional and organic lesion may exist without the patient being cognizant thereof, and with no external symptoms to guide the physician. Let the Homœopathist therefore take advantage of what has been done in chemistry, animal and vegetable, organic and inorganic; and let him, along with these, add to future manuals, the symptoms with which the microscope has made him familiar.

The vital chemistry of the stomach and digestive organs; the mystical distillation ever going on in the kidneys; the still more mysterious and subtle agency whence healthy nerve and vigorous intellect are derived, are ever acting in simultaneous harmony within the animal economy, enabling each other to reduce into their component elements the various substances that have served for food and drink, and to throw off the oldest and worn out portion of the animal frame itself. The unison of these great functions once interrupted, is functional disease; unchecked, it becomes organic lesion. Malfunction is more easy of removal than organic disease; but either of these may occur without any appreciable symptoms being present to indicate either to the patient or physician the nature or seat of diseased action, and the serious changes that may be taking place in vital chemistry and vital force.

Under such circumstances the Homœopathic practitioner must adopt the microscope of the Allopath. That instrument will not only display with unerring certainty the nature of most of the renal secretions in various pathological conditions of the kidney, but throw light upon obscure combinations of diseased products depending upon nervous lesions or cerebral disease, that would totally baffle the physician trusting to the unaided eye and chemical tests alone.

Besides the separation of the articles of diet into those sub-

stances which are to be severally excreted as useless, or absorbed into the system for its constant reproduction, chemists have proved, that in both a healthy and diseased condition of the animal frame new substances are actually formed within it. Such formations are said to be formed by the union within the digestive organs of certain atoms existing in the food of an elementary nature, and possessing a strong affinity for certain other atoms, and only existing in certain proportions at the period of digestion. These proportions becoming changed in the primæ viæ, an entirely new and frequently abnormal compound, depending on an elaborate disintegration and aggregation of particles is wondrously formed. New products of a normal quality may be abnormal in quantity, as urea and uric acid: or abnormal in both quality and quantity, as oxalic acid and sugar.

New compounds of a normal nature are generated by the animal economy from two sources, namely, food and destructive assimilation of tissues. These substances are found chiefly in the stomach, duodeum, liver, kidneys, and blood vessels, as gastric juice containing free hydrochloric acid, chyle, chyme, blood, bile, urea, uric, hippuric, sulphuric, and lactic acids, and earthy salts.

The abnormal products of animal digestion are eliminated by the kidneys. Of these, oxalic acid and purpurine are most frequently observed; sugar less frequently—and rarely erythic acid, cystine, melanic acid, and certain pigments, as cyanourine, indigo, percyanide of iron, and melanourine.

It has been already proved that the skin does certainly possess the power of eliminating from the system abnormal substances along with the nitrogenized effete matter, the elimination of which is its peculiar office; and a similar elimination may also be effected by the hepatic secretion in a state of disease.

Let us adhere to the consideration of the more frequent, and consequently more important conditions of diseased action, as shewn by the different secretions of the kidneys and urinary passages.

The function of the kidney is not a simple function. Its

labour is a complicated operation of chemical separation and combination, the nature and power of which is said by philosophers to depend upon the quantity and quality of ingesta, and the integrity of the organs of digestion and elimination. In many cases, however, the physician must look further than this, for the *fons et origo mali* is as frequently to be traced to diseased action in the great nervous centres. The kidney is a machine through the instrumentality of which from 400 to 600 grains of solids are daily discharged from the human body, and at the end of five years not one grain of the animal frame remains which was there at the beginning.* It is very evident, therefore, that an abnormal increase of the secretion must prove a source of rapid waste, whilst a decrease thereof must impregnate the blood with urea and other effete matter.

The Allopathists have worked hard in the fields of chemistry, physiology, and pathology, and in so far as these are connected with diseases of the digestive and urinary systems, a great name has been gained by Prout, Bird, Liebig, and others. It is deeply to be regretted that these discoveries have not advanced the treatment of those diseases. The only beneficial result in practice attributable to these discoveries is the fact, that they enable the physician to diagnose correctly what might otherwise have been a doubtful case. This nicety of diagnosis no doubt prevents him from blindly working with diuretics, and giving acids and alcalies upon the simple dictum of a test paper, and so far much good has arisen—save this, the Allopathist is as far behind as ever in the radical cure of urinary affections. He boasts however, that he can with certainty render acidulous urine alcaline by the administration of alcalies for a few hours or days, but laments his inability to render phosphatic urine acidulous by means of acids. The fact is, that the boast is

* This period of five years, taken as the required period for the entire reproduction of the human frame, is only with reference to renal excretion. Seguin ascertained that eleven grains of solids were got rid of by the skin in a minute, being equal to thirty-three ounces in twenty-four hours; a quantity almost amounting to the urinary elimination. So that in reality the human frame is entirely renewed every three years. This also is independent of exhalations from the lungs and the other excretions.

equally lamentable with the admission, for alcalies in the Allopathist's hands are merely palliative; their continued use far from safe; and their power quite incompetent to the performance of a radical change in the construction or combination of atoms in the primæ viæ, in virtue of which an excess of acid is generated. It is acknowledged by all, however, that alcalies exert a depressing effect on the nervous system, and their competency to induce both the oxalic and phosphatic habits cannot be doubted. It therefore resolves itself into this, that the Allopathist can depress (at will) the nervous energies to any amount, but cannot by a jot elevate them when depressed.

The chance of inducing a new diathesis is more apparent, when it is remembered that by far the greater number of cases involving the integrity of the kidneys are connected with irritation of the muco-nervous coats of the stomach and bowels, a diseased action evidently derived from the great nervous centres, in which the morbid influence has been generated by reflex action. With this in view we can appreciate the fatal principle promulgated by Broussais, that blood-letting was the only remedy for irritable mucous membranes! Indeed, as very few cases of irritable mucous membranes exist for any length of time without causing some mal-function of the kidneys, (generally overlooked by the patient from the absence of local symptoms), it is evident that the practice of Broussais must have prostrated the vital energy of the kidneys in the futile hope of curing the irritability of mucous membranes.

The opinion of the best authorities as to the abnormal products in urine being distinctly traceable to primary and secondary mal-assimilation of food is satisfactory in a chemical point of view, and this mal-assimilation is in its turn traceable to abnormal function of the nervous centres. This unhealthy function of the nerves may either be a deficiency of energy, and excess thereof, or a combination of either of these states with morbid irritability. But however beautiful the chemical diagrams of Prout, Bird, and Liebig are, as supposed by them to take place within the animal ecônomy, they have very far from proved that such chemical actions can be influenced by drugs to

combine in different proportions. Oxalic acid and sugar are virtually composed of the same elements, only varying in proportions; yet the most cunning chemist, or the most accomplished physician, is unable to alter either of these by the amount of the few atoms necessary to effect the change from the one to the other. Liebig's internal laboratory no doubt exists, but vital chemistry refuses to be dictated to, or to take advantage of the chemist's acids and alcalies and other drugs, the action of which is confined to irritating the mucous membranes and nervous systems, or congesting the liver and the brain.

With a great mass of evidence relative to the pathology and physiology of the kidneys and their secretion before the profession, the question naturally occurs—

Does the Allopathist ever cure functional disease of the kidneys (for we do not deem it necessary to put the question with respect to organic lesion,) by the use of, and entirely through virtue of Allopathic drugs?

One solitary instance is on record. All other cures have been effected by attention to baths, air, exercise, nutritious diet, and moral cultivation. The case above alluded to is recorded in the practice of a keen observer and most accomplished authority in urinary diseases, Dr. Golding Bird, who will no doubt scout the idea that the cure of the phosphatic habit effected by him in the case mentioned in page 98, article 52, of *Braithwaite's Retrospect* for July 1846, was as completely a Homœopathic cure as could be instanced. This interesting cure of a most dangerous form of disease was effected by the administration of Strychnia—a remedy singularly Homœopathic in the case.

(This case is selected by Mr. Braithwaite from the *Medical Gazette*, July 10th, 1846, p. 62. Mr. Braithwaite describes it as an excellent illustration of the relation existing between the function of the stomach and the kidneys. He says, "The patient in 1841 was attacked with vomiting after dinner, with severe pain at the pit of the stomach. This vomiting occurred after every meal for six months, being always preceded by intense pain, which was relieved as soon as the stomach was emptied. The next eight months the vomiting became less

frequent, only recurring after dinner. He was admitted into Guy's Hospital on the 9th of April, 1845. The following was his condition at the time:")—

"On admission into Guy's Hospital, the lad's complexion was pale and bloodless, with a slightly icteric tint; he was emaciated to an extreme degree, his bones being barely covered; and his face bore no small resemblance to a fleshless skull over which a skin of parchment has been tightly drawn. His general appearance was that of a person worn out by malignant disease. He chiefly complained of a burning gnawing pain at the scrobiculus cordis, and of a heavy pain across the loins. Tongue clean and red; pulse quick and sharp; skin dry and imperspirable. He vomits shortly after each meal, bringing up his food slightly changed, and according to his own account, has never passed a single day during four years without vomiting once, and more frequently several times. He complains of great thirst. The bowels act daily. Flatulent eructations frequent, and possessing the odour of stale fish. Urine copious, pale, loaded with crystals of triple phosphate, not albuminous, alcaline; specific gravity 1020, and evolving a disgusting fishy odour. The abdomen is distended with flatus; there is some tenderness at the scrobiculus cordis, where no tumour is perceptible. He had, shortly after his admission, vomited nearly four pints of thin, acid, yeast-like matter.

"Misturæ Magnesiæ ℥j. ter in die. Milk diet.

"*April* 11*th*.—Has vomited daily after dinner, the vomited matter presenting the same yeast-like appearance. Urine has an ammoniacal odour, and deposited crystals of phospates.

"℞ Strychniæ, gr. j. Acidi Nitrici dil. ℥j, Aquæ ℥ xii, solve et sumat æges, ft. ℥j. ter in die.

"He was strictly confined to milk diet, consisting of eighteen ounces of bread, an ounce of butter, and two pints of milk daily, and ordered to take the medicine fifteen minutes before each meal.

"From the date of this report the same treatment was continued, and the patient steadily improved; the vomiting ceased, the urine became acid, he recovered his flesh—indeed, became decidedly fat; it was scarcely possible to recognize in him the wretched skeleton admitted but a month before. On May 19th he suffered a slight relapse of pain and vomiting, following a severe paroxysm of pains in the region of the left kidney, and relieved by a copious discharge of

urine loaded with triple phosphate, and rapidly becoming alcaline and fœtid. He appeared to recover from this in a few hours, and left the hospital strong enough to attend to his work, and apparently well; having continued the Strychnia during six weeks."

Compare this case of Dr. Bird's with the following drug disease. An officer of rank, who had passed thirty years in India, originally of powerful constitution, and to appearance in tolerable health, embarked for England on sick certificate. He stated his disease to be a total inability to sleep, which had existed for three years, together with dyspeptic complaints; and stated that it came on during a course of Strychnia, administered by a very young and experimentative medical officer, for some symptoms having more analogy to congestive disease than nervous. Continued Allopathic doses of Strychnia soon upset the nervous system; the kidneys secreted abundance of subacid urine, and but for the original strength of his constitution and sea air, the Strychnia would undoubtedly have soon placed him in the position of Dr. Golding Bird's patient.

Let us proceed to consider the more common forms of urinary deposits, in connexion with their Homœopathic treatment.

I.

Uric Acid and Urates.

The ingredient of healthy urine from which that secretion derives its acidulous quality has not been satisfactorily ascertained. Prout considers its acid re-agency on litmus paper to be owing to urates of Ammonia or Soda. He also considers that a superphosphate of Ammonia may be present, to which acidity may be attributable.

Dr. Golding Bird considers phosphoric acid as the cause of acidity; and this theory is worthy of remembrance by the Homœopathist, who will find that in certain cases of alcaline urine alternating with urates, phosphorus acts very powerfully.

Uric acid, either free or combined with bases, becomes generated in excess by three causes:—

1st. Too rapid destructive assimilation of tissues, as in fevers,

inflammations, phthisis, and other diseases where great emaciation prevails, and—

2nd. From more nitrogenized food being used than the digestive organs can assimilate.

3rd. From local congestions caused by bruises, cold, wet, &c.

Besides these causes of uric acid, a temporary increase of it may arise from the condition of the skin. Dr. Aldridge, of Dublin, thinks that a deficiency of the watery basis of urine alone causes a deposit of this acid and urates, these being but partially soluble in water. Dr. Challier, of Dublin, asserts that uric acid is held in solution by a certain portion of lactic acid, always present in healthy urine; and that a deficiency of the latter precipitated the former and its combinations. It appears, therefore, that either the skin's excess of action, or deficiency of action, may induce an excess of uric acid or urates. If dry and imperspirable, the eleven grains per minute of nitrogenized solids are carried off by the kidneys in the form of uric acid or urate of ammonia or soda. If the skin acts profusely uric acid or urates appear, from the watery portion of the renal secretion being insufficient to keep them in solution. The physician will, however, be able to draw the pathological distinction between the two conditions under which the urates make their appearance.

In the healthy human subject 8·1 grains of uric acid are secreted in twenty-four hours; the greater proportion of this, however, is combined with ammonia in the form of urate.

In entering upon the Homœopathic treatment of a case of uric acid gravel, it must not be forgotten that this affection is only as it were the primary link in a series of morbid conditions, which if allowed to run its course unaided will, of a certainty, present a second stage for treatment; this second stage is universally admitted to be the alcaline or phosphatic; but good reasons exist why this should be called the third link, for the oxalic probably intervenes, masked by the presence of urates, and the difficulty of detecting the oxalic crystal. The habit at first exclusively uric acid deteriorates to what may be called the uro-oxalic, after which change the uro-oxalic and phosphatic

alternate. These transitions give rise to so many mixed symptoms, that these latter form no trifling barrier to the prognosis and treatment.

What, therefore, is the law that presides over this state of transition from urates to oxalates and phosphates, and how is the return to the uric acid habit effected during the early stages, until at last the phosphatic entirely preponderates? A double influence of constant action and reaction appears to be the exciting cause of these transitory morbid conditions. Thus excess of nervous action from over nutrition or other causes, spreading from the great nervous centres to the nervous coats of the digestive organs, gives rise to undue secretion of acids in the primæ viæ. These acids reach the kidneys, and give rise to local and constitutional irritation. After a time this irritation is followed by a certain amount of nervous depression, oxalic acid then may be found along with urates—greater nervous depression succeeds and phosphates appear. The return to the acid secretion, which periodically takes place before a permanent alcaline habit is established, is evidently an attempt of nature to throw off the more dangerous condition; but this attempt failing to secure a healthy balance between the extremes of the acid and alcaline diatheses, passes into a morbid excess of energy, and is again succeeded by prostration and phosphates.

The morbid action that leads to these conditions is no doubt increased energy of the nervous fibres, leading to a similar state of the vascular system—when acute, causing fever and inflammations; when chronic, inducing engorgement of the chylopoietic viscera, portal congestion, and cardiac disease. The cause, therefore, is too apt to be confounded with the effect, for extreme over exertion, debility and irritability of the nerves, is constantly spoken of as the result of the urinary deposits, whilst in reality these conditions of the nerves precede the deposits and cause them.

The practitioner must, therefore, not be led away entirely by admiration for Baron Liebig's hypogastric laboratory; he must rate attention to diet at its just value—nutrition; and devote his energies to restoring the nervous system, which is more

competent to change the chemical action of the digestive organs than acids, alcalies, and diet, animal and vegetable. If Liebig's theory is correct, the rice and pumpkin consuming Hindoo must constantly pass phosphates; and we wonder that the Esquimaux can relish his seal oil and walrus flesh, for of a verity he must be lamentably prone to uric acid, and without Liston or Heurtaloup to fall back upon. In so far as the Hindoo is concerned we can vouch for the Brahmin's animal power to secrete a normal amount of uric acid upon farinaceous and vegetable diet, and probably the Esquimaux economy contrives to keep uric acid from exceeding the healthy standard by some process with which Liebig is still unacquainted.

In connexion with the vital chemistry of digestion and urinary elimination we would ask the question of Liebig—How comes it that acid eructations, easily reddening litmus paper, are occasionally found in patients whose urine is deficient in acid? And further, how does it happen that cases in which pyrosis of an alcaline nature is characteristic, is found in patients whose urine shews a superabundance of uric acid? We have more than once observed these apparently anomalous conditions exist.

The Homœopathic remedies for uric acid or urates uncombined with oxalic acid, and in which a tendency to phosphatic alternation has not shewn itself, are—Arsenicum, Bryonia, Mercurius, Nux V., Pulsatilla, Phosphoric Acid, Sulph., Sulph. Acid.

Case.—James Tait, aged twenty-nine, married, by trade a ship carpenter, sought advice 6th March, 1848. He was seized in December, 1847, with sudden pain shooting from the right loin across the abdomen, which continued for two days. He was feverish and his bowels very costive, and have continued very costive since that time. Yesterday he was seized with pain in the back, causing him to walk bent; has pain at the meatus after urinating; pulse thrilling; tongue white, and tip and edges irritable. Urine on examination depositing urates, and on being heated shews crystals of free uric acid. Nux V. $^{6}/_{3}$.

March 12th.—Bowels not so costive. Repeat.

March 20th.—Bowels acting better, but considerable pain extending from the caput cœcum towards the liver; feels excessively weak, and perspires at night. Arsenicum $^{12}/_{3}$.

March 29th.—Pain in the loins; urine loaded with urates and uric acid. Alvine evacuations, light coloured; gums purple tinged, evidencing venous congestion. Merc. Sol. $^{3}/_{3}$.

This patient continued the last remedy until the 10th of May, by which time all the urinary symptoms had given away, and his increase of strength had gradually and steadily been progressing, and only a few slight dyspeptic symptoms remained. The disease did not appear to depend upon excess of nitrogenized diet, but upon an obstructed portal system. The following is a case of uric acid alternating with phosphates.

Case.—Colin Nicholson, aged thirty-four, married, by trade a tailor, sought advice on 26th February, 1848. Complains of pain in the right breast extending round between the shoulder blades; this pain has existed six weeks. Patient exceedingly emaciated, and of a general cachectic appearance. Urine abundant to-day and pale; pulse feeble, and appetite bad. Spirits depressed. Arsenicum $^{6}/_{6}$.

February 28th.—Urine to-day loaded with urate of ammonia, with a few uric acid crystals on the urate being dissolved. Nux V. $^{3}/_{3}$.

March 3rd.—Appetite and spirits better; pain still between shoulders. Repeat.

March 10th.—Much improved. Bowels regular. Repeat.

March 17th.—Not so well again; some cough; spirits low; urine paler. Bryon. $^{6}/_{3}$.

March 24th.—Still a little cough. Sulph. Tr.

March 30th.—Says he is quite well. Continue Sulph.

This patient continued to take Sulph. for a month after this date, during which time his general appearance underwent an extraordinary change, and he described himself as in perfect health.

II.

Oxalic Acid and Oxalates.

This abnormal ingredient of urine is like uric acid and uric oxide, a derivative of urea; but is a decomposition thereof

indicating a much lower amount of nervous energy. Liebig considers it a derivative of uric acid. In many cases it forms a connecting link between the urates and phosphates. The term azoturia has been given to the diseased state characterized by oxalic deposits, to denote the elimination of an excess of nitrogen from the system. Chemists have endeavoured to prove that this condition of the kidneys may be induced in two ways, directly and indirectly: directly, by the use of articles of diet in which oxalic acid exists as an element, such as the sorrel and rhubarb plants; and indirectly, by the alteration of combination of atoms during primary assimilation.

From the experiments of Mr. H. Wilson, of Runcorn, it appears likely that crystals of oxalate of lime may appear in the urine, after the use of sorrel and rhubarb. That gentleman does not, however, state if the secretions of the individuals experimented on were examined previous to the rhubarb diet. This omission is of consequence; for if any natural tendency to the oxalic diathesis originally existed, the impregnation of the urine by rhubarb was exceedingly likely to follow. It is not, however, so clear that such would result from the use of the plant by a person of unimpaired health. But supposing, for the sake of example, that the oxalic acid of rhubarb was capable of reaching the kidneys in all cases, it by no means follows that other medicinal substances can reach them with the same readiness, or possess any power or certainty of exciting a new chemical action, by which the oxalic acid is converted into something else and thus got rid of.

The close analogy, in so far as regards chemical composition, between oxalic acid and sugar, aided by the resemblance in symptoms in these diseases, has led physicians to expect that these diseases might be easily converted into each other, or that they might be different stages of the same disease. They have been likewise led to expect that the blood from which the diseased products oxalic acid and sugar are secreted must of course contain them. But no observer has met with anything to confirm these suspicions.

The resemblance in symptoms between oxaluria and diabetes

results from both diseases being characterized by an excessive elimination of solids, through the instrumentality of the kidneys, causing rapid waste, but which are by no means equally dangerous; but notwithstanding the many points of resemblance between them, there is one great characteristic that must prove them to be very far from identical; this distinction is the excess of urea in oxaluria, and the almost total absence of it in diabetes; and forms a strong reason against the probability of the one disease ever running into the other.

The tendency to oxalates is frequently found to exist along with uric acid, and also along with phosphates; and must in the majority of cases be overlooked, owing to the salt being only detectable by the microscope. Dr. Golding Bird discovered that this difficulty arose from the refractive power of urine and oxalate of lime being almost the same, and he has in page 124 of his volume on "Urinary Deposits," described how the oxalate may be more easily detected. After a little education in the use of the microscope, that instrument renders it quite apparent in the urine itself. The delineations of urinary crystals of Dr. Bird and M. Rayer are exceedingly accurate, and highly useful to those who are not very familiar with the appearance of the various forms.

In connexion with the Homœopathic treatment of oxalic acid uncombined with urates and phosphates, the following remedies are deserving of notice, Arsenicum, Nux Vomica, Pulsatilla, Sulphur, Sulph. Acid; when alternating with uric acid and urates—Aconite, Arnica, Bryonia, Lachesis, Lycopodium, and Mercurius may be found efficacious; and when alternated with or accompanied by phosphates—Phosphorus, Phosphoric Acid, Sulph. Acid, and Zinc, may be added to the above list.

Case.—Alexander Winton, aged forty-seven, November 8th, 1847, married, by trade a tailor, complaining for six months of irregular action of the kidneys, with pain over the left lumbar region. A fortnight ago pain on micturition came on; looks healthy. On examining his urine a very copious deposit of minute octahedra is visible, and here and there a very large crystal of the dumb-bell form occurs. He states that a son of his, four and a half years of age, was lithoto-

mized a year ago, from whom was taken a very rough brown coloured stone, of the size of a bean (mulberry). Bowels costive. Tongue irritable. Nux V. ⁶/₃.

Nov. 16th.—Very slight pain in the back since last visit; passed near a gallon of water last twenty-four hours—pale but acid; has had an itching of the skin since under treatment. Bowels rather slow. Tr. Sulph.

Dec. 3rd.—Passing uric acid gravel; feels in much better spirits. Bryon. Tr., 3rd dilution.

Dec. 15th.—Feels well. Urine not examined.

Jan. 3rd, 1848.—Urine healthy on examination; says he feels in perfect health. This patient was seen occasionally up to the present time, but has had no return of the complaint.

The following case of a more tedious nature illustrates that condition of the nervous and digestive systems, in which the oxalic acid habit is apt to degenerate into the phosphatic.

Case.—*Oct. 17th*, 1847.—Mr. J. F., aged twenty-seven, unmarried; has been complaining of slow digestion for several years, with severe periodical headaches, chiefly occurring in the morning. Tongue foul. Appetite capricious; great thirst; spirits low; sleep broken; pulse feeble and wiry. Has frequently a burning heat over the frontal and vertical regions of the head; hair thin and weak. Nux V. Tr. 3rd.

Oct. 19.—Bowels improved; headache not relieved. Urine examined. 36 ℥ S. G. 1020, and acid—loaded with oxalate of lime. Repeat.

Nov. 11th.—Bowels quite regular, and head relieved for some time, but again troublesome. Thinks these pains increased since receiving an accidental blow on the head. Occasionally singing in the head and vertigo, especially in the morning. Laches ⁶/₃.

Nov. 14th.—Headaches much the same. Urine S. G. 1010, and deficient in acidity. Haziness before the eyes. Lycopodium ⁶/₃.

Nov. 21st.—No improvement. Headaches and urine the same as last visit, pulse, however, improving in strength. Bowels regular. Arnica ⁶/₃.

Nov. 28th.—Headaches somewhat ameliorated. Spirits better. Urine S. G. 1020; a few crystals of oxalate of lime. Repeat.

Dec. 5th.—Continues to improve; still some oxalate.

Dec. 19*th.*—Rather an increase of morning headaches. Considerable deposit of oxalate. Urine of S. G. 1020, becomes turbid on being heated, from an excess of phosphates. Bowels not so regular. Easily fatigued, and perspires on exercise. Nux V. Tr. 3.

Dec. 26*th.*—Pain in the loins after walking. Bowels more regular. Urine as at last visit. Tr. Sulph.

Jan. 23*rd*, 1848.—Much improved; pain in the loins gone; headaches not nearly so urgent. Urine more acid, and scarcely any oxalate. Bowels regular. Repeat.

Feb. 13*th.*—Pulse considerably stronger; spirits much improved; a trace of oxalate. Repeat.

March 1*st.*—Doing well; no oxalate detectable by the microscope.

Case.—Mr. J.W., aged twenty-two, unmarried. Nov. 16th, 1847, complains of oppression at the chest, and dull pain on awakening in the morning. Bowels rather slow. Has an idea of his being phthisical. No apparent lung disease. Very nervous. Tongue white, edge and tip red. His urine shews a copious deposit of oxalate of lime, the crystals of which are unusually large. Nux V. Tr. 3.

Nov. 23*rd.*—For three days has had a sharp pain over the right kidney, extending upwards towards the spine of the scapula. Bowels more regular. Oxalate of lime deposit very abundant, but the crystals much reduced in size. Sulph. Tr.

Dec. 5*th.*—Passing abundant pale urine, deficient in acidity; twitching in the shoulders; slight nausea. Urine turbid on being heated, from excess of phosphates. Pain across the small of the back. Nux V., Tr. 3.

Dec. 14*th.*—Has had much pain in the back since last visit; had been lifting heavy weights. Urine citron coloured, and of S. G. 1030, having myriads of octahedra, mixed with occasional dumb-bell crystals. Starts during sleep. Pulsatilla, Tr. 6.

Dec. 25*th.*—Urine still much loaded with oxalate of lime.

Dec. 31*st.*—Has felt better for some days. Deposit less. Repeat.

Jan. 10*th*, 1848.—Still pain in the loins, and deposit of oxalates. Crystals very minute. Some pain in the bladder when full. Repeat.

Jan. 17*th.*—Urine pale, S. G. 1010; deficient in acidity; sensation of tickling in the legs. Bowels costive. Nux V., Tr. 3.

Jan. 26*th.*—Urine deeper coloured, S. G. 1020. Feels better. Oxalates returned, but diminished in quantity; entirely octahedra.

Feb. 4th.—Improving until to-day; very trifling deposit of oxalate, and urine S. G. 1020. Repeat.

Feb. 11th.—Much as last visit.

Feb. 19th.—Not so well. Urine S. G. 1017; slight opacity on being heated, from excess of earthy salts. Phosphorus.

Feb. 27th.—Urine not cloudy on being heated.

March 13th.—Very unwell since last visit; low spirits and pain in the back for some days. Urine 1020. Nux V. 3.

March 22nd.—Decidedly improved. Urine 1020; just a trace of oxalate. Bowels acting well, and sleep much improved.

April 1st.—Urine 1020. No oxalate.

April 19th.—Urine 1020. No pains; spirits better. Repeat.

May 7th.—Urine 1030, and shewing crystals of uric acid.

This case although tedious and scarcely arrived at that stage when an absolute and permanent cure can be said to be effected, will in all probability turn out most favorably; the uric acid deposit is an occurrence most frequent in those cases that terminate favourably.

III.

Phosphoric Acid and Phosphates.

Phosphoric acid exists in urine in combination with the bases Ammonia, Soda, Lime, and Magnesia. These bases do not form simple salts, but combining with the acid in equal proportions, form what are termed tri-basic salts; these tri-basic salts are all crystalized except phosphate of lime. Thus we have ammonio-phosphate of Soda, or microscomic salt; ammonio-phosphate of Magnesia, or triple phosphate; phosphate of Soda, and phosphate of Lime. These fixed salts are not decompositions of urea, as uric and oxalic acids are, but their physiological origin is equally to be ascribed to the elements of diet, and the metamorphosis of tissue. Those salts characterized by their solubility, are supposed to be derived from the earthy principles of farinaceous food, whilst those of a less soluble nature are supposed to be derived from the daily tear and wear of animal bone and muscle. The phosphoric acid, however, with which these bases are combined, is supposed to be generated by the

action of oxygen on the brain and spine. The source of this acid, however, is probably more mysterious still, otherwise blows and other mechanical injuries to the spine, causing excessive oxydation of that organ, would be characterized by urine showing super-phosphates capable of reddening litmus paper. Some phosphoric acid, however, exists in articles of diet combined with different bases. The appearance of alcaline and earthy phosphates in the urine must, therefore, in conformity with the general doctrine, be evidence of either a deficiency of acid generated, or an excess of oxydized matter effeted. These conditions may at first appear identical; they are, however, by no means so, in so far as prognosis and treatment are concerned. The former, or absolute deficiency of acid, is indicative of spinal injury; the latter, or too much earthy principle separated from food, is indicative of dyspeptic exhaustion. A third condition of the organs may give rise to this deposit, viz., an irritable state of the lining membrane of the bladder, causing a secretion of unhealthy mucus that may act as a ferment, and evolve ammonia by the decomposition of urea.

In no class of diseases characterized by urinary deposits is the Allopathist's treatment more futile than in the phosphatic habit. In giving tonics and mineral acids he exhausts his remedial means; or, if he follows Dr. Prout's advice, and gives frequent and large doses of opium to sooth the irritable brain and nervous system, depression follows its use, and we have seen congestion of these organs, and also of the liver follow, requiring purgatives and mercurials, which are actual poisons in all cases of phosphatic deposits. The Allopathist's treatment, therefore, is essentially palliative, and palliative treatment is only excusable in organic disease. Now these cases although severe, and highly dangerous as to ultimate results, are far more frequently owing to functional than organic disease. The Homœopathist's energies are directed to the radical cure of the disorder; he restores nervous function by direct influence on the great nervous sources.

It must always be kept in mind, that abundance of phosphatic salts may be present in urine, and yet that secretion may act upon litmus paper; and this is more especially the case in

dyspeptic cases of young patients. Where spinal lesion, organic disease of the kidney, or senile exhaustion has given rise to the deposit, the secretion is more frequently completely alcaline. Dr. Bird has given a valuable hint in the diagnosis of such cases. That if phosphates are present in the evening urine, or urine of digestion, and absent in the morning secretion, or urina sanguinis, organic disease is seldom or never present; but if the phosphates are equally present morning and evening, organic mischief, or the presence of a calculus may be dreaded.

In diagnosing cases, in which phosphates are a characteristic, it is of some importance to pay attention to the peculiarities of crystalization. Thus, there are three forms of the ammoniaco-magnesian phosphate, or neutral salt. These are—

1st. The prismatic.

2nd. The stellar.

3rd. The penniform.

Of these forms, the first is the most common, and is accompanied by tolerably distinct diuresis and rapid emaciation. The second variety is usually indicative of a less urgent condition of the system, and is much more frequently observed to supplant the first variety on an amelioration of symptoms taking place, and consequently points out a favourable crisis in the disease. The penniform variety has been so seldom found, that little reliance can be placed upon it, as a step for diagnosis. These three varieties are found both in acid and alcaline urine—and are called neutral salts. There is, however, a stellar crystal of a basic nature, and which is only found in alcaline urine; this must not be confounded with the second variety. This basic salt has not been recognized in the urinary secretion on being voided, and is supposed to be formed extra-vesically. A variety of it, of a very delicate and transparent leaf, has been noticed by Dr. Golding Bird in the urine of pregnant females.

The amorphous deposit named phosphate of lime denotes a greater amount of exhausted energy, and although found both in functional disease and organic lesion, demands the immediate attention of the physician.

Case.—George Crockett, aged nine, 15th February, 1848, complains of frequent inclination to make water; some pain in the back;

cannot retain his water well even in the daytime; incontinence of urine complete during sleep; healthy looking; appetite good. Is a dull apathetic boy. Nux V. $^{3}/_{3}$.

Feb. 23*rd.*—Examined his urine; pale; specific gravity 1012, and neutral; soon becomes alcalescent. Had a fall from a tree eighteen months ago, but not attended to; no difficulty in walking; no pain over any portion of spine on examination.

Feb. 29*th.*—Decidedly improved; retains his urine much better; sleeps very heavily. Phos. acid $^{3}/_{3}$.

March 6*th.*—Improving.

March 21*st.*—Retains his urine at night, if roused once to make water. Rep.

March 29*th.*—Improving steadily. Sulph. Tr.

April 18*th.*—Doing very well. Rep.

May 3*rd.*—Doing well. Urine acid. Merc. 3.

May 9*th.*—Convalescent. Rep.

May 17*th.*—Ditto. Discontinued visits. Rep.

This case of incontinence of urine and alcalinity was probably the result of depressed nervous energy from the fall alluded to. A greater amount of injury might not have proved curable; yet no doubt can exist of the beneficial effects of Nux V. and Sulph. in restoring the tone of the nervous coats of the bladder.

HAHNEMANN'S CORRESPONDENCE.

To Dr. Schreter, *in Lemberg.*

Cœthen, 19th December, 1831.

Dear Colleague,—I have had no opportunity of treating fully developed Cholera myself, but have often, by advice and directions, been enabled to stifle it in the bud. At least 30,000 copies of my directions have been circulated among the inhabitants of Vienna, Hungary, Berlin, and Magdeburg; and many thousands have been saved, when each, the instant he was attacked with Cholera, had administered to him by his friends

a drop of spirit of camphor every five minutes, and was well washed over head, neck, and chest with a solution of camphor (1 to 12) by means of the hand, and in less than an hour he was quite well, without secondary sufferings, as if nothing had happened to him.

By this means, as I said, according to the accounts I have received, many thousands have been saved in secret, without the knowledge of a physician, or of the neighbours in the house. Now, as by my experience, camphor vapour is the only trustworthy means of annihilating the probably animated miasma of Cholera, it is easy to understand how the Cholera was so rapidly extinguished by its means in Vienna, Berlin, and Magdeburg. This extinction of Cholera in the first quarters of an hour by camphor, is available only in the acute attacks of Cholera, and as I have said, only in the first hour, in which the aid of a physician cannot be obtained, and the disease is still in its stage of tonic cramp; when however this, as is soon the case, passes into the stage of relaxation and of clonic cramps, then the Homœopathic physician can still do good, though with difficulty enough, with *veratrum*, *cuprum*, &c.

Much more troublesome are those (not acute) gradual diseases which arise from Cholerine (as Father Veith, in Vienna, calls these insidious cases), when the inhabitants of a town, owing to the widely diffused and hence more diluted miasmatic vapour (the focus of which are the dead bodies of those who die under Allopathic treatment,) get only a few symptoms of the Cholera, which pass off in the case of robust individuals, but in weak persons turn gradually into vomiting, but principally into painless, but very debilitating diarrhœas, with much flatulence, and which (if not well treated) end in tetanic convulsions, delirium, and death. In these insidiously occurring affections the employment of camphor is inadmissible, it would only hasten the patient's death. Phosphoric acid, as Father Veith found, has proved specific in these colliquative diarrhœas, accompanied with rumbling in the bowels, which exhaust the vital powers; and I too have found it the same in patients affected in this way in Magdeburg.

When the Cholera actually attacks, if those seized by it should be immediately treated by their friends with camphor-spirit, there would then be no fully developed Cholera; or such cases would at least be much more rare, and still more rare fatal cases; and hence also no spreading of the miasmatic vapour through the town, consequently also no cholerine, nor any of that lingering kind of Cholera, which I consider the most dangerous of all.

As regards the controversy upon the contagiousness of Cholera, I beg you will read at your leisure my little pamphlet, entitled "*Appeal to Philanthrophists respecting the mode in which Cholera is infectious, with an Appendix by Anthony Schmit,*" published by Charles Berger; and thereafter, "*Schnitzer's Cholera Contagiosa,*" Breslau.

In order to provide the dear little Patty with the protective cow-pox, the safest plan would certainly be to obtain the lymph direct from the cow; but if this cannot be done (children are also made more ill by it, than from the matter obtained from human beings,) I would advise you to inoculate another child with the protective pox, and as soon as a slight redness of the punctures shews it has taken, I would immediately for two successive days give *Sulphur* $^1/_{30}$, and inoculate your child from the pock that is produced. As far as I have been able to ascertain, a child cannot communicate psora whilst under the action of Sulphur.

Note by Dr. Schreter.—Since the time when Hahnemann gave me this advice, I have always acted on it in the inoculation of children, with the best results. I have vaccinated on an average thirty children per annum since 1832, and have not observed in any of them a trace of eruptions, scrofula, &c., which so often takes place after ordinary vaccination; and though I have purposely, for the sake of experiment, vaccinated from one child with ophthalmia, from another with psoric eruption, from a third with scrofula, there did not appear the slightest traces of these diseases in those inoculated from them; a convincing proof that no psora is communicable during the primary action of sulphur. When I obtain vaccine virus from another colleague, in order to vaccinate the first in the year, there generally

occur psoric symptoms in this one, although it gets sulphur immediately after the inoculation; the sulphur is not capable of preventing the outbreak of inoculated psora, although this will not occur in those subsequently vaccinated. I witnessed a melancholy result in the case of a child of my sister's, who was about leaving this place, and begged me to vaccinate her child before she left. I did so, but the vaccination did not take, she had to leave in eight days, and I had no child that had taken sulphur; I was, therefore, forced to take the matter from a child to all appearance in good health, that had been vaccinated exactly eight days before. But how horrified I was, when the fourth day, on the appearance of the pock, convulsions came on, which continued uninterruptedly, yielding to no remedy, and carried off the child on the eighth day. I enquired particularly from the parents of the child from whom I had obtained the virus, whether their child had ever had convulsions, and they at last confessed that a slight fit had occurred when the infant was a few weeks old (it was now nine months old, and of blooming appearance), but not since then. This catastrophe might have been prevented, had the child got sulphur immediately after the vaccination. I now give after vaccination, for seven days, a dose of sulphur 30, each day, and a few doses to the nurse or suckling mother.

Paris, the 13th August, 1840.

Esteemed Friend and Colleague,—I know not, when in the course of my long life I have been better or happier than in Paris, in the loved society of my dear Melanie, who cares for nought in the world more than for me. I also begin gradually to find that my professional labours are creating in the great metropolis more than mere attention,—a high respect for our divine healing art. All patients who are not bedridden, whatever their rank, visit me every day (Sundays excepted) in my study. To those only, who are confined to bed, I drive from 8 to 10 o'clock in the evening. Two or three times a week I go with my wife to a theatre or concert.

In all ages there have been some excessive panegyrists of cold water. The reasons why Priesnitz is so successful with gluttons and drunkards of many years' standing, and with

patients ruined by effeminate habits, are not sufficiently attended to by the world and the medical profession; and the excellence of his scanty diet, his prohibition of coffee, tea, spices, his suitable, forced walking in the open air not considered. To the cold water alone all the benefit obtained is attributed—thus are men led astray from want of judgment. Is it not plain that these old sinners who have originally good constitutions, but who are prevented from recovering by their balls, dissipation, and other vices, are there compelled to live consistently with nature to their own advantage? Is this not the chief instrument of their restoration? And how many suffering from chronic disease, but not owing their complaints to an improper mode of living, has not Priesnitz ruined by the excessive use of cold water, whereby they have been deprived of their sight or hearing? A good, especially a Homœopathic physician, always knows when and in what cases to employ with advantage cold water, without carrying it too far, and without doing any harm with it. Everything in its proper place! Cold water is merely a physical accessory means for the perfect re-establishment of patients cured by the appropriate medicinal agents.

Note by Dr. Schreter.—I cannot entirely subscribe to Hahnemann's observations respecting cold water, on which subject I had communicated to him my experience in a letter. I was myself, in 1837, on the spot where Priesnitz practises, and there saw many very respectable patients, some of whom I had previously known, some with whom I became acquainted there, whose diseases were owing neither to excessive eating and drinking, nor to other irregular habits. Most of them, I may say all, were medicinally ill; and in this respect the excellent effects of cold water were seen, in driving the medicinal disease out of the system. This is a great advantage, that is often lost to us in Homœopathy, as the medicinal disease is often the greatest obstacle in our path. I saw patients who had formerly taken much mercury, in whom the mercury exuded in the state of oxide from their ulcers; a gentleman, who three years previously had used Leroy's mixture for a long time, whose perspiration for some weeks had exactly the odour of that medicine, and was coloured by it. A most convincing proof of the length of time these substances can

remain in the body, which, according to the views of the Allopathists, they ought to purge from all impurities. All who had at one time had several ulcers, eruptions, clap, &c., experienced a renewal of their complaints, although the affection dated twenty, thirty, or forty years previously; whereas those that had been treated Homœopathically by me, had nothing of the sort during the water treatment.

The above facts, I should think, sufficiently prove the advantages of Hydropathy; it is, however, generally insufficient for the thorough cure of chronic diseases—whereas the Homœopathic remedies act all the more favourably in the system thus purified from medicinal disease, and they may be employed with great advantage during the hydropathic treatment. At the same time a striking corroboration of Hahnemann's Psora theory is afforded by Hydropathy, as almost all the cures are terminated by itching eruptions, furunculi, ulcers, and renewal of the formerly contracted local symptoms.

HOMŒOPATHIC MEDICAL INTELLIGENCE.

Homœopathy in Kidderminster.

A Homœopathic Dispensary was opened by our indefatigable colleague, Dr. Fearon of Birmingham, at Kidderminster; and in October last the following circular was addressed by him to the medical profession in Kidderminster and its neighbourhood:

"The Kidderminster Homœopathic Dispensary having now been opened several weeks, it becomes necessary to state its objects. In most places one marked characteristic of the practitioners of Homœopathy is their desire to spread a knowledge of the system among the members of the profession. Sharing in this desire, and finding that there were several families in the town and its neighbourhood who were converts to this mode of practice, and who naturally wished to have at hand a practitioner that understood it, and to whom they might apply in case of need, I consented to establish a Dispensary, in order to afford such of the medical men as might be open to conviction, an opportunity of inquiring into and of studying the system. So far from seeking to derive any profit from my visits here, I shall be well content if, when the time comes for ceasing them, I find myself not a loser, considering the expenses necessarily attendant on them, and the loss of a day from my practice in Birmingham.

The proposal I would make to you is that we should select an hour on the Saturdays for seeing at the Dispensary such cases as might appear to us well calculated to test the system, and I shall be most happy to render any assistance I can, to enable you to acquire a working knowledge of it. As soon as one or more of you feel inclined to take charge of the Dispensary, my visits will be made only once a fortnight; and directly they cease to be necessary to those who have so taken charge of it, they will altogether end. The sooner this can be effected, the better pleased I shall be, as it will enable me to turn my attention to spreading the system in another locality.

"I remain, Gentlemen, your obedient servant,

"GEORGE FEARON, M.D., M.R.C.S."

The invitation here given was accepted by only one medical man of the town, who after carefully examining the mode of treatment pursued at the Dispensary was convinced of the truth of Homœopathy, and having resolved on practising it exclusively, tendered his resignation as surgeon to the old school Dispensary, in the following letter addressed to the committee:

"Kidderminster, February 9th, 1848.

"Gentlemen,—Having come to the resolution of resigning my appointment as one of the Surgeons of the Dispensary, it appears requisite under existing circumstances, to state the reasons which have induced me to do so. Shortly after I had the honor of being elected, my attention became directed to the Homœopathic System of Medicine, and the result of a careful consideration of the arguments brought forward in its favour, as well as of trials made by me with the medicinal preparations employed by the hundreds of Medical Men who are now to be found amongst its adherents, was to convince me of its truth, and to render it, therefore, incumbent upon me in future to make it the *basis* of my treatment.

"Under these circumstances, I feel that I could not, without inconsistency, continue to be attached to a dispensary, where from the absence of the necessary remedies, I should be compelled to treat the patients in a way I conscientiously believe is not the best adapted for affording them that relief from suffering which they seek.

"I am, Gentlemen, your obedient servant,

"JOSEPH HEWITT."

The Dispensary is now in full operation, and associated with Dr. Fearon and Mr. Hewitt, is Dr. Snow, lately resident in America, but now practising Homœopathically in Kidderminster.

Homœopathy in Belfast.

The Homœopathic Dispensary proposed to be established in Belfast, as mentioned in our last number, has just been opened, under the medical management of Mr. Mac Gregor; we have pleasure in laying its rules before our readers.

1st. That this Dispensary shall be conducted exclusively on Homœopathic principles.

2nd. That a Committee of Management, consisting of eleven persons, with power to add to their number (five to form a quorum), shall be chosen annually, by the Patrons and Subscribers: also a Secretary, who shall have the management of the books, minutes, and correspondence of the Institution; and a Treasurer, whose duty it shall be (assisted by a Member of Committee) to collect funds from the Subscribers and others.

3rd. That the Committee shall have the entire management of the Dispensary.

4th. That at the Annual Meeting, the Committee shall produce a Balance Sheet, and general statement of the Finances of the Institution, and make a general report on its results and prospects.

5th. That Subscribers alone shall be elegible to recommend Applicants for treatment.

6th. That Subscribers, for every five shillings per annum, shall have the liberty of recommending a patient in each month.

7th. That the tickets of application shall be signed by the Subscriber, with the name, age, and address of the Patient.

8th. That medical men shall be admitted to all dispensary consultations, upon presenting a card of a Member of the Committee with their own.

9th. That the Members of Committee meet on the first Tuesday Evening of every month, at the Dispensary, at a quarter-past Eight o'clock.

Homœopathy in Edinburgh.

Owing to the increase of patients at the Edinburgh Homœopathic Dispensary, the committee have taken larger and more central premises in St. James' Square, No. 5, which will afford more facility to students attending the University and other Medical Schools of Edinburgh.

Islington Homœopathic Dispensary.

A report of the cases treated at this Dispensary, from the 25th February, 1845, to the 31st December, 1847, has just been issued. We subjoin a general summary of them.

Acute and Chronic cases.

Cured	510
Much improved	115
Improved	163
No change	40
Discontinued treatment	64
Dead	17
Total	909

Of these there were—

Acute cases.

Cured	341
Discontinued treatment	1
Dead	2
	344

The two deaths were occasioned by acute hydrocephalus.

Chronic cases.

Cured	169
Much improved	115
Improved	163
No change	40
Discontinued treatment	63
Dead	15
	565

The causes of death in the chronic cases were as under :—

Softening of the brain	3
Softening of the brain and spinal cord	1
Water on the head	1
Paralysis	2
Cancer of the stomach	1
Organic disease of heart	1
Phthisis	6
Total	15

In all these cases a post-mortem examination was made, except in the two cases of paralysis, the heart disease, and three cases of phthisis. Out of forty-seven cases of pulmonary consumption we find sixteen given as cured. "Although placed in the cured list," says Dr. Chepmell, "it is not asserted that these patients will require

to take no care of themselves to prevent a relapse, but simply that they are, at the present time, sufficiently well not only to dispense with medical treatment, but also to resume their former social duties." They were chiefly cases in the earlier stages, in which only limited portions of the lungs were affected. Dr. Chepmell's report is altogether highly creditable to his zeal and energy.

Homœopathy in Königsberg.

A Society in some respects analogous to the British Homœopathic Association has recently been formed in Königsberg, as we learn from the *Königsberger Zeitung*, of the 11th August last.

"A society for the spread and advancement of the Homœopathic system in the province of Prussia, was yesterday constituted in the Hotel du Nord of this town, by a numerously attended meeting of the admirers of Homœopathy. At this meeting seventy persons of the most different professions had announced their intention to be present; but in consequence of the occurrence of the rye harvest only forty-five attended. The society resolved to meet once a year, and elected for the management of its affairs in the meantime, a Committee, consisting of the following gentlemen:—Counsellor Von Arnim, Mr. Dziobek, Counsellor Cämmerer, Count von Luckner, Mr. Scherres, merchant, and Mr. Zolland, merchant. This Committee was enjoined to publish the following points:—1. To inform the public interested in Homœopathy, by means of the provincial newspapers, that the Committee are prepared to point out or procure for any one applying to it, those works on Homœopathy by means of which every educated thinking person may obtain the necessary knowledge, to enable him, in the absence of a pure Homœopathic physician, to treat successfully on the Homœopathic principle sick persons and animals. The Committee will also give the information as to where the necessary, most trustworthy and efficacious Homœopathic remedies may be procured. 2. By means of the proper foreign journals to inform Homœopathic medical men, that in this province there is almost a total absence of scientific *pure* Homœopathists; and, therefore, not only here, but in the small towns and in the country, skilful Homœopathic physicians will find a remunerating practice, especially if at the same time they possess a fair knowledge of Homœopathic veterinary medicine. The Society further resolved to collect the results of Homœopathic treatment in the country and to publish them; and finally, that the next Diet should be petitioned to bring before the Government the necessity of establishing Homœopathic professorships and hospitals in connexion with our universities."

The idea of this association of non-medical men being able to convert every applicant into a practitioner capable of treating all the ills that flesh (horseflesh included) is heir to, is certainly amusing; they should content themselves with endeavouring to make the public acquainted with the value of Homœopathy, and to obtain a sufficient number of enlightened Homœopathic practitioners; but further than this their efforts will not be very successful.

OBITUARY.

SURGEON TIETZE, OF EBERSBACH.

In the third number of the third Vol. of the *Neues Archiv*, is a short memoir of this distinguished Homœopathic practitioner, by Dr. G. J. Rückert.

The subject of the memoir "was born," says Dr. Rückert, "at Oelsa, near Löban, where his father was a schoolmaster, on the 29th July, 1799. In the year 1812, he went to the Gymnasium at Bauzen, where he underwent the necessary preliminary studies for his subsequent medical education. In the year 1817 he went to the medico-chirurgical academy of Dresden, distinguished himself above his compeers for diligence and desire of acquiring knowledge, and after undergoing his examinations for surgeon and accoucheur in 1820, he the same year entered on his practical career. Never resting activity and devotion soon procured him a considerable practice, especially as an accoucheur.

"Soon after him, I commenced my practical career as a Homœopathic physician in his neighbourhood, where I not unfrequently met with him. Although intimate friends in our youth, we now stood in scientific respects diametrically opposed, as he, still unacquainted with the nature of Homœopathy, and brimful of the wisdom of the old school, whose animosity towards the new doctrine he had imbibed, viewed me as an opponent in my capacity of physician, though his honest and upright character induced him to esteem me still as an old friend.

"It was not till the year 1828 that he ventured to make himself acquainted with Homœopathic writings, and he began to make cautious experiments, which succeeded in spite of his unbelief.

"Once however convinced of the truth of the Homœopathic law of cure, he followed it out with untiring ardour; he hesitated not a moment to appear before the public as a converted Saul, patiently endured the harrassing persecutions of his colleagues, and submissively bore what must have been to him, as a fortuneless father of a family, a hard lot, that of seeing himself suddenly descend from a wide spread practice, to a small number of patients; but so much the more diligently did he study Homœopathic works, convinced that after he had passed this crisis a happier future lay before him.

"And he was not deceived. With his practical skill he soon succeeded, by means of ever increasing cures, in forming a fine field of practice.

"He would now, however, not submit to be despoiled by any means of his hard-won conviction and experience; and, as was consistent with his straightforward character, he boldly confuted by word of mouth, and by writing, all the calumnies of the enemies, and the self-styled friends of Homœopathy, when they at all infringed on the truth, although some men of the opposite party in exalted positions occasionally made him feel, in no very agreeable manner, that he was not possessed of the doctor's degree.

"He belonged to that small section of medical men, who on the 13th June, 1832, founded our Lusatian Society; he was one of our most active members, was beloved by all on account of his candour, was honoured as a zealous partisan of the new school, esteemed as a practitioner devoted to his patients, and he filled with great fidelity to the end of his life the post of Treasurer to the Society.

"Of late years he took great interest in the high potencies, which he employed with much success. He made himself useful to Homœopathy by many valuable memoirs in the *Archiv*, and in the '*Practical communications of the Lusatian Silesian Society.*'

"This spring (1847) a *typhus abdominalis*, that had been spreading slowly in our neighbourhood for several years, approached his sphere of operations, and as soon as he discovered that belladonna and arsenic in high potencies were the chief remedies for it, he boldly encountered it, cured an immense number of those affected by it, (in one family alone, seven individuals), little thinking that he was to fall a sacrifice to his usefulness.

"Several circumstances, especially a cough that gave his robust frame a severe shock, some depressing mental emotions, and ex-

posures to cold after being engaged in protracted labours at a distance from his home, acted injuriously on his health, so that the contagion found in him a fruitful soil in which to take root.

"After several days of slight indisposition, he took seriously ill on the 11th of June, and suspected that he was about to be affected with typhus; he, however, saw and prescribed for his numerous patients until the 13th, although excessively weak in body, but at last on the 14th he was forced to take to his bed.

"Hitherto he had treated himself. He now, however, sought my aid with the utmost confidence.

"But more vexations awaited him. I only returned from a distant journey on the 18th, and found my patient in a despairing condition of mind, that I, although I could not avoid it, had left him so long in his extremity. All the remedies exhibited remained without effect, the disease increasing day by day indicated the approach of death, which occurred after several days of delirium, on the evening of the 23rd June. *Quiescat in pace!*"

THE LATE DR. GROSS.

In our January number we noticed the decease of this eminent disciple of Hahnemann, and since then we have been gratified by the perusal of an eloquent tribute to his memory from the pen of his intimate and constant friend Dr. Stapf. From this we borrow a few particulars we were unable to furnish in our former notice.

Dr. Gross was born at Kaltenborn near Jüterbogk, where his father was a clergyman, on the 6th September, 1794. He was at first destined for the clerical profession, and was sent to the cathedral school at Naumburg, where he soon distinguished himself by his progress in the dead languages, including Hebrew. Whilst there, he caught scabies, to the improper treatment of which he was wont to ascribe the excessively delicate state of health he always had in after life. Having gone to Leipzig to pursue his medical studies, he was induced to consult Hahnemann who then practised in that town, in the year 1815, and soon became one of his most devoted disciples. He graduated in 1817 in Halle, and then settled in Jüterbogk as a Homœopathic physician, where he met with the usual amount of opposition and ill-feeling from his Allopathic colleagues and the

chemists. In the latter years of his life his practice averaged about 3000 patients per annum, whose cases he always registered in the most accurate manner. In 1827 Hahnemann invited Drs. Stapf and Gross to visit him, and he then imparted to them his theory of chronic diseases, and the effects of some of those remedies which have since been termed *antipsorics*. In 1834 a severe acute disease nearly proved fatal to him, and again in 1837 he was affected with a hepatic disease, with jaundice and dropsy, from which he was not expected to recover. In 1843 he was appointed by the King of Prussia, member of the board of examiners for Homœopathic physicians. In 1845 his malady increased to a frightful extent, and so altered his appearance that he looked like an old man of eighty. He partially recovered by the care of his friend Stapf, who took him home to his house; but having again returned to the arduous duties of his profession, his strength completely gave way, and on the 16th September, 1847, perceiving his dissolution approaching, he exclaimed, "I now have no more to hope for on earth, the account is closed, my path now tends upwards." He departed this life tranquilly and composedly on the morning of the 18th September.

Owing to his wretched health, which exercised an unfavourable influence on his mind as well as on his body, Dr. Gross was not at all calculated to impress one favourably at first sight, but a short intercourse with him soon revealed the richness of mind and the nobility of disposition concealed beneath the forbidding exterior. He was esteemed and loved by all who knew him, as a physician he inspired the greatest confidence, as a friend the warmest attachment. His character was open, true-hearted, truthful and honest. He was generally quiet, thoughtful, serious, sometimes apparently peevish, although at times he could be cheerful and gay, witty and humorous. His manner even to friends was dry, laconic, sometimes even harsh and rude. Although apparently phlegmatic, he was actually full of enthusiasm.

Notwithstanding occasional disputes and differences with Hahnemann, he continued to correspond with the illustrious founder of Homœopathy almost uninterruptedly to the last, and was esteemed by him as one of his best disciples.

Dr. v. B[illegible] will assume the post of co-editor of the *Neues A*[illegible] discharged with so much ability by Dr.

MISCELLANEOUS.

A case of Poisoning by the Liquor Belladonnæ.

J. B., a tall thin man, aged 40 years, had been attached as porter to the Ophthalmic Hospital in Moorfields for fifteen years, and for the last three years subject to cough and expectoration; he had wasted, and, in consequence of general debility, been accustomed to use sarsaparilla as a tonic remedy. This brief account of his previous state of health will serve to explain his motive for having intended to take the liquid extract of sarsaparilla on the day of his accident. But this preparation stood next to the liquor belladonnæ, and both preparations so closely resembled one another in colour, consistence, and smell, as to be easily mistaken by a person not guided by the labels which were attached to their respective bottles.

The man was on duty at the Ophthalmic Hospital on the 4th April, 1848, when, being in haste, he inadvertently took down the bottle containing liquor belladonnæ, and having measured out ʒss. of its contents, drank that quantity diluted with water. He did not immediately discover his error, but in *five* minutes or thereabout after it had been committed, he was rendered sensible of his mistake by the unexpected occurrence of a sensation of heat and dryness in the throat, succeeded very soon by vertigo and slight aching pains in the limbs, but no head-ache. Upon the appearance of these symptoms he immediately ran across the street, a distance of about 100 yards, to the residence of his usual medical adviser, Mr. Elwin, for assistance; and was by that gentleman directed to return to the hospital and drink warm water until the stomach-pump could be got ready. The man did as he was told, and vomited on his return, before the pump was applied: but whilst in the act of drinking he became powerless, and in less than a quarter of an hour after the accident, delirious and insensible; he struggled violently in his unconscious state, and the combined strength of several men was required to hold him steady during the operation of pumping out the contents of the stomach. A large proportion of the poison was ejected by vomiting, and an additional quantity drawn out by the stomach-pump; but notwithstanding the short interval which had elapsed between the acts of

swallowing and removing the poison for the most part from the stomach, a sufficient quantity had been absorbed into the circulating system to affect the brain, and cause delirium, insensibility, and convulsions.

The stage of delirious excitement was brief; and whilst in a comatose state the patient was sent, by the directions of Mr. Macmurdo, to St. Thomas's Hospital, where he was placed under my superintendence about 10 o'clock, and immediately visited by the resident medical officer, Mr. Whitfield. When the patient was first seen by me, at half-past 10 o'clock, he was totally unconscious of surrounding objects; he was lying supine, and all his limbs were equally powerless. There was no hemiplegia; his face was full and flushed; the head and general surface warm; the pupils widely dilated; scarce any iris could be distinguished, and the retina was quite insensible to the stimulus of strong daylight. The palpebræ of the left eye were puffy, and redder than those parts on the right side; and the upper left lid was prolapsed, as in ptosis. The breathing was stertorous, and the respiratory sounds, hastily examined over the anterior parts of the chest, were modified by râles. The action of the heart was feeble, and the pulsations of the radial artery were 116 in the minute, regular, and weak. The tongue could not be seen. The abdomen was rather contracted, and no distension indicating an accumulation of urine existed.

Progress after admission.—The sensibility of the pharynx was much impaired, and deglutition so imperfectly performed, that upon introducing a warm infusion of coffee into the patient's mouth, the liquid collected about the larynx, and his features became alarmingly turgid in consequence of impeded respiration.

Under the influence of treatment, an amendment, indicated by a diminution of heat and fulness of the face, and by returning consciousness, took place in the course of a few hours after the patient's admission; and about three o'clock in the afternoon he made an attempt to articulate the monosyllables yes and no, when roused by questions. The amendment, however, was only temporary, for in the evening violent delirium succeeded the stupor, and recurred a second time. The patient continued very unmanageable during the night, and could only be restrained with safety to himself and the neighbouring patients by means of a waistcoat. This state of exitement was protracted until about 3 o'clock next morning, when he again became

calm, and a decided abatement of all the urgent symptoms was noticed at 8 o'clock.

At 1 o'clock in the afternoon he had regained the power of speech and deglutition; and although a peculiar wild expression of countenance remained, with confusion of ideas, he was sensible enough to thank his medical attendants for the aid they had afforded him. The tongue could now be protruded; the pulsations had subsided from 116 to 68, and did not subsequently undergo any material variation. The sight of the right eye had become rather clearer, but that of the left eye more impaired; the upper lid more tumefied and prolapsed; the conjunctiva more vascular, and raised above the margin of the transparent cornea, which in a few days became opaque; and a small quantity of a puriform fluid had accumulated in the anterior chamber of the eye. The sight of the left eye was perfectly natural previous to the accident; and as no mechanical injury had been since done to it, its inflammatory state may be fairly attributed to the virulence of the belladonna.

All anxiety for the immediate safety of the patient ceased within thirty hours after his admission; but the anormal condition of the nervous system prevailed several days; and notwithstanding he conversed rationally on the second day of the accident, he had no distinct recollection of the events which occurred in St. Thomas's Hospital until near sixty hours from the commencement of his first delirium, or the third day of the accident.

Upon recovering perfect consciousness, a remarkable numbness, extending over all parts of the trunk and extremities, attracted attention, and persisted for several days. No pain could be excited whilst this condition continued, by forcibly pinching the skin of the forehead, or of other parts; and although an unusual sensation was perceived by the patient at the moment, he could not, with his eyes averted from the operator, point out the precise spot subjected to compression: anæsthesia with consciousness coexisted, resembling the state often recognised during recovery from the effects of chloroform.

The specific sensibility of the right retina was not entirely restored, until after common sensation had returned to the general surface; and the sight of the inflamed eye continued dim, from the events of the secondary affection, until a later period; but both pupils were equally contracted and small when the patient quitted the hospital.

The mental delusions during the delirium were for the most part, though not altogether, of an agreeable kind; and the prevalent fancy in the patient's mind was, that he had become suddenly rich, and possessed of a splendid mansion.—Dr. Burton, *Medical Gazette, June 15th*, 1848.

Poisoning by Belladonna.

Dr. Teschenmacher relates the following narrative of six persons poisoned by Belladonna:—

A mother, with her four children and a maid servant, eat one evening of the ripe berries of this plant: the mother and maid had each eaten about six bunches. In the course of a few hours the symptoms of poisoning manifested themselves in all of them: these were, nausea, double vision, sense of constriction of the throat, giddiness and sleepiness. On the following day, fifteen hours after the poison had been taken, Dr. T. saw the patients. The operation of the poison displayed itself in four degrees. The first and slightest was in the maid servant, who produced vomiting in herself by drinking warm water and tickling her throat. She complained only of headache and weariness. The pupils were enlarged, the face red, and the pulse somewhat quickened. The second degree was observed in two of the girls, one of whom was 4 and the other 8 years old. It displayed itself in a tottering gait, incoherent talk, protruding eyes, dilated pupils, staring look, very quick pulse, and increased temperature of the skin. The third degree was exhibited by the mother. She fell into a delirious state in the morning, attempted to bite and strike her attendants, broke into fits of laughter, and gnashed her teeth. The head was hot, the face red, the look wild and fierce, the tongue dry, the abdomen swollen, the pulse small and frequent. The fourth degree showed itself in the two boys, the one of whom was 2½ and the other 6 years old. They lay in a soporose condition, with violent convulsions of the extremities: the head was very hot, the face red, the eyes protruding; they were also affected with a croupy cough. The cases were all treated with emetics, purgatives, and stimulants, and the patients recovered in the course of twenty-four hours.—*Casper's Wochenschrift, No.* 31, 1843.

Poisoning by Strychnia.

Mr. B—— has been afflicted, for a considerable period, with tic douloureux, occurring at regular intervals and in paroxysms of excessive violence. For the relief of the pain of these attacks he has been in the habit of making use of the muriate of Morphia, at first in small quantities,

and afterwards in gradually increased doses, until three and a half grains were necessary to produce its effect. At this time he went into the shop of a druggist in the town in which he resided, for the purpose of obtaining some muriate of Morphia, and received a quantity of a powder, slightly yellowish in colour, which was stated to be that substance. On the same day, having occasion to go a short distance into the country on business, he took, previous to going out, his usual dose, 3½ grains of the powder, which was simply placed upon the tongue and swallowed, and he remarked at the time that it was extremely bitter, and that the taste was more than usually persistent, but it did not occur to him that anything was wrong. Shortly after, however, while walking along the street, he felt slightly indisposed, the most prominent symptom being a sense of numbness in the back and legs, which he attributed to the effects of cold, to which he had been exposed in the early part of the morning. As these symptoms did not appear of any importance, he proceeded by a public conveyance to the village where his business lay, and returned by the next opportunity. During the whole of this time the symptoms remained precisely as they were the moment he first observed them; but as he was walking along, on his return, they suddenly increased, the numbness being accompanied by a sense of want of power, and a sort of dragging of the muscles of the legs, which soon became so great that, as he described it, he had to put his hands at the back of his thighs in order to push his legs along. This occurred nearly two and a half hours after he had taken the dose of the supposed muriate of Morphia, and at this time there could have been nothing remarkable or unusual in his appearance, for on his way home he met a friend to whom he communicated his sensations, but who laughed at his evident apprehensions, and assured him that it was all imagination. As he was in the midst of describing the effect upon his muscles, and bending himself so as to show how it occurred, he suddenly overbalanced and fell heavily backwards. He was immediately raised, and on attaining the upright position felt himself much in the same state in which he was before, except that he was excessively nervous and alarmed. The want of power in the legs did not at all increase in intensity, and no spasmodic affection was observed, although the patient was himself under the impression that his fall was somewhat connected with the previous symptoms. The patient's fall and the nervous state into which he had got now fairly alarmed his friend, who begged him to get home as fast as he could, and accompanied him on his way, as he experienced considerable difficulty in walking, and could not get on without support. On reaching home he felt somewhat better, and remained sitting for some time, and at length retired to bed, about five hours after the first appearance of the symptoms. Just previous to stepping into bed, in order to insure a good night's rest, of which the recent

symptoms rendered him somewhat doubtful, he took a second dose of the powder equal in amount to the first. In less than ten minutes after he was seized with a violent tetanic spasm, affecting the legs and muscles of respiration, and had only time to call out for assistance before the sensation amounted to absolute suffocation. Fortunately, assistance was close at hand, and he was immediately raised up in bed, with the effect of entirely relieving the sense of suffocation, and a medical man was sent for. Spasms now followed each other in rapid succession, the intervals being about a quarter of an hour or twenty minutes, and the affection was confined principally to the legs, back, and respiratory muscles, the arms being comparatively unaffected. The numbness and dragging of the muscles, which had been continuous during the first five hours, disappeared entirely during the intervals of the spasms, and the patient was left without any uneasy sensation, excepting the exhaustion of the previous fit and the apprehension of its successor. During the whole of this time he was not only perfectly conscious, but his senses were preternaturally exalted, and he distinctly heard a variety of whispered observations of the physician and his friends, which from their tenor were obviously not intended to reach the ears of the patient. The paroxysms, after continuing for some time, began gradually to diminish, the intervals becoming longer and the duration of each spasm shorter, and it was hoped that they were about to pass off, when all at once they returned in all their original violence. This proved, however, to be the last expiring effort of the poison, for the symptoms now entirely ceased, about thirteen hours after the first dose was taken. At the conclusion of the spasms, the patient was left in an excessively exhausted state, and was unable to turn himself in bed. From this, however, he recruited with great rapidity, as he was able to get up on the evening of the next day, and on the second he walked out and went about his usual business. The most remarkable fact connected with the case is, from that time the attacks of tic douloureux entirely ceased, and he has not since had any return of it. The medical treatment employed in the case was unimportant, and had not any effect on the progress of the symptoms. Chemical analysis proved the drug to be Strychnia, and not muriate of Morphia.—Dr. Anderson, *in Monthly Journal of the Med. Sciences, Feb.* 1848.

ERRATA.

P. 190, l. 3 and 8 from bottom, *for* ophthalmalogy *read* ophthalmology.
P. 195, l. 10, *for* phlyctæna *read* phlyctænæ.
P. 211, l. 32, *for* form *read* fever.
P. 251, l. 2, *for* Bönninglausen *read* Bönninghausen.
P. 256, l. 8, *for* Diseases *read* Cases.

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HOMŒOPATHY.

ON COD LIVER OIL,

By Henry R. Madden, M.D.

(*Read before the British Homœopathic Society, June 1st,* 1848.)

All who have had extensive opportunities of working out practically the Homœopathic problem, must have felt that while the results of our treatment in the generality of diseases, and especially of those which run an acute and rapid course, is for the most part highly encouraging and satisfactory, there are, nevertheless, not a few maladies of common occurrence in which these results are by no means so striking and manifest: and this is, I think, especially the case in various scrofulous diseases characterised by atrophy and hectic; as, for example, *tabes mesenterica, phthisis,* and some cases of general ill-health in scrofulous subjects, accompanied by chronic cutaneous diseases, chiefly of the *eczema* class. It is no doubt true that every now and then a marked case of the above character presents itself, where under judicious Homœopathic treatment, decided and visible improvement takes place; still these are of comparatively rare occurrence, and I feel confident that we should one and all be grateful for any new and more efficient means of combating these dire maladies.

As avowed Homœopathists we are placed in somewhat peculiar circumstances, in regard to the adoption of any new mode of treatment. We have become convinced of the truth and most extensive, if not universal, applicability of a certain therapeutic law, and accordingly when any new remedy is recommended for a disease, our first point is to ascertain, if possible, in how far its action accords with the principle of "*similia similibus curantur;*" should the investigation prove that it cures in virtue of its Homœopathicity, we can then apply it with confidence in our own practice; while should we be unable to trace any such symptomatic relationship between the drug in question and the diseases declared to be curable by it, we should be acting unwisely were we to employ it without the most cautious examination into its merits. In such a case we must never forget that we have two distinct public duties to perform; the first, and by far the most essential of which, is our duty to our patients, to employ conscientiously the means which hold out the most certain prospect of cure; but secondly, we have our duty towards Homœopathy as a system; patients come to us for the purpose of being treated according to the system we profess to practise, and I consider that it would be unfair both to themselves and to our Allopathic brethren, to accept the charge of their cure and then apply means of cure which we know full well do not fall within the limits of our adopted law. The course to follow in such a case is clear and obvious, if experience has taught us that Homœopathy in its present state of partial development does not prove successful in the treatment of such cases, and if, moreover, we know that other practitioners do possess more potent means, we should certainly apprize our patient of the fact, and suggest the propriety of his seeking advice elsewhere: and I hold it to be a rule to which we should all rigidly adhere, never to go beyond the precincts of pure Homœopathic practice, unless indeed we were so situated that no other medical aid could be obtained. To enable one to keep this rule, however, and still to maintain a position of extensive usefulness, we must carefully guard against the adoption of the rigid limits which ignorance and bigotry would set to our espoused cause.

If all beyond the range of globules and infinitesimal doses is

to be claimed as foreign to our field of labour, and if every adjunct, mechanical, chemical, dietetic, or regiminal, is to be denied to us, simply because its modus operandi is not in accordance with the Hahnemannic dogma, I fear me that in this age of progress the followers of the Sage of Cœthen would soon find themselves outstripped by their more daring brethren. We must accordingly bear in mind that the Homœopathic law is a law of *cure*, and nothing more; or more correctly, it expresses what we believe to be the method in which therapeutic agents can with the greatest ease, certainty, and safety, restore to healthy action any part which is abnormally affected. Practically, however, we find that many diseases require for their removal something more than what is indicated in the above expression; the part concerned in the disease may be so far disorganized or altered in its anatomical and physiological relationship to the other parts of the body, that means not strictly medical must be employed ere the healthy function can be restored: and thus it is that surgical appliances are required by the Homœopathist as well as other practitioners. Again, many kinds of suffering are essentially connected with some abnormal process going on in the animal economy, but which process must be completed ere the disease itself can be relieved; for example, a gall-stone cannot escape into the duodenum, neither can a child be born into the world without causing pain, and to attempt to alleviate such cases by a remedy acting on the Homœopathic principle would be manifestly absurd; here, therefore, we are bound to employ other means, such as Chloroform, or some other anæsthetic, by which our patient can be rendered insensible to the suffering which must be gone through ere permanent relief can be obtained. But surely no one will maintain that by so doing we are relinquishing our proper field of practice, and that all who adopt our system must pay the penalty of enduring suffering on such occasions, merely because relief from pain cannot be obtained by Homœopathic means, in consequence of a cure in the strict sense of the term being unattainable. Bearing in mind then, that the Homœopathic law refers solely to the means employed for restoring the healthy functions of diseased parts, which are capable of undergoing such restoration;

the field beyond this limit lies open to us, and we are not only justified in adopting, but should feel ourselves compelled to adopt any means of relief which holds out promises of good in cases beyond the pale of simple therapeutic cure. I need say nothing in this Society with regard to the dose, as I feel sure that all our members are too enlightened to suppose that there is any essential connection between Homœopathy and the administration of infinitesimal quantities; it is no doubt true, that we find such doses the most manageable, efficient, and satisfactory in all ordinary cases; but the employment of drachms, or ounces, if necessary, might be as strictly in accordance with the law of *similia similibus* as the giving of the 30th or still higher dilutions. These observations have been prefixed as introductory to a few remarks on the therapeutic value and mode of action of Cod Liver Oil; not because I believe it to belong to a class of remedies which owe their action to some principle different from that expressed by our founder's motto; but because, from certain peculiarities to be explained presently, we shall be obliged in the event of our using it remedially, to modify to a certain extent our usual mode of prescribing; and, moreover, as the remedy is already extensively employed by many of our Allopathic brethren, and would be applied in precisely the same manner by ourselves, it is well to be prepared to defend such a course of proceeding, and to bring forward evidence that in following a plan first pointed out by those whose opinions differ from our own, we are not necessarily departing from the field of labour in which we have already taken up our position.

In a work published by Dr. J. Hughes Bennett in 1841, on the "*Oleum Jecoris Aselli*," will be found collected together all that was at that time known regarding the history, preparation, mode of action, and therapeutic value of this agent, which has for years maintained a high place in the estimation of the German Physicians as a remedy for scrofula and chronic rheumatism. Dr. Bennett tells us that it has been used immemorially as a popular remedy for the cure of rheumatism in various countries; but that Dr. Ray, of Manchester, towards the end of last century, was the first physician who prescribed it for the cure of

disease. After which it continued to be a favourite remedy for rheumatism in the hospital of that city during a period of thirty years. Subsequent to this period the oil began to be extensively used in Germany and various parts of the Continent, and maintains to this day a high reputation as a means of cure. It is not my purpose, however, to enter into any historical details regarding the use of this substance, but simply to ascertain the following points, viz: 1st. What diseases appear decidedly benefitted by its employment? 2nd. What is its mode of action? And 3rdly. Will its employment supply any felt deficiency in our at present known means of cure?

I. What diseases appear to be decidedly benefitted by the employment of Cod Liver Oil? The first we shall speak of are *rheumatism* and *gout*, these being also the first diseases in which it was employed by the medical faculty. Mr. Darbey, who was House-Surgeon to the Manchester Infirmary at the time when Dr. Ray first made use of this remedy, states that "Men and women advanced in years, whose fibres may be supposed to have acquired a degree of rigidity, find surprising effects from it. Some who have been cripples for many years, and not able to move from their seats, have, after a few weeks' use of it, been able to go with the assistance of a stick; and by a longer continuance, have enjoyed the pleasing satisfaction of being restored to the natural use of their limbs, which for a long time before had been a burthen to them."* Dr. Percival, also at Manchester, made a comparative trial of the virtues of Cod Liver Oil and Guiacum, "by prescribing each at the same time to different patients in similar circumstances. These trials almost always terminated in favour of the oil; and the patients who took guiacum, by conferring with their fellow-sufferers, were sometimes so sensible of making a slower progress towards recovery, as to request a change of one remedy for the other."† Many years after this, Dr. Schenk, of Siegen, published two memoirs in *Hufeland's Journal*, in which he relates numerous very obstinate cases of gout and rheumatism that yielded under its employment; and he states, as the results of his observations,

* *Bennett on Cod Liver Oil*, 1841, p. 71. † *Loc. Cit.* p. 72.

that, "the Cod Liver Oil ought to be considered as a specific in rheumatic and gouty diseases. It heals all chronic painful affections of the human body, wherever they are seated, whether internal or external, if they have originated in rheumatism or gout, as surely and as certainly as bark cures intermittent fever, or mercury the venereal disease."* After referring to a vast number of memoirs by various German physicians, published subsequently to these observations by Dr. Schenk, Dr. Bennett concludes that this remedy is especially indicated in three distinct forms of chronic gout and rheumatism, which may be denominated the general, erratic, and local forms. In speaking of the general form, he quotes the following case from Brefeld:

"Mrs. Meermann, of Hamm, thirty years old, had been confined to her bed or room, and only in the warm summer months had experienced a slight alleviation of her sufferings. Nearly the whole body was attacked; but principally the inferior extremities, sacrum, back, and shoulders. Walking was entirely prevented by the unsupportable pains, stiffness and swelling of the joints. A kind of hectic fever, and constant nightly exacerbations destroyed all repose. The patient was wasted, of a bleachy whiteness, of a cachectic appearance and habit, and had lost all hope of relief, although originally she was of a strong and robust constitution. The use of two tablespoonfuls of the oil daily, was soon followed by a beneficial result. After taking forty ounces she was restored to a tolerable state of health, although the malady by the conjoint influence of numerous unfavourable circumstances, such as a moist and confined lodging, bad nourishment, uncleanliness, &c., did not entirely disappear."†

Dr. Bennett relates numerous other cases of greater or less severity, in all of which the benefit of the oil was decided, though in most cases it appears to have been tried as a last resource. Among these Dr. Bennett mentions a case of chronic lumbago of several years' standing, with difficulty in walking, cachexia with œdema, where a cure was obtained in seven months.‡ And also one of sciatica, with atrophy of the affected limb, wherein great benefit accrued in six weeks, and a complete cure was effected in three months. §

* Dr. Bennett, *Op. Cit.* p. 74. † *Ib.* 77. ‡ *Ib.* 84. § *Ib.* 87.

Scrofula is the next disease which demands our attention; and in certain cases of this class the action of this remedy appears to be truly astonishing. I myself treated with this medicine seven years ago, a case of most aggravated scrofula of many years standing; it was a boy of about twelve years of age, who had the glands of the neck, axillæ, and groins deeply ulcerated; large scrofulous abcesses in the back; constant ophthalmia, with photophobia, and great atrophy; and yet after two or three months use of the oil he was fat and plump; many of the ulcerations had healed, and his eyes were much better; I, however, lost sight of him before his cure was by any means complete. Dr. Bennett remarks in general, that "although the oil is beneficial in most scrofulous affections, its good operation is much more apparent in some than in others. Thus it is excedingly useful when the osseous texture is attacked, as in different degrees of rachitis, affections of the joints, spina ventosa, and caries. It is equally serviceable when the vasa lactea and mesenteric glands are more particularly affected, especially if atrophy be present; in this case indeed, it appears to be the only means of cure at present known. It is least beneficial in affections of the external glands, more particularly if ulceration have not commenced."* One point of great practical importance should be noticed here, as a neglect of it has frequently led to disappointment in the use of this remedy, and it is this: Scrofula, as is well known, appears under two quite opposite states of the general health; in one of which the patients, though exhibiting unequivocal evidence of the presence of this dire disease, are fat, ruddy, and well nourished, and it requires a practised eye to persuade oneself that they are not in the enjoyment of robust health; whereas the other class are pale, thin, miserable creatures, with all the evidences of a deep and malignant cachexia, and one is tempted to marvel that life has not long since quitted so frail a tenement. Now it is to the latter class of cases that cod liver oil appears to be especially applicable; while the former, with few exceptions, seem scarcely at all benefitted by it. It is of importance, however, to remember

* *Op. Cit.* p. 96.

that Iodine in ordinary Allopathic doses often does good in the former, and fails in the latter; this point, which I consider of immense practical signification, I shall refer to afterwards. Dr. Steinhäuser, of Heidelberg, gives the following account of the action of this remedy in cases of *Rachitis:* "At first there appears to be a greater degree of activity in the nutritive functions. The appetite becomes more natural; the excretions per alvum more regular; the swollen and distended abdomen flatter and more soft; the dirty white colour of the integuments and general scrofulous appearance disappear; the soft parts generally receive more turgor vitalis; the muscles more tone; and the swollen glands, should any exist, gradually return to their normal size: the swollen protuberant epiphyses of the bones, especially those of the radius and ulna become thinner, and, together with the osseous substance generally, more compact; the curvature occasioned in the softened bones by the weight of the body and muscular action, gradually disappears of itself, if it has not already reached a very high degree. The onesided flattening of the thorax recovers its rounded form, and the angular prominent sternum becomes again flat. The prominence of the forehead disappears, the fontanelles close, and the head loses its large, misshapen, and angular appearance. The development of the teeth proceeds with ease, and in a more perfect manner; and every part of the child's frame exhibits a greater degree of activity. The children no longer sit silent, apathetic, and immoveable, but their attention is attracted to what passes around them, and they seek to get up and move, or regain the power of locomotion, should they have previously possessed it."* Such a description needs no comment; it is a picture we should all rejoice to behold in any patient of our own; and although we do occasionally witness such a gratifying change under similar circumstances, from the use of *Sulphur* and *Calcarea*, and other analogous remedies, still the number of cases in which this treatment fails will, I think, induce us all to look with wistful eyes towards a means capable of bringing about so desirable an end.

* *Cit.* p. 105.

Malacosteon is another disease of bone in which this remedy has proved highly useful. A case of this kind, affecting the female pelvis, is related by Professor Naegele, where a perfect cure was effected in six months." *

Atrophia Mesenterica is the next form of scrofulous disease in which Cod Liver Oil has proved of essential benefit; and concerning it Dr. Bennett remarks, that "in no disease, with the exception of rachitis, are the good effects of the Ol. Jecoris Aselli so well established as in this. In these cases indeed it is often very striking in its operation, curing the disease when every other remedy has failed, and even when all hopes of the patient's life have been abandoned." †

We now come to the consideration of the use of this remedy in true *Phthisis Pulmonalis;* and I think I shall be enabled to bring forward proofs that even here its effects are strikingly beneficial, at least, to the extent of effecting marked amelioration of the patient's condition; for example, "Häser remarks, as the result of his observations on thirty-two individuals, in whom he had detected the presence of tubercles in the lungs by auscultation, as well as by the general symptoms, that the Ol. Jecoris Aselli is by far the most useful remedy in those cases where tubercles have not yet softened, or even where they are in the first stage of softening. Alexander treated a case of phthisis, in which a vomica with perfect pectoriloquy was detected under the right clavicle, by means of the oil, with a successful result. Asmus also records the case of a man who presented all the symptoms of consumption, with an excavation in the apex of the right lung, as was proved by the stethoscope. He completely recovered, and died subsequently of apoplexy. Kopp, Kolkmann, Brefeld, Richter, Schenk, and other practitioners also bear testimony to its great value in this disease." ‡ And I may here mention, that within the last twelve months I have had an opportunity of examining stethoscopically two patients under the care of Dr. C. J. B. Williams, of London, in both of whom the evidences of phthisis were well marked, and in one of whom a cavity of considerable size existed; and yet both

* *Op. Cit.* p. 111. † *Ib.* 125. ‡ *Ib.* 133.

these cases are continuing to improve, indeed the one with the cavity has been remarkably well throughout the whole winter. At the close of the fourth case of phthisis related by Dr. Bennett, he appends the following remarks:—

"In this case also all the constitutional as well as physical signs of phthisis were present, and the operation of the oil is well marked, as in the last, by improving the general state of the system. In this instance, however, a permanent cure followed; and that this good result is attributable to the remedy cannot, I think, be doubted, if we reflect on the state of the constitution before it was given, the subsequent gradual amendment, and, moreover, compare it with the effects produced in the last case. Here the results were more gradual, but permanent; in the other more rapid, but temporary. It must also be sufficiently apparent that the oil does not operate on the lungs in particular, but on the general pathological state of the system, on which the local lesion depends. In short, it cures phthisis in the same manner as it cures other scrofulous affections. The proof of this is, that the patient suffered at the same time under a scrofulous caries of the bones forming the elbow joint, which was equally removed by the same remedy."*

The subject of phthisis is one of such vast importance, that I feel sure the Society will excuse my dwelling at some length upon it; and I would, therefore, refer particularly to the next case noticed by Dr. Bennett. The patient was treated by Dr. Dommes, of Berlin, by Cod Liver Oil, and recovered; but twelve months afterwards the cough returned, he had pleurisy first on the left side, and then on the right, in consequence of which he sunk exhausted. The appearances noticed at the post-mortem examination, and the remarks appended to the case by Dr. Bennett are as follows:—

"*Autopsy twenty-four hours after death.*—The body was much emaciated. In the left lung, near the summit, was a cavity about the size of a walnut, quite empty. Its inner surface was dry and of a dirty brownish colour, somewhat resembling that of a smoked ham. Its walls were not lined by any adventitious membrane, but were composed of the substance of the lungs in a condensed and consider-

* *Op. Cit.* p. 145.

ably indurated state. Neither in the neighbourhood of this cavern, nor in any other part of the left lung, were any traces of tubercles to be found. Posteriorly and inferiorly there were some old adhesions uniting the pleura together. The whole of the right lung was studded with tubercles, from the size of a pea to that of a bean; they were of a yellowish colour, of hard consistence, and appeared to have been freshly deposited. Posteriorly and laterally there was a considerable effusion of coagulated lymph, in flakes adherent to the lung. The bronchia were natural, only containing a little mucus. There was slight hypertrophy in the left ventricle of the heart. The liver was much enlarged, yellow, and had undergone the fatty degeneration in a great portion of its extent. The kidneys inferiorly were strongly injected. The other organs presented nothing abnormal.

"*Remarks.*—In this case, according to the report of a medical man, the patient laboured under phthisis, took the ol. jecor. aselli for the space of a year, and was restored to health for the period of twelve months. It becomes a question whether, if the boy at this period had been removed from the unhealthy lodging in which he lived, and had enjoyed good nourishment, he would not have entirely overcome the tendency to tubercular deposition. Continued exposure, however, to the exciting causes, occasioned the return of the disease in an acute form, which terminated fatally in three months. On examination, a cavity was found in the left lung of such an appearance as to render it certain that it could not be formed during the latter short and acute illness. It must have arisen from a period then antecedent, and we hear a medical man declare that eighteen months previously he had only recovered from phthisis. It is also to be remarked, that no trace of tubercle was to be detected, not only near the cavity, but throughout the whole of the left lung; a circumstance which, with the appearance of the cavity itself, is conclusive against its not being a recent formation. On the other hand we find the opposite lung studded with fresh tubercles; and, therefore, conclude that the cavity discovered in a healing state in the left lung belonged to the phthisical condition which existed eighteen months before his death; that the disposition which this morbid change usually possesses of advancing to a fatal termination, was most probably checked by the administration of ol. jecor. aselli; but that a continued exposure to the exciting causes induced a return of

the disease, which attacked the opposite lung, and which terminated in death." *

I shall conclude my remarks on the use of this substance in phthisis, by quoting from a notice of Dr. Bennett's new edition, published in 1848, which appeared in the *Edinburgh Monthly Journal and Retrospect of the Medical Sciences* for May.

"The effect of the oil in many cases of phthisis is very striking, and is well seen in hospital and dispensary practice. Individuals presenting emaciation, profuse sweats, constant cough and expectoration, as most prominent symptoms, with a degree of weakness that prevents their standing alone, after a few weeks' use of it are enabled to get up with ease and walk about, with a visible improvement in their general health, and an increased amount of flesh. The physical signs of the disease may continue unaffected for some time; but if the treatment be continued, the moist gurgling râles are exchanged for dry blowing sounds, which become more and more persistent, pectoriloquy is merged into bronchophony, the respiration is easier, and a check is evidently given to the ulcerative process, and the formation of purulent matter in the air passages. In this state, patients often feel themselves so well that they insist on leaving the hospital, or give up their attendance on the dispensary. Dr. Bennett has frequently found it impossible to prevail on such persons to continue the treatment, and the consequence is, that, again returning to their often unhealthy employment and bad diet, and exposed to the other causes favourable to the production of the disease, the distressing symptoms again recur. Several cases, with one or more caverns in the lungs, have in this manner returned to the Infirmary from four to seven or eight times during the last six years, and on each occasion have gone out in their own opinion perfectly cured.

"Notwithstanding the difficulties which have presented themselves in bringing about a complete cure of the disease, Dr. Bennett has succeeded, in several cases, in ascertaining that caverns have completely healed up, every symptom and physical sign indicating their presence having disappeared, and only slight dulness on percussion, and increased vocal resonance remaining as a proof of the puckering and induration of the pulmonary parenchyma attendant on the cicatrix. He gives two unequivocal cases where this occurred, and alludes to others which he purposes publishing at some future time."

* *Op. Cit.* p. 149.

Dr. Bennett also brings forward proofs of its efficacy in chronic skin diseases, scrofulous ulcers, scrofulous diseases of the eye, &c.; but your time will not permit me to dwell on these. But the general conclusion arrived at is, that this oil is directly indicated in every disease of a rheumatic or scrofulous nature, attended with impairment of nutrition, emaciation, or weakness.

II. We have thus examined cursorily into some of the grounds upon which this remedy is deemed worthy of the attention of medical men; and I think all will agree with me in concluding that its claims are of no common sort, and that we should at least do well to examine into its mode of action, and to determine whether or not it effects such salutary changes on the economy, in accordance with the Homœopathic, or some other law of action. No distinct or plausible account of the action of this remedy appears to have been advanced until Dr. Kopp, having noticed that it proved serviceable in many cases where physicians had found small doses of Iodine useful, suspected that it might contain this substance, and from researches made at his suggestion, Iodine was actually discovered in it by Hopfer de l'Orme.* The first step then for a Homœopathist to take, is to compare the symptoms produced by this oil with those contained in Hahnemann's proving of Iodine. Although as a general rule the oil agrees well, and produces none other than its curative effect, yet at times decided symptoms of its action present themselves; and, moreover, Carron du Villards proved it upon himself when in health; and Dr. Bennett gives us all the symptoms obtained from both these sources.

For the sake of accurate comparison I have constructed the following tables; in the first, the symptoms produced by the oil are contrasted with the proving of Iodine, and it will at once be observed, that *there is scarcely one symptom stated to have been produced by the oil that is not contained in Hahnemann's proving.* And in the second, I have compared the diseases and symptoms of diseases cured by the oil with the proving of Iodine, and with the suggestions of Homœopathic practitioners regarding the clinical employment of this remedy; and here again we see the most perfect accordance.

* *Op. Cit.* p. 34.

Symptoms produced by Cod Liver Oil on healthy persons, and on those who took it as a remedy.	*Symptoms of Iodine.*
From Dr. Bennett's Work, published in 1841.	From Hahnemann's *Chronische Krankheiten, &c.*
	No. of Symptom.
Nausea.	215. *Nausea.*
	216. Nausea in the morning, immediately after rising, with cramp-like pain in the stomach.
	217. Inclination to vomit.
Vomiting.	219. *Vomiting.*
	225. *Bilious vomiting.*
Loss of appetite.	191. *The appetite is diminished.*
	193. Loss of appetite.
	194. Entire loss of appetite and of sleep.
A sensation of ardor in the stomach.	247. Increased warmth in the region of the stomach.
	248. Burning in the stomach.
	249. Burning in the epigastrium.
The voracious appetite often observed in rachitic children was diminished (curative).	195. *Increased appetite.*
	196. *Persistent increase of appetite.*
	197. *Unusual hunger.*
	203. *Bulimia*, it is impossible to satisfy her.
Cure of fetid breath.	155. Fetid breath, even in the morning when fasting, continuing after rinsing the mouth with pure water.
Loaded tongue.	157. *Loaded tongue.*
A greater or less increase of the alvine evacuations.	310. *Diarrhœa*, (all the symptoms from 305 to 319 inclusive, are descriptive of various kinds of diarrhœa).
Cure of incontinence of urine.	337. Involuntary emission of urine.

Acceleration of the urinary secretion.	334. Increased flow of urine. 335. Copious and frequent discharge of clear, yellow, watery urine.
Urine with bricky sediment.	336. Increased flow of a thick urine, with very dark sediment.
Increase of the menstrual evacuation, so strong as to render a suspension of the oil necessary.	371. Increased catamenia. 372. Unusually early, violent, and copious menses.
In one case re-establishment of the menses (curative).	(Diminution of the menses which are accompanied by violent tearing and cutting pain in the abdomen, and latterly complete suppression of the menses, and instead of them only pain.)—*Noack and Trinks.*
Increased diaphoresis.	721. Nocturnal sweat. 722. Copious night-sweat and little sleep.
In one case the sweat was observed only on the inferior extremities.	(575. Sweating of the feet).
In two cases the sweat had the odour of the oil.	(At p. 84, Dr. Bennett gives a case cured by the oil, where the following symptom was observed, "habitual and copious perspiration of a peculiarly unpleasant and penetrating smell.")
Perspiration preceded by heat over the whole body.	702. *Increased heat of the skin.* 703. Increase of animal heat of the whole body.
Coldness of the body.	700. Coldness of the skin.
Eruption of small red spots with itching.	588. Small, red, dry, and at first itching, spots on the arms, chest, and back.
An eruption of the skin similar to Psora made its appearance, and from that time the cure made rapid progress.	(Mr. Wright has repeatedly seen iodine give rise to erythema and a pustular eruption when administered internally; the

	pustules were rather a salutary sign, indicating that the remedy was acting beneficially.—*Dr. Cogswell on Iodine*, p. 49, 50. Edin. 1837.
Oppression in the region of the heart.	477. Compression (or squeezing) of the heart.
Atrophy.	662. *Atrophy*, (also the consecutive symptoms down to 674).

Diseases and Symptoms of Disease which have been cured or benefitted by Cod Liver Oil.	*Homœopathic authority or indication for the employment of Iodine under similar circumstances.*
Chronic gout and rheumatism of elderly persons, with rigidity of the muscles and tendons, and the joints nearly inflexible.—*Bennett*, p. 73.	It has been recommended for chronic gout by *Knorre*, (*Noack and Trinks*, vol. i. p. 913.)
Rheumatism characterized by *Atrophy*.	Hahnemann's symptoms, 662 to 674.
Loss of sleep.	690. *Loss of sleep.* 691. Total want of sleep for eight days.
Loss of vital power.	656-7. *Loss of all power.*
Cachectic expression of countenance.	125. Pale, contracted countenance. 126. *Paleness of face.* 128. Greenish (ghastly) expression of face.
Contraction of the muscles.	634. *Cramp*, (there are numerous symptoms indicative of cramp, which if becoming chronic, would of course give rise to contractions).
Erratic pains in the joints with œdema.—*Bennett*, p. 80.	548. Swelling of the leg. 550. Œdematous swelling of the leg. 573. Œdema of the feet.

Rachitis, (*Bennett*, p. 95.)	Recommended in various scrofulous diseases of the bones.—*Noack and Trinks*, vol. i. p. 913.
Scrofulous diseases of the joints.	Recommended by *Liedbeck* in scrofulous affections of the joints, white-swelling, &c.—*Ib.* 915.
Caries.	*Lobethal* recommends it in this disease.—*Ib.* 913.
Tabes mesenterica.	*Lobethal.—Loc. Cit.* p. 914.
Malacosteon.	See Rachitis, *supra.*
Phthisis.	*Liedbeck.—Loc. Cit.* p. 915.
Hectic fever, with nocturnal aggravations.	Symptoms 716, 717, 721, 724, indicate hectic, with nocturnal sweat, and very rapid pulse.
Pulse accelerated, soft, and small.	Symptom 716, *small, thready, accelerated pulse.*
Rheumatic pains in the sacrum.	488. Pressive aching in sacrum and coccyx.
Ditto in the shoulder.	517. Rheumatic pain in the left shoulder.
The patient often placed her hand on the sacrum as if to support it, and complained of pain in the neighbourhood of the sacro-iliac synchondrosis. Her walk became gradually more and more difficult.—*Bennett*, 82.	544. An intermittent, sharp, tearing pain in the left thigh, between the hip and the head of the femur; greatly increased by moving the joint. 643. Difficult, waddling, and uncertain walk.
The movements of the joints more limited, especially in the elbows and knees; and all attempts at flexion or extension caused most excruciating sufferings.—*Bennett*, 79.	524. *Tearing in the left elbow.* 521. Tearing pain in both arms after the least manual labour.
Leucorrhœa.	384, 5, 6, and 7, indicate different kinds of leucorrhœa, which disappeared under the use of Iodine.

Hæmoptysis. (*Bennett*, 135.)	443. Mucous expectoration at times mixed with blood.
	444. The expectoration is streaked with blood.
Irritating cough.	425 to 440, are all cough symptoms.

I feel certain no one can examine these two tables without feeling satisfied that the peculiar remedial action of Cod Liver Oil depends primarily and essentially upon the Iodine that it contains, while at the same time this Iodine cures by being Homœopathic to the states of the system in which the oil is beneficial. Nay, more, analysis has shown that the Iodine is exhibited in infinitesimal doses, for according to Falker,* the Iodine only forms the $\frac{1}{40,000}$ part of the oil, or in other words, occupies a position half-way between our 4th and 5th decimal potencies. Notwithstanding all this, however, circumstances which will be more fully explained in the third part of this notice, go to show that an infinitesimal dose of Iodine given alone would not prove by any means so strikingly useful under the same circumstances; and hence we must look to the oleoginous menstruum, in which it exists in the present instance, for an explanation of its wonderful efficacy. It is by no means a new idea to suppose that the value of this medicine resides in the oily portion, the majority indeed of those who have written upon the subject hold this opinion, and Dr. Popken asserted in *Casper's Wochenschrift*, 1840, that he had produced nearly the same effects as have resulted from the use of Cod Liver Oil, by giving continuously roasted bacon in ʒ ij. doses; and Dr. Ascherson, of Berlin, has brought about the same result by the administration of caviare, a substance which abounds in oil,† added to which, Dr. Bennett remarks, "that butchers, oilmen, tallow-chandlers, tanners, and other individuals, who are continually coming in contact with fatty matter, are particularly robust and well-nourished, and are known to be remarkably free from scrofula."‡ Let us attempt, therefore, to ascertain how the beneficial action of the oil can be explained. This point has

* *Op. cit.*

received the most complete and striking illustration by the researches of Dr. Ascherson, of Berlin, who being struck by the fact that oil existed in the embryo of every organism, was led to examine microscopically the reaction between this substance and albumen. His investigations proved that in small transparent animals, and in the seeds of plants, fat always exists in the form of an emulsion, that is, in small drops of from $\frac{1}{40}$ to $\frac{1}{160}$, of a millemetre in diameter, and that in the fungi the sporioles are essentially drops of oil.* Dr. Ascherson next examined the unimpregnated egg, and found therein "three kinds of globules. 1st. Those composed of coloured drops of oil. 2nd. Bodies much resembling the globules of pus, which were evidently the primitive cells of Henle and Schwann. 3rd. The smallest, which perfectly resembled the drops of oil previously alluded to, as having been seen in the embryo of plants. These appear before the others, and constitute the greatest part of the yolk of the egg."† His next experiment was to ascertain what occurred when fluid albumen and oil were brought together under the field of the microscope, and the result was that on the two coming into contact a coagulation of the albumen immediately took place, in consequence of which a sacculated membrane or cell was formed containing a molecule of oil,‡ or in other words, when fluid albumen and oil were agitated together a mixture resembling an emulsion resulted, which on being examined microscopically was found to consist of globules resembling those observed in the yolk of egg, and these globules were found to consist of a minute drop of oil enclosed in a cell of albumen. Now if we examine the process of digestion, we shall find reason for believing that actions of the above nature are continually going on within us; the chyme, for instance, is highly albuminous and acid, but when mixed with bile it loses its acid reaction, and then, but not sooner, chyle begins to separate; but bile is rich in oil and soda, the latter of which neutralizes the acid of the chyme, and the former, by reacting on the albumen, forms the emulsion of which chyle has been found to consist. The essential importance of oil in this

* *Op. Cit.* p. 54. † *Ib.* 55. ‡ *Ib.* 56.

process, has received great confirmation by some very recent investigations in the comparative anatomy of the liver, by Dr. Leidy; who has found that in the lowest order of animals in which any trace of a liver can be detected, viz: in the *polypi*, *polygastrica*, and *annelida*, "the cells are filled with a finely granular matter, and numerous minute oil globules."*

Dr. Bennett's researches on this subject up to the present time, have all tended to corroborate the important points of the above view of Dr. Ascherson, with this only difference, that Dr. Bennett does not think that oil and albumen form the primary cells of organized tissues, but rather "the elementary molecules or granules from which the neuclei and cells are formed."† If these anatomico-physiological views of the action of oil in the animal economy are applied to the explanation of the action of Cod Liver Oil on scrofula, we shall find that a careful examination into the pathology of the disease brings out forcibly the probable correctness of the above view, which attributes much of its peculiar efficacy to its oleaginous particles. I cannot do better in this case than again quote the words of Dr. Bennett, he says—

"In order to understand the application of the above views to the pathology of scrofula, it is necessary to remember that the symptoms and course of this disease indicate that it is caused and kept up by some fault in the process of digestion. The healthy performance of this function consists in the maintenance of the equilibrium between the digestive process in the stomach and that in the small intestines; or in other words, so long as the stomach pours out only so much acidulous and albuminous fluid as is necessary to neutralize the bile and pancreatic juice, the digestion remains undisturbed. In scrofula this equilibrium is destroyed; there is a diminished activity in the small intestines, and the whole digestion is almost exclusively performed by the stomach. The predominance of the last, in the digestive process, at length becomes so great, that the contents of the whole intestinal canal are found to be acid, and the albuminous fluid runs into hard masses, which lose their property of becoming organized. This, then, is the material which is received into the

* *Monthly Journal*, May, 1848, p. 841.
† *Monthly Retrospect*, May, 1848, p. 95.

lymphatics, instead of the normal emulsion formerly alluded to; and, on joining the blood, necessarily tends to deteriorate that fluid. At length the blood itself contains albumen in excess, on account of its non-admixture with the other element, oil, which enables it to become adapted to the organism; and, after a time, it is effused into the cellular tissue of the external and internal membranes, or into the parenchyma of the organs, constituting the different kinds of tuberculous disease. Very often also, a mechanical stagnation of the abnormal lymph takes place in the lymphatic vessels, causing obstruction and swelling in the lymphatic glands. From the faulty preparation of lymph so occasioned, the healthy formation of blood ceases; and, lastly, by the repeated effusion of useless matter, or from the irritation and disorganization thus produced in important organs, exhaustion appears, and the vital powers sink.

"We can now understand that, from the views previously explained regarding the operation of fluid fat on albumen, and that of the bile on the chyme, the mode of action of the oil in scrofula may be deduced. The particles of the fluid by combining with the albumen, would first correct the excess of the latter substance, and induce a better formation of lymph. The general strength of the system would thus be increased, and the functions of the small intestines gradually restored to their former activity. By a continued administration of the oil, also, this fluid may at length be more than proportionate to correct the albumen found in the stomach, and its molecules will then combine with those of the morbid products which have become deposited. Thus, not only is the original derangement in the digestive organs corrected, but the useless and injurious results it may have occasioned also removed. This theory has been supported by Dr. Baur, who has given several instances where the scrofulous disposition has been removed by rubbing in externally different kinds of oil."*

It only remains now for me to consider in this section how it happens that experience has shown, notwithstanding the assertions before quoted by Drs. Popkin and Ascherson, that no other oil at present known will form a perfect substitute for this nauseous and offensive production of the liver of the Cod and other allied fish. Careful consideration of all the facts of the case will, I think, fully justify the following conclusion, viz:

* *Op. Cit.* p. 57.

that Cod Liver Oil differs from all other known fats in two important particulars. 1st. Its easy digestibility; and 2nd. Its possession of Iodine. The first of these is fully appreciated by our Allopathic brethren; whilst the latter, though at first it appeared to have some weight with them, has been less spoken of recently, and the more particularly since Falker demonstrated the minuteness of the quantity in which it exists. As Homœopathists, however, and the more particularly after consulting the comparative tests which I have inserted above, we cannot for a moment doubt that much of the difference which so peculiarly distinguishes this from all other oleaginous matter must depend upon the Iodine; nay, more, the combination with oil appears to have no effect in masking the pure action of the Iodine, but only serves to render it abundantly more successful, seeing that when administered in disease it introduces at one and the same time both the specific to cure the pathological tendency, and the most suitable pabulum wherewith to repair the anatomical injury already done to the organism by the ravages of disease. The easy digestibility of the oil has been abundantly proved by many observers; but I cannot enter upon this point at present, but must proceed without delay to the third section of this communication, viz:—

III. Is the Cod Liver Oil likely to supply any felt deficiency in our, at present, known means of cure? Those of us who have practised Allopathically before becoming convinced of the truth of the Homœopathic law, must have been struck with the fact, that while Iodine with its compounds continue to stand so high in the estimation of our Allopathic brethren, and exhibits an action so obviously of a *specific* character, it is so little used by the followers of Hahnemann; for although on referring to *Noack and Trinks' Arzneimittellhre*, we find a goodly list of conditions in which it is likely to prove, or has already shown itself useful, still most practical works are nearly silent on the subject; and in the various periodicals in which Homœopathic cures are related, we but seldom meet with any which have been effected by this remedy. If I may judge from my own experience, the origin of this is the small amount of success which usually follows its employment in infinitesimal doses; indeed,

for my own part, I have scarcely yet seen it do any good. Occasionally, however, I am well aware that it proves decidedly useful, a most striking case of which was related to me some time ago by Dr. Dudgeon; nevertheless, it is certain, I think, that our results have not proved by any means so satisfactory as either the proving of the medicine by Hahnemann, or the result of its employment among Allopaths would have naturally led us to expect. It may, however, be suggested, that the probable reason of our neglect of Iodine is owing to our having other remedies which prove effectual in the same class of cases; and it is no doubt true that *Sulf.*, *Calc.*, *Ars.*, *Bar. carb.*, *Nitr. ac.* and the like, do frequently prove of essential service in cases where a follower of the old school would most certainly have prescribed Iodine. Yet after making full allowance for all that the above remedies can do, I feel convinced that all who have practised extensively will acknowledge that we meet with quite enough of intractable cases of chronic gout and rheumatism, of tabes mesenterica, of scrofula, and of phthisis, to induce us to examine carefully into the merits of any remedy which professes to be of essential service in this class of disorders. Again, however, I may be reminded that Iodine and Cod Liver Oil by no means cure all the cases in which they are employed; and it may be suggested whether in the successful instances the above-named Homœopathic remedies might not have answered as well; so that after all the same number of patients would remain incurable, whether they were treated Allopathically by Iodine, or Homœopathically by *Sulph.*, *Calc.*, and the like; to which I would simply reply, that in a case of such great importance nothing short of a comparative trial of the two modes of treatment could justify us in coming to such a conclusion. Granting, therefore, that there is a good chance that Iodine, in the forms in which it is applied by Allopaths, and more especially in the form of Cod Liver Oil, will be found to fill up a felt want in our present means of cure; and having established, as I think the second section of this paper has done, that the oil acts in accordance with the Homœopathic principle—let us endeavour to ascertain the cause or causes why our Allopathic brethren have been more successful than ourselves in the use of this most potent remedy.

In a paper on Posology, read before this Society some months ago by Dr. Black, some very important observations were made by him concerning the probability that experience would show that the symptoms of disease, resembling those which followed the administration of large doses in the provings, would require comparatively large doses to remove, whereas those produced on the provers by small quantities would be found Homœopathic to the symptoms of disease which yielded readily to our higher potencies; and from this the important fact was deduced, that medicines may possess two more or less distinct spheres of action, directly dependent on the quantity administered. Now if we examine into the action of Iodine, I think we shall find that it essentially belongs to this class. At page 97 of the work so often referred to, Dr. Bennett relates a case, of which the following is the outline. Matilda Ludeke, a well-nourished, fat child, of four years old, labouring under imperfect paralysis of the tongue, left arm, and foot, had had convulsions in infancy, and six true epileptic attacks during its fourth year, and had gradually become idiotic; the child had never spoken, and was habitually costive; the glands of the neck were considerably enlarged, and there was tinea capitis; appetite very great; tubercle in the right hemisphere of the brain was diagnosed, but the mesenteric glands were considered to be unchanged. Cod Liver Oil was given for several months with no effect, except removing the ravenous appetite. Iodine was then given, in the form recommended by Lugol, and improvement at once set in. After some months use of the Iodine, with occasional short intermissions, the paralysis disappeared; she could walk perfectly, speak with facility, and even commenced learning her alphabet; there were no more fits, but still some fatuity. The Iodine now appeared to disagree; the appetite diminished; she became much thinner, and had a teasing cough. Cod Liver Oil was then given with great benefit, and she soon became perfectly well. At the close of the case Dr. Bennett makes the following important remarks:—

"This case is very important, as indicating the relative value of the iodine and the oil. Although a scrofulous disposition was evident, which had apparently proceeded to tubucular deposition in the brain,

the general strength was not diminished, and the functions of the digestive organs were not deranged to any great degree. In this state the exhibition of the oil was of little service, because it was not necessary to augment the nutritive action which for the most part appears to be a necessary prelude to its successful operation. Indeed, almost all the cases I have seen, in which the oil was of marked benefit, laboured under a general or local atrophy. Iodine, on the other hand, caused a great improvement in this case, and evidently induced absorption of the foreign body on which the symptoms depended. At length, however, the patient became thinner, and the nutritive functions were evidently affected. Here then the oil was directly indicated, and when given produced its usual beneficial results."*

It appears to me that we have thus got a clue to the two-fold action of Iodine, viz: that when atrophy is absent the remedy must be given in considerable doses in order to produce its proper action; and in accordance with this view I have hitherto found Iodine in infinitesimal doses utterly powerless against scrofulous diseases, where the individual was fat and well nourished; while, on the other hand, where the digestive organs and mesenteric-glands are implicated and atrophy results, the Iodine will act in much smaller quantities; but here again an additional indication has to be attended to, and a want of a different sort must be supplied. The system requires reparation, and the digestive functions are too enfeebled to assimilate sufficient nourishment, more especially of an oleaginous nature, which, however, is the very element most necessary to effect a salutary change. It is accordingly by no means surprising that we should find Cod Liver Oil, consisting as it does of a minute quantity of Iodine, in combination with an oil which experience has proved to be most easy of digestion, proving more efficacious than an equally small dose of Iodine uncombined with any such valuable adjunct.

This subject is altogether one of great interest, and the facts connected with it are so eminently suggestive, that I could easily extend this paper to a much greater length; but your time will only permit of my hinting at a few of these

* *Op. Cit.* p. 100.

suggestions, and leaving them to be worked out at your leisure. For example, in Cod Liver Oil we have an instance of a Homœopathic remedy in an infinitesimal dose being repeated two or three times a day for months or even years with scarcely any intermission, and yet with decidedly beneficial results. May not this well lead us to doubt the propriety of giving, as we usually do, one or two doses of a medicine, and then waiting several days to watch its effects, and then perhaps alternating with some other remedy for fear of producing an unfavourable reaction? Is it not probable that in some obstinate cases we should do more good if we persevered in the daily use of one well chosen remedy for a considerable time? Again in this remedy we have a striking example of the importance of attending to the collateral circumstances revealed by an attentive examination of the pathology of disease, for we find that two distinct indications were fulfilled by Cod Liver Oil, of which one only is medicinal and the other dietetic, and yet the two cannot be separated without detriment to our patients; for example, I have myself repeatedly given Iodine in the 2nd potency (which is pretty much the same quantity as is contained in the Cod Oil,) in cases of phthisis without any benefit whatever; and yet these cases very much resembled several of those related by Dr. Bennett, who either recovered, or had their sufferings very much modified by the Ol. Jecoris Aselli.

Finally, the conclusion which I feel disposed to draw from the facts connected with the use of the remedy which I have now had the honour of laying before the Society is, that we are fully warranted in putting its virtues to a practical test; and that in so doing we shall not in any way compromise our allegiance to the cause of Homœopathy, while on the other hand we can point to it in the same way as our Allopathic brethren do to their use of *Arnica*, as an evidence of our freedom from bigotry, and our willingness to adopt anything which is *really good*, from whatever quarter it may be derived.

ESSAYS ON GENERAL PATHOLOGY.

By William Henderson, M.D.,

Professor of Medicine and General Pathology in the University of Edinburgh.

(*Continued from page* 394.)

One remarkable circumstance in typhus abdominalis, measles, scarlet fever, and small pox, first observed by Andral and Gavarret, and subsequently by Becquerel, Rodier, and Simon, deserves to be particularly noticed. It is this—that notwithstanding the occurrence in those diseases of local inflammation, often of considerable extent, due to the respective poisons, the proportion of the fibrine in the blood does not express the inflammatory condition. As remarked by Simon, results the very opposite of those observed in the blood of simply inflammatory diseases distinguish the blood of those specific fevers, and that too the more remarkably, the more advanced the period of the fevers at which the blood is examined. In ordinary inflammation, the difference of proportion between the red corpuscles and the fibrine lessens as the disease advances in intensity, the fibrine increasing while the corpuscles lessen in amount. In the specific fevers in question, on the other hand, the difference of proportion between these two elements of the blood widens remarkably. Thus, in some extreme cases, when the fibrine was found to have decreased by two-thirds, the corpuscles had decreased only by little more than a fourth.

Andral gives the particulars of the state of the blood in sixteen cases of certain specific fevers, in addition to the common typhus fever, distinguished by local lesions of the inflammatory kind; viz. measles, scarlet fever, and small pox, and in none of them, not even in small pox, did the fibrine present a proportion equal to the lowest of that which occurs in ordinary inflammation. Three cases of small pox, indeed, gave some indication of an influence such as that which operates so remarkably in simple inflammations, in altering the constitution of the blood; but in so small a degree as to serve only to render still more evident the facts, that the conditions of the system and the kind

of action are essentially different in the fevers arising from specific morbid poisons, and those which coexist with simple or common inflammation. In one of those cases a first bloodletting shewed the proportion of fibrine to be 1·1, while a second made in a more advanced period shewed the proportion to have risen to 2. In another the increase manifested was from 2·6 of the first bloodletting to 3·5 of the second. In the third case the rise was from 2·9 of the first bloodletting, practised at the commencement of the eruption, to 3·2, when the eruptive stage with all its inflammatory concomitants was completed. The just inference from these observations is, that the inflammatory affections in the specific fevers from morbid poisons have a counteracting influence to contend with, which they show a certain amount of capacity to overcome, and to produce some, though in a very limited and imperfect degree, of their characteristic effects on the operations of the system. The whole history of the two classes of disorders discovers a difference amounting to an opposition in the nature of the influences they exercise on the blood, and therefore on the conditions of the system, or the actions of its forces, proper to each. In the one there is clearly a state which hinders the solution of the corpuscles, and thereby occasions a decrease of the fibrine, the waste of that substance continuing while its supply to the liquor sanguinis is interrupted; in the other a state which occasions the more rapid solution of the corpuscles, and a consequent increase in the amount of fibrine dissolved in the liquor sanguinis. While such appears to be the fair inference from the facts narrated, it is a circumstance of much interest, that the conditions proper to inflammation may, in some instances, not only successfully resist, but overcome those proper to the influence of the specific poisons, and predominate so far in the system as to produce their peculiar effect in a marked degree on the blood. Thus according to the researches of Andral, when acute bronchitis has occurred in the course of the abdominal typhus, the addition of so considerable a local inflammation to that previously existing in the intestines has the effect of raising the fibrine to a proportion that brings it within the range proper to inflammation, though not to a high elevation in that range. In

an example of the complication of that disease with acute bronchitis, he found the fibrine of four successive bloodlettings, practised between the eighth and the fourteenth days of the fever, to present the proportions of 5, 5·4, 5, and 4 respectively, although without such complication the same law operates, as in the other fevers, on the constitution of the blood.

Besides the pathological interest belonging to these last observations, and indeed to the whole subject, there is an interest of a practical nature, that well deserves to be noticed. Practitioners of Homœopathy must have often remarked the signal difference between the action of *Aconite* in fevers connected with simple inflammation, and its action in fevers arising from a specific poison. The states of the blood in these two distinct genera of diseases have been shown to be so widely different as to leave no room for doubt, that the proximate influences, or conditions which produce them, are of a very dissimilar, or even of an opposite nature. It must then be impossible, that the same remedy can be homœopathic in both kinds of disease; and the remarkable power which *Aconite* possesses over the simply inflammatory disorders, while it exerts no such specific influence on the others, fully accords with this conclusion. But the practical interest of the foregoing details does not stop here. It has been shown, that in the course of the specific fevers, local inflammations are capable sometimes of superseding the peculiar conditions, proper to the specific diseases, so far as to reverse their operations on the blood, an effect which implies an admixture, at least, of the inflammatory with the other morbid agencies which are disturbing the system, and gives some ground for the expectation, that the remedies which are capable of subduing simple inflammations should be found serviceable in subduing the strictly inflammatory actions in even the specific fevers, though they might fail to affect the more peculiar conditions of those diseases. In so far as my own experience enables me to judge, I should certainly conclude that the results of practice are quite in harmony with this suggestion of pathology. I doubt very much whether we yet possess specific remedies for the fevers in question. Mild cases come speedily to a favourable issue under homœopathic treat-

ment, as they will do without any treatment at all, and physicians who have encountered such chiefly may believe that their treatment has produced the results; but severe, though uncomplicated cases do not appear to be materially affected, more especially in their duration, by the remedies employed. In many instances, however, the serious aspect assumed by these fevers, as well as by another disease in some respects closely allied to them,—hooping-cough, depends mainly on some intercurrent inflammation, and the nature of the issue will depend on the success with which the common remedy appropriate to the particular inflammation is employed. It is in the management of this important class of cases, that the value of the homœopathic treatment of the diseases referred to appears to me to be the most apparent, and, I presume, there are many other practitioners of Homœopathy who find themselves able to ward off the intercurrent sources of danger without witnessing such changes in the phenomena proper to the specific malady as are clearly attributable to treatment. The febrile action in such diseases is commonly independent of the characteristic lesions of the skin or the intestines, and bears no regular proportion to their intensity or extent, and may therefore be justly regarded, when considered in connexion with the peculiar and concomitant changes in the blood, changes which advance *pari passu*, for the most part, with the encreasing gravity of the peculiar fever, as of a nature very different from the inflammatory fever, and not therefore subject to the same specific remedies as subdue simple inflammations and their symptomatic disturbance of the system. The more the inflammatory element enters into the nature of specific fevers (the proper test of which is to be sought for in the blood), the more effect do we witness from the remedies which have been discovered. This truth is illustrated not only by the history of the diseases already alluded to, but also, and still more strikingly, in that of erysipelas, and rheumatic fever. Both are specific diseases, but with a large admixture of the inflammatory element. The former is often, if not always, met with as a contagious malady; and the latter is distinguished by a *materies morbi* not noticed in other diseases, or at least not proper to inflammatory disorders, and

believed to be the cause of its peculiar symptoms. The blood of erysipelas has been found by Andral, Gavarret, Rindskoff, and Heller, to contain fibrine in a proportion varying from 5 to 7·71, and that of rheumatic fever is well known to furnish some of the most remarkable examples of the encrease of that substance. The facility with which these two diseases are cured by the common homœopathic remedies for inflammation, forms a remarkable contrast with what is observable in the treatment of other specific fevers; and in regard to erysipelas that facility is the more remarkable, that the existence of a specific contagious cause brings it into such close alliance with the febrile exanthemata already noticed, and from which it differs chiefly in the predominance of the inflammatory condition.

I proceed next to notice some of the more remarkable phenomena which are observed to accompany the increase of the fibrine in the blood of inflammation. Among these the appearance of what is termed the buffy coat claims particular attention. This, as is well known, consists of a layer of fibrine, varying in thickness in different cases, and usually in proportion to the extent and intensity of the inflammation, at the upper part of the clot which forms in blood that has been received into a cup or other suitable vessel. The proportion of fibrine contained in this layer, compared with what remains in the other and lower part of the clot, as ascertained by Andral, shows that the separation of it from the corpuscles, which chiefly form the subjacent mass, is not equally considerable in all cases, though the larger portion was always found in the buffy coat. In pneumonia, and acute rheumatism, he sometimes found the latter to contain 8·1 and 7·5 of fibrine, while the dark part of the clot contained but 1·1 and 1·7; and sometimes the proportions to be 5·8 to 3·2, and 4·8 to 2·5. As various circumstances unconnected with the nature or intensity of the inflammation are capable of interfering with the process of separation, nothing of pathological interest appears deducible from these results.

It is usual for writers on this subject to attach some importance to what is termed the cupped appearance of the buffy coat. When the layer has contracted so much that its edge is turned

in, and the free surface becomes concave, the common belief is, that a greater intensity of inflammatory action is indicated than when the surface is level throughout. There does not, however, appear to be sufficient ground for the opinion. The degree of contraction which a clot of blood undergoes, depends mainly, *cæteris paribus*, on the figure of the vessel into which it is received. A narrow and deep vessel favours the contraction, while a broad and shallow one has a contrary effect. The truth of this statement is illustrated by some experiments of Dr. Babington. In one experiment he received blood from the same person and during the same blood-letting, both into a pear-shaped vessel, and into a broad pint bason. The serum in the former bore to the clot the proportion of 1000 to 1495—of the latter the proportion of 1000 to 2230; and other similar experiments gave similar results. The influence which the figure of the recipient vessel thus exerts on the contraction of the clot of healthy blood, is equally exerted on that of the inflammatory, so that in former times I have constantly noticed the clot of even the most intense inflammations large and flat, with little separation of serum, when the blood had been collected in broad vessels, and small, with the contracted and cupped appearance of the surface, and large proportion of serum, only when comparatively narrow vessels had been used. The degree in which the particles of the fibrine are separated horizontally in the dissimilar circumstances appears sufficiently to account for the difference observed. The occurrence of the cupped appearance of inflammatory blood in circumstances which do not present the same in the blood of health, is to be explained by the absence of the red corpuscles from the upper part of the clot in the one case allowing the fibrine to obey its natural tendency to coagulate firmly, while their abundant intermixture with it, even at the surface, in the other case, opposes a mechanical obstacle to a firm coagulation. These particulars appear the more worthy of being detailed, because the erroneous opinion referred to, and the supposed facts relating to the contraction of the clot, and the cupped appearance of inflammatory blood, have been employed to support the notions that coagu-

lation of blood is a vital act, and that the property of coagulation experiences an increase in inflammation, in the way of an increased attraction among the particles of the fibrine.

That the spontaneous coagulation of fibrine is not dependent on a vital force, either inherent or derived, appears to be very decisively proved by an experiment of Dr. John Davy. He mixed fifty grains of borax with three ounces and a half of freshly drawn blood, and thus prevented the fluid from coagulating for sixteen days, yet at the expiry of so long a period, when the mixture was diluted with water and the influence of the salt weakened in consequence, (some think a *combination* of the salt and fibrine to have become decomposed by the dilution,) the fibrine coagulated readily. In such an experiment as this, it cannot be supposed that the *vitality* of the fibrine had been preserved by the borax. The only reasonable explanation is that the latter had preserved the blood from putrefaction, at the same time that it maintained it in a fluid state until it was too much diluted to prevent the coagulable part from following the tendency proper to it in certain circumstances merely as a chemical compound. What renders this explanation the more satisfactory is, that the experiment was performed in a warm climate, in which blood drawn at the same time as that which was employed in the experiment had become putrid long before the coagulation of the latter was allowed to take place. Experiments of this kind are easily made, not only with borax but with sulphate of soda, and many other salts; and at the termination of any term to which the suspension of the coagulation may be extended, the coagulation may be observed to commence and proceed by the formation of fibrils as in blood recently drawn, so as to prove it to be not a mere jellying of the mixture, essentially different from the spontaneous coagulation of fibrine recently removed from the circulation.

An attempt to determine the causes of the formation of the buffy coat, involves the consideration of several important phenomena connected with the coagulation of the blood both in health and disease, and a reference to numerous experiments not always harmonising in their results. By most of those who have written on the subject, more or less consequence is assigned

in the production of the inflammatory crust to the greater delay in the commencement of the coagulation of inflammatory blood, compared with what occurs in the blood of other disorders, or of health. Müller and Andral, indeed, as Hunter had previously done, appear to regard this lengthened period of fluidity as the principal or only cause of the buffy layer, believing it to operate by allowing ample opportunity for the specifically heavier red corpuscles to subside, and separate from the still fluid or dissolved fibrine, which consequently rises to the surface, and eventually coagulates there almost entirely freed from intermixture with red corpuscles. That the commencement of the coagulation of the blood is retarded in inflammatory diseases, and its progress to completion slower than in healthy blood, is very generally admitted; and though there may be exceptions, it is undeniable that the rule is as it is commonly believed to be, and that in no other condition is the slower coagulation of the blood so characteristic an occurrence, or so remarkable in degree as in inflammation. Still it does not follow that this slowness of the coagulation is the only, or even the most influential, cause of the buffy coat. It may be indispensable to the occurrence of the crust in a very considerable degree of thickness, but there is ample proof that it is not indispensable to the formation of it in some degree or other. An unusual facility for the speedy separation and subsidence of the red corpuscles appears to be sufficient to ensure the appearance of the buffy coat, although the coagulation should commence at the same time as in healthy blood. Now that facility is afforded in only two conditions of the fluid—that which occurs in inflammation, and in spanæmia, or blood defective in red corpuscles. In the latter, the smaller number of the globules admits of their subsidence taking place more rapidly than usual, and the fibrine is accordingly left free to form a buffy layer on the surface. In the experience of Andral, who had noticed the appearance of the blood in no less than 1800 blood-lettings, spanæmia was the only disorder besides the inflammatory in which a buffy coat presented itself; and he remarks that it was never thick in spanæmic blood, which coagulates within the ordinary time. In the blood of inflammation the more rapid separation of the red corpuscles

from the fibrine is ascertained to be due to an increased attraction being exerted among the former bodies for one another, in consequence of which they become closely packed together in groups and piles, and consequently subside more readily than they can do when, as in ordinary blood, they remain single, or but partially and loosely united. This increased attraction among the corpuscles was first noticed by John Hunter, who also first pointed out, as a consequent characteristic of inflammatory blood, the areolar, or mottled appearance quickly assumed by thin layers of the fluid. The manner in which this increased attraction affects the formation of the buffy coat, as that has been just explained, was suggested by Professor Nasse and Mr. Wharton Jones, and is generally allowed to be correct. In consequence of the speedy subsidence of the corpuscles which follows their collection into groups and piles, a preparation for the occurrence of the inflammatory crust may be noticed before the period for the commencement of coagulation proper even to healthy blood. An opalescent fluid arises above the coloured portion of the blood, rich in the coagulable matter which in due time assumes the solid form of the crust. What is essential, therefore, to the occurrence of the buffy coat, the separation of the fibrine from the red corpuscles, is quite independent of the retarded coagulation, which can then only operate in the way of increasing the amount of the separation, and consequently the thickness of the crust.

The time during which blood withdrawn from the circulation continues fluid, is subject to very considerable diversity in different individuals in the state of health, and even in different portions of the blood of the same blood-letting. Much appears to depend, in regard to the time of the commencement of coagulation, on the manner in which the blood is made to flow, on the freedom of its exposure to the air, in passing from the circulation into the recipient vessel, and on the width of the latter. As a general rule, it appears that circumstances which favour the exposure of venous blood to the air render the coagulation more rapid than when less opportunity is afforded for such exposure. Thus, a small and languid stream, a considerable distance between the opened bloodvessel and the

into which the fluid is received, and a broad and shallow recipient, cause blood to coagulate more quickly than when the stream is large, the extent of it short, and the recipient deep and comparatively narrow. It is the action of the air—doubtless of its oxygen—which thus accelerates the coagulation of the blood in the circumstances referred to: a conclusion which is supported by the experiments of Dr. John Davy and Dr. Babington, who found blood to coagulate more slowly when covered with oil, and by those of the former observer on the coagulation in vacuo, which he found to be, contrary to the assertion of Scudamore, rather slower than when the blood was exposed to the air. The more speedy coagulation of arterial than of venous blood, is probably to be referred, in part at least, to the same cause—the presence of oxygen in greater quantity; and it is quite in harmony with this view, that blood which is found fluid in the chambers of the heart, and in the large vessels, many hours after death, coagulates on exposure to the air. It is very probable too, that when considerable effusions of blood remain fluid in the living body, the occurrence is sometimes due to the want of oxygen in the proportion necessary to enable the fibrinous matter to undergo coagulation. A remarkable example in point is mentioned by Mr. Gulliver. Blood effused in consequence of a bruise was evacuated after the lapse of twenty-eight days, was found then quite fluid, coagulated within thirty minutes, and separated into crassamentum and serum in the usual way. It appears that blood arrested in the body, whether in the large vessels or effused into cavities or tissues, undergoes some of those changes which are characteristic of the consumption of oxygen, and which commonly take place in the capillary or ultimate vessels. Thus, John Hunter observed the blood to become dark, or venous, in an artery, when made to stagnate by means of a tourniquet; and Mr. Gulliver, two hours after having enclosed blood between two ligatures on the femoral artery of a dog, found it as dark as that of a vein. (*Notes to Hewson.*) It does not, however, appear that those changes are generally carried so far as to prevent ultimate coagulation, apart from renewed exposure to oxygen, for it does eventually take plaec when the blood stag-

nates in large vessels, excepting in cases of asphyxia, in which the consumption of oxygen proceeds further than it usually does in blood which has become stagnant, or effused under other circumstances. If the changes in question proceed only so far as to render the blood merely such as it exists in the ordinary venous state, free oxygen is still present in considerable quantity; according to Magnus, sometimes equal to half that which exists in arterial blood.

While the facts which have been stated prove how much the coagulation of fibrine depends on the presence of oxygen, that it may be accelerated, retarded, or altogether prevented, according as that element is present in different proportions, they are far from exhausting the subject of the diversities which are observable in the rapidity of the coagulation of the blood. Certain residuary phenomena remain to be accounted for, on entirely different grounds. Among these the slow coagulation of inflammatory blood holds an important place. It has been already stated that, as a general and very characteristic fact, the slower coagulation of the blood of inflammation is undoubted. Dr. Davy specifies as an exception the blood of erysipelas, in particular, and says that he has seen it coagulate in the usual time noticeable in healthy blood. If exceptions were to be anticipated, it is just in some cases of erysipelas, often dependent as it is on a morbid poison, that we should expect to meet with them, when the connexion of the inflammatory changes in the blood, with the intensity of the proper inflammatory fever, is taken into account. That disease is frequently associated with rather a low form of fever, resembling in some respects the typhoid more than the inflammatory, and when such is the case, we should hardly look for a full manifestation of the inflammatory characters in the blood; and if erysipelas be sometimes distinguished from other inflammatory diseases by a more speedy coagulation of the blood than is noticed in them, it is also, in general, less remarkably characterized by an increase in the proportion of fibrine. Of eight analyses of the blood of erysipelas made by Andral and Gavarret, in only one instance did the proportion of fibrine amount to 7; in four it did not exceed 5; while in 127 analyses of the blood of

pneumonia and acute rheumatism, it was so low as 5 only in fourteen instances. It is more than probable that there may be a difference in both the proportion of fibrine and the rapidity of coagulation, in the blood of erysipelas, according as the disease is simply inflammatory or dependent on a morbid poison.

While healthy blood usually begins to coagulate in from three to six minutes, and is completely coagulated in two or three minutes after the process has begun, the blood of inflammation in general does not begin to coagulate till eight, ten, or more minutes have elapsed, and the progress of the coagulation throughout the mass is so slow, that Hewson has repeatedly remarked that the coagulation was not completed in less than an hour and a half. In one instance of acute rheumatism, he observed that when the coagulation of the fibrine at the surface had not exceeded in thickness common writing paper, a little of the still fluid matter lying below it, when removed in a spoon, took twenty minutes more to coagulate. Very different opinions have been entertained regarding the cause of the slower coagulation of inflammatory blood. Omitting a detailed account of those which are now confessedly untenable—namely, the increased agitation of the blood in the course of inflammatory diseases, and the increase of its temperature—two views of the subject may be specified, and their respective claims considered at large.* The first of these is that in inflammation the blood receives some special vital influence from the living solids, the powers of which are supposed to be in a state of increased energy;—in substance the doctrine of Hewson and of Thackrah, the former of whom traces this influence to the blood-vessels, maintaining that they possess a plastic power over the blood, and that what increases vascular action tends to retard coagulation, and what has a contrary tendency accelerates it; and Thackrah assigning the influence in question to a tonic state of the system or a greater strength of the "vital powers." The second of the views in question is that of Mr. Gulliver, who maintains that the slower coagulation of

* I need hardly advert to the suggestion of Andral, that the slower coagulation may be due to the *newness* of the fibrine. The fibrine of the thoracic duct is *new*, yet coagulates almost immediately on being removed.

inflammatory blood, or of the fibrine which rises above the red corpuscles, is due to the separation of these corpuscles, the presence of which, mixed with the fibrine, he concludes from his experiments to have the effect of hastening its coagulation.

Hewson and Thackrah found their doctrine, not only on the phenomena of inflammatory blood, but conversely on the more rapid coagulation of blood drawn from animals in a state of faintness, or decreased energy of the vital powers, or diminished vascular action, as the state of exhaustion is variously termed. They adduce numerous examples of the more rapid coagulation of the blood of animals blooded to death, according as the portions of blood set aside for observation flowed nearer the period of dissolution, consequently as the animal became more and more faint and exhausted. When studying the effects of blooding animals to death, "I observed," says Hewson, "that the blood which came from the vessels immediately on withdrawing the knife was about two minutes in beginning to coagulate; and that the blood taken later, or as the animal [sheep] became very weak, the blood, though quite fluid as it came from the vessels, yet had hardly been received into the cup before it congealed." Thackrah gives the particulars of numerous experiments, all of which illustrate the same truth, the last drawn blood, when the animals were nearly dead, coagulating in a fourth or a sixth of the time consumed by the blood which flowed while they were still vigorous. More recently, Dr. John Davy has confirmed the accuracy of these observations. In four experiments performed by him on sheep and lambs, the results were, that in the sheep, when the blood drawn first coagulated in two minutes, that which escaped just before the animal expired did so in half a minute; and in lambs, that when the first portions coagulated in one minute, the last did so in half a minute. But though the fact is as stated by these and many other observers, they are not agreed regarding the explanation of it. In opposition to the doctrine of Hewson and Thackrah on the subject, Van der Kolk, Alison, Davy and others, conceive that the more speedy coagulation of the blood drawn last in such experiments ought to be ascribed to its being more diluted with serum than the other portions of

blood, for it is known that the addition of serum to blood drawn from still vigorous animals has the effect of hastening the coagulation, and, according to Davy, the blood drawn last from animals bled to death contains a larger proportion of serum, as is shown by its lower specific gravity. To this last fact it may, however, be objected, that the lower specific gravity of such blood may be justly ascribed to the decrease in the proportion of the *red corpuscles* merely, which, owing to the situation they occupy in the circulating fluid, escape from an opened blood-vessel more readily than the liquor sanguinis which lies next the walls of the vessels. While blood still circulates, and as it escapes from a divided blood-vessel, it is not in the state of serum, but of liquor sanguinis, containing the fibrine, the coagulating substance, in solution; and it is not proved, nor indeed is it probable, that there is any dilution of the liquor sanguinis in the blood drawn last from slaughtered animals, as there undoubtedly is when *serum* is added experimentally to the blood. The additional observation of Davy, that the serum which separates from the crassamentum of the last drawn blood is also of a lower specific gravity than ordinary serum, is no proof of the dilution of the *liquor sanguinis*, for the following reasons:—it has been ascertained by Traill that the crassamentum of coagulated blood contains serum richer in albumen, and therefore of greater density than that which lies external to the crassamentum. Now, the crassamentum of blood drawn from an expiring or exhausted animal remains loose and large, consequently retains a larger proportion than usual of the denser serum, *that* only being expressed by the feebly contracted clot which contains the smaller proportion of albumen. But even were it true that the whole of the serum of the last drawn blood is less dense than ordinary serum—in other words, contains a larger proportion of water—the fact would not operate in the way supposed, and would furnish no analogy to the state artificially produced by the addition of common serum to ordinary blood, for in that case there would be simply an addition of *water* to the last drawn blood, and according to Mr. Gulliver (who nevertheless holds the same opinions as Kolk, &c., on the cause of the more rapid coagula-

lation in question), "increasing the proportion of water simply, does not hasten the coagulation of the blood as increasing the proportion of serum does;" (*Ed. Med. & Surg. Jour.*, 1845;) a fact which he and others have experimentally proved. Again, on the supposition that there is an actual increase of *serum* in the proper sense, in the last drawn blood, nothing can be argued as to its effect on the coagulation from anything observed in experimenting with serum of *other* blood, or blood that had previously stood and coagulated. The addition of red globules (Gulliver), or of a bit of coagulated fibrine (Davy), equally accelerates the coagulation of blood, while it will not be maintained that if the same quantities of either element had existed originally, or independently of interference, in the blood above what it actually did contain, its coagulation would have been more rapid. Lastly, we do not find that in diseases which are distinguished by a watery state of the blood, coagulation takes place more rapidly than in ordinary blood in ordinary circumstances. A larger proportion of water, or of serum, is a common occurrence in the blood of chronic diseases, and is also characteristic of inflammatory blood, and increased rapidity of coagulation is certainly not characteristic of either.

It is not merely when men, or animals, are almost dead from loss of blood, and when therefore it might be supposable that a length of time had elapsed to allow of an actual dilution of their blood by the lymphatics emptying themselves into the circulation (Gulliver), or of some other physical or chemical change in the composition of the fluid taking place, that accelerated coagulation coincides with faintness or exhaustion. The sudden occurrence of faintness, even when little blood has been lost, has the same effect as when it follows excessive hæmorrhage; the blood which escapes on the approach or occurrence of faintness, however rapidly it may supervene, coagulates rapidly and loosely, like that of the last drawn blood in animals bled to death. And, further, it would appear from the observations of Hewson, Thackrah, and indeed from common experience, that in inflammations, the abstraction of blood, far short of producing faintness, and before any more than a few ounces have escaped, within half a minute of the commencement of the

blood-letting, and before any chemical change is possible, the peculiar influence exercised by the inflammatory condition of the body on the blood begins to lessen, so that the second cup of blood will often coagulate earlier than the first, and the third than the second. This is strikingly illustrated by the following passage from Hewson.

"A gentleman who laboured under an inflammatory complaint had about nine ounces of blood taken from his arm. This quantity was divided into four portions: the first was received into a cup, and was in measure little more than an ounce; the second into a basin, to the quantity of two ounces; the third into a cup which held one ounce; and the fourth into a basin, to the quantity of three ounces. Each vessel was immediately placed upon the window, and it was observed that the blood in the first was the latest in coagulating, and had a crust over the whole surface; that in the second had a crust only upon a part of its surface; but that in the third and fourth had none, and manifestly coagulated before either of the other two."

In regard to the opinion advanced by Mr. Gulliver, that the slower coagulation of the fibrine in inflammatory blood is due to the separation of that substance from the corpuscles (*Notes to Hewson*, p. 6), I have been unable to discover the grounds on which it is maintained. If it be meant as an inference from his experiments on the addition of strained cruor to *blood*, the circumstances of these are obviously improper foundations for such a conclusion; yet it does not appear that he has had any other. (See *Ed. Med. & Surg. Jour.* 1845.)

The researches of Mülder have observed that the fibrine of inflammatory blood is in a higher state of oxidation than ordinary; what he terms the binoxide and tritoxide of protein; and Dr. Bence Jones has corroborated the statement, by finding the buffy coat, in his analysis, to consist of a highly oxidized albuminous or fibrinous compound. This discovery, however, throws no new light on the slower coagulation of the fibrine of inflammatory blood, or on the more rapid coagulation in the state of faintness. All the facts that are known regarding the simply chemical relation between fibrine exposed to the action of oxygen and its property of spontaneous coagulation, concur in showing that the action of oxygen favours that coagulation;

and as, according to Mülder, in ordinary respiration the blood, in becoming arterialized, has its fibrine partly converted into the oxides of protein, at the same time that it acquires the property of coagulating much sooner than venous blood, we may safely infer that the oxidation which occurs in inflammatory blood is not the cause of the slower coagulations; and what appears to be decisive on this point is that, while the blood of the third and fourth cups drawn in inflammation may lose the peculiarity of slow coagulation—may even coagulate so quickly as to prevent the occurrence of the buffy coat—the amount of the fibrine, or the oxides of protein, is not lessened by the blood-letting, until by the prolonged employment of remedies the inflammation itself is actually on the decrease. (Andral.) It does, therefore, appear probable in no inconsiderable degree, that the doctrine of Hewson and Thackrah is correct, in so far at least as it traces the differences in the coagulation of the blood, in the opposite circumstances alluded to, to an immediate influence of the forces of the living solids on the coagulable substance. If we regard spontaneous coagulability as a property of fibrine due simply to its chemical constitution, when it is not interfered with by some counteracting agent, as appears now to be fully determined by the experiments of Davy and others already referred to: and if in the blood-vessels of the living body the exercise of that property is capable of being suspended by the influence of the vital forces—it does not appear a hasty or unwarrantable supposition, that according to the intensity with which these forces act upon the blood while in contact with the living tissues, will be the duration of its fluid state when it is removed from the circulation. On that supposition it would be the nervous force in particular that would be the vital agent in the case, as it is that force which apparently is the most subject to variations of intensity, dependent on varying conditions of the system in respect to vigour and exhaustion. That there is in inflammatory diseases an increased vigour or exalted intensity of the nervous force, is evinced by the remarkable tolerance which attends them, of large losses of blood and of other depressing agents, which cannot be borne in other diseases, or in the state

of health, without exhaustion speedily ensuing; and that it is this force principally which is defective in the faint or exhausted condition, is fully admitted in the common pathology of syncope, and of sudden debility arising from various causes.

In connexion with this presumed effect of the vital forces on the coagulability of the blood when removed from the circulation, it is of importance to advert to what has been observed of the phenomena presented in blood which is retained in a stagnant condition in living blood-vessels. Since the time of Hunter, it has been known that the coagulation is retarded when blood lies in contact with the living tissue of the vessels. Mr. Thackrah found that while blood secluded between two ligatures in the veins of living animals continued fluid after the lapse of an hour, when received into dead blood-vessels it coagulated in a quarter of an hour. Mr. Gulliver's experiments are still more remarkable, a circumstance probably due to his having disturbed the living parts no more than was necessary to apply the ligatures, while Thackrah separated the vessels more or less extensively from their connexions with the surrounding textures. Mr. Gulliver remarks—

"Twice only, out of many trials, were small clots observed as early as two hours after the operation. Coagulation generally did not commence before the expiration of three hours; half an hour later there was commonly a central clot, about one fourth the size of the imprisoned blood. * * * * In one trial the confined blood was wholly fluid at the end of five hours; in another, after several hours the clot was no larger than that just mentioned, and the fluid part coagulated on exposure, in five minutes. In nine hours the blood was completely coagulated in the right vein of one dog, and only partially so in the left vein of another; and the fluid concreted when exposed, in less than eleven minutes. After eighteen hours, in two trials the blood was about half coagulated, and in a third, completely so. At the end of twenty-four hours, coagulation was complete in four trials, and incomplete in one."—(*Notes to Hewson*, p. 23.)

The inference from these experiments as to the actual agency of vital forces on the blood, is rendered all the more satisfactory that the experiments of Scudamore and Davy prove that

ordinary venous blood coagulates in a few minutes, not only without any exposure to atmospheric air, but even in the exhausted receiver of an air pump; so that the want of exposure to the air, in Mr. Gulliver's experiments, cannot be regarded as the proper explanation of the remarkable suspension of the coagulation of the blood; at the same time, it is not unlikely that the protracted action of the vital forces of the surrounding tissues on the same portions of blood, deprived of the opportunity of acquiring a new supply of oxygen, may have sometimes reduced them to the state of the blood in asphyxia, and therefore rendered perfect coagulation *chemically* impossible. Yet still a prolonged fluidity preceded, and admitted of the occurrence of that chemical change. That the same kind of change takes place in blood enclosed and arrested in large vessels as occur usually in the capillaries where arterial is transformed into venous blood, appears from the blood thus arrested in arteries assuming the hue of venous blood—a change the reverse of that which occurs when blood removed from contact with living solids is left to obey the laws of ordinary chemistry. In the latter case, oxygen is absorbed, and the colour of the blood becomes brighter; in the former, oxygen is consumed, and the colour of the blood becomes darker. The occurrence of effects so different argues the operation of causes of a totally different nature; and if, as the chemists aver, and apparently with justice, the arterialization of the blood in the process of respiration be an ordinary chemical process, because it may take place in blood exposed to the air in an earthenware cup as well as in the living vessels, the reduction of it to the venous state *contrary* to ordinary chemical affinities, as these are manifested in the converse example, and by no other agency than such as resides in the living tissues, implies their possession and exercise of a force different from the ordinary chemical force which has the power of influencing the relations between blood and atmospheric air. Reasoning from such facts and principles, the conclusion is manifestly just that the blood is exposed in the circulation to the action of a force which alters some of its chemical tendencies, however it may leave others of them unaffected: an example of that

mixture, of peculiar and ordinary consequences, which marks the whole fabric, in the words of Cullen, as "a chemical mixture, a mechanical engine, and an animated nervous frame;" an association of the chemical, physical, and vital, in the study of which the great difficulty consists in assigning to each class its proper place and phenomena, a difficulty which in former times was the cause of an undue prominence being given to the physical, or the vital, in pathology, as it is in the present day to the chemical.

(To be continued.)

ON THE HOMŒOPATHIC TREATMENT OF DISEASES OF THE EYE.

By R. E. Dudgeon, M.D.

(*Continued from page* 370.)

Kreosotum.

1. Increased warmth, or continual great heat in the eyes, with lacrymation on looking at a bright light.
2. Pressure, burning and scalding in the eyes, with heat and lacrymation, and a sensation as if something had got into them.
3. On awaking, agglutinated lids.
4. Itching and smarting in the eye.
5. Inflamed appearance of the sclerotic, and pressure as if sand were in the eye.
6. Watering of the eye, on looking at any object long.
7. Constant watering of the eyes which swim in tears.
8. Hot and acrid tears like salt water, causing smarting and burning of the cheeks.
9. Lacrymation, or dryness and inflamed appearance of the eyes after rubbing them.
10. Eyes look as if he had been weeping.

Dr. Wahle, to whom we owe our knowledge of the physiological action of this drug, considers it indicated in a variety of diseases of the eye; the above symptoms point to catarrhal and catarrho-strumous ophthalmia, with great epiphora, and acridity of the

tears. It has not yet been used in the ophthalmiæ as far as I am aware.

Lachesis.

1. Eyes tearful and weeping, during the coryza.
2. Flow of cold water from the left eye and nostril, while the face is swollen.
3. Dryness of the eyes.
4. Painful dryness of the eyes, with sensitiveness to the light in the evening.
5. Feeling as if a foreign body were in the eyes.
6. Itching in the eyes.
7. Itching in the left eye.
8. Violent itching in the left eye, with pressure in both eyes and giddy confusion, going off after drinking coffee.
9. Itching in and around the eyes, with heat in the afternoon and evening; he must rub them hard.
10. Pains in the internal canthi.
11. Itching pains in the lids.
12. Painful heat in the eyes.
13. Eyes painful; burning.
14. The upper lids are inflamed, as if styes were about to appear, in the evening.
15. Inflammation of the lids of both eyes, with burning pains, especially in the right upper lid; the eyes pain whilst reading, the second day. The third day, pressive pain round the right eye; the fourth day, burning pain in the left eye; the fifth day, itching pains in the lids, which disappear, but return the fifteenth day, under the form of pressive pain in the eyes; the sixteenth day, burning, pressive pain; the seventeenth day, itching, drawing pains in the lids; the eighteenth day, burning, pressive pains in the eyes.
16. Inflammation of the left eye, with shooting pains and obscured sight.
17. Painfulness of the eyes, especially the left one.
18. Pressure in the left, then in the right eye.
19. Pressure in the eyes, aggravated by movement, as if the orbits were too small.
20. Pressive pain in the right orbit whilst moving the lids.
21. Pressure in and above the eyes, with painfulness of the skin of the forehead to the touch.

22. Painful shooting and pressure in the right upper lid.

23. Shooting in the right lid from above, feeling as if it came out at the eyelashes.

24. Hot shootings inwards from the eyebrows to the eyelashes, first right, then left.

25. Some shootings in the left eye, which is inflamed and feeble.

26. Hot, burning shootings in the eyes.

27. In the afternoon a drawing, shooting pain, which proceeds from the right eye and goes up to the vertex.

28. Violent pain in the right eye (in one who had been blind of both eyes and without pain in them for ten years.)

29. Swelling of the lids, with flow of cold water.

30. Erysipelatous swelling of the lids, with itching of the lower lid.

31. The eyes appear larger than usual even to others, looking as if he had been weeping; in the morning.

32. The eyes feel stiff.

33. Eyes sensitive to light.

This rather lengthy list of symptoms does not afford us many distinct indications for the employment of lachesis in ophthalmia. Catarrhal, and perhaps rheumatic inflammation, are pointed to in some of the symptoms; but we are at a loss to conceive how Dr. Malaise was led to administer it in the following case, where the merit of the cure is chiefly ascribed to it.

"M. Vœtemans, Inspector of Domains and Registrar of the Province of Limbourg, was in December, 1835, forced to discontinue his functions, on account of violent ophthalmia of the left eye. He returned to Liege and called me in. I found the left eye the seat of intense inflammatory redness, the conjunctiva oculi et palpebrarum was swollen by the congestion which had occurred. The cornea seemed depressed, and on it was a small ulcer situated to the outside of the pupil, at the bottom of which was an abscess of the size of half a lentil, covered by one of the layers of the cornea; the eye burned, and felt as if full of sand; there was great dryness of the nose, and burning and acrid tears ran down the cheek, irritating it; the tenderness was such, he could not bear a slight compress dipped in warm water; he was forced to remain in a totally dark chamber; the light caused him the greatest agony; tearing pulsative pains, such as usually accompany suppuration, were felt in the lower and left part of the forehead, as also in the bottom of the eye; in the posterior part of the orbit; these

pains became occasionally so violent, especially in the evening and night, that they forced from the patient piercing cries; he then could find no easy position; he felt a little relief by remaining in a kneeling posture, the head resting on the bed and approximated to the knees; the pulse was frequent and constricted; there was much heat of head and great thirst, no sleep, and extreme general agitation; his temper was excessively irritable and exasperated; he could bear no contradiction. The remedies employed were successively *mercurius*, *hepar sulphuris*, *pulsatilla*, *spigelia*, and *lachesis*. A treatment of ten days sufficed to cure completely this serious disease, and to leave no traces of the ulcer and abscess. It was *hepar* and *lachesis* that contributed most to the cure; the latter was followed by truly marvellous effects."—(Malaise, *Clinique Homœopathique*, p. 41.)

Notwithstanding Dr. Malaise's opinion, I would feel disposed to attribute the cure of this case rather to one or more of the three first, than to the last mentioned remedy.

Ledum.

1. Pressure in the outer border of the right orbit, aggravated by motion.
2. Agglutination of the lids without pain.
3. Great itching in the inner canthi.
4. Lacrymation, acrid and smarting, corroding the lower lid and cheek.
5. Pain in the eye; pressure behind the eye as if it would be forced out; without inflammation.
6. Ophthalmia, with tensive pains.
7. Tearing pains in head and eyes.
8. Swelling and great inflammation of the sclerotic and conjunctiva.
9. Aggravation of the tearing pains in the eye on stooping, and amelioration by sitting.
10. Burning pressure in the eyes in the evening.

Although we have no recorded experience of the utility of this remedy in inflammations of the eye, the general characteristics of the medicine, together with the above symptoms, would lead us to infer its utility in gouty and rheumatic ophthalmia.

Lycopodium.

1. The eyes are so painful in the evening she can scarcely open them.
2. Pain in the eye as if bruised.
3. Pressure in the inner canthus.
4. Pressive pains in the eye, as if dust were in it.
5. Pressure in the eyes, with sleepiness in the evening.
6. Pressure in the right eye, as if something had got into it.
7. Bruised pain in the eyes as if they would fall out, so that he cannot look at anything well for pain; mostly in the evening.
8. Tensive pain in the left eye.
9. Compression of the eyes.
10. Tearing about the eyes, into the forehead and cheeks.
11. Tearing in the right eyeball.
12. Stitches in both eyes.
13. Shooting in the eyes without redness, all day; but chiefly in the morning.
14. Prickling, first in one eye, then in the other.
15. Itching in the eyes.
16. Itching in the canthi.
17. Smarting in the right eye as if from smoke, with closure of the lids.
18. Smarting in the outer angles with lacrymation, as from smoke, during twilight.
19. Burning in the eyes.
20. Burning in the eyes on shutting them.
21. Great burning and itching in the eyes.
22. Redness and pressure in the eyes.
23. Redness of the white of the eye, with pain.
24. Red, inflamed eyes, with shooting pains in them, from 5 to 10 P.M.
25. Inflammation of the white of the eye.
26. Inflammation of the eyes, with redness and dulness of the white; redness and swelling of the lids; burning, pressure, and mucous secretion in the eye.
27. Inflammation of the eyes, with redness of the whites and swelling of the lids, shooting, photophobia, much lacrymation and nocturnal agglutination.
28. Inflammation of the eyes with itching in both canthi; redness

and swelling of the right lids; dull pain when they grow dry, with nocturnal agglutination.

29. Agglutination of the lids, especially at night, and particularly in the outer canthi.

30. Much purulent mucus in the eyes, with raw pain.

31. Eye gum in the canthi in the morning.

32. Acrid fluid flows out of the eyes, with great redness of the white.

33. Mucus in the eyes; he must wipe them in order to see distinctly.

34. Lacrymation, with much mucus in the eyes; pressure, and pale face.

35. Great lacrymation in the right eye, in the afternoon.

36. Dryness of the eyes, in the evening.

37. Dryness of the eyes; he must shut the lids.

38. The candlelight dazzles him much; he can see nothing on the table.

Hahnemann mentions (*Chron. Krank.* vol. iv.) that among other eye diseases, he has found lycopodium useful in inflammatory affections of the eye, with nocturnal agglutination and lacrymation by day. The symptoms above enumerated point principally to an inflammatory affection of the conjunctiva, and especially that of the lids, of a catarrhal, scrofulous, or blennorrhagic character. In the two former affections it has been frequently employed with advantage; and Dr. Goullon attests to its efficacy in ophth. neonatorum. The following case of inveterate scrofulous ophthalmia will be perused with interest, as not only shewing the advantageous employment of lycopodium, but as affording us encouragement in treating similar cases, which are but too frequently met with in practice, and rendered only more obstinate and incurable by the vigorous treatment of the "rational" school.

"M. S., a little girl of six years, scrofulous, feeble; born of a hectic mother, who died soon after her birth of pneumonia; had been attacked when two years of age with scrofulous ophthalmia, which persisted for several months. Afterwards she frequently suffered from fluent coryzas, swelling of the cervical glands, and constipation. On the 27th April, 1831, I was asked to attend her; I found the conjunctiva of the lids and the sclerotic much inflamed, the lids of

both eyes much swollen, the edges rounded, inflamed, the skin excoriated in several parts; the tarsi very prominent. Great photophobia, so that the patient sought the darkest corner of the room, and generally lay on her face. She complained of great aching and heat in the eyes, whence flowed a limpid serosity which corroded the skin beneath the lower lids, and had produced a sort of miliary rash. The alæ and cartilage of the nose were also swollen, and thick yellow mucus often flowed from the nose. The cervical glands were swollen, some of them as large as a pigeon's egg. The little girl had a very miserable appearance, she was pale and thin. Sometimes she had constipation, at other times diarrhœa. The abdomen was swollen and hard. Appetite very little; she preferred bread, potatoes, and vegetables to everything else. Such had been her state for six months. She had had nothing but purgatives and some kind of herb tea. I prescribed *tinct. sulph.* 12, one drop every eight days, of this three doses. The aching and heat of the eyes diminished, as also the inflammation and mucous discharge from eyes and nose. I then gave *nux* 18, one drop, for the constipation which had lasted some days, which was relieved the following morning. Two days later I gave for the photophobia half a drop of *bellad.* 30, which I repeated in four days. After this the patient lay less on her face. The *bellad.* diminished also the inflammation and serous discharge from the eyes. The swollen glands, however, remained as they were. Another dose of this medicine was followed by no further improvement. I then made her take *Lycopod.* $^{5}/_{30}$, every eight or ten days. The result was most satisfactory, and at the end of five weeks all the symptoms had much diminished. The inflammation was not half as great, the deep redness of the conjunctiva and edges of the lids had become pale, the secretion almost removed, and the quantity of mucus that escaped from the nose much less. The patient only lay on her face for a few minutes in the morning; the eruption disappeared; the glands became soft, and the general condition improved. I twice repeated the *lycopodium.* The inflammation disappeared, except a slight relic of it in the internal surface of the lids, near the canthi; the edges no longer appeared corroded, except in a few places; it was rare that any fluid flowed from the eyes, and this was of a mucous character; the photophobia was very slight. However, she could not yet dispense with a shade. The nose alone remained swollen, indeed more mucus flowed from it than before, and the swelling of the glands still continued. I gave

now *calc. carb.* 30, half a drop, one dose every fortnight. In three weeks the eyes were perfectly cured. I continued the remedy, and in a month the swelling of the glands had also disappeared. The patient was well enough to go back to school."—(Dr. Schwarze, *Homöopathische Heilungen*, p. 13.)

Magnesia carbonica.

1. Pain in the left eye as if it would burst, or as if it were forced outwards, with great lacrymation.
2. Tearing in the eyes and lacrymation, in the morning; relieved by washing.
3. Itching in the right eye, after dinner.
4. Agreeable itching in the left eye; relieved by rubbing.
5. Itching and smarting in the left eye; relieved by rubbing.
6. Smarting itching in the right inner canthus; relieved by rubbing.
7. Itching and burning in the canthi, in the evening.
8. Burning and shooting in the eyes, with red vessels in the white.
9. Constant burning and dryness of the eyes.
10. Burning and inflammation of the right eye in its inner canthus.
11. Swelling of the eyeball as if it would become dropsical.
12. Dryness of the eyes in the morning.
13. Dryness and burning of the eyes.
14. Weeping and burning of the right eye, with red vessels in the canthi.
15. Watery eyes, every morning, as if after much weeping.
16. Watering of the eyes all day.
17. Weeping and smarting of the left eye.
18. Weeping of the eyes, by day; agglutination in the morning.
19. Agglutination of the lids in the morning.
20. Matter in the eyes in the morning, with burning and dim sight.
21. Agglutinated eyes in the morning; burning in them by daylight.
22. Eyes gummed up, with pressure in them.
23. Photophobia, with burning in the eyes.
24. Tearing at the top of the orbit.

This remedy, so much used and abused in the old practice, has been hitherto little employed in Homœopath[illegible] in uterine diseases; but the foregoing symptoms in[illegible]

means trivial or superficial action on the eye. Strumous ophthalmia is chiefly pointed to, and that it should not be neglected in obstinate cases of this disease the following case will prove. We have also in this case more precise indications for its employment, by which it appears that it is useful when the cornea is much involved in the inflammation, so that it becomes opaque. The case is long, but will repay the trouble of its perusal.

"At some distance from me lives a family, in which the daughters suffer more than the sons from scrofulous affections, and generally are affected with them until the age of puberty. After this time the complaint declines, but never leaves them entirely well, so to speak. It was thus also with the youngest girl, who suffered frequently from swollen cervical glands, a thick lip, and scabby nostrils, to which, in her eleventh year, was added an inflammation of the eye. I was consulted in April, 1827. The following was her condition, alternately worse and better:—The child is often morose, capricious, the white of the right eye red; she experiences heat and burning in the eye; the lids are swollen, red; the meibomian glands secrete much mucus, so that the eye is gummed up in the morning, and must frequently be moistened. At the same time great photophobia; she cannot go about in the room without a shade, and usually sits in a dark corner. She can seldom read, or do the usual domestic duties of females. The nose is often much swollen, the nostrils full of scabs, which extend down upon the upper lip. The upper lip itself is swollen, thick, but without hardness. Cervical glands sometimes swollen. All the other functions in good order. The diet was very appropriate, so that I had no occasion to make any change. In hopes of a good result, which I had often observed in other cases, I gave betwixt the 13th April, 1827, and the 11th March, 1828, the following remedies, *Pulsatilla*, *Belladonna*, *Bryonia*, *Mercurius*, *Aurum fol.*, *Rhus* and *Ignatia*, in small homœopathic doses alternately, some of them repeatedly. But the result did not justify my expectations, for although the state sometimes improved, especially from *Aurum fol.* and *Mercurius*, the disease always returned, often in an aggravated form. The Allopathic physicians who watched the treatment ridiculed it, and said they could long ago have cured the case, especially with mercurials, which I readily believed, as they might have relieved some symptoms in a palliative manner, but to the

injury of the child, as the parents had already experienced in the case of an elder daughter. I, along with the relatives, who believed thoroughly in Homœopathy, found ourselves in no small difficulty. I for my own part felt that some remedies were yet wanting in order to eradicate this disease, so deep rooted in the organism. At this period appeared the first part of the *Chronic Diseases*, in which Hahnemann exposed his novel observations. From this it was easy to perceive that psora lay at the root of all the evil, and that the disease could only be removed by remedies that had a deeper action on the organism than those formerly used. But such remedies I was not possessed of, *Carbo* and *Sulphur* alone were known. I therefore gave on the 11th March, *Flores Sulphuris* $^1/_{10,000}$th of a grain, and on the 15th April, *Carbo Ligni*, $^1/_{10,000}$th of a grain, but neither had any very marked effect. On the 29th July, 1828, the state was still just as I have described it above, in April, 1827, with this difference, that owing to the continued inflammatory affection of the eye, the cornea appeared somewhat dim. As the most suitable remedy, I now gave, on the 29th July, *Graphites*, but in much too strong a dose, to wit, a few globules of the 24th dilution. The natural consequence of the too strong dose was, that on the very next day a violent aggravation occurred. The face became swollen, hot, red, erysipelatous; the white of the right eye much inflamed. At the same time febrile symptoms, capriciousness, peevishness; great drowsiness. This state increased for five or six days, and then gradually subsided until the 12th August. Until the 18th August all went on well, better than it had done for at least a year. The ophthalmia ceased; the swelling of the nose and upper lip subsided; the scabs began to fall off. About the 20th August there occurred another slighter and more transient aggravation, after which the condition improved again; but the photophobia and scabby swollen nose continued. On the 14th September, I gave in the morning fasting, *Lycopod.* 30, 2 gtts., whereafter the condition improved so much daily, without aggravation, that the patient could sit at the table with the family, in the evening by candlelight, and without any inconvenience or injury occupy herself with work. She now began to go out again, which usually did her good. But one day towards the end of September, after a somewhat long walk, she got a new relapse; the eye became red, the lids swollen, secreting matter, the photophobia increased, all objects appeared dim: this state continued for some days, when it was somewhat ameliorated; but the dimness

grew still greater, so that the patient could now scarcely recognize or distinguish even near objects. On the 15th October I was informed how matters stood, and sent immediately *Calcarea* 30, 2 globules, which remedy was only used after the inflammation of the eye had subsided, viz: on the 26th October, in the morning, fasting. This was followed by some violent penetrating action of the remedy; thus on the 11th November appeared on the left cheek, at first a small, red, hard spot, which soon became larger, involving the whole cheek in swelling, with burning and shooting pain, together with general chilly feeling and anorexia. The following day the redness and febrile state went off, but eight days elapsed before the swelling was resolved. At the same time no additional irritation shewed itself in the affected eye; it was not till three weeks later that the same process took place in the diseased side; but less violent, yet accompanied with inflammation of the eye, attended with the usual symptoms, and declining gradually. Until the end of December all went on very well, the inflammatory symptoms of the eye had almost ceased, the photophobia was gone, the nose pretty nigh healed. In the beginning of January, 1829, a new relapse occurred of the usual kind; but I received no tidings of it until the 16th of the month. I prescribed as the most appropriate remedies *Phosphorus* 30, and on the 11th of March, *Natrum carb.* 9, but both remedies without perceptible change. On personally inspecting the case in April, in order to ascertain the exact state, I was not a little horrified to find the inflammation of the eye and the erosion of the nose indeed much lessened; but that the cessation of the photophobia was only caused by the obscuration of the cornea, which appeared white. The girl could only see a sort of nebulous halo, but could not recognize any object with that eye. I had almost given way to despair, had I not already had so many other striking proofs of the sufficiency of the Homœopathic treatment. No remedy was indicated better than *Magnesia*, of which I gave, on the 14th April, 3 globules, of the 24th dilution. The result was almost miraculous. Without any perceptible homœopathic aggravation, the inflammation of the eye almost entirely disappeared, the swelling of the lids decreased, and the girl's disfigured countenance resumed its natural appearance. But what was most important of all, the obscured cornea commenced again to become more transparent, and the girl could see to distinguish objects though they still seemed involved in mist. The improvement went on gradually, until the end of May, when there appeared to be a

pause, demanding the choice of a new remedy, which was *Acid. Nitr.* 30. After this also the symptoms gradually improved more and more, so that by August the cornea appeared almost quite clear and bright. The girl could now go to school again, and perform her domestic duties. The inflammatory swelling of the lids no more returned, the nose regained its natural appearance, there only appeared a few scabs on the mouth and face, which produced much itching when they fell off. On this account I gave my patient, on the 5th August, another dose of *Calcarea* 30, whereupon the face became quite well, without any aggravation, as upon its first administration."—(Dr. Rückert, *Archiv* x. 1, 128.)

Mercurius solubilis.

1. Agglutination of the lids, in the morning.
2. Pressure in the eyes on moving or touching them.
3. Pressure in both eyes, as from sand.
4. Shooting in the eyes.
5. Shooting pain in the left eye for a few minutes.
6. Burning in the eyes, with redness of one eye.
7. Burning and smarting in the eyes, as from horseradish in it.
8. Heat and lacrymation of the eyes.
9. Watering of both eyes in the morning, or in the open air.
10. Great lacrymation.
11. Inflammation of both eyes, with burning, smarting pain; worst in the open air.
12. Many red vessels in the white of the eye.
13. Itching in the eyeballs.
14. The eyes cannot bear the light of the fire, nor of the day.

Other Mercurial preparations.

1. *Conjunctivitis mercurialis.*—Inflammation round the edge of the cornea of a peculiar lilac colour, accompanied by pressure in the eyes.

2. Ophthalmia.—The conjunctiva oculi and palpebrarum is inflamed; the lids swollen, reddened; the canthus round, excoriated, with smarting pain; the lids are burning and itching; after sleeping in the morning they are gummed up, and secrete thick muco-purulent matter.

3. Pressure and rubbing in the eye.

4. ***Iritis mercurialis.***—Venous inflammation of the membrane of the aqueous humour, or of the parenchyma of the iris.

5. ***Retinitis Mercurialis.***—Burning, pressive pain deep in the eye; great photophobia; constant lacrymation; vision of colours, sparks of fire, &c.

6. Sticking out eyes.

From the mere proving of *mercurius solubilis*, as given above, we have but a feeble idea of the variety of ophthalmic inflammations for which mercury is specific. Catarrhal, scrofulous, and exanthematous ophthalmia are pointed to in the pathogenesis of the above preparation; but the known effects of other mercurials, and the experience of practitioners prove its efficacy in many other kinds. Rheumatic, arthritic, syphilitic, and gonorrhœal ophthalmia have all been treated successfully with this remedy. Hartmann has the following observations upon it:—

"The ophthalmiæ belong to the class of diseases which *mercury* can cure in certain cases. The chief characteristics of such cases are swelling of the lids accompanying the inflammation, as also the sensation of a body causing dull, pressive, cutting pains underneath the lids, with difficulty of moving them. The day or candlelight is insupportable, and causes burning, gnawing pains in the eyes which are moderately red, so that the lids are closed convulsively, and can with difficulty be opened; the lids are moreover agglutinated, with raw pain at their edges. Rheumatic ophthalmia demands *mercury* when there is bright red, reticular inflammation of the sclerotic, frequent lacrymation, photophobia, with shooting and jerking pains across the eyeball; and when the patient complains of piercing, tearing pains in the orbits and frontal sinus, extending to the surrounding parts of face."—(*On Aconite, Bryonia, and Mercury*, vol. ii. p. 85.)

The following cases will illustrate more precisely its medicinal virtues in ophthalmia. The first is simple catarrhal ophthalmia.

"On the 25th of February, 1828, I was called to see Mrs. S. K., who was suffering from ophthalmia, together with all her family, consisting of a youth of fifteen, a girl of six, another of four, and a third of thirty-three weeks. The mother told me she had been attacked by the disease in another house, and had communicated it to her children. I found the following symptoms. Inability to open

the eyes well, as if the ball were glued up. Slight inflammation with smarting pain, worse in the open air. Much lacrymation in the evening. Sometimes feeling as if a foreign body were under the lids. They could not bear the day nor candlelight. Otherwise nothing the matter, except that the stools were slimy and slightly corroded the anus. I gave to each of the patients, on the 26th February, *merc. sol.* 2. On the 6th of March they were all well, and have not had a relapse for a year."—(Schreter, *Hom. Annal.* vol. i. p. 16.)

It would be difficult to say what was the precise nosological name of the following case, most probably the syphilitic or gonorrhœal infection had nothing to do with its production, but that it was merely a case of catarrhal ophthalmia.

"J. E. W., labourer, aged nineteen, short, stout; had never been unwell, by his own account. Six weeks previously he had caught a painful gonorrhœa, accompanied by considerable phimosis. When he entered the establishment both had disappeared, but in their place was a paraphimosis surrounding the glans like a cartilaginous ring, and causing a tumour equally hard beneath it. On the glans and prepuce were distinctly seen cicatrices resembling those of chancres healed by external remedies. For three weeks the patient had complained of pressive pain in the throat on swallowing. On examining the throat the tonsils were perceived swollen, red, excoriated, as were also the salivary and sub-maxillary glands, which was confirmed by the increased salivary secretion. The nostrils were ulcerated and stopped up in the morning; both eyes, especially the right, were very inflamed, with pressive pains in them; they were intolerant of light, gummed up in the morning, and in the day the borders of the lids, which were swollen and inflamed, secreted much mucus. *Acon.* 18, given the day of his entrance into the Institution, diminished the inflammation. In order to obtain a complete cure, it was found necessary to give several doses of *merc. sol.* 3, which, to remove the frequent relapses, had to be repeated for several successive days. The affection of the prepuce also disappeared under this treatment, the cicatrices I have alluded to above, alone remaining. The treatment did not last quite a month."—(Hartmann, *Allg. Hom. Ztg.* xi. 362.)

The case of ophthalmia neonatorum by Dr. Watzke, at p. 168 of this volume, is a good illustration of the efficacy of mercury

in that disease; the cerebral hernia which existed in that case can scarcely be regarded as a complication, and would most probably have declined spontaneously, on the patient's gaining strength. The remedy used was *merc. viv.*, but I believe its effects differ but slightly from those of *merc. sol.*, and the two preparations are used by Homœopathists indiscriminately.

In the subjoined case of scrofulous ophthalmia, though several remedies were employed, mercury seemed to be mainly efficacious in producing the cure.

"Augustus R. a boy 7 years old, born of healthy parents, stout, and not weakly, cheerful, with a fine, thin skin and red hair, had for several years been affected at one time with scrofulous eruptions behind the ear on the head, along with swollen cervical glands; at another, with ophthalmia. When he came under my care, he had some glandular swellings in his neck, and scrofulous inflammation of the right eye. The conjunctiva was in parts very red, with burning pain, some photophobia, the border of the lids reddened, on the border of the lower lid a thick honey-yellow scab; in the morning, slight agglutination of the lids, with some mucus in the canthus. From the external canthus many vessels extended to the cornea. I gave in the morning *mercur. solub.* 9. The next day the conjunctiva was less red, the burning gone; the second day the lids were less agglutinated, and there were now only a few large vessels running from the outer canthus to the cornea, where they terminated in a small elevation of the conjunctiva. The third day the eyes were not at all gummed up, the scab smaller, the elevation in the cornea smaller; the fourth, only two vessels visible, the scab partly fallen off. On the 6th day he exposed himself to a very high wind, which brought on a complete relapse on the seventh day. I gave him immediately *tinct. euphras.* half a drop. The next day the redness of the conjunctiva had almost quite disappeared, the lids no longer adhered, but there was still some mucus observable betwixt them. The following night he had probably taken cold, and in the morning I found the eye affected with catarrhal inflammation; the conjunctiva reddened throughout, from the external canthus several larger vessels running through the smaller ones to the cornea, where the conjunctiva was loosened, and elevated into a whitish long stripe; the eye swimming in tears, burning, the lids firmly adherent, both lids covered with mucus, the edge of the lower lid very red and

swollen, in its middle a commencing stye with a white surface, great coryza. He got immediately in the morning *Digit.* 15. The next day the burning was gone, the eye not so watery, the conjunctiva less red, the border of the lids less swollen; the second day the stye was gone, the conjunctiva but slightly red, still somewhat lax, no pain, no weeping, no more agglutination. The same evening he got *merc. sol.* 9. The very next morning the conjunctiva had fallen, the swelling of the lids gone; and two days subsequently I gave him *dulcam.* 12 for the scab that still remained on the border of the lid, and in five days more it was perfectly healed. For half a year now, nothing has appeared either of the ophthalmia or glandular swelling, and the boy is quite well."—(Dr. Caspari, *Archiv.* iii. p. 67.)

The next is a case of phlyctenular scrofulous ophthalmia.

"Clotilde N. aged 8 years, had suffered in one eye for some days. Redness of the conjunctiva, constant lacrymation, photophobia and shooting pains: some vessels on the edge of the cornea, which had burst and formed small ulcers. Some doses of *merc. viv.* dispelled all these morbid symptoms, except the small transparent cicatrices, of which, however, there remained no traces in a few weeks. The child got no other medicine."—(Dr. Y. (Watzke) *Bekehrungsbriefe*, pt. i. p. 99.

Its efficacy in rheumatic ophthalmia is shewn in the following case.

"Rheumatic ophthalmia, with ulcers on the cornea, had existed for several weeks in a delicate and psoric woman; the sclerotic and conjunctiva of the right eye inflamed, the rosy redness of the former shone through the latter, which consisted of a thick net of blood-vessels, moveable from right to left; on the cornea was an ulcer of the size of a mustard seed, surrounded by a broad whitish grey opaque border; tearing, boring pains in the eye and its environs, especially in the frontal bone, with exacerbation in the evening and at night. When the pain ceases, shivering all over the body, tearfulness of the eyes, photophobia, especially for artificial light, indistinct vision, as through a mist, drawing in the ear and teeth of the right
She got for six successive days *mercur. solub.* gr. $^1/_{12}$.

disappearance of the inflammation, and cicatrization of the ulcer on the cornea in the course of a fortnight."—(Knorre, *Allg. Hom. Ztg.* v. p. 230.)

The next is an interesting case of syphilitic ophthalmia, complicated with rheumatism.

Mr. J. at the age of 23 quitted western Europe to go to a tropical country, Rio-Janeiro. His literary career had done no injury to his health; but devoted to commerce from 1828, in the Brazilian Empire and in an intensely hot climate, his sanguino-nervous temperament suffered immediately, as also his delicate body and complexion; he was consequently attacked by articular rheumatism; sudorifics, tepid aromatic, and sea water baths, determined the disease in 38 days. He returned to his own country in 1830, on account of his constitution, so feeble and impressionable to the great heat of the torrid zone: a gonorrhœa caused a return of the articular rheumatism, which long resisted every remedy, until he was relieved by the hot sulphur springs of Vizella (Tras-os-Montes), although the stiffness of the fibrous tissues of the maxillary joint remained in the same state, so as to prevent him opening the mouth perfectly, or performing mastication easily. New syphilitic infection caused a return of the rheumatism in 1831 and 1834; frictions with Naples ointment, and hot sulphur waters, succeeded in restoring to him the use of his limbs; but the stiffness of the maxillary joint, as also the pain in the sole of the foot, were not relieved, so that he could with difficulty chew, and could not bear to walk on the pavement. When he arrived at Bordeaux, in November 1834, always unwell and suffering, he was attacked by very severe ophthalmia, which was but little benefitted by treatment. It was not till the month of February, 1835, that the patient sought my advice. His condition appeared to me desperate. I found a slight made man, dragging out a lingering existence at 30 years of age, of ordinary height, emaciated by suffering, myopic, and scarcely able to keep himself in the erect position, having, during the night, pains in his bones, which chased sleep from his eyes; his valet turned him in bed by means of a sheet placed beneath him. A chronic ophthalmia shewed the vessels of the conjunctiva much injected and distended; the pupil was linear and contracted, and the anterior and posterior chambers of the eyes appeared quite confused. The patient said

that objects appeared to him extremely small and indistinct; he added that feathers also appeared to come from the angles of his eyes, and to hinder vision. [Similar symptoms of the vision are to be found in the proving of *merc. sol.*] Independent of this deplorable condition, the patient had frequent attacks of cramp in the stomach, since 1826, in all the phases of the moon, and on the least atmospheric variation, or immediately after some unusual pleasurable or painful impression. From the 6th February to the 21st May, thirty doses of *merc. sol.* restored to health this amiable and learned man. The following is the method I adopted.—Three doses of a single globule of the 30th dilution every day, six every two days, and twenty-one every four days. Towards the latter end of May, to complete the cure, I gave six doses every day, each dose consisting of two globules of the 12th dilution."—(D'Oliveira, *Bibl. Hom. de Genève*, vi. p. 177.)

I may add that I have found *merc. sol.* particularly useful in catarrhal and other ophthalmiæ where the meibomian glands are much involved.

Mercurius Corrosivus.

1. Inflammation of the eyes, which project from their orbits.
2. Slight redness of the conjunctiva.

The above symptoms throw very little light on the indications for corrosive sublimate in ophthalmia; our knowledge of it is chiefly derived from clinical experience. Trinks has found it useful in arthritic iritis (Noack and Trinks' *Handbuch*), and Dr. Böcker has recorded some very interesting cases of the cure of scrofulous and rheumatic ophthalmia by a solution of *merc. cor.* in the proportion of ½ a grain to 5 scruples of water two to four times a day, which will be found recorded in the 3rd vol. of this Journal, p. 223, to which I must refer the reader.

The following case, and observations by the same physician, will be read with interest.

"Augustus H., 2¼ years old, had been always healthy in the earlier part of his infancy. The teeth were cut without much difficulty, and the health was but seldom disturbed by slight colds. Although his parents were not very well off, yet there was nothing

left to desire as to the food given him. The milk of a healthy cow was his chief nutriment, and a little meat was also given him after he had passed his second year. In the winter of 1843—4, the child was kept constantly in an obscure chamber, and thus the eyes were deprived of the normal stimulus of light. He lost his cheerfulness, got weak eyes, the complexion became pale, the appetite went, and gradually up to the 23rd July, 1844, scrofulous ophthalmia was developed, which affected chiefly the left eye. The photophobia was so severe, that the child always sought to cover the eyes with both hands. It was with the utmost difficulty I could raise the lids, in order to observe the arrangement of the vessels. The left eyeball and the whole conjunctiva were reddened; numerous fine vessels ran thence on the cornea, and branched out in great numbers almost to its middle, round about two small superficial ulcers. The whole cornea was dull and lax. In a word, all the external symptoms of an erethismatic scrofulous ophthalmia (erethisch-scrofulöse Augenentzündung) were present. A peculiar diagnostic symptom to which I am inclined to attribute great weight, I must not omit to mention in this place; I refer to the particular form of the distribution of the vessels. The erethismatic form of scrofulous ophthalmia is distinguished particularly by this—that *numerous bright red*, rather fine, injected blood vessels, proceeding from larger trunks in the conjunctiva scleroticæ, run from the conj. bulbi over the edge of the cornea, in a *very slightly tortuous course*, and there divide into numerous branches, without, however, forming many anastomoses with each other. *Their disposition is arborescent;* the finer vessels, *without communicating much with each other*, gradually decrease in calibre, and are lost imperceptibly almost in the centre of the cornea, or in the vicinity of small ulcers that are generally seated about the centre of the cornea. The torpid form of scrofulous ophthalmia is easily distinguished from this. From all sides, *dark red, less numerous vessels*, arising also from larger trunks in the conj. scleroticæ, run upon the cornea, *communicate frequently*, and form numerous larger or smaller fasciculi, which intertwine much, and make some parts very red. During their course on the cornea, they longer retain their original calibre, penetrate to the centre of the cornea, and surround like a fasciculus either some generally deep, corneal ulcers, or lose themselves imperceptibly in the cornea when there are no ulcers present. In this form the ramifications of the vessels is in some parts much closer than in the other; in the

erethismatic form, the vessels of the cornea generally arise from only two to four larger trunks in the conjunctiva, whereas in the torpid form, these trunks are much more numerous, and lie much closer together. In the erethismatic scrofulous ophthalmia we sometimes see but few branches spreading in the cornea; sometimes they do not at all communicate with each other; whereas in the torpid, a thick net of vessels covers the cornea. The latter has hence the greatest tendency to the formation of pannus. However, in the former the cornea is usually just as dim, but less lax, and the vision is deranged to the same extent as in the latter. Photophòbia is much less frequent in the torpid form; it is indeed often not at all present. The other well known symptoms, as swollen or inflamed glands, and in general the constitutional symptoms, which I need not repeat in this place, as also the period of exacerbation, &c., assist us, as every one knows, in forming an accurate diagnosis. My business, at present, is only to give diagnostic indications from the distribution of the vessels. It has indeed been attempted, of late years, to prove that the constitutional disease has no influence in determining the mode of distribution of the vessels in ophthalmiæ; but notwithstanding the greatness of the authorities who hold this opinion, I have satisfactorily convinced myself of the contrary, and I hold, moreover, the opinion, that in many cases such a knowledge is of the greatest importance in a therapeutic point of view. * * * * I may be allowed to point out, in a few words, the difference in the distribution of the vessels in the erethismatic scrofulous, the rheumatic, and the catarrhal ophthalmia. The latter might be easily confounded with the first. In catarrhal ophthalmia the vessels running on the cornea do not proceed from single large trunks, but pretty large blood-vessels run in large numbers direct from the conjunctiva scleroticæ into the cornea, branch off there in an arborescent, not a fascicular form, and communicate frequently with each other. The vessels, as well of the conj. scleroticæ as those of the cornea, pursue a tortuous course in catarrhal ophthalmia; in erethismatic-scrofulous ophthalmia they are more straight, in the torpid scrofulous ophthalmia, they are in fasciculi, in catarrhal they are pale red, in torpid-scrofulous dark red, in erethismatic-scrofulous bright red. Rheumatic ophthalmia is distinguished from scrofulous by the vessels arising from the sclerotic, not from the conjunctiva (which is, however, often sympathetically affected), and branching off upon the border of the cornea, form the well known

vascular wreath.—After this episode, let me return to my patient. The left eye was affected, as has been described; the right was also inflamed, the vessels distributed in the same manner; but there were no ulcers present. A large number of small vessels shone through the outer surface of the lids of both eyes. Betwixt the ciliæ was observable a thin mucus, which dried into little crusts that were easily wiped off. Several of the inframaxillary and cervical glands were swollen. Tongue clean; appetite middling; stools normal; pulse somewhat too rapid; skin disposed to perspire. Sleep pretty good; in the morning the eyes were worst. The patient is generally very irritable and sensitive. I prescribed *merc. corr.* $^1/_{100}$th of a grain, four times a day; to go into the open air when the weather permitted. In a fortnight the eyes were perfectly cured. Notwithstanding this, I gave for another fortnight $^1/_{100}$ of a grain of the medicine, twice a day, until the scrofulous glandular swellings entirely disappeared. At present, May 1846, the boy is quite well, which he has been ever since the above treatment. In the year 1844, I treated thirty-four patients with erethismatic scrofulous ophthalmia. They were chiefly children of from 2 to 14 years of age. In many, there was ulceration of the cornea; in a few, incipient pannus. In the latter the cure was often protracted for several weeks. In three cases I was compelled, after using the remedy for six weeks, to discontinue it, as a considerable flow of saliva occurred, and I dreaded mercurialism. These patients recovered subsequently of themselves, without the employment of another remedy. Their recovery I attribute to the after-effects of the medicine that had been given. All the thirty-four patients were for the most part cured in a short space of time. I had opportunities of seeing many of them subsequently, and of ascertaining that they remained perfectly cured. In five there occurred relapses, which were cured by the sublimate; two others had afterwards catarrhal ophthalmia, in which the employment of the corrosive sublimate in the above doses, continued for several days, did no good. In the year 1845 I treated with similar good effects about twenty-eight patients suffering from erethismatic scrofulous ophthalmia. Only two had relapses, which yielded to the same treatment. In four others there was developed afterwards well marked rheumatic ophthalmia, which was relieved, but not quite cured, by the continued use of corrosive sublimate. I was forced to resort to other remedies for their complete cure. These four patients were aged from 11 to 14 years. In this year (1846), I have had six patients under treatment, affected with

erethismatic scrofulous ophthalmia; all were cured. Having effected such good results, I am justified in recommending my mode of treatment. It is founded on a close observation of nature, and I have no small amount of cases in support of its efficacy. Finally, I may remark that it is only the erethismatic form of scrofulous ophthalmia I have described that is amenable to the treatment by corrosive sublimate. In the torpid form the remedy does no good; on the contrary, it did harm in three cases in which I tried it, so that latterly I have had no desire to use it in that form of the disease. In the catarrhal ophthalmia also it is useless; and it only seems to be efficacious in rheumatic ophthalmia sometimes, but perhaps it is not sufficient to effect a radical cure."—(Böcker, *Hygea* xxi. p. 476.)

The above observations of Dr. Böcker are of great importance, as they tend to precisionize our employment of corrosive sublimate in ophthalmia. I cannot altogether agree with him in the doses he gives, which appear to me unnecessarily large, from the circumstance of their producing in some cases the peculiar physiological effects of the drug; and I have myself been enabled to cure cases similar to those described by the author, with much smaller doses of corrosive sublimate, the 4th or 6th dilution, and even with similar dilutions of *mercurius solubilis*, which I have found quite as efficacious in scrofulous ophthalmia as the preparation recommended by Dr. Böcker.

Mezereum.

1. The eyes are painful whilst reading by candle light in the evening; the sight dim.
2. Pressure on the balls, and heat in the eyes.
3. Pressure in the eyes, as if they were too large; he must often wink.
4. Smarting, chiefly in the inner canthus.

Hahnemann (*Chron. Krank.*) affirms the efficacy of *Mezereum* in ophthalmia, without saying what kind. The above symptoms, and our general knowledge of the sphere of action of this plant, would induce us to give it in rheumatic ophthalmia, and in that consequent on the abuse of mercury. We have as yet no records of its Homœopathic employment in such cases.

Natrum Carbonicum.

1. Pain in the eyes in the morning.
2. Pain in the orbital bones.
3. Sensibility of the eyes to the touch, as if they were distended.
4. Shooting as from needles in the eyes after dinner.
5. Dull shooting in the right eye.
6. A fine stitch in the inner canthus, which forced tears from him.
7. Burning in the eyes and canthi, with shooting towards the outer canthus, and feeling as if a hair were in the eye.
8. Burning in the eyes; also in the evening, until he went to bed.
9. Burning in the eyes whilst working, especially whilst writing and reading, with dry feeling in them, as after weeping much.
10. Itching in the eyes and lids; also in the morning, sometimes with tears after rubbing.
11. Itching and smarting in the right eye.
12. Inflammation of the eyes, with shooting pain.
13. Small ulcers round the cornea, with shooting pains in the eye, so that she must protect it from every ray of light.
14. Stickiness in the right eye, as if it were full of mucus.
15. The eyes are disposed to be glued up in the afternoon.
16. Agglutinated eyes in the morning, with lacrymation all the forenoon.
17. Lacrymation.
18. Dryness; feeling of heat and contraction in the eyes.

The above symptoms point only to catarrhal ophthalmia. S. 13, however, is characteristic of strumous ophthalmia, in which, according to Dr. Trinks (*N. & T. Handbuch*), it is indicated. Hahnemann counsels its administration in inflammation of the eyelids with photophobia; but I know of no cases in which it has been employed.

Natrum Muriaticum.

1. Sensation as of sand in the eyes, in the morning.
2. Pain in the eyes, as if something had got into them.
3. Tension in the eyes.
4. Pressure in the eyes during twilight.
5. Pressure in the eyes.

6. Pressure in the eyes, so that the lids can only be opened with pain.
7. Itching of the eyes.
8. Itching in the inner canthi, with lacrymation.
9. Itching in the outer angle of the left eye.
10. Excessive itching in the left inner canthus.
11. Shooting in the right eye.
12. Shooting in the canthi.
13. Boring pain in the eye.
14. Raw pain in the eye.
15. Burning pain in a small spot of the eye.
16. Excessive burning in the eyes in the evening.
17. Painfulness in the eyeballs.
18. Dry burning in the eyes whilst writing, in the evening.
19. Burning in the inner canthi.
20. Redness of the edges of the lids and of the conjunctiva.
21. Redness of the white of the eye, with lacrymation.
22. Redness and inflammation of the white of the eye, with a feeling as if the eye were too large, and pressed on.
23. Inflammation of the eyes, and lacrymation from every draft of air.
24. Lacrymation in the open air.
25. Smarting tears in the eyes in the morning.
26. Acrid tears that make the canthi red and sore.
27. Increased secretion of mucus in the eyes.
28. Eyes agglutinated in the morning.
29. Dry feeling in the eyes, as if after long weeping.
30. Dry feeling, in the evening, in the inner canthi, with pressure.
31. Sensitiveness to light.

These symptoms represent chiefly catarrhal and catarrho-strumous ophthalmia, but to my knowledge this remedy has never been employed homœopathically in inflammation of the eye. It may be permitted me, however, to detail a remarkable case of cure of far advanced scrofulous ophthalmia and general strumous cachexia by the waters of Wildegg, which are said by Dr. Watzke to owe all their medicinal virtues to the chloride of sodium with which they abound.

"A boy of thirteen, of scrofulous habits, very much behind in corporeal and mental development, fat and lazy, with swollen cervical

glands, tumefied alæ nasi, and large upper lip, sought and found relief in Wildegg, for an affection of the eyes that had often attacked him since his earliest childhood, and that had produced very melancholy results in the course of time. The lids were thickened, their mucous membrane scarlet coloured, turned over at the edges. In place of the ciliæ, which had long since disappeared, were to be seen elevated cicatrices or ulcers. The sclerotic was completely covered by a uniformly red, thick layer of conjunctiva, which trespassed on the boundaries of the cornea. The cornea itself was opaque. There was at the same time great photophobia, and almost complete absence of vision. Attempts to see caused the most violent pains in the eye. A large amount of remedies and methods had hitherto been employed in vain: at last the patient was brought to Wildegg. The internal and external use of the mineral water completely cured him in a few weeks. Several years subsequently he drank, from motives of gratitude and prudence, for several weeks a couple of glasses of the water every morning. His whole constitution had undergone a change; the signs of scrofula in the nose and lips had disappeared, he became tall and strong. Of the whole disease there remained nothing but a few maculæ in the cornea, which, however, did not obstruct vision in the least degree. Even the ciliæ had partially grown in again."—Aimé Robert, *Notice sur l'eau minérale de Wildegg*, 1840, quoted by Dr. Watzke, *Œst. Zeitsch. f. Hom.* iv. p. 184.)

Nitri Acidum.

1. Pressure in the eyes, like pressure on an ulcer.
2. Pressure like sand in the outer canthus.
3. Pressure in the eyes, like a grain of sand.
4. Pressure in the eyes, as from looking at the sun; mucus is secreted, and the eyes become red, and itch.
5. Pressure and raw pains in the left eye.
6. Periodical pressure on the inner surface of the lids, especially the lower one, with great sensitiveness to light, and winking.
7. Pinching pain in the eyes.
8. Contractive pain in the left eye.
9. Sensation as if the eye were compressed.
10. Great drawing pain in the eyes.
11. Stitches in the eyes.
12. Shooting in the right eye and left ear from the head, followed

by inflammation of the eye, the white becomes red, he could not see in the open air.

13. Itching in the inner canthus.
14. Itching and pressure in the eyes.
15. Smarting in the eyes.
16. Burning in the eyes and left temple.
17. Redness of the white of the eye.
18. Eyes quite red, without agglutination.
19. Inflammation of the conjunctiva of the right eye.
20. Dark spots in the cornea.
21. Feeling as if the eyes were full of tears.
22. Frequent lacrymation.
23. Lacrymation and itching of the eyes.
24. Lacrymation of the right eye in the mild open air.
25. Lacrymation, much increased by reading, with pains in the eye.
26. Acrid fluid from the eyes.
27. Stickiness of the eyes, as from mucus.
28. Dry gum in the angles.
29. Agglutination of the right eye over night.
30. Sensitiveness of the eyes to the light.

Little beyond simple conjunctivitis is indicated by the above symptoms; the remedy has, however, been recommended in scrofulous and syphilitic ophthalmia (*Noack and Trinks' Handbuch*), ophthalmia from the abuse of mercury (*ibid*), ophthalmia from the sudden suppression of syphilitic complaints (Hartmann, *Anmerkungen zu Rückert's Darstel.* i.) ophthalmia gonorrhoica (Knorre, *Allg. Hom. Ztg.* xix. p. 67). phlyctenulæ on the cornea, which became flat ulcers (Goullon, *Archiv*). There is no dearth of cases in our Homœopathic literature where *nitric acid* has been employed in the treatment of ophthalmic affections; but after a careful perusal of them, I am unable to select any where the curative action of the remedy is very strikingly marked, except the following case of *o. exanthematica scrofulosa.*

"S. a girl of nine years old, of a feeble constitution, had for several years been affected with repeated attacks of inflammation of the left eye, alternating with tinea. The inflammation was almost

permanent, for it only disappeared when the exanthema was present, which was always of small extent, and never lasted longer than two days. Some weeks previously the right eye had also become inflamed, immediately after the disappearance of the exanthema. The child had also been subject to cough for three years back, and from the second year after its birth the functions of nutrition had been very imperfectly performed. Although she ate much, she rather lost than gained in flesh, although she did not feel feeble; she was, however, very pale. Both eyes were then inflamed, the ball as well as the lids, which were red and swollen: there was much lacrymation, and she could not keep them long open on awaking in the morning, on account of their sensitiveness to light. She got, on the 29th July, 1830, *sp. sulph.* a globule of the mother tincture, The 25th August the eyes were quite cured. The tinea, however, re-appeared, but to a greater extent than formerly; all the head was covered by it. It was not drier, but moister, than usual. There appeared at the same time glandular swellings in the neck. The exanthema lasted two months. At first the eyes remained well, but afterwards the right began to inflame. In the interval the appetite ceased to be excessive, and the child's disposition became more cheerful than ever. I gave her on the 11th September *graphites* $^1/_{30}$, and on the 30th October *Acid. nitr.* $^2/_{30}$. Under the action of this latter remedy the ophthalmia disappeared. The tinea had already yielded to the *graphites*. There has been no relapse up to this date (February 1831.)" (Hartland, *Hom. Annal.* ii. p. 199.)

Nux Vomica.

1. Raw and excoriative pain in the inner canthus.
2. Sore, dry feeling in the inner canthi, in the morning in bed.
3. Smarting in the inner canthi as from acrid tears, at night in bed.
4. Smarting in the eyes, especially in the outer canthi, as from salt, with lacrymation.
5. Painless redness in the left outer canthus, in the morning.
6. Outer canthus gummed up with matter.
7. Mattery canthi.
8. Pain in the eye as if bruised, with purulent mucus in the outer canthus.
9. Pain as from needles in the eyes.
10. Burning (formication) in the eyes without inflammation.

11. Itching of the eyes, ameliorated by rubbing them.
12. Dryness of the right eye.
13. Swelling of the eye, with red streaks in the white, and pressive tensive pains.
14. Inflammation of the eyes.
15. The eyes are full of water.
16. Blood exudes from the eye.
17. Painless injection of the white of the eye.
18. Itching in the eyeball.
19. Photophobia.
20. Intolerance of light, with diminished vision in the morning.

The diseases chiefly pointed to in this list of symptoms are *ophth. catarrhalis,* and *scrofulosa.* The following cases will illustrate its action:—

"Voleska von K., a little girl six years old, of scrofulous constitution and lively temperament, had probably taken cold during a walk in the month of May. Soon afterwards fluent coryza, and the next morning ophthalmia, great pressive pain in the eyes, on every attempt to open them or to look at anything. The whites of the eyes as if full of blood, without swelling. Lids red, swollen, agglutinated by mucus. No fever. I gave her *nux vomica* $^1/_{30}$, in some drops of pure water. The following day, the lids, it is true, were still swollen and gummed, but there was no more pressive pain in the interior of the eye, no more congestion of blood in the white of the eye. Constant fluent coryza. The inflammation disappeared in the course of the two following days. On the fourth day there was not a trace of the disease."—(Trinks, *Hom. Annal.* i. p. 17.)

In the next case of *ophth. scrofulosa, nux* seemed of great service, though the cure was completed by means of *conium.*

"H. H., a little girl seven years old, blonde, scrofulous, small, had suffered for four months from scrofulous photophobia of the most severe character, for which had been given her, but without success, a great variety of remedies. I was consulted on the 14th August. I found the patient lying on her face, and a bandage tied over her eyes, which I was unable to examine on account of their excessive sensitiveness. I gave a drop of *nux vomica,* 10. The fifth day, great amelioration, which lasted till the thirteenth day. She was so

well as to be able to walk about the room with a simple green shade, and could amuse herself with different sorts of games. The left eye bore the light of day very well, but not so the right. I then gave *conium* 10, gtt. j. In six days she was perfectly cured."—(Schwarz, *Hom. Annal.* i. p. 78.)

The next case appears to have been one of periodical catarrho-scrofulous ophthalmia; but the details are not sufficient to enable us to decide on its exact nature.

"Mr. J., of B., aged twenty-two, had tinea in his childhood, and a chancre in his youth; otherwise he had always enjoyed good health, except that he sometimes suffered from hæmorrhoids, and for some years, in the spring and autumn, from inflammation of the eyes. On the 12th March, 1828, I found him in the following state. Smarting itching in the lids, the canthi filled with purulent mucus, the eyes inflamed. Inability to bear the daylight, especially in the morning. Tearing pains in the eyes awoke him by night. Hard tardy stools. On former occasions, when he used to be treated by collyria, it required several weeks to subdue the inflammation. I gave him at night *nux vomica* $^1/_{24}$. Four days afterwards not a trace of the disease remained. Not only the ophthalmia did not return, but he was moreover cured of his hæmorrhoids, and the stools became much more regular."—(Schreter, *Hom. Annal.* i. p. 77.)

To the following case it would be difficult to assign a name. It bears some resemblance to *O. scorbutica*, which the circumstances in which it was placed might certainly have produced; but perhaps the very injudicious attempt to rear the child on coffee might be sufficient to account for the whole disease. S. 16, in the foregoing pathogenesis, or perhaps a consideration of the probable cause of the disease, might have directed the author to the selection of the *nux* which had such excellent effects.

"Quite another form* was assumed by another case, that of a child of six weeks old, which, begotten by a hectic father, and born of a delicate mother, came into the world with but a weekly constitution. And yet the child continued very well for the first fortnight

* The Author here alludes to another case of hæmorrhage from the eyes, which I have given at p. 339 of this volume.

whilst it was nourished by the mother's milk. But when the mother all at once lost her milk, she was forced to rear it artificially, for which purpose she selected biscuit broken down into coffee, and for drink weak coffee and milk. For a fortnight longer the child remained tolerably well, but after that it became affected with restless sleep, constipation of the bowels, retention of the urine, and other complaints, which because they constantly varied, were held to be unimportant, as the child did not materially lose in flesh. But when, in addition, in the sixth week, there occurred hæmorrhage from the eyes, my advice was sought. I found the following state: Blood frequently flows from the eyes, which appear to project, with swollen eyelids, but the swelling is not so great as to prevent the child opening the eyes a little. The vessels of the tunica sclerotica are much distended, and on holding the lids asunder for some time single bloody points appear on the eyeball, which grow larger until they become drops and then run out. There is frequent eructation after eating and drinking, and part of what has been eaten is often ejected. Sometimes the child commences to cry out unexpectedly, and twists about in its cradle; after the discharge of some flatus it becomes quiet again—a kind of flatulent colic. Constipation; it does not have a motion for perhaps two or three days, and when an evacuation does occur it is quite hard, is passed with great effort, and the rectum comes down along with it. The body is normally warm, the hairy part of the scalp perspires, and the superior and inferior extremities are cold to the touch. Restless sleep and great general restlessness. No remedy was more applicable to this morbid state than *nux vomica*, of which I gave that very evening the smallest part of a drop of the 30th dilution; I ordered for drink in place of coffee, milk, and for food, crumb of roll boiled in milk. As the child was very dirty, I found it necessary to remind the parents to have it washed every day, so as not to allow transpiration to be obstructed. Three days afterwards I found the child's state perceptibly improved. The very next day it had a natural evacuation, without prolapsus of the rectum; there was no more flatulent colic; the sleep had become more natural, and the restlessness had gone off. The swelling of the lids, as also the turgid state of the vessels of the eye was no longer visible, and the tendency to hæmorrhage was thereby removed. The child remained well, and has never since shewed the slightest symptom of affection of the eye."—(Hartmann, *Archiv*, vi. pt. 2, p. 42.)

In estimating the value of the treatment in the above case, we must not forget to take into consideration the good effects that must have followed the substitution of a wholesome and appropriate diet for the injudicious substances on which the patient had previously been reared; nor could we find fault with any one for believing that the case was cured by dietetic means alone.

Hartmann makes the following observations on *Nux Vomica* in relation to the ophthalmiæ.

"The signs of catarrhal ophthalmia are: redness of the edges of the lids, especially at their commissures, with smarting sensation, photophobia, lacrymation, in the evening exacerbation of the disease, which is still more increased by any bright light; morbid secretion from the meibomian glands; redness of the conjunctiva; symptoms of catarrh with or without pain. All the symptoms here enumerated are strikingly marked in the eye affections caused by *nux;* which is the reason that these inflammations are frequently cured by this remedy, which, however, cannot be regarded as a specific in this disease, as O. catarrhalis is by no means a fixed disease, and does not always appear with the same symptoms; but is frequently superadded to other diseases of the eye already present, or accompanied by other affections to which nux is not applicable. * * * Rheumatic ophthalmia also comes under the sphere of action of *nux*, especially the first period of that disease, when the symptoms belong almost entirely to pure rheumatic ophthalmia. Those of the second stage are rarely pure, exclusively belonging to that disease, but are joined to those of arthritic or scrofulous ophthalmia. These complications should be carefully considered, because from them results a peculiar affection, in which this remedy ought not to be used unrestrictedly, though it is often a good intermediate remedy. I have frequently succeeded in removing by *nux* the indolent redness of the ball of the eye, an accidental consequence of the primary disease, after this has been cured. Arthritic ophthalmia is met with, either as an accompaniment of arthritic affections, or on their sudden cessation. It is characterized by a deep redness of the vessels of the eye, with shootings, pressure, photophobia, and lacrymation. From the diversity of its forms it is evident that *nux* cannot be its sole remedy. I believe that this substance is only efficacious in those states called by ophthalmological writers blepharo-blennorrhœa and ophthalmitis;

at all events the symptoms indicative of such affections are generally to be found in the pathogenesis of *nux*. Nevertheless, in the one and the other state, this medicine is only indicated at the commencement of the disease, and not if it has already attained any great height. * * * Scrofulous ophthalmia is one of the most frequent diseases of children, especially at Leipzic, where there are few children who are not more or less affected with scrofula. Although the cure of this disease is slow, both by Homœopathy and Allopathy, I think I can affirm that it is effected more rapidly by Homœopathy than by its rival; firstly, because the patients are less worried by medicines of a bad taste; and again, that in spite of the slowness of the cure an amelioration is perceived much more quickly than under the other system. I have often succeeded in curing this disease, although I usually got the cases when they were no longer recent. What is most troublesome in this disease when it is of long standing (sometimes of several years date,) is the tendency to frequent relapses, coupled with catarrhal and rheumatic ophthalmia, which, however, became rarer and shorter in the course of treatment. The variety of names given to this inflammation, according to its seat, prove that it does not appear always under the same form, and consequently that there cannot be a specific for it. *Nux* is a remedy very well adapted for this disease at its commencement, when the edges of the lids are chiefly affected; when there is lacrymation and photophobia; when the secretion from the meibomian glands is increased so as to glue the lids together; in fine, when the disease has a great deal of catarrhal ophthalmia in it; and also when the inflammation extends to the exterior membrane of the eyeball. If it goes further, becomes more violent, and affects the internal parts, it cannot be brought under the sphere of action of this remedy; whilst the relapses which have the catarrhal or rheumatic character often find their remedy in *nux*. I lately treated a case of severe scrofulous ophthalmia of five years' duration, which had resisted the efforts of several occulists, who ended by advising it to be left to the cure of nature and the age of puberty; the poor sufferer was not more than nine years old. There were several ulcers on the cornea, all surrounded by an inflammation more intense than that of the globe, and some of which had healed and formed opaque cicatrices; the right eye was covered by a sort of pannus; the edges of the lids had been from the commencement of the disease in a state of inflammation; the photophobia and lacrymation were very considerable, especially

in the morning and in the evening when exposed to light. It required four months to complete the cure, during which time the pannus of the right eye totally disappeared, and the cicatrices of the healed ulcers were only indicated by little clear specks. Sometimes *nux* was of material benefit in this case, though *bell.*, *hep.*, *sulph.*, *digit.*, and *cannab.* contributed powerfully to the cure; the scrofulous diathesis was eradicated by *aurum* and *arsenic*. In the inflammation described by oculists under the name of conjunctivitis or inflammation of the sclerotical and corneal conjunctiva, *nux* is also sometimes efficacious, as several of its symptoms indicate, and my own experience has demonstrated. Generally of an indolent character, it must be distinguished from *sclerotitis*, to which *nux*, to judge from the symptoms, cannot be considered as appropriate. Much of the indolent redness of the eyeball, the consequence of rheumatic ophthalmia, is owing to conjunctivitis, to which I have already alluded under rheumatic ophthalmia. This remedy is no less applicable to one of the first degrees of external ophthalmia, called taraxis, as also to angular ophthalmia. This disease is first manifested by a slight pressure in the eye, which commences to weep and grow red, the redness first occurs at the angle of the eyes, especially their inner canthi."—(Hartmann, *Allg. Hom. Ztg.*; also *Bibl. Hom. de Genève*, 2nd series, v. p. 188.)

I have quoted Dr. Hartmann's observations nearly at length, as he is considered no mean authority in Homœopathic therapeutics, though I do not think his observations on ophthalmia will add much to his fame. What he says regarding rheumatic ophthalmia is little better than rank nonsense, for whoever heard of rheumatic ophthalmia in the second stage being not that disease but a compound of two other diseases? What Dr. Hartmann means to say is, I presume, that *nux* is applicable to the first stages of rheumatic ophthalmia, but not to the subsequent ones. Then his observations on arthritic ophthalmia would lead us to suppose that blepharoblennorrhœa and ophthalmitis were merely varieties of that disease, with which every one knows they have no connexion. Then again Dr. Hartmann appears to consider conjunctivitis and taraxis, or external ophthalmia, as different diseases, when it is well known they are one and the same disease. I may remark that in opposition to what Hart-

mann says, I have usually noticed that the redness of the eye which remains after rheumatic ophthalmia, is owing to vascularity of the sclerotic rather than of the conjunctiva, which may not be affected during the whole course of the disease.

My own experience does not lead me to attach much value to *nux vomica* as a remedy in ophthalmia, and I doubt very much its applicability to rheumatic or arthritic ophthalmia; nor do Dr. Hartmann's observations tend in any way to remove this doubt. Catarrhal and catarrho-scrofulous ophthalmia are alone indicated by its pathogenesis.

Petroleum.

1. Pressure in the eyes, in the evening.
2. Much pressure in the eyes, especially by candle light.
3. Great pressure in the eyes, as from a grain of sand.
4. Cutting in the eyes on straining to read.
5. Stitches in the eyes, and lacrymation.
6. Stitches from the outer to the inner canthus.
7. Stitches in the eyes on pressing them.
8. Throbbing pain in the right eye.
9. Itching and shooting in the eyes.
10. Itching, shooting, and burning in the eyes.
11. Smarting in the eyes.
12. Smarting in the eyes, as if from smoke.
13. Smarting and heat in the eyes.
14. Burning in the eyes.
15. Burning and pressure in the eyes.
16. Burning and pressure in the inner canthus.
17. Lacrymation.
18. Lacrymation in the open air.
19. Lacrymation frequently, even in the room.
20. Painful sensibility of the eyes to daylight; he must keep them covered.

Scrofulous ophthalmia is pointed to by the above symptoms; the remedy has, however, been little used in ophthalmic affections. Dr. Knorre mentions having cured, by means of it, a case of incipient scrofulous ophthalmia, with pain above the root of the nose, swelling of, and purulent excretion from the nostrils. (*Allg. Hom. Ztg.* v. p. 306.)

Phosphorus.

1. Digging pain the eyes.
2. Pressure in the eyes.
3. Pressure in the eyes, with dimness of vision.
4. Dull pressive pain in the orbits.
5. Pressure in the eyes like sand.
6. Pressure and shooting in the eyes; they are dim and weak.
7. The eyeballs pain as if pressed; looking increases the pain.
8. Pressure and burning in the eyes.
9. Tension in the eyes.
10. Shooting and tearing in the right eyeball, in the afternoon.
11. Shooting and dryness in the eyes.
12. Stitches in the left eye, and on the lower lid a stye.
13. Shooting behind the eye.
14. Fine shooting in the inner canthi, worst in the open air in the morning.
15. Itching in the eyes.
16. Sensation in the right outer canthus, as if something acrid, salt, or smarting were in it, without redness.
17. Burning and dryness of the eyes whilst reading.
18. Smarting in the left eye.
19. Flow of blood to the eye; he feels his eyeball, but not unpleasantly.
20. Itching in the left eye, relieved by rubbing.
21. Burning in the eyeball.
22. Burning pain in and about the eye.
23. Heated eyes and burning in them.
24. Inflammation of the eyes.
25. Inflammation of the eyes, with burning and itching in them.
26. Inflammation of the eyes with shooting.
27. Inflammation of the right eye, whilst the left is weak.
28. Inflammation and redness of the eye, with itching and pressive pain.
29. Redness of the white of the eye, with itching and raw pain, and flow of much burning and corrosive water.
30. Redness of the conjunctiva, with the feeling as if something had got into it, causing him to wipe and rub it constantly.
31. Redness, inflammation, swelling, and agglutination of the right eye, with burning pain.

32. Dryness of the eyes, soon going off.
33. Dryness of the eyes, on waking in the morning.
34. Dry feeling in the eyes.
35. Weeping of the eyes, in the morning, whilst working, with dim sight.
36. Disposition to lacrymation in the open air.
37. Lacrymation.
38. Excessive lacrymation, even at night.
39. Lacrymation, smarting and mucus in the right eye, in the evening.
40. Watering and dimness of the eyes whilst reading.
41. Watering of the eye in the warm room.
42. Agglutination of the eyes in the morning, on rising.
43. Agglutination of the inner canthi in the morning.
44. Agglutination of the eyes in the morning, with burning and shooting in them, and dim sight.
45. Agglutination of the eyes in the morning, with watering and weeping of them by day.
46. Sensitiveness of the eyes to candlelight.
47. Dazzling of the eyes by daylight.
48. The eyes are painful on reading by day or candlelight.

In these symptoms we have indications for o. catarrhalis, scrofulosa, rheumatica, and perhaps arthritica. Hahnemann counsels its employment in inflammation of the eyes with heat in them, and pressure as if from a grain of sand. Knorre found it useful in a case of inveterate catarrhal ophthalmia, where both eyes and lids were inflamed, the edges of the lids as if corroded, constant lacrymation, causing smarting and burning, copious secretion of thin muco-purulent matter, itching and burning in the eyes, agglutination in the morning, indistinct vision. (*Allg. Hom. Ztg.* xix. p. 285.) I have myself had no experience of its action in ophthalmia.

Pulsatilla.

1. Itching in the inner canthus.
2. Pressive, fine shooting pain in the inner canthi, in the evening, after rubbing the eyes.
3. Inner canthi gummed up with matter in the morning.

4. Smarting pain in the inner canthus, as if it were sore.

5. Pressive pain in the inner canthus.

6. Dryness of the eyes, and in the morning a feeling as if a foreign body were pressing in it.

7. Dryness of the right eye, and feeling as if it was darkened by a veil, in the evening.

8. Lacrymation.

9. Great lacrymation in the cold air.

10. Swollen eyes, and feeling as if he were squinting.

11. A red, inflamed spot in the white of the eye, near the cornea.

12. Itching in the eyes.

13. Itching in the outer canthus, in the evening; in the morning, agglutination of the lids with matter.

14. Burning and itching in the eyes, making him scratch and rub them.

15. Itching shooting in the eyes.

16. Burning in the eyes, colic and vomiting.

17. Pressive pains in the eyes, as if they were heated.

18. Pressive, burning pains in the eyes, especially morning and evening.

19. Pressive, rubbing pain in the eye, as if a hair had got in.

20. Pressure in the eyes, as if sand were in them, on reading.

21. Shooting pain in the left eye, on moving the head, with escape of tears.

22. Shooting pain in one or other eye, with little inflammation of the white; he cannot look well at the light, nor open the lids perfectly.

23. Excessive tearing, boring, and cutting pains in the eye.

24. Pain in the eye, as if it were scraped with a knife.

25. Eyelids glued together in the morning.

26. Itching, gnawing, and burning in the lids, in the evening.

27. The border of the lower lid is inflamed and swollen, and tears escape from the eye in the morning.

28. Swelling and redness of the lids.

29. A stye on the eyelid, and inflammation of the white of the eye, first in one, then in the other canthus, with drawing tensive pain in it on moving the facial muscles, and with ulcerated nostrils.

30. Dryness of the lids.

The diseases here indicated are o. scrofulosa, catarrhalis, rheumatica. Pulsatilla has also been found useful in o. syphili-

tica and neonatorum, and is the best remedy in o. morbillosa, the most severe cases of which it generally suffices to cure. The following cases will illustrate its action. The first is simple catarrhal ophthalmia.

"Francis S. of K. aged thirty, applied to me the 3rd June, on account of an affection of the eyes, which he had had for six or seven days. Sensation of dryness and burning heat in the eyes, worst in the evening; the edges of the lids red and swollen; muco-purulent matter in the canthi, gluing up the lids in the morning; conjunctiva lax, flaccid, and unequally red, as if spotted; otherwise healthy. *Pulsat.* 3, and lotions of tepid water, morning and evening. Perfectly cured by the 21st."—(Dr. Y. *Bekehrungsbriefe*, i. p. 99.)

In the following case of catarrhal ophthalmia, *aconite* may divide with *pulsatilla* the honour of the cure.

"Mlle. F. at the change of life had been affected for three weeks with purulent ophthalmia, with acute pain, especially towards evening. The pulse is hard and full; she has great weary pains in the region of the kidneys. The 22nd September, 1836, I prescribed *aconite* 24, gtt. ij. mixed with distilled water, to take three table spoonfuls a day. On the 28th all the pains were gone. The pulse was normal. The eyes were in a satisfactory state, except at night. I prescribed *pulsatilla* 12 gtt. Some days afterwards she came to thank me for my advice; she was perfectly cured."—(Malaise, *Clinique Homœopathique*, p. 39.)

The next is a case of scrofulous ophthalmia, but whether *bellad.* or *pulsat.* was the real remedy, it is impossible from the scanty details to decide.

"A little girl, of six years of age, suffered from scrofulous ophthalmia, with photophobia. Externally, no redness was perceptible; but the eyes always remained shut, even in the dark, and the least ray of light striking on the lids gives rise to the most violent pain. The internal use of calomel, antimony, extract of conium, in increasing doses, did no good, nor yet the external use of laudanum, blisters, &c. On the other hand *pulsat.* 12 and *bellad.* 24 were productive of such good results that in a few days the patient could open her eyes, which had so long been closed spasmodically."—(Kopp, *Denkwürdigkeiten*, ii. p. 297.)

Aconite shares with *pulsatilla* the merit of the cure of the subjoined case of rheumatic ophthalmia.

"M. Benjamin H. tailor, aged forty, residing at Bern, sought my advice on the 6th April, 1835, for an affection of the right eye. Up to this time the patient had enjoyed good health; for two days his eye had been very painful; he felt shooting pains around the eye, he could not bear any light, and was feverish; the ball of the eye was red and inflamed, the pupil indistinct and irregular; the sight was completely gone. I prescribed *aconite* and then *pulsatilla* of the 12th dilution, one globule morning and evening, low diet and absolute rest. At the end of six days the patient had regained his sight perfectly; the affected eye was no longer inflamed, the pupil had resumed its normal form, and M. H. was as much surprised as satisfied with the cure."—(Fischer (of Bern), *Bibl. Hom. de Genève*, vi. p. 226.)

The next is the case of syphilitic (or mercurial) ophthalmia I alluded to under *crocus*.

"A woman about 30 years old had been cured of syphilis by mercury. Soon afterwards she was attacked by ophthalmia: constant feeling of pressure in the eyes; sensation, as if she had a small thread in the eye; red vessels forming a sort of corona around the cornea; aqueous humour a little dim; eyes dull; objects appear as if through smoke; the eyes are always watery; sometimes, on shutting the lids, vision of sparks. Pupils contracted horizontally, the left externally and superiorly, the right internally and superiorly, where it also formed an angle. She could not see in the sun's light. Touching her eyes took away her sight altogether. After shutting the eyes she saw better for an instant. The left pupil was a little more dilated than the right; they were, however, both moveable. Headache every day, in the afternoon, all over the head, but worst in the forehead; occasional feeling of lassitude; she was as if bruised, as if wearied; prickling as if after being heated. Eyes red, swollen, as if she had been weeping. I gave her *pulsat.* 6. She took coffee next morning, and the remedy did no good. Pupils immoveable. The left eye was traversed by vessels, and had a dirty appearance; the vessels seemed inclined to become varicose, and betwixt the edges of the lids a little gum was visible. I gave her in the evening *pulsat.* 3. The following morning the pupils were almost round, the sight was much clearer, the

headache gone, and the appearance of the eyes less tearful. The third day, the patient having remained in a room brilliantly illuminated by the sun, all the symptoms became aggravated the next day. She felt above the left eyebrow a drawing pain towards the temporal region, which came on every evening, and lasted half an hour. I gave *tinct. croci.* 3. The next day the eyes were no longer red, but the sight was still bad. In the evening, pressure as from a foreign body in the eyes, probably the effect of too strong a dose [*sic!*]. The next day she saw very well with the right eye, and much better with the left; the left pupil had regained its normal state, and was only slightly contracted superiorly; the right was round, but still a little dilated; both moved regularly. The pains had ceased. In a few days the left eye had recovered its natural state."—(Caspari, *Hom. Erfahrungen*, p. 173.)

Seidel (*Archiv*, xii. pt. 3, p. 148) recommends *pulsatilla* in ophthalmiæ with great lacrymation and mucous secretion from the meibomian glands; and Lobethal (*Allg. Hom. Ztg.*) says: "In catarrhal ophthalmia, with agglutination of the lids in the morning, it is the principal remedy; if it do not play the chief part in other ophthalmiæ, we frequently require to make use of it in them."

Rhus Toxicodendron.

1. Drawing and tearing in the supraorbital region and cheek bones.
2. Pain in the eye.
3. Periodic cutting in the eye, difficulty of opening the lids in the morning.
4. Inflammation of the eye.
5. Pressure in the eyes, as if dust were in them.
6. Pressive pain in the eyes.
7. Pressure, as from inflammation, in the left eye, which is red in the inner angle, and agglutinated in the evening.
8. Pressive and contractive pain in the eyes, in the evening.
9. Burning pressive sensation in the eye from evening till morning, going off on rising in the morning.
10. In the morning the white of the eye is red, with burning pressure in it, the eyes look prominent.
11. Smarting as from an acrid acid in the right eye.

12. A smarting in the eyes, they are glued up in the morning.
13. The eyes are red, and glued up with matter in the morning.
14. Eyes agglutinated in the morning with purulent mucus.
15. Lacrymation.
16. Lacrymation, with burning pain in the eyes in the evening.
17. Itching in the right outer canthus.
18. Inflammation of the lids.
19. A smarting itching in the right upper lid.
20. Great swelling of the lids.
21. Dry feeling in the lids, especially in the inner canthus.
22. Smarting in the inside of the lower lid.
23. The lids feel, in the open air, raw, as if excoriated by acrid tears.

Rhus is one of our most important ophthalmic remedies. The ophthalmiæ to which it is peculiarly suited are catarrhal, scrofulous, exanthematic, and erysipelatous. Some of the symptoms would seem to point to rheumatic ophthalmia, and the following was probably a case of that disease.

"A woman twenty-eight years of age had, last May, an inflammation of both eyes; the white of the eyes was inflamed of a pale red colour; in the eyes smarting and burning; dimness of vision, as through mist; in the morning the eyes gummed up, as if with matter, which partly hardens and adheres to the ciliæ, stiffness of the lids; watery eyes. The cause of this ophthalmia it was difficult to ascertain, and it would have been no easy matter for the Allopathist to establish his causal treatment. It was just as difficult for the Homœopathist to discover the cause; but not being able to do so was no impediment to the cure. The similarity of symptoms, the complication with dimness of vision, as if a cloud or veil were before the eyes, the resemblance of inflammation, pain and secretion, determined me to give *rhus toxicodendron*. In the course of eight days the disease was quite cured. The patient now gave up the Homœopathic diet, drank coffee, and exerted the eyes very much as before. The disease returned, and was accompanied by a fluttering before the eyes. I gave *pulsatilla:* in three days this relapse was removed and the patient remained permanently cured. After the lapse of two months, the same woman was affected with cramps in the stomach, and soon afterwards with true arthritis, with swelling of some of the finger joints, and stiffness of the legs after sitting. This articular

affection, which presented the peculiarity of being more painful on rising up after sitting, was removed by a dose of *rhus*, so that to this day the woman has felt no more of it. Every medical man who compares former and later attacks of disease together as he ought, in order to trace their connexion with each other, will easily see that the ophthalmia was merely the local expression of a general disease pervading, but hid in, the organism, and that it was of an arthritic [what I have termed rheumatic] character;* so that it was merely a metastatic development of the general affection."—(Kammerer, *Archiv*, ix. pt. 2, p. 112.)

The following is a case of severe catarrhal or catarrho-strumous ophthalmia, and not o. neonatorum, as the author supposed; the age of the child (we have no details respecting the duration of the disease), as well as the rapidity of the cure, preclude this idea.

"I found in a scrofulous child of six months old a fully developed inflammation of the eyes of the kind denominated ophthalmia of new-born infants [?]. The swollen lids were completely closed, but there escaped from time to time some purulent mucus. On attempting to open them there flowed out a quantity of water, and the conjunctiva covering the lids was loose, swollen, projecting betwixt the lids, and prevented any view of the eyeball being obtained. At Berlin [and elsewhere] very little ceremony is used in such cases; the redundant membrane is cut off. I gave to the child two or three spoonfuls daily of *rhus*. 6 in *aq. dist.* ʒiij, with directions to wash the lids with the same liquid. After the lapse of four days the disease had ceased without leaving a trace; the eyes shewed no abnormal appearance, and all photophobia had gone off."—(Gross, *Archiv*, xvi. pt. 2, p. 94.)

I subjoin a few cases of scrofulous and exanthematous-scrofulous ophthalmia.

"The son of Inspector H. three years of age, stout, otherwise healthy, had suffered for eight days from all the symptoms of stru-

* To one accustomed to observe ophthalmic affections, it would not be necessary to wait for some other development of the general dyscrasia in order to determine that the eye affection was of a rheumatic character, for the symptoms by which it shows itself are as indicative of a rheumatic origin as are the swellings and pains in the joints.

mous ophthalmia. It was the right eye that was affected. Not much photophobia; eyelids slightly swollen; on the cornea a small scrofulous ulcer, surrounded by fasciculi of vessels. On the 2nd of August I gave a dose of *rhus* $^{2}/_{30}$, and on the 7th there remained not a trace of the disease."—(Thorer's *Prakt. Beiträge*, iii. p. 28.)

"The daughter of Mr. C. T. a child of nine years old, very subject to scrofulous affections, was attacked the 30th September, by scrofulous ophthalmia, with phlyctenulæ on the edge of the cornea of the left eye. The pains and photophobia were not very great, and the child was otherwise pretty well, except that there were some scrofulous eruptions on the internal walls of the nose, which was, moreover, much swollen. I gave her *rhus tox.* $^{2}/_{30}$. On the 4th of October no amendment was as yet visible, but at any rate the inflammation had not increased. I repeated *rhus* $^{2}/_{30}$. On the 7th the patient was cured; scarcely a trace of inflammation could be observed. These two doses of *rhus* sufficed to cure the nose also." —(Thorer's *Prakt. Beiträge* iii. p. 28.)

"A little girl, five years old, who had been already under treatment for general scrofulosis, was attacked by ophthalmia. The conjunctiva of the left eye was very red, and studded over with small blind ulcers. Great photophobia, frequent lacrymation; besides this, dry eruption behind both ears and beneath the scalp, exuding plentifully. A variety of remedies had failed to produce any result. I made her leave off all medicines for four days, and then gave *tinct. rhois tox.* gtt. iv. in two ounces of distilled water, a tea-spoonful for a dose. All the symptoms went off in a fortnight."—(Lichtenfels, *Hygea*, v. p. 563.)

"A youth of seventeen, who suffered from a violent inflammation of the eyeball, with two open dirty looking ulcers on the cornea of the left eye, the size of hemp seeds, great photophobia, and thick scabs round the alæ nasi and the angles of the mouth, was cured by *rhus* in twenty days. No trace of the disease was perceptible, except the small cicatrices on the cornea and the bluish red colour of the parts where the scabs had been."—(*Ibid.*)

"A child three years of age, son of Mr. F., a delicate little creature, pale, the head covered with tinea and the face all over with an eruption, had suffered for some days with scrofulous ophthalmia. The conjunctiva inflamed, the left cornea covered in two different places with phlyctenulæ; photophobia, and abundant lacrymation; lids much swollen. I gave him on the 8th and 12th July *rhus* $^{2}/_{30}$. On

the 17th there existed not a trace of the inflammation, but the tinea and eruption on the face were still present. The salutary effects of *rhus* on the eyes decided me to continue its use. I gave every six days a dose of *rhus* $^{2}/_{30}$, and at the end of 5 doses he was perfectly cured."—(Thorer's *Prakt. Beitr.* iii. p. 27.)

"A woman forty years of age suffered from an eruption in the left lower lid. To this was added inflammation of the conjunctiva. No eruption of any kind was observable on any other part of the body, and her health was not deranged; in the affected part she experienced burning and painful twitchings. I prescribed *tr. rhois tox.* gtt. xx. in 2 oz. of distilled water, a tea spoonful every day. Soon afterwards the eruption ceased to spread, the thick scabs fell off, and at the end of a fortnight there was not a trace of disease to be seen. She had formerly been treated without success."—(Lichtenfels, *Hygea*, v. p. 562.)

"The daughter of a distinguished philologist of this city (Breslau), aged three years, had been affected with ophthalmia ever since she was two years old. In spite of the efforts of a talented Allopathic physician, with his collyria, his revulsions by means of blisters, and Autenrieth's ointment, the internal use of ethiops mineral, calomel, and Dover's powder, the child's eyes for a year past had not been a single day exempt from inflammation. Her excessive photophobia made her lie all day, her face resting on the floor; she was always restless, lost her appetite, grew thin, and her medical attendant, who for several months had been unable to open the eyes, dreaded, not without reason, that some incurable morbid changes might be taking place in the cornea. In this state she was put under my care. I made her leave off every remedy that had a tendency to cause her discomfort, and then gave her *rhus* 1, gtt. v. in four ounces of water, a teaspoonful twice a day. Scarcely had eight or ten days elapsed when the photophobia commenced to go off, the appetite returned, and I then was able to perceive several ulcers on the corneæ of both eyes. Moreover the face, that was at first quite clean, became covered with large pustules, which became ulcerated on the surface; this induced me to discontinue the *rhus*, and the pain of these ulcerations being very acute, I substituted for it some doses of *arsenic.* Three weeks afterwards I again had recourse to *rhus*, which I prescribed at distant intervals. In less than a month the child could, with its blue eyes well opened, look at its father, who was overjoyed at this happy result; she has since remained lively

and healthy; the obscuration of the cornea was completely removed by a few doses of *calc. carb.* 10."—(Lobethal, *Allg. Hom. Ztg.* and *Bibl. Hom. de Genève*, x. p. 245.)

Allopathic practitioners bear testimony to the good effects of *rhus toxicodendron* in scrofulous ophthalmia. Gescheidt found it efficacious in O. scrofulosa-herpetica after all the ordinary remedies had failed. (*v. Ammon's Zeitsch. f. d. Ophthalmol.* iii. pt. 3.) Gruner bears similar testimony to its efficacy in the same disease. (*Ibid* ii. p. 4.) Another Allopathic physician says:—

"For more than a year I have employed in scrofulous affections of the eye the *tinct: rhois toxicodendri*. I give it according to the patient's age, so many years so many drops, in four ounces of water, a tablespoonful every three hours. After this portion has been consumed I add to each of the subsequent ones five drops, so that in general seldom more than ʒj. of the tincture is requisite to remove the greatest photophobia. When it was necessary to administer more, the cases did not belong to the torpid kind. I have never met with relapses, nor yet with any ill effects from the remedy during its employment. I have now had an opportunity of employing it in more than fifteen cases of eye diseases, in patients from eight to sixteen years old, and have always found the best effects from it."—(Neuhaus, *Casper's Wochenschrift*, 1839, no. 38, p. 622.)

"A scrofulous ophthalmia in a boy four years of age, which had resisted many remedies, was cured by Dr. Elsholz, by *Tinct. Rhois Toxicod.* (first 4, then 8, 16, and lastly 32 drops in two ounces of water, one teaspoonful three times a day). Gradually the acridity of the tears ceased, along with the scabby excoriation around the eye which they had caused, the photophobia and inversion of the lids. After a four weeks use of the remedy the child could open both eyes readily, in one of which was seen a small nubecula. After the lapse of a year there was no return of the complaint, whilst formerly he had been subject to three and even four attacks yearly. Dr. Elsholz subsequently experienced good results from the same remedy in three other children, affected by scrofulous ophthalmia with photophobia, from three to four weeks sufficing to cure all the children, and to restore their eyes to the normal state. The regimental surgeon, Dr. Scheibler, also found this an excellent remedy in several cases of scrofulous ophthalmia, particularly in removing the obstinate

photophobia."—(*Med. Ztg. v. Verein f. Heilk, in Preussen*, 5 Jg. 1836, no. 18, p. 90.)

Was the following a case of *O. erysipelatosa?*

"On the 28th February, 1829, Mrs. M. brought to me her son, a child of two and a half years, whose right eye was surrounded by an œdematous swelling all round, from the border of the orbit to the ala nasi. Eyes slightly red, lacrymose by day, closed up by the swelling at night. The child was constantly rubbing its eyes, was restless and sleepless. It had been this way for two days. I gave *rhus* $^1/_{30}$. Two days afterwards the swelling and redness had gone."—(Mschk, *Hom. Annal.* i. p. 203.)

Sepia.

1. Pain in the eyes, with headache and heat in the eyes.
2. Flow of blood to the eyes.
3. Pressure, heat, and flickering in the eyes like a thousand suns.
4. Pressure on the lower part of the right ball.
5. Painful pressure on the upper part of both balls, especially the right.
6. Pressive pain on looking to the right.
7. Pressure in the eye, as if a grain of sand were in it, aggravated by rubbing; worst on compressing the eyes.
8. Tearing pains in the orbits, especially of the left eye.
9. Itching in the eyes.
10. Itching in the eyeballs.
11. Violent itching in the left outer canthus, with raw pain after rubbing it.
12. Itching in the inner canthus on waking in the morning; after rubbing, smarting and great lacrymation, and then raw feeling in the outer angle, which is somewhat agglutinated.
13. Excessive itching smarting in the left inner canthus, with lacrymation and red conjunctiva.
14. Smarting in the right eye in the evening, with disposition to close the lids forcibly.
15. Shooting in the left eye.
16. Raw pain in both eyes.
17. Burning in the outer canthus.
18. Burning in the eyes, in the evening, with weakness of them.

19. Heat in the left eye in the morning, with swelling in the inner canthus.

20. Inflammation of the eyes, with redness of the white and shooting pain.

21. Redness of the white of the eye.

22. Redness of the white of the eye in the morning on waking, with burning, smarting, and pressure.

23. Lacrymation morning and evening.

24. Lacrymation in the open air.

25. Agglutinated lids in the morning.

26. Agglutinated lids, only in the evening.

27. Daylight dazzles the eyes and gives headache.

28. The candlelight causes a contractive feeling in the eyes whilst reading.

The ophthalmia chiefly indicated in these symptoms is that of the scrofulous character. S. S. 4, 5, and 8, would seem to point also to rheumatic ophthalmia; but it has not, as far as I am aware, been yet employed in that form. The following cases will shew its power in scrofulous ophthalmia:—

"The daughter of Israel, peasant of N. E., a child of four years old, of strong and robust constitution, had suffered from an ophthalmia for upwards of a year. Several distinguished occulists had failed to cure her, as also some quacks to whom she had applied, they could at most only procure short intermissions of the complaint, with their blisters, purgatives, emetics, collyria, ointments, &c.; a surgeon at last prescribed an ointment that removed the inflammation, which, however, did not fail to reappear at the end of two days. I was at length called in. I found the following symptoms: along with the inflammation, there were frequently formed on the eyeball phlyctenulæ, that suppurated, opened of themselves, and left for long a dim spot on the eye. Several of these phlyctenulæ came upon the cornea, but disappeared without leaving any marks. Violent photophobia. Eyes gummed up during the night, so that they had to be washed in the morning in order to separate the lids, which were strongly closed by means of dry pus. Violent pains in the eye, which the child could not describe. Otherwise no morbid symptoms. I gave the 21st July, 1828, *sepia* $^1/_{30}$. This removed the ophthalmia. The 1st September I gave *silicea* $^1/_{30}$. At the end of November there was still no appearance of inflammation. Up to the present day no trace

of disease has been observed in the patient."—(Tietze, *Hom. Annal.* ii. p. 202.)

"F. R., a child of two years old, had suffered for several weeks from inflammation all over the face. The right side especially was much swollen, of a deep red, and covered over with small pimples filled with pus. During the day, and when the room was illuminated, he did not open his eyes; he only raised his lids for an instant in the dark; he rubbed and scratched his cheeks and eyes. The lids were gummed up every morning by thick matter; he had little appetite, much thirst, and little sleep. Such was the state of the patient when I was called in. A fortnight previously a neighbouring physician had administered a purgative of calomel without success. I gave a dose of *Kali sulphur.*, and a week afterwards the inflammation and swelling were much lessened. From time to time the child opened his left eye for an instant during the day, always however keeping the right eye closed as before. Eighteen days afterwards he opened both eyes about a quarter. The right cheek and upper lip were still much inflamed and swollen; the right cheek was very tearful. A small dose of *euphorbium* produced in ten days a great amelioration in the eyes, the rest of the face remained as it was. The borders of the nostrils were swollen and ulcerated, they secreted much clear corrosive serosity, compelling the child to scratch constantly. I gave *arsenic*, *rhus*, and several other remedies, which only produced each time a transient amelioration. The right eye inflamed anew more violently, and could scarcely be opened at all. The parents fearing their child might lose the eye were constantly asking me to employ external remedies. The first volume of Hahnemann's *Chronic Diseases* had already appeared, and gave great hopes for the others. I therefore yielded to their solicitations in order to gain time, and as I had nothing better to do (!) I applied some blisters to the nape, with the ordinary result. The apparent amelioration was always followed by a prompt and violent aggravation. Thus were four months passed, when the third volume of the *Chronic Diseases* was published, wherein I found *sepia* indicated as the appropriate remedy for this case. The right side of the face was more swollen than usual, and studded over with pimples covered with yellow crusts. The right eye seemed much smaller than the left one; the right angle of the mouth was drawn upwards. According to Hahnemann's indications I gave a dose of *sepia*, which, in the space of three weeks, removed the inflammation of the face and of the eye.

At the end of the fourth week the eruption was cured, and in the sixth week the eye could bear the light of day. Two years have since elapsed, and the inflammation formerly so obstinate has never reappeared."—(Bethmann, *Hom. Annal.* iii. p. 7.)

"E. K., aged eleven, had long suffered from scrofulous ophthalmia. The ordinary remedies and antipsorics were not entirely without effect, the violent attacks of inflammation always yielded rapidly, there were even intervals of perfect health, but these never lasted long. Without premonitory symptoms, and often without any external cause (at the very most dependent on the weather) there came coryza, and the ophthalmia with photophobia reappeared, so that for long the child must forego all instruction. On the 26th May I gave *sepia* $^{3}/_{30}$. On the 2nd June I found the eyes somewhat better; as however this had happened with every remedy, I gave notwithstanding, another dose of *sepia* $^{3}/_{30}$, and as on the 9th I again remarked an improvement, I did not hesitate to give such another dose every week. The 21st July, when I last saw the patient she had got eight doses. The right eye is good; in the left there is still some redness of the lids, a spot on the cornea, and some photophobia; but she again goes about with uncovered eyes, and for a month she has attended school, only she dare not write long at a time."—(Wolf, *Archiv*, xii. pt. 2, p. 29.)

Silicea.

1. Pressure and soreness in the orbits.
2. The eyes are painful in the morning, as if too dry and full of sand.
3. Pressure in the eyes every afternoon at four o'clock.
4. Tearing and burning in the eyes on compressing them.
5. Itching in the right eye in the evening.
6. Smarting in the canthi, in the morning.
7. Raw feeling in the eyes.
8. Heat in the eyes.
9. Redness of the white of the eye, with pressive pain.
10. Redness first round the eye, then of its white, with inflammation and lacrymation.
11. Sensation as if the left eye were full of water.
12. Tears in the outer canthi.
13. Lacrymation and a kind of obscuration of sight.

14. Much mucus in the inner canthi.

15. Agglutination of the lids in the morning.

16. Agglutination of the lids in the evening, with raw feeling in the lids.

17. An ulcer on the left eye.

18. She cannot open the eyes in the morning on account of the painful impression of light.

19. Photophobia; daylight dazzles him.

20. Fits of dazzling of the eyes from daylight, so that for some instants he could see nothing.

21. Attacks of photophobia, alternating with inflammation of the white of the eye and lacrymation.

This medicine has been but little used in ophthalmia, and I am unable to lay before the reader any striking examples of its efficacy in such diseases; but the general character of the remedy, together with the above symptoms, should induce us to bear it in mind in scrofulous ophthalmia, even when accompanied by ulcerated cornea (S. 17). Ruoff recommends it in O. intermittens and in arthritic ophthalmia. (*Hygea*, viii. p. 342.)

Spigelia.

1. Formication in the eyes.

2. Itching in the left eyeball, removed by rubbing.

3. Sensation as if a hard body were under the right upper lid, going off on rubbing.

4. Much eye-gum all day.

5. Great weeping of the eyes.

6. The eyes are full of tears, much water flows from them, which is smarting and acrid.

7. Sensation in the eyes as if they wept, though this is not the case, with slight pressure in them.

8. Redness of the white of the eye, with injected vessels in it.

9. Redness and inflammation of the white of the eye, in the morning, the lids are so heavy they can scarce be opened.

10. Dry heat in the eyes in the afternoon.

11. Pain in the eyes as if sand were in them.

12. The left eye cannot be moved in all directions without pain.

13. The eyes are painful on moving, as if too large for their cavities.

14. Pain in and over the eyes.

15. Pain in the eye.

16. Pain as if the left orbit were pressed in from above.

17. On the side of the right eye a pressive pain from without.

18. Intolerable pressive pain in the eyeballs, worse on moving the eye; on looking at anything with his eye turned he becomes giddy, in order therefore to look to the other side he must turn the whole head.

19. Pressive pain in the eyeballs.

20. Shooting pain in the right inner canthus.

21. Continual shooting pain in the right eyeball, also on moving it.

22. Violent digging shooting pain in the middle of the eye and in the inner canthus, not hindering vision, but pressing down the upper lid.

23. Itching stitch in the right eyeball, returning after rubbing.

24. Burning pain in both eyes, they must be shut and cannot be opened for some minutes.

25. A contractive burning pain in the right eye.

26. Burning pain in the left eye towards the temple.

O. rheumatica and *arthritica* are distinctly pointed to in the foregoing symptoms, and in such affections it has generally been recommended and found efficacious by Homœopathic physicians. Rummel says:—

"*Spigelia* is a remedy hitherto too little regarded in diseases of the eye; it appears to correspond chiefly to rheumatic and arthritic ophthalmia, and has the power of removing violent inflammations of the eye and cornea. The pains in the parts surrounding the eye, and in the eye itself, indicate this remedy."—(*Allg. Hom. Ztg.* iii. p. 25.)

The following case by the same physician, illustrates the value of this remedy in rheumatic (or arthritic) ophthalmia.

"Mr. Counsellor R., had been ailing for about a fortnight with slight inflammation of the right eye, but his many avocations prevented him giving the diseased organ any rest. At length the increasing pain and the inability to see anything made him call me in, on the 21st December. The eye is very much reddened, the congested vessels deep in the sclerotic, a few lines from the cornea, were particularly visible, and formed a bluish red circle; the cornea, especially the lower segment, is so dim that it is impossible to dis-

cern the form of the pupil, and all objects are seen as if enveloped in mist. There is violent pain in the eye, especially on moving and turning it, less when the lids are gently closed; it is the sensation of violent pressure, which also extends to the bony part of the orbit, especially towards the temporal region; sometimes, moreover, it seems to him as if an ulcer would form in the eye. The affected eye is not very sensitive to light, probably because its rays cannot penetrate uninterruptedly through the opaque cornea to the retina. The pathognomonic signs of a rheumatic [arthritic?] ophthalmia, with particular implication of the cornea, are not to be mistaken, and lead me to dread that after the usual mode of treatment a further treatment of weeks' duration may be necessary; for I had formerly treated him several times for similar although less considerable ophthalmic affections, and in spite of the employment of leeches, blisters, medicated compresses, mercurial purgatives, and tincture of opium in the latter stages, I could seldom bring him round in less than three or four weeks, although the corneitis had never before been so considerable. The Homœopathic remedies effected a cure in a few days. *Sulphur*, $^1/_{10,000}$th of a grain, seemed to produce no effect up to the 22nd, on which account I prescribed a drop of the 30th dilution of *Spigelia*, some symptoms of which [S. S. 8, 12, 13, 14, 16, 17, 18, 19, and the following not strictly belonging to the organ of vision itself, and which, therefore, I have not included in the foregoing extract from the pathogenesis of *Spigelia*:—'In the left orbital bone, near the temple down towards the zygoma, excessive pressive pain, followed by swelling of the bone at that part. Pain as if the left orbit were compressed from above downwards. Violent pressure over the right orbit. Dull pressure over the orbits.'] resembled much those of the disease. The night was passed very well, in the morning no more feeling of pain and the inflammation less, but the cornea still as dim as before. About eight o'clock in the evening the pains were renewed, and much smarting acrid water flowed from the eye. Uncertain whether this symptom were an action of *spigelia*, one of whose symptoms (S. 6) strongly resembles it, or an effect of some error in diet, I again gave at night a smaller dose of this remedy, viz: two globules saturated with the above dilution. On the morning of the 24th the eye was quite free of pain, but on the other hand the cornea was so dim that everything seemed enveloped in shade; there was considerable ecchymosis in the inner canthus; after midnight only, there was a gush of smarting, burning

tears from the eye, after which he continued to sleep quietly. Quite contented with his state, my patient got on the 25th a drop of the undiluted *Tinct. Euphrasiæ*, because the dimness of the cornea was noways diminished. The action of this plant, which has almost been forgotten by modern physicians, exceeded my most sanguine expectations, the very next day the patient could see more distinctly the outlines of large objects, and the cornea was more transparent. On the 27th every trace of the dimness was gone, and of the whole serious disease nought remained but a painless congestion of the albuginea; in order to remove which I gave him on the 28th, a drop of *nux vomica*, 24. The very next day he went out in unfavourable stormy weather, and resumed his business, highly delighted that on the 2nd January not the slightest trace of his disease remained. The cure struck me as being so surprising that I am glad my experienced colleague, Dr. N., saw the case at different times, and although he is no admirer of Homœopathy, I am sure he would not refuse me his testimony to the account I have given."—(Rummel, *Archiv*, vi. pt. 2, p. 60.)

"In all gouty and rheumatic ophthalmiæ, that is, when the redness is little perceptible and the vessels of the conjunctiva and cornea are but slightly inflamed, or shew no redness; but on the other hand when the pains experienced in the interior of the eye are tearing, shooting, or burning, accompanied by a sensation of increase of size of the ball, *spigelia* is the surest, or I may rather say, the only remedy. I therefore agree with the physicians of North America, in the eulogies they bestow on the efficacy of *spigelia* in the above ophthalmiæ, having often seen a very rapid and constantly favourable effect from its use in the most obstinate cases. A lady forty years of age, had suffered for three months from tearing and burning pains in the orbit. Her Allopathic attendant succeeded in dispersing the external inflammation by the constant use of antiphlogistics, but could do nothing for the pains experienced in the interior of the eye and supraorbital region. The first dose of *spigelia* $^{3}/_{18}$, given to the patient, who begged me to render her nights more tolerable, subdued the pain so rapidly, that the Allopath, hearing the result, could not be persuaded that it was not due to the secondary effects of his drops of guaiac and extract of aconite. This lady took *spigelia* for two weeks, one or two doses per diem, and has always met with the greatest success from this remedy at each return of the eye affection. I have never been disappointed with it in other patients having a

gouty diathesis. Those who know the consequences of gouty ophthalmia, and its fatal effects on the hyaloid membrane, as, for instance, incurable glaucoma, and know by experience how this disease, the worst to which the eyes are subject, never confines itself to one eye, but sooner or later attacks the other, will be grateful for a remedy which can, if used in time, avert the troublesome glaucomatous opacity; which I am justified in believing can be done by this medicine, as patients affected with such ophthalmiæ who have been treated by me, have continued to retain their vision in all its integrity for several years."—(Lobethal, *Bibl. Hom. de Genève*, 2nd series, x. 429.)

Sulphur.

1. Pressure in the eyes on walking in the open air.
2. Pressure in the eyes every evening.
3. Pressure in the eyes, especially whilst working by sunlight.
4. Pressure in the eyebrows and eyes.
5. Pressure and itching in the eyes.
6. The eyeballs are painful on moving them.
7. Itching in the lids as if they would inflame.
8. Itching smarting in the external canthus.
9. Itching and smarting in the inner canthus.
10. Smarting in the eyes as if from hartshorn vapour.
11. Smarting in the eyes every evening, followed by lacrymation.
12. Shooting in the right eye as from knives.
13. Shooting and burning in the outer angles with dim sight, in the evening.
14. Bruised pain in the eye on shutting or touching it.
15. Raw, dry pain in the tarsal edges.
16. Dry pain in the balls, as if they rubbed on the lids.
17. Raw pain in the eyes, with feeling as if they watered.
18. Raw, sore pain, after midnight, on the inside of the lids, followed by rubbing dryness.
19. Hot feeling in the eyes.
20. Feeling of congestion of blood in the eyes.
21. Burning in the eyes.
22. Burning in the eyes, with great sensitiveness to daylight.
23. Burning in the eyes, with redness of the outer angle, and flow of corrosive tears.

24. Burning in the lids, which are red and inflamed, and feel tense on moving them.

25. Burning and pressure in the eyes; in the morning they were glued up and swollen like the whole face.

26. Redness of the eye during the day, much itching in the evening.

27. Swelling and redness of the eyes, with pustules on the lids.

28. A white vesicle in the white of the eye, close to the cornea.

29. Inflammation of the lower lids.

30. Swelling, redness and inflammation of the upper lids.

31. Dryness of the eyes.

32. Lacrymation in the morning, followed by dryness of the eyes.

33. Lacrymation and burning of the eyes in the morning.

34. Oily tears come out of both eyes.

35. Purulent mucus in the eyes.

36. Agglutinated lids in the morning.

37. Agglutinated eyes in the morning after burning in them over night.

38. Irregularity of the left pupil.

39. The eyes are as if dazzled in the morning.

40. Intolerance of the sun's light.

41. The eyes are painful on looking at the candle.

The almost universal applicability of *sulphur* to acute and chronic diseases, extends also to the various maladies of the eyes. The above symptoms present indications for its employment, and it has been used with more or less success, in inflammation of almost every texture of the visual organ. It is useful at some period of almost all the ophthalmiæ I have above described; but its efficacy is most decided in *O. catarrhalis, scrofulosa, rheumatica, arthritica,* and *exanthematica,* whether acute or chronic, even in the most acute forms it is often valuable, as I have repeatedly witnessed in many cases of acute catarrhal ophthalmia, where its efficacy seemed almost magical. Such cases most practitioners have met with so frequently that I need not occupy space by detailing them here.

The following is a case of *o. catarrhalis,* or, as Jüngken would call it, *abdominalis.*

"Mme B—d, teacher of the piano, small, blonde, blue eyes, very lively, gay, wilful, aged 21 years, had always enjoyed perfect health, menstruated at fifteen years properly, a mother at eighteen, is pregnant six and a half months for the second time. In December she had itch, which I removed by the baths of Barège. Since the commencement of her pregnancy she is continually troubled by disposition to vomit. Two months ago she had a discharge, with threatened miscarriage, which was dispelled by several days of repose. On the 18th July she had suffered for several days with her eyes and stomach. Her symptoms are: the left eye very red, the lids puffy, the upper one heavy, and raised with difficulty; it felt as if a foreign body were in the eye; a pustule at the lower part of the conjunctiva; the lids, covered with eye gum, closed up in the morning; the eyes surrounded by a black circle, mist before them; headache upon the frontal bones above the eyebrow, as if a blow had been received there; the forehead painful to the touch; constant desire to vomit, disgust for food, repugnance for meat; she wishes for nothing but vinegar and raw things; after having eaten, a weight on the stomach that suffocates her, and makes the blood rise to her head, when she has ringing in the ears; the womb presses on the bladder when she walks; on rising up the limbs totter; sleep good. A single dose of *sulph.* $^{3}/_{30}$, dispelled all these symptoms in a few days, without any aggravation; the abdominal sufferings were quite removed the very first day, and the disease of the eye went off gradually; the pustule on the conjunctiva became broad and flat, and at the end of a week the eye was quite well."—(Croserio, *Bibl. Hom. de Genève*, ii. p. 411.)

The following cases of scrofulous ophthalmia, occurring in my own practice, are rather striking.

Winifred Cairns, nine years old, sought my advice at the Marylebone Homœopathic Dispensary, on the 23rd September, 1847. Since Christmas last she has had inflammation of one eye, which has been occasionally better and worse. The parents are poor Irish, and she lives in an overcrowded alley. The eye is very painful, she alleges, and the tears flow constantly from it; it can with great difficulty be opened, the photophobia being great. I gave her *Bell.* 3, a dose night and morning, I next saw her on the 5th October, when the eye was in the same state. I then gave her *Sulph.* 6, a dose every night. I did not again see her till the 19th

of that month, when I was informed that the eye got well before she had finished the medicine which was given for a week.

Bridget Casey, aged five, placed in similar circumstances to the last patient, came to the dispensary on the 22nd February, 1847. Four months ago she had had measles, since when the eyes had been always bad. There had been great pain in them, but that symptom had left; there was now much photophobia and lacrymation, and the lids were convulsively closed and might not be opened; the appetite very bad. I gave *Sulph.* $^1/_{30}$, on the tongue. She returned on the 4th March, when I found the eyes much better, no photophobia, appetite improved; a small ulcerated spot on the left cornea. I left her without medicine until the 27th, when the report is: eyes very well, with the exception of a spot on the left cornea, and little remains of vascularity of the conjunctiva; appetite not yet good, bowels rather confined. A dose of *nux v.* 12 for a week removed these symptoms.

I add some more cases of scrofulous ophthalmia from other sources.

"W., a little girl seven years old, who had had an exanthema, had suffered for six weeks from an ophthalmia, for which nothing had been done. The right eyeball was very much reddened, the iris obscure, the lid swollen, red, suppurating. Photophobia, shooting pain above the eye, traversing the head; great lacrymation; little appetite, and from time to time pain in the stomach and belly. She took the 28th September, 1830, *Spirit. sulph.* a globule of the mother tincture. Aggravation until the 2nd October, then gradual amendment, and complete cure by the end of the month."—(Hartlaub, *Hom. Annal.* ii. p. 198.)

"A woman aged forty-seven, of delicate constitution and mild character, who had had ten children, had been often ill; from her youth she had been subject to weak eyes, with occasional epiphora, redness of the eyes with much pain. She had used ordinary remedies, which gradually removed the affection. Two years ago she called me in on account of this affection. I found her in bed, the eyes covered with a bandage, for she could not endure the light of day. On examination I found that the conjunctiva, as also the meibomian glands, were swollen and inflamed, the white of the eye red; on opening the lids a large quantity of water gushed forth, which was so acrid and corrosive that it excoriated the skin. Both

eyes pained as if salt had got into them; even the cornea was dim, and the patient could not distinguish objects rightly. She had been in this state for three days, and was much distressed that she could not work, being tormented by the fear that she would become blind. As all the disease was concentrated in the eyes, and the patient complained of no other discomfort, and the inflammation was chronic, I resolved to subject her immediately to an antipsoric treatment. Seven days afterwards her husband came to me, saying that for three days his wife had given him much uneasiness: for one day after taking a drop of *sp. sulphur.* she had experienced such pains as almost to deprive her of her senses; the pain had only diminished three days since, and he could scarcely prevent his wife having recourse to other remedies, but now he had good hopes of her. I went to see my patient a few days afterwards. All the pains had disappeared; she saw much better than formerly, and four weeks later I found her perfectly cured. Since that time she has had no relapse, a piece of good fortune she has not enjoyed since her infancy. I could not persuade her to take another antipsoric remedy, which I think would have been supererogatory."—(N. G. *Hom. Annal.* iii. p. 5.)

"Caroline D. a girl of seventeen, had suffered from scrofulous ophthalmia from her earliest childhood, which bade defiance to all the remedies used. The borders of the lids were thick and puffy, ulcerated, the cornea covered with maculæ, and independently of these, the visual powers of the eye were so diminished that she could not see small objects at all, and larger ones appeared as if enveloped in smoke and mist. Besides this eye affection, the general health was naturally much affected. I gave her *sulphur*, *calcarea*, *silicea*, *phosphorus*, *lycopodium*, in succession, without obtaining any result. It was only after taking the *sulphur* that the state seemed to improve for three days. This observation led me, after thirty weeks of fruitless labour, to return to *sulphur*. I now gave her two doses per week of *tinct. sulph.* $^1/_{30}$. After the eighth dose a perceptible aggravation of the disease occurred, which compelled me to leave off the remedy. There now occurred some strange secondary phenomena; among the rest, eruptions of pocks, warts, hepatic spots, pustules, herpetic scabs in different parts of the body, pains in various parts, restless sleep, &c. This catastrophe lasted eight days after leaving off the remedy, and was followed by unmistakeable improvement; the extraordinary phenomena disappeared first, and

then the original symptoms declined, and in the space of six weeks were so completely removed that the patient could be declared quite well. The eyes were clear, spotless; the edges of the lids in a normal state, and the vision completely restored, so that the patient —against my advice, but fortunately without any harm—began to employ herself with fine needlework, which she had never been able to practice before. She remained quite well."—(Aegidi, *Archiv*, xii. pt. 1, p. 132.)

"Scrofulous ophthalmia," says Dr. Knorre, "when the lids are chiefly affected, when small vesicles appear on the edge of the cornea, with a fasciculus of vessels running towards the canthus, when the photophobia is not great, and when the inflammation is more in the eye than lids, is cured by *sulphur*."—(*Allg. Hom. Ztg.* vi. p. 21.)

The following observations of Dr. Schrön are à propos to this subject.

"Scrofulous ophthalmiæ are a torment to physicians and patients. Thus it is highly ridiculous to hear Dr. Hartmann assert in his *Therapia of Acute Diseases*, p. 822, that if such an ophthalmia do not yield to any remedy, a single dose of *arsenic* will cure it in a short time! He alone is responsible for what he has written, for every practitioner will join me in saying, it is not true. Among other remedies, *bellad.* followed by *sulphur*, I have found useful in several cases, as palliatives at least. Dreading, in an extraordinary degree the glare of light, the children conceal their heads in their bed, and cover their eyes with their hands. There is no question of seeing until a cure is effected. The children will have convulsions before we are able to open their eyes. At a later period a quantity of water gushes out at every attempt to open them, however cautiously this may be done. It is then we discover the scrofulous ulcers, which are often not so extensive as we might have suspected. I can refer to six or eight cases of this kind, of greater or less intensity, where *bellad.* 3-6, gtts. 3-6, in a glass of water, a spoonful every twelve hours, produced benefit; but *tinct. sulph.* given by drops at the same intervals, did more, and sometimes effected a complete cure; however, I cannot deny that in just as many cases it has produced no effect, I know not why."—(*Hygea*, v. p. 105.)*

I shall now present some cases of rheumatic ophthalmia treated by *sulphur* successfully.

* See also a case of scrofulous ophthalmia by Dr. Guinness, vol. v. p. 21.

"Kl—, a man at the best period of life, of robust constitution, had for several years been much disposed to a kind of ophthalmia. From time to time he suffered from this disease, which, according to its degree of severity, ran a longer or shorter course, and then gradually declined of itself, to give place to a very imperfect state of health. In August 1820 he experienced violent pressure in the left eye, which, accustomed as he was, more or less, to a constant abnormal state of the eyes, he at first paid little attention to; but after several days, as it gradually grew worse, he considered it serious enough to consult a physician about. A minute examination shewed the left eye superficially inflamed, and upon its cornea a by no means inconsiderable ulceration. The latter was, after the inflammation had been pretty well subdued by external remedies, for long touched daily with tincture of opium, and in consequence it began slowly to cicatrize. But after a chill he was suddenly seized with an inflammation in this eye which was apparently convalescent, more violent than any he had previously had. Leeches were instantly applied as near as possible to the affected eye, which almost immediately subdued the excessive violence of the pains. Mercurial ointment was next rubbed in around the eye, morning and night, the usual fomentations were applied, and purgatives, principally of calomel, were prescribed internally. But notwithstanding that all these directions were carefully followed, they did not bring about the desired recovery: on the contrary, the inflammation persisted obstinately, and even the pains, which were only temporally moderated by the local bloodletting, again reached their previous intensity. In these melancholy circumstances, the physician who had charge of the case —and who was not unacquainted with the Homœopathic treatment, but, fearing to do mischief, never applied it in a case of acute disease —expressed to me a wish to be informed of a remedy that corresponded thoroughly, in a Homœopathic point of view, to the existing eye affliction, and which, without doing injury, might produce a rapid cure. At my request he brought me to his patient. We examined together, in the most minute manner, his whole state, and found the following morbid picture.—The whole left eye seems to have grown larger, and its coverings are extraordinarily swollen. The albuginea is blood-red from the turgid vessels in it. The cornea appears dimmed, as if covered with fine dust, and the ulcer on it, which had recently cicatrized, was now again in full suppuration, and had become deeper and broader. At the same time the eye cannot bear

any light; the patient is constantly tormented by very violent pressive pains all round the orbit, which, on moving the eyes or exposure to sun's light, even though the lids are shut, are increased in the most frightful degree, and almost drive him to despair. The pain then includes the whole head, and deprives the sufferer of all rest and sense. To this kind of ophthalmia, with all its peculiarities, the Homœopathic remedy that corresponded most was *sulphur*, whose primary effects, compared with the disease, present a remarkably similar affection, and it was therefore with justice held to be the true specific in this case. The treatment he had hitherto undergone had been discontinued since the previous morning, and although it might have been desirable that the patient was left longer without medicine —in order to let the Homœopathic method have free scope, undisturbed by any influence from the remedies previously employed—yet the circumstances demanded that instant aid should not be delayed, in order to prevent the patient running the risk of losing for ever the organ of one of the noblest senses. Therefore, without loss of time, we gave him, on the evening of the 29th August, a dose containing $^1/_{10.000}$th of a grain of pure sulphur (2nd trituration). The result surpassed our expectations. Early in the morning of the following day we again saw our patient, but to our astonishment found no trace remaining of the former inflammation. He had gone to bed at the usual time, and his rest was not once disturbed throughout the whole night, whereas the previous nights had been passed in a sleepless state, and with the most severe pains. In the morning he arose, cheerful, strengthened, and refreshed, amazed to find that of yesterday's pain not the slightest vestige remained, and scarcely could he believe his senses when, on looking in the glass, he found the previously diseased eye exactly similar to the sound one. As if by a miracle he sees and feels himself perfectly well. The presence of the ulcer on the cornea alone betrayed the previous morbid state, but even this had assumed a more healthy character, and a few days afterwards was cicatrized. With this last ophthalmic attack also, the tendency to such affections completely disappeared. The patient enjoys to this day the most robust health, without ever having had the slightest shade of the eye disease that used so often to attack him before."—(Gross, *Archiv*, ii. pt. 2, p. 100.)

This, which our German friends of the *Hygea* would call a *wunderkur*, beats all we have read of as the results of the high

potencies; and if it is a good specimen of what poor Gross used to effect with the more material doses, I do not exactly see why he should have so much preferred his ethereal sublimities.

"Mrs. T., aged thirty-four, suffered for three months from violent arthritic [rheumatic?] inflammation of the left eye. She had had several years previously the itch, which had been rapidly cured by means of an ointment. She had already been treated by several physicians, who had prescribed collyria, blisters, &c. I undertook the treatment, the 6th July, 1836, and found the following symptoms: Sclerotic of a pale red; conjunctiva of the ball and lids traversed by red injected vessels; cornea dull, as if covered with dust, with excoriated whitish points here and there on its centre; the iris of the affected eye of a dirtyish blue; pupils somewhat dim, a little irregular; almost complete loss of sight in the affected eye, so that she could scarce distinguish colours; no pains nor photophobia. The general health was not deranged. I regulated the diet and prescribed *sulphur* 6, six doses, of a drop each, one every second day, advising the patient to spare her eyes. Eight days later the inflammation had subsided much, and the sight was improved. The 10th August, I repeated the six doses. On the 24th almost all the symptoms had vanished; the cornea was clear, the iris had regained its colour, the pupils were clear and moveable, a small synechia was visible inferiorly; the sight was almost normal. I gave three more doses of *sulphur* 30, one every week, and discontinued the treatment. She has recovered the complete use of her eye, as I had an opportunity of seeing a short time since."—(Heichelheim, *Hygea*, vi. p. 199.)

The following case of rheumatico-syphilitic ophthalmia was communicated to me by Dr. Madden, of Brighton. *Mercurius corrosivus* may also have contributed to the cure; but it seems that the best results were consequent on the administration of *sulphur*.

"March 26th, 1848. William P., aged twenty-nine. Has had for a week violent inflammation of the left eye. The cornea is dull; conjunctiva bright red; the pupil somewhat irregular; much shooting pain in the inner canthus; the iris grey, reddish near the pupil, the other iris being blue; much pain in the head and temple, boring pain from above the eye into the head. Bowels loose from allopathic medicine. Had a blister behind his ear which is still discharging.

Six years ago had syphilis. *Merc. corr.* 12, a dose every three hours; low diet. March 25th. Still much pain; less inflammation. *Tinct. Sulphur.* 4, gtt. ij, in eight doses, one every three hours. 27th. Still improving; repeat the *sulphur.* To use *ung. cetacei* for the blister. 28th. Iris and cornea much clearer, conjunctiva redder, more pain. *Merc. corr.* 2, a dose every third hour. 31st. Decidedly better. *Tinct. Sulphur* gtt. ij, a dose three times a day. April 4th. Very much better; conjunctiva pale pink; no pain; iris nearly natural in colour; pupil normal and contracted. Bowels regular. The treatment was finished with *Sulphur* 30, a dose night and morning for six days."

The next is an exquisite case of commencing arthritic ophthalmia.

"A man in his fiftieth year, of apoplectic appearance, who had for many years been subject to attacks of arthritic ophthalmia, which made him blind for weeks or months, and which had resisted every remedy, even when taken at the commencement, was again visited by one of these attacks. For several days he had had photophobia, and he could not bear the least exercise of the eye; the conjunctiva was but little reddened; the sclerotic bright rose-coloured; a bluish circle round the cornea; pain around the eye; the perfect portrait of a commencing arthritic ophthalmia. Besides this, habitual constipation, for which he was accustomed to take aloetic pills. I made him discontinue these pills, and prescribed injections of cold water, which produced a regular stool. I gave him *Spirit. Sulphur*, mother tincture, four doses in as many days; and when he had taken them his eye was perfectly cured. For eighteen months he has not had any new attack. The photophobia was the first symptom that disappeared."—(Griesselich, *Hygea*, iii. p. 16.)

Zincum.

1. Pain in the eyes as if they were pressed in.
2. Painful pressure in the right inner canthus, with redness of the conjunctiva.
3. Violent pressure in the right eye and temple.
4. Tensive pressure in the right eye.
5. Pressure on the eyes towards evening.
6. Very frequent pressure on the eyes.
7. Constant pressure on the left eye, in the evening.

8. A shooting tearing in the eye and head.

9. Pressive tearing in the left eye.

10. A pressive shooting in the right eyeball.

11. Cutting, pressive stitch in the right eye.

12. Smarting in the left eye, going off on rubbing.

13. Smarting in the inner canthus of the right eye, removed by rubbing.

14. Prickling smarting in the lower part of the left eye, and under it on the cheek.

15. Raw smarting pain in the eyes, towards evening.

16. Smarting and burning, with photophobia in the eye, which weeps in the evening and is glued up in the morning.

17. Much burning in the eyes and lids, morning and evening, with dry feeling and pressure.

18. Constant burning of the eyes in the evening.

19. Excessive itching in the left eye; going off on rubbing.

20. Itching in the eyes.

21. Itching in the edge of the left upper lid.

22. Tickling in the right eye as from dust in it.

23. Rawness of the outer angle with smarting.

24. Agglutination of the inner canthus in the morning, with pressive raw feeling.

25. Great lacrymation by day; agglutination in the morning.

26. Lacrymation in the morning, and in the open air.

27. Great inflammation of the eyes, without photophobia (during the catamenia.)

28. Inflammation and redness of the conjuntiva of the right eye; the inner canthus suppurates; the pain is greatest at night, as if sand were in it, with frequent lacrymation.

29. Intolerance of sunlight, with dull weeping eyes.

30. Great uneasiness and intolerable pain in the left eye.

The ophthalmiæ chiefly pointed to in the above symptoms are simple catarrhal ophthalmia and the ophthalmo-blennorrhœæ in general, and such are the cases in which zinc and its preparations have been found serviceable in the old school practice, generally in the form of topical applications. Franz, who introduced the substance into our Materia Medica, recommends it in inflammation of the lids and eyes, with pressive shooting and itching sensations; (*Archiv*, vi. pt. 2, p. 158) but the homœopathic

records are silent as to its successful employment in the ophthalmiæ. S. 27 might perhaps lead us to infer its utility in *O. menstrualis*, but the other symptoms detailed present little or no indication for that disease. I am therefore inclined to consider that symptom as merely indicative of the value of the medicine in catarrhal ophthalmia during the catamenia.

(*To be continued.*)

ON ERYSIPELAS,

By Dr. Ozanne.

(*Read before the British Homœopathic Society, Aug.* 24, 1848.)

In bringing under the consideration of this Society two interesting cases of Erysipelas, I have not so much been moved by the wish to relate two most striking instances of the great practical value of the *law* discovered and handed down to us by Hahnemann, as by the desire to bring to view one or two points which are fully worthy of forming the subject of future investigation. Carefully detailed, and accurately observed cases, undoubtedly carry great weight with them in the mind of the thoughtful and conscientious physician; but they never can individually convince him of the truth of any particular method of treatment, unless their mode of progression, and their period of duration, be greatly different from similar cases under other methods of treatment, and I might add, different from similar cases left entirely to nature.

The differences in the march, the duration and termination of a disease, exhibited by different methods of cure, are generally understood to constitute the foundation on which we ought to base our judgment when we are desirous of coming to some accurate opinion of their relative claims to our confidence. It is, however, more usual to take simply the result of the treatment, to express it in figures, to examine the proportions of deaths to recoveries, and taking as large a number as possible of cases—in which all external circumstances are, as nearly as possible, similar—to express by means of a per centage the relation in which divers methods of treatment stand in regard to

each other in reference to their practical value. This method taken alone is useful, but it is not sufficient; the duration of the disease and its march should also be taken into account. These three points, taken together in a careful analysis, cannot but lead to accurate notions respecting conceptions of the merits of any method of treatment that we may wish to investigate.

If we apply this to the Homœopathic method, we at once perceive that it is difficult to procure a sufficient number of well-authenticated cases to carry conviction by means of the proportions between deaths and recoveries. It will always be objected that the number of cases was too limited, or else that they would have been cured as rapidly if left to nature. It will therefore be wise in us in collecting our materials ever to be mindful of these three points, as the oversight of any one of them may prevent our researches from carrying with them the value to which they are entitled.

The eruptive febrile diseases present to the Homœopathist a very interesting field for the exercise of his careful investigations. From their very nature they are visible to all, therefore the diagnosis cannot be doubted, the precise period of their rise and subsidence can be ascertained with the greatest nicety; in fine, all that is required to enable us to give full credence to the narrator of cases, is simply the conviction of his integrity. If in many classes of disease there is much room for doubting the diagnosis of the most truthful man, this does not apply to the class under question—for, as I have said before, all that is requisite is our complete reliance on his accuracy and truthfulness. It is this idea that has led me to study with care every case of scarlet fever, of measles, and of erysipelas which I have met with. The two former diseases have formed the subjects of papers,* which, although not analysed and digested with that care which I should have wished to devote to them, (but which the pressure of other duties would not allow me to do) nevertheless possess a great degree of interest as a numerous collection of facts. The latter forms the subject of this communication.

I have, in the course of more than four years of practice as a Homœopathist, only met with thirteen or fourteen cases of

* Vide Vol. III. p. 91, and Vol. VI. p. 57.

facial erysipelas—I mean, erysipelas of an acute character, attended by fever.

In all these instances, excepting one, this disease has terminated, not only happily, but has run through its stages in a very short time, and has been followed by a rapid recovery of health and strength.

This exceptional case occurred in a delicate woman who had erysipelas of the face and head of the most intense character, with fever and delirium, and who, at the end of four days' treatment, was convalescent, but had a relapse within three days in consequence of taking cold; the erysipelas ran over the parts previously affected, but in that course occupied a shorter time: the consequence of this relapse was, the formation of two subcutaneous abscesses seated a little below the lower eye-lids, small in extent, but inconvenient from their situation, and which it became necessary to lance.

Not having taken notes of all these cases, I cannot give even a summary account of them—but of two I have taken accurate and copious notes, which I purpose presently to lay before you.

Most of you have no doubt seen within these last two or three years, several articles on the treatment of facial and capital erysipelas by means of a solution of Nitrate of Silver applied externally; most of these present little or no practical interest. One of them, however, (in Ranking's Half-yearly Abstract, Vol. VI.) is deserving of your attention. Mr. Higginbottom, in his treatment of erysipelas by means of a solution of the nitrate of silver applied on the inflamed surface, seems to have brought his cases to an earlier convalescence than is usual under other methods of Allopathic treatment. It was the perusal of the Abstract of his paper which led me to note down carefully every phase in the progress of the next cases of serious erysipelas which I met with.

It is not my purpose now to offer any remark on the possible homœopathicity of the nitrate of silver to erysipelas, nor to draw your attention to its homœopathicity in cases of erythematous affections of the mucous membranes; I leave that part of the question to your own meditations; but in order now to enter upon the statement of my cases treated with *Aconitum Napellus*, and

Belladonna. That the perusal of these cases, and their comparison with those given in the paper I allude to, will convince you of the superiority of the treatment of Aconite and Belladonna over that by Nitrate of Silver, I have not a doubt. Both taken in conjunction—the one, on account of the severity of the head symptoms, the state of the tongue, and the comparatively short time required to bring the case to a successful issue—the other, on account of the almost inconceivable short space required to remove erysipelas occupying not only the face, but likewise other parts of the body,—afford ample proof, in my opinion, that the treatment adopted has every advantage, not only as regards the ultimate result, but also in reference to time.

The result of my experience before I met with these cases, and this result I always appealed to in giving my prognosis when pressed with questions by anxious friends, was, that on the fifth day the swelling would disappear, and that probably the Homœopathic remedies would succeed in preventing the spreading of the disease over the head, and thus lessen the chance of a dangerous issue.

But I must confess, confident as I was in the power of Homœopathic treatment in this disease, I was not prepared to see a case so severe as the second reported, terminate so rapidly in a perfect convalescence! These cases, coupled with the result of my experience, (even taking my least favourable case, already alluded to) lead me to state, that the author of the paper on the use of Lotions of Nitrate of Silver ought to pause (were it for no better reason) before inflicting in future such a remedy, with all its unpleasant effects, on his erysipelatous patients.

I. *Anæmia; acute erysipelas of the face and head.*

Miss G—, age twenty-one; a stout and plump, but delicate looking person, with fair skin, pale face and lips, consulted me on 10th November, 1847. She chiefly complained of debility, of giddiness, and of palpitation of the heart, which was produced by the slightest exertion. The inconvenience caused by exertion induced her to indulge in sedentary habits to a degree quite unsuited to her age.

In addition to these complaints, she stated that she frequently experienced darting pains in the left side, in the space occupied by the three or four lowest ribs, such as are so often met with in anæmic and chlorotic females; and also that she very frequently was seized with fainting fits. Her appetite was bad; the pulse frequently (after a short walk) beating 108 strokes in a minute. The ankles were usually œdematous. There were no morbid sounds either in the heart or the carotid arteries.

Her state of mind was one which is seldom met with in anæmic or chlorotic young persons. She was neither capricious nor wayward, neither excited nor depressed without adequate cause; always cheerful, always happy, she presented that state of complete equanimity which is so rarely the lot of sickly beings!

Prescript. Pulsat. $^{2}/_{12}$, three doses, at intervals of forty-eight hours.

On the 15th of the same month I was again consulted by her; there was no perceptible improvement.

Pr. Conium $^{2}/_{12}$, four doses.
To be followed by Pulsatilla $^{2}/_{30}$, and to be taken at intervals of forty-eight hours.

From this time to the 28th of February following I had no tidings of my patient. When I saw her on that day, she stated that the medicines she had taken had produced such an improvement that she thought herself well, or at least well enough not to require any further medical assistance; but in the course of February, some of her symptoms having returned, she was anxious to get them relieved.

Prescr. Ferrum $^{2}/_{12}$, three doses.
Followed by Pulsat. $^{2}/_{12}$, three doses.
And Ferrum and Pulsat. again at the 30th dilution.
A dose every other day.

On the 20th March she was decidedly better, the face and lips were more coloured; but the pulse was still too frequent, and the pains in the left side troublesome.

Pr. Sulph. $^{2}/_{12}$, two doses.
Ferrum $^{2}/_{12}$, two doses.
Pulsat. $^{2}/_{12}$, two doses,
In succession, at intervals of forty-eight hours.

Under the administration of these medicines she improved; but unfortunately she exposed herself rather incautiously to the inclement weather of April, and sat to needlework one day during several hours, in a large and cold room without any fire, and was soon seized with an acute illness, which I will now describe.

In the evening of the 21st of April I was requested to visit her.

I found her lying in bed, suffering intensely in her head; I was told that during the day, and before the appearance of the erysipelas was noticed, she had repeated rigors.

Her face was considerably swollen, especially at the nose, the eyelids, and the adjoining parts of the forehead, and the cheek.

The surface was very hot, more particularly on the head. The pulse at 120. The bowels completely constipated since five days.

Pr. Aconit. 1. gtts. iv, aq., $^1/_{12}$th, every two hours.

22nd. In the morning; the swelling had spread over the whole of the forehead, as far as the hair, but not beyond; at the forehead the skin was swollen, red, shining, and tense; the left cheek was swollen; the left parotid swollen, hard, and tender to the touch. The swelling of the eyelids had diminished sufficiently to allow her to open her eyes a little, but she could not keep them open on account of the pain the light caused in them. The headache was described as *distracting*. The tongue was dry; the lips dry; the teeth slightly coated with dark sordes. Alarming as this state was, it was still consolatory to find that the erysipelas had not extended beyond the limits of the frontal bone, and might possibly be checked in its progress towards the vertex; this expectation was strengthened by the fact that the pulse had fallen to 116, and that the shiverings which were frequent on the preceding day, had not returned.

Bell. 1, gtts. iv, aq., $^1/_{12}$th, every two hours.

In the evening there was no perceptible change; Aconite was prescribed in the place of Bell., in doses of the same strength.

23rd. More sordes on the teeth; a thin dry crust on the tongue; in the throat much soreness, causing some obstruction to the deglutition of fluids.

The right cheek was hard and more swollen, the eyelids better, the forehead in *statu quo*. She experienced much pain in the nape of the neck, and the occipital region; she thought that the erysipelas had extended to these parts, but a careful examination shewed that

it had not invaded any part of the integuments of the head beyond the frontal bone; the headache was less violent, and the pulse had fallen to 112. Notwithstanding the diminution of the inflammatory symptoms there was still much cause for uneasiness on account of the delicate constitution of the patient, and the possibility of the supervention of typhoid symptoms.

Prescript. Return to the Bellad.

24th. Skin cooler, pulse 108 to 112; tongue thickly crusted along its centre to the breadth of an inch with dark sordes; dark sordes likewise on the teeth and on the lips; the lips were so tender that she would not permit them to be washed.

The chin and lower lip red, swollen, hard, and tender; but the other parts which were so swollen on the previous day that the whole of the head looked immensely large, were gradually returning to their usual proportions; the skin of the forehead presented a wrinkled appearance; the eyelids, cheek, and left parotid region were decidedly better.

Repeat the Bell.

25th. A decided improvement was manifest. The skin of the forehead was now unswollen, firm, and not painful, the cuticle exfoliating; the cheeks and left parotid region were much improved; the chin was still the seat of a patch of erysipelas, in this part it had distinct limits, being raised at its edges above the surrounding skin; the tongue had been cleaned and deprived of the dark crust, the part beneath this crust was red and uneven. The teeth and lips could not yet be deprived of sordes by washing. The headache was much better, and the skin which hitherto had been very dry was now soft and moist. The pulse 100. The urine very sedimentous, as it had been from the first day, owing probably to the small quantity of fluid the patient drank.

Repeat the Bell.

26th. Early this day she rose to go to the chair, and in doing so did not cover herself sufficiently, the consequence of which was, that in the course of the day she was seized with rigors, and in the evening there was a marked febrile action, the pulse rising to 108, and the skin becoming hot and dry. Notwithstanding this the erysipelatous swelling subsided entirely.

Acon. 1st dil.

27th. The patient was again imprudent, in the morning she sat in a current of air whilst her bed was being made; she was fortunate enough not to experience any relapse of the erysipelas, and escaped with nothing more serious than a slight swelling with redness and tenderness in the region of the right eyebrow, which disappeared by the next day under the use of Bryonia, 2nd dilution.

The pulse which on this day was at 88, fell to its natural standard by the 28th; from this time my patient recovered her strength and appetite rapidly, under the exhibition of Nux vomica and Cinchona.

From the 21st to the 26th the patient took no food whatever; her drink was toast-water. The constipated state of the bowels continued until the 27th (ten days), when there being no relief, and the patient not giving her consent to the administration of a tepid-water enema, I was compelled, in order to remove the uneasiness of her friends, to prescribe a dose of ol. ricini.

In this case, from the intensity of the headache, and from the dread of light manifested by the patient, there was reason to fear that if the erysipelas had spread over the whole of the head, some inflammatory action might be induced in the dura mater, and by extension to the other membranes of the brain. This danger passed, there was still the possibility of an effusion without any decided inflammatory action; for it should be noticed that in this patient there was a state of anæmia eminently favourable not only to the formation of œdema of the lower extremities, but one in which sometimes effusion into the cerebral ventricles and fatal coma supervene, without any apparent exciting cause.

II. *Erysipelas.*

Miss A., age nearly thirty; a delicate person, subject usually to dyspepsia, constipation, and headaches, whose constitution was considerably damaged by the frequent and continued use of purgative medicines, to such an extent that she was unable to take even a very moderate degree of exercise without being exhausted, and that her functions of nutrition were so deficient that her hands and feet were always icy cold and could not be warmed by exercise.

I was summoned to see her early in the morning of the 14th June, 1848. I was informed that during the two previous days the debility and coldness had been greater than usual; that she had experienced

frequent creeping and shuddering sensations all over her; that at 3 or 4 o'clock that morning she awoke, felt restless, hot, and uncomfortable; had experienced a prickling heat, and that her sensations were such, that she fancied there was a number of insects crawling over her; she therefore left her bed and went into another room, where she lay on a sofa until daylight; the face then began to swell, and the swelling was so rapid that by the time I arrived (10½ A. M.) her face was enormously swelled, and so disfigured that I could only recognize her by her voice.

The forehead was swollen, tense, and shining; the eyelids much swollen, the left eye completely closed, the right almost entirely so. The cheeks red, much swelled; all the parts inflamed were very painful when pressed. There was in no part of the face any distinct limitation of the redness or swelling.

There was a large portion of the skin red and inflamed on the left shoulder, namely, in the region of the deltoid, and extending to the scapula, the whole of which was covered by it. In this inflamed part the skin was hard, thickened, tender to the touch, and circumscribed both as to redness and swelling by a distinct edge. This large patch was surrounded by several others of a smaller size, but similar in character. There were also patches of redness, with induration of the skin and subcutaneous tissue on the left breast and the left forearm. There was not much headache, not much heat, the pulse not particularly strong or full, beating 88 strokes in a minute. The tongue presented a white coating.

Pr. Bell. 1, gtts. iv, aq. ʒ iv, a dessert-spoonful every two hours.

10½ P. M.—There had been more heat during the day, but the pulse had only risen to 92.

The swelling of the forehead was evidently less tense; the right eye could be opened a little better; the cheeks had not changed. The erysipelas had invaded the right arm.

Pr. Acon. 1, gtts. iv, aq. ʒ iv, a dessert-spoonful every two hours.

15th.—11½, A. M.—Slept a little, but had on the whole a very unquiet night. Pulse 92; skin not so hot. Tongue white (not dry). Bad headache at times, but not constant.

She complained of much tenderness, and of a feeling of crawling in the integuments of the head; the erysipelas, however, did not seem to have extended to it, in fact, the forehead was less swollen, the skin being wrinkled instead of smooth and shining. The tender-

ness of the scalp was perhaps due to this, that she could only lie on the back of the head, on account of the tenderness and great swelling of the cheeks.

The lower lid of each eye was less tense, and the eyes could be opened a little better.

The left shoulder was better; the erysipelas had extended to the right wrist; there was, moreover, a creeping and tender feeling on the right side, in the lumbar region and buttock, which rendered it probable that the erysipelas had invaded these parts likewise.

Bell. 1, gtts. iv, aq. ʒ iv, a dessert-spoonful every two hours.

10½, P. M.—Face much better; she could open the eyes pretty freely. The other parts improving. Pulse 83.

Bell. 2, gtts. iv, aq. ʒ iv.—same doses.

16th.—11, A. M.—Cheeks still puffy, but scarcely larger than natural; highly coloured. All the other parts were well, excepting a small patch of redness at the bend of the *left* arm, which had made its appearance since the preceding day. Tongue less coated. Pulse 81.

Bell. 1, gtts. iv, aq. ʒ iv, a dessert-spoonful every four hours.

17th. Every trace of the erysipelas had now left her. Two days after she was dressed and was helped to her drawing room, where she lay on a couch. Her recovery was exceedingly rapid; a few days after the cessation of the erysipelas she was able to cross the sea to Jersey.

In this case the only remains of erysipelas at the end of forty-eight hours, were a little puffiness of the cheek, and a small patch of redness in the bend of the left arm; all of which had disappeared before the completion of a period of three times twenty-four hours.

In conclusion I have to request of the members of this Society, that they will state the result of their experience regarding the Homœopathic treatment of erysipelas of the face. And I should wish them to state not only the final termination, either in recovery or in death, but also the number of days required to bring the patient to perfect convalescence; and whether the erysipelas had under their treatment usually been checked in its course towards the scalp, so as to be limited to the face and forehead.

CASE OF SPASMODIC CHOLERA,

By Dr. Atkin, *of Portobello.*

July 24, 1848.—Andrew Hempel, aged 44, a brickmaker, of sober habits, has had bowel complaint for ten days, and on Friday and Saturday slight cramps in the left hand and arm. Came from his work this evening about seven, and felt very unwell. Bowel complaint urgent, vomiting of sour water at first with ingesta, and severe cramps in the bowels. First seen at ten P.M. Severe cramps in the muscles of the posterior parts of the thighs and legs, excited by the least movement, and recurring at intervals of a few minutes. Discharge from the bowels of a dark fluid, very fœtid and sour. Retching and vomiting of a sour, clear fluid; pulse very rapid and weak, skin cold, especially over the parts cramped; great thirst; tongue covered with a yellowish fur, moist. Despair of recovery.

Chamomilla, third attenuation in water every quarter of an hour. The parts cramped to be rubbed with the hand, warm cloths and bottles applied, and the temperature of the room raised as much as possible.

After the third dose of *Chamomilla* the intervals between the attacks of vomiting and purging lengthened to fifteen minutes. Cramps increasing in severity, especially in the hands, and muscles of the chest, and abdomen. The face livid and blue, especially about the eyes, the features sharp and contracted, voice feeble, the hands blue and cold, marked blueness of the nails. The fluid discharged from the stomach and bowels in jerks; great pain, especially around the navel; no urine, stools like rice water of some consistence, and having a delicate pink tint just discernible, with a peculiar putrid smell.

Omit Chamomilla.

Veratrum, third attenuation, in water every quarter of an hour.

July 25, two, A.M.—Intervals between the evacuations still increasing; cramps as before; less vomiting; thirst much increased; burning pain in stomach, like a red hot ball; pulse

scarcely perceptible; skin still cold, and covered with abundant clammy perspiration. Thinks himself dying.

Arsenic, third attenuation.

Veratrum, third attenuation, alternately every quarter of an hour.

Four, A.M.—No evacuation till now; stool as before; about two ounces of limpid urine passed; cramps shorter in duration, chiefly in the hands, and muscles of the back.

Cont. Medicam.

Half-past five, A.M.—One evacuation of same character; pulse 160 fuller; skin not so cold, except face; cramps less frequent and severe; no urine. Feels better.

Cont. Medicam. at intervals of half an hour.

Nine, A.M.—Cramps much diminished; one stool.

Cont.

One, P.M.—Pulse 100; temperature of the body increasing; one stool, same as before; no vomiting; cramps much less, both in intensity and frequency.

Cont. Medicam.

A tablespoonful of beef tea every half hour.

Three, P.M.—Continues nearly free from cramps; one stool with some bilious matter; passed about a teacupful of urine.

Eight, P.M.—Pulse 88; has had very few cramps; thirst much diminished; eyes look clear and bright, and feels better.

Omit. Medicam. Continue beef tea.

Ten, P.M.—Continuing to improve.

July 26.—No cramp since eight o'clock last night; slept well; pulse 72; tongue clean; no tenderness on pressure in abdomen. A little appetite since 4 A.M. Three or four stools, with a good deal of bilious and some purulent matter, still fœtid; eight ounces of urine passed through the night.

Evening.—Pulse 84, fuller; skin hotter; weight in head; four stools, dark colored and fœtid, with some white shreds; flatulence, causing nausea; thirst, mouth dry; passed urine twice.

Chamomilla 3.

July 27.—Continuing to improve; one watery stool, passing urine freely; some appetite.

Evening.—Frequent and ineffectual attempts to evacuate bowels through the day.

Nux vomica 3.

July 28.—Slept well; one natural stool. Appetite increasing.

Evening.—Has been up during the day, and feels well.

July 29.—Continuing well.

July 31.—Continues well, and resumed his work this morning.

ON A NEW TEST FOR DIABETIC URINE,

By Dr. Sutherland.

Several tests have been proposed for the detection of sugar in diabetic urine, but before assuming those as imperfect tests that have each in its day been popular with the profession, they may be considered individually.

I. The optical qualities of urine have been adapted to the detection of sugar—polarized light exerting a peculiar action on that substance. This test was proposed by M. Biot and used by M. Bouchardat. The beauty of this test as a philosophical experiment has not induced the profession to over-estimate its utility for practical purposes. It requires too much time—the employment of a complicated optical instrument—and has been found to produce similar results with albuminous urine.

II. Dr. Christison has proposed the detection of confervoid growths or spores, the result of fermentative vegetation, these being easily observed with the assistance of the microscope; but the abnormal urine requires to be exposed for some hours to a certain degree of heat before the germinative process is induced. This test is therefore inapplicable at the bedside of the patient, but may be useful in following out a chain of proof.

III. Trommer's test depends upon the action of sulphate of copper upon urine; liquor potassæ is afterwards added in excess, and a hydrated oxide of copper is formed. On heating the mixture to ebullition, a deposit of red sub-oxide of copper falls if sugar be present. The objections to this test may be considered conjointly with the objections to the two following.

IV. Capezzuoli's test is, to add a few grains of blue hydrated oxide of copper to the urine, and render it alcaline by adding liquor potassæ. If sugar be present, the fluid assumes a reddish colour, and in a few hours the edge of the deposit of oxide becomes yellow, gradually spreading through the liquid.

V. Moore's test. Mr. Moore, of the Queen's Hospital, Birmingham, has proposed the action of liquor potassæ added in excess to suspected urine. When heat is applied the mixture assumes a fine brandy tint. This is in fact a portion of Trommer's and Capezzuoli's tests, but was much admired by the profession for its simplicity and ease of application. Of the three last mentioned tests, Trommer's and Capezzuoli's are rather complicated for performance at the bedside of the patient, and even in the study of the physician are at times subject to failure. In the *London and Edinburgh Journal of Medical Science* for July 1844, Mr. W. T. Gairdner, of Edinburgh, pointed out the fallacy of Trommer's test as affected both by albumen and uric acid. Capezzuoli's test is fallacious on the same principle. Mr. Moore's test, which for its simplicity was much admired by the profession (although evidently only consisting of a fragment of Trommer's), has been proved fallacious by Dr. D. G. Owen Rees, in the *Medical Gazette* for April 9th, 1847, a discovery the merit of which is much detracted from by the previous discovery of Mr. W. T. Gairdner, Dr. Rees's source of fallacy being likewise applicable to the tests of Trommer and Capezzuoli. Dr. Rees says that the fallacy of Moore's test arises from the fact that liquor potassæ may contain lead in solution, derived from the glass in which it is kept, and if so, the lead may be united in boiling to the sulphur of any albumen contained in the urine, and thus produce a brown colour. To guard against this the liquor potassæ should be kept in a bottle of green glass, which contains no soluble lead, and should be tested with hydrosulphuret of ammonia from time to time. This source of fallacy, together with the additional precautions requisite to guard against it, goes far to neutralize the practical advantages of Moore's test, and reduces it to a level with Trommer's and Capezzuoli's.

VI. Ronge proposed sulphuric acid as a most delicate test

for sugar, carbon being doposited. It has been found, however, that with albuminous urine this acid throws down a deposit having considerable resemblance to the former.

VII.—Hünefeld proposed chromic acid as a test of saccharine urine, bistre brown colour being produced by exposure to bright solar light. However interesting this discovery may be to the chemist, it is not of equal importance to the physician, chromic acid and bright solar light not being always available in the British Isles.*

On reference to the tests of Biot, Ronge, Trommer, Capezzuoli and Moore, some of which have borne for a time the reputation of being equally delicate and accurate, it is found that albumen is in all the source of fallacy. This indicates a singular property of albumen, and proves it to possess great variety of power when brought into contact with chemical re-agents, and leads the chemist and physician to look for a test upon which albumen exerts no influence. Keeping this in mind, and admitting that one accustomed to analysis of urine could—through means of the foregoing tests, checking one with the other—come to a correct judgment in every case of diabetes, something more is required by the general practitioner, and that something is a test for saccharine urine unaffected by any other description of urine, simple, not requiring numerous re-agents and tedious processes to obtain the result.

In proposing a test for diabetic urine, the objects in view are, simplicity, ease of application, and an appreciable action on saccharine urine, to the exclusion of all other varieties of the renal secretion. The following is offered for the consideration of the chemist and physician.

* There is still another test, which Dr. Sutherland has omitted to mention, which is applicable only where the saccharine matter is in considerable quantity, but which we do not suppose is likely to be much used in this country, we mean the test of *taste*, which, however repugnant to our ideas, is by no means uncommonly resorted to abroad. The first time we saw it put in practice was in M. Bouillaud's wards, in Paris. The learned professor going his morning round with a large concourse of admiring students, on coming to the bed of a diabetic patient, beside whom stood a large jar filled to the brim with urine, gravely dipped his finger into the liquid, drew it through his mouth, smacked his lips, and then said to his suite, " Goutez-en, Messieurs, c'est comme du sirop ; " an injunction promptly obeyed by most of those present, with manifest gusto.

To a test tube containing a couple of drachms of suspected urine, and occupying one half of the tube, add two drops of tincture of muriate of iron, carefully dropping, so that the tincture may not run down the side of the tube, but fall directly upon the urine. If sugar be present, an action will immediately take place to the extent of a third of an inch of the upper portion of the urine, and a deep crimson or moreen colour is the result. If the test tube is kept steady, this stratum of colour remains at the top permanently, on account of the great density of the fluid. The change of colour, and the peculiarly characteristic process of amalgamation, are fully as striking as the changes that take place under the more complicated tests already before the profession, whilst the speed and facility with which it may be applied are manifestly increased.

Two drops of the tincture of the muriate of iron only produce a slight whitish or fawn-coloured troubling, rapidly sinking to the bottom of the tube on the following qualities of urine.

Healthy.	Diabetic (insipid).
Albuminous.	Muco-purulent.
Oxalic.	Hysterical.
Alcaline.	

The troubling in these differs very little in point of degree, and in none of the foregoing is there the smallest approach to the dark red resulting when this test is applied to saccharine urine.

HOMŒOPATHIC INTELLIGENCE.

PROCEEDINGS OF THE BRITISH HOMŒOPATHIC SOCIETY.

Annual Assembly, August 25th, 1848.*

A deputation from the committee of the British Homœopathic Association, consisting of Messrs. M. B. Sampson, T. Uwins, S. Sampson, and R. W. Heurtley, was present at the meeting.

* Want of space prevents us giving more than a report of the proceedings of the last meeting of the Annual Assembly.

The PRESIDENT read a short address to the members of the society, wherein he noticed briefly the proceedings of the society during the past year.

Mr. M. B. SAMPSON said, he remembered when, along with Mr. Heurtley, he last year had the pleasure of meeting the society for the first time, to propose the basis on which the British Homœopathic Association should be formed, the strong feeling expressed that Homœopathy was then placed for the first time on its proper footing by the thorough, unreserved and cordial co-operation of the great body of its professional, along with its non-professional advocates. The association had now been about nine months in organized existence, and it was his pleasing task to report, on behalf of the committee, what had been done. The objects contemplated at its foundation were:—1. The publication of books. 2. The holding of annual meetings. 3. The dissemination of the statistics of Homœopathy; and 4. The promotion of intercourse amongst the disciples of the system. Since last year the world had been torn to pieces, first by commercial, then by political convulsions, and it would be hard to enquire, in most cases, how far schemes then planned to be carried out during the next twelve months had been fulfilled. Some indulgence might therefore be hoped if the committee had been in some degree influenced by the general distraction, and had given way to the sense of hopelessness of getting the public to attend to any question of plain and simple science, such as the doctrine of Homœopathy. They did not feel, however, that they should be compelled to draw upon the indulgence of their friends to more than a fair extent—to an extent, in fact, which he knew would fall far short of what, if they stood in need of it, would be willingly accorded. He would therefore proceed to detail how far the tasks they had contemplated had been fulfilled. With regard to the first and most important one, the publication of annual volumes, he would remind the society that early in the year the association distributed to its members, through the kindness of one who had suffered the most unjust persecution in the cause of Homœopathy—Mr. Blake, of Taunton—a carefully prepared statement of a case which he was sure had excited a wide degree of interest, and had produced, he believed, a strong feeling in the minds of many medical men. The distribution of this pamphlet furnished also an agreeable testimony of the sense entertained by Mr. Blake of the sincere sympathy with which the British Homœopathic Association regarded the treatment he had received. This, however, was not a publication on the part of the Association, and the question therefore still remained, What had been done by the Association direct? Now here he was happy to state that a handsome volume, of no small interest and value to the public and to the students of Homœopathy, was at that moment in the press, and that the period of its distribution depended no longer on the Association, but simply on the speed of printers and binders. He had designated the book as one that

would be likely to prove valuable, and he felt entitled to do so, although he had himself contributed an article of some length, because it contained others about which there could be no difference of opinion. Thus much with regard to their most important duty. The date at which the subscriptions of members commenced was from the 1st January, and during the year the subscribers would have received two distinct publications. The next point was the holding of an annual meeting. The anniversary of the birthday of Hahnemann was the time contemplated, and it was just at that date that the public were receiving news of revolutions—perhaps he might say at the rate of about three a day. It was quite out of the question that the really active friends of Homœopathy whose ordinary business was in the daily world, could then attend to the getting up of a public assemblage, and it would be understood also that, even if they had done so, the public, whatever might have been their feeling for Homœopathy, would have permitted them to meet alone. That excitement was only over in so far as to leave people indisposed for excitement of any kind, and it was also felt that the middle of summer would be an undesirable period. Whether a meeting should now be speedily held, or whether the Association should wait till the next annual opportunity, would simply depend upon the wishes that might be expressed. The third point was the furnishing of statistics. Nothing had occurred to call for anything of the sort until lately, but the moment it became necessary it was done. A circular was then in readiness for distribution, stating the progress of the cholera, and pointing out from the statistical records of 1831 the importance of an early resort to Homœopathy. The association has also taken the opportunity of entreating its members to disseminate, by all possible means, a knowledge of the facts thus placed before them, and had also stated that, for that purpose, additional copies of the circular would be willingly supplied. The fourth, and last point, was the promotion of intercourse between the friends of Homœopathy, and on that he need do no more than to refer to the meeting of the present evening, which was one, it would be remembered, of a description which it had been agreed upon between the society and the association, should be repeated at regular intervals; and he thought they would all feel that if such meetings should fail in insuring a sentiment of deep friendship and kindness, there was nothing that was likely to do so. Thus ended his regular account, but he was able to say there was something beyond this, and that however quiet the committee might have appeared, they had reason to hope their additional efforts had done more for Homœopathy during the past six months than most persons would be likely to conceive. Homœopathy had taken a firm root in London, Paris, Vienna, New York, and in almost all civilized cities and places, but there was yet much to do in spreading it over the world. Publications were a great help to this, but earnest missionaries were better still. Already such missionaries had made it known at the antipodes, in India, and, as we should be disposed

to believe, in every British colony of importance. But there was one spot, one British colony—and this too almost in the centre of the world, and adjoining the largest island of the world—where, certainly, three months back Homœopathy was not known. In explanation, however, it must be stated the spot in question was not then inhabited. It was only on Monday last that intelligence was received that the Government officers connected with the establishment of the new British settlement of Labuan had arrived at their destination, and it was most gratifying thus to be able to state to the British Homœopathic Society within four days of the receipt of that news, that the first Government officer who landed to take permanent possession was an earnest and devoted member of the Association, and that amongst the first things which went ashore on this hitherto uninhabited island which commands complete intercourse with the population of all the other countless islands of the Indian Archipelago, was a well provided medicine chest, fitted up by Mr. Headland expressly for the purpose, together with *Jahr's Manual*, Dr. Chepmell's *Domestic Homœopathy*, and a variety of other Homœopathic productions. It was not until this occasion that in the long distance of 1600 miles between Singapore and Hong Kong the British had had a single settlement, and it was one of the most pleasing among the many hopeful ideas connected with the colony now formed, that the blessing of Homœopathy should have been conveyed to it by the first permanent British resident who had landed on its shores. But more remained to be added. It was not only that Homœopathy had thus remarkably been carried out to a region which, although populous and productive perhaps beyond any other, had been scarcely known except as a tradition and a terror, from the swarms of pirates by which it was infested. There was another part of the world where the chance of Homœopathy gaining a footing seemed remote. He had said that Borneo was the largest island of the world, and he had now to point to one of the largest empires in the world. He alluded to Brazil. In Pernambuco, one of the most considerable districts of that country, the system, he believed, was totally unknown. Now the Brazilians are easily impressed by any members of the Anglo-Saxon race (for whom they have a most profound respect), and hence, again, it was an occurrence of no small moment to report that another member of the Association—one so devoted to the cause that he (Mr. Sampson) believed if called upon to do so he would sacrifice fortune and life for its promotion, and who occupies a leading position in the province in question —had lately returned to it, armed like the other member he had spoken of, with one of Mr. Headland's chests, and a regular Homœopathic library, to extend, by every means in his power, a knowledge of the value of the system. From both the disciples to whom he had thus alluded, the Association would hear constantly, and when he looked to such facts, and observed that while the world had been spinning

round in the wild fury of revolutionary drunkenness, members of their Association had been quietly introducing one of the greatest gifts ever bestowed by the Creator, into regions whose populations are told by millions, and where it would otherwise have remained unknown, he thought they would not only have reason to feel that they could point to the circumstance of having zealously attempted to fulfil their duty, but that they might perhaps cherish the belief of having, in the unobtrusive way in which all truth is best and longest promoted, done more than all the heroes, from General Cavaignac downwards, who during the last half-year had filled the newspapers and absorbed the public mind. The Association numbered only 410 members at present: but he had no doubt that each member of the Society could without much difficulty procure ten new members, whereby their numbers might be nearly doubled.

Dr. Norton said the provincial members would have no difficulty in procuring ten times ten new members for the Association, provided the Association would appoint a local secretary in every town where a homœopathic practitioner was practising.

Mr. S. Sampson suggested that if a local secretary and committee were appointed, they should be under the supervision of a synod. Such an arrangement would be, he doubted not, most efficacious in increasing the numbers of the Association, and in repelling and refuting on the spot, the slanders and calumnies to which homœopathic practitioners were exposed.

Dr. Russell said, as chairman of a committee appointed to propose to the Association the best means of increasing its efficacy, he would lay before them the result of their deliberations. They had decided on bringing under the notice of the Association two most important subjects. The first related to the establishment of Dispensaries. They thought it advisable that there should be some central metropolitan Dispensary, whose committee should regulate the organization of provincial Dispensaries. The provincial Dispensaries should support themselves; but they should receive directions relative to their way of being carried on from the metropolitan committee. A Secretary should be appointed in London, who should prepare schedules, to be filled up by the physicians of all the Dispensaries, whereby a collection of good statistics might be obtained, and an annual report published of all the Dispensaries in England. If it were possible to unite these Dispensaries with the Association, there would be much greater facilities for obtaining members for the latter, and funds for the former. Such a plan would excite a wholesome rivalry amongst different places, and would be a powerful stimulus to industry. It was a most difficult and disagreeable task for physicians to obtain subscribers to their Dispensaries; but this difficulty would be obviated if their Dispensaries were placed in the hands of a local committee, acting under the

central metropolitan board, which might publish addresses shewing the value of Dispensaries, and appealing to the humanity and generosity of the Homœopathic public. The next point was with regard to the Cholera; something like a general organization might be undertaken by the Association; the Secretary should put himself into communication with the various Homœopathic practitioners of the country, ascertain where the Cholera appeared, and if in any place there was a deficiency of Homœopathic practitioners, he might immediately inform the other practitioners of the country of the fact, and solicit their services in the plague-struck district. Then, in the event of the Cholera increasing, the Committee of the Association might apply to Government for a portion of any money that might be voted for the purpose of establishing Cholera Hospitals, in order to organize a Homœopathic Cholera Hospital.

Dr. MADDEN observed that the branch committees of the Association might prove of most material service in conducting the Provincial Homœopathic Dispensaries.

Dr. CHAPMAN approved highly of the plan of local committees. He thought that the Society should publish Cholera statistics, and directions for the treatment of persons attacked by the disease. Hahnemann himself had done this when the Cholera last invaded Europe.

Dr. DUDGEON said, the Committee appointed by the Society had already discussed the point alluded to by Dr. Chapman, and had decided not to recommend the Society to give any authoritative statement respecting the treatment of Cholera. The only statement of this kind they could make, would be founded on the statistics of the last epidemic, and the observations of the various physicians who had treated it; these statistics and observations were open to all, and if presented to the public by the lay Association, would appear much less obtrusive and equally authentic, provided they gave the authorities whence they were taken. At the time Hahnemann gave forth his statement respecting the treatment and prophylaxis of Cholera, the disease had not been treated by any Homœopathist, and the directions he then gave were not only useful, but Hahnemann would have done wrong to withhold them. The case was different now; the sanction of their Society was not necessary to authenticate the published statistics of the results of Homœopathy, and should they issue a circular or pamphlet, it would look like putting forth a recommendation of themselves. Under these circumstances he thought it much better to leave the address to be issued by the lay Association.

After a few more observations from Drs. Chepmell, Ozanne, Quin, and Messrs. Engall and Uwins—

Mr. SAMPSON observed that the subject of the publication of Cholera statistics, and directions for its treatment, had been much discussed by the Committee of the Association, and they finally agreed that it would be best that the Association should issue such a statement in their own name,

and omit the names of the members of the Society altogether. He approved highly of the plan of a general co-operation of the Association with the practitioners of England; it would be most useful, supposing Cholera broke out first in one town, to ascertain from the Homœopathic practitioner there, what remedies he found most useful, and to inform the other practitioners of the results of the experience thus gained. The branch societies talked of, offered the greatest advantages for the spread of the cause, and he highly approved of the organization of the Dispensaries proposed. The hints given that night would be attended to by the Committee of the Association, and he had no doubt much good would result from their conference with the Society.

At the request of several members, Dr. Quin expressed his intention of publishing a translation of his French pamphlet on the treatment of the Cholera; and announced that the profits from its sale, he should be happy to present to the funds of the Association.

Homœopathic Publishing Society.

We have much pleasure in introducing to the notice of our readers a Society, the practical advantages of whose labours to Homœopathy they cannot fail to appreciate. The publication of something of more practical utility than the popular and nursery literature which has hitherto formed the staple commodity in the Homœopathic market, has long been felt to be a desideratum; but the expense and risk incurred in the publication of works of real value to the profession, is a great obstacle to their being undertaken by any one individual. What is difficult or impossible to one, is, however, easy to the many, who by clubbing together, and thus dividing the expense and risk, may be enabled to furnish the Homœopathic practitioners of England with works of more utility than they can at present boast of. Nor is the risk after all very great which is incurred by the members of this Society; for the works they publish, if of real value, (and the Society has itself to blame if it allow the publication of works of another description,) will in the end, by their sale, undoubtedly cover the expenses of their publication, and may even prove a profitable commercial investment of money. This, however, we may remark, is a consideration which did not enter into the calculations of the promoters of the Society, whose sole desire has been to raise the standard of English homœopathic literature, and place in the hands of the practitioner works which will serve to guide him to still greater success in practice.

We subjoin the rules, and a brief report of the two first meetings of the Society, together with a notice of the work it is about to issue, and a list of its members.

"RULES OF THE HOMŒOPATHIC PUBLISHING SOCIETY.

"1. As it cannot be doubted that the publication and circulation among medical men of well arranged practical Homœopathic works, would tend much to the diffusion of a right knowledge of Therapeutics, and as such works are not only expensive to print, but their sale also is so limited that publishers are deterred from bringing them out at their own risk; the undersigned parties do now agree to form themselves into a Society for promoting the publication and circulation of good, practical, Homœopathic works; and that the aid of this Society be first devoted towards publishing such a new Materia Medica as has been proposed in a prospectus advertized in the British Journal of Homœopathy, No. 23, and that at the same time their attention be directed to a new Pharmacopœia, and to the publishing of new provings as they may appear.

"2. It is calculated that a sum of £500 will be sufficient to enable this Association to enter with vigor on its duties.

"3. It is agreed that this sum be raised in shares of £10; that £3 on each share be called up in July, 1848, and the remainder after January, 1849, in divided sums, and at such times as shall hereafter be deemed necessary.

"4. No resolution of the Society can enforce the raising of any sum beyond the £10 on each subscription, unless the subscribers are unanimous.

"5. A Treasurer and Secretary shall be appointed annually.

"6. The funds of the Society shall be lodged by the Treasurer in a bank in the name of the Society.

"7. The accounts will be audited twice a year.

"8. A General Meeting to be held once a year, or every six months, as shall hereafter be determined. These meetings to be held in London or elsewhere, and, if possible, some time during the months of April or September, so as to permit of all the members being present.

"9. Each share shall entitle a member to demand a copy of every work published by the Society, to be charged at cost price, and placed to his debit.

"10. A simple majority shall determine all matters coming before the Society.

"11. Every share shall entitle to one vote, and so in proportion one vote for every share of £10.

"12. Members shall have a right to vote by proxy.

"13. No works shall be engaged in until every member shall have been informed of the same, and his opinion obtained. Such a communication remaining unanswered for fourteen days shall be considered as tantamount to assent being given.

"14. The Society shall determine on the publication of a work, and then empower the Secretary to defray the expenses incurred: this the Secretary will do by indorsing the accounts and forwarding them to the Treasurer.

"15. The Society shall pay to the Editor or Editors the sum of from £10 to £40 per volume, as the Society shall deem necessary; but the payment of these sums to be considered as conditional on the success of the sale of the work, and in no case requiring to be paid until six months after publication.

"16. The party acting as Editor shall have no claim to the copyright of the work, further than as he is a shareholder.

"17. The Society shall continue in existence for five years, commencing from the payment of the first call. At the end of that period it may either be broken up or be again reconstituted, as the majority shall determine. If reconstituted, parties who object may have their proportion of the stock, and funds in hand, repaid to them, but shall have no claim otherwise on the property of the Society, such as copyright. In the event of the Society being at that period broken up, the funds and property of the Society shall be equally divided and allotted in proportion to the shares.

"The first Meeting of the Society was held in London, on 10th April, 1848, the members present being Drs. Black, Drysdale, Dudgeon, Fearon, and Mr. Headland.

"It was agreed that the Rules of this Society be printed and distributed among the members.

"Dr. Black was appointed Treasurer, and Dr. Ker, Hon. Secretary.

"The Secretary was requested to intimate to the Editors of the Materia Medica, that they proceeed without delay in the publication of the first volume. The Secretary was also empowered to draw up and issue a circular calling attention to the operations of this Society, and requesting subscribers for the works, and small donations.

"The second Meeting of this Society was held at Clifton, on Saturday, August 26th. The members present were Dr. Russell, Dr. Black, Dr. Dudgeon, and Dr. Ker. It was proposed that a new work now in preparation by Dr. Dudgeon and Dr. Madden, of which a prospectus is subjoined, that was brought under the Society's notice, should be published by the Society.

'PROSPECTUS OF A NEW PRACTICAL WORK ON HOMŒOPATHY.

'*A Systematic Arrangement and Analysis of the pure effects of all the Homœopathic Remedies on the Human Body, to serve as a Guide for the Homœopathic Practitioner.* Compiled from the most authentic sources, and Edited by R. E. DUDGEON, M.D., and H. R. MADDEN, M.D.

'The Editors would beg to submit to the attention of the Homœopathic Publishing Society a work they propose to publish under the above title, which will combine all the advantages of the systematic arrangements of Rückert and of Weber (augmented by all the additions that have since been made to our Materia Medica), as well as of the Analytical Reper-

tories of Bönninghausen, Jahr, and others, excluding however the symptoms derived *ex usu in morbis*, which have been admitted into the latter works, whereby their value is, as the Editors believe, materially lessened.

'The plan adopted in the present work is to arrange the symptoms of the remedies derived from the recorded provings on the human body, into anatomical and physiological sections, each symptom being transcribed at full length as it appears in those provings. Each of these sections is to be preceded by a minute analysis of the symptoms contained in it, so that the practitioner can at once find the remedy which possesses the symptom he is in search of, and see the exact character of the symptom as recorded by the prover. Thus the systematic arrangement of symptoms will obviate the inconveniences felt in the use of the ordinary Repertories, by enabling the practitioner to see the symptom exactly as it stands in the recorded pathogenesis of the medicine; and the analytical department of the work will save him all the trouble of looking over a whole section, which is requisite in consulting the works of Rückert and Weber. A strictly alphabetical arrangement of every department will also add greatly to the value of this work, for the purpose of ready reference.

'Of course this work can never supersede the necessity that exists for a new Materia Medica; but it is not necessary to wait for the publication of the latter before the former is issued. It must necessarily be several years before a complete revised Materia Medica can be published, and when this is done all new symptoms which have been added to the pathogenesis of any medicine may be easily supplied, or impure symptoms which may have been inadvertently admitted into this work, erased by the practitioner himself, without much trouble; and the pre-existence of the "Systematic Arrangement" will enable the compilers of the Materia Medica to furnish a correct concordance to each medicine, which would of itself require an amount of labour fully equal to what must be expended on this work.

'Should the Homœopathic Publishing Society undertake the printing of the above work, the Editors will proceed with it forthwith, and the first section, containing the *Moral and Head Symptoms*, may be expected to appear towards the end of the present year. The *Symptoms relating to the female sexual functions* are already completed, and the *Eye Symptoms* are in a state of great forwardness.

'London and Brighton—August, 1848.'

"It was further proposed that this work should take the precedence of the first volume of the new Materia Medica, and that a grant of £200 should be made to meet the expenses of its publication. To these proposals some objections were urged, but overruled. The Secretary was then directed to inform the different members of these resolutions.

"The first volume of the "*Systematic Arrangement and Analysis*" will probably be ready for publication in April or May next.

"All who are desirous of becoming members of this Society, are requested to write to the Secretary, Dr. Ker, Cambray, Cheltenham; who will forward to them the rules, and give any information required.

"The List of Members now stands thus:—

Dr. Black,.....	*Clifton*	8	Shares.
Mr. J. Blyth....	*Hawick*	1	„
Dr. Drysdale,...	*Liverpool*	5	„
Dr. Dudgeon,...	*London*	5	„
Mr. Engall, ...	„	1	„
Dr. Fearon, ...	*Birmingham*	3	„
Mr. Headland, ..	*London*	5	„
Mr. Hering	„	2	„
Dr. Irvine,.	*Leeds*.....	3	„
Dr. Ker, ...	*Cheltenham*	3	„
Mr. Lawrence,..	*Birmingham*	1	„
Dr. Mackintosh..	*Torquay*.....	4	„
Dr. Madden,....	*Brighton*	3	„
Mr. Ramsbotham,	*Huddersfield*	3	„
Dr. Russell,....	*Edinburgh*.....	3	„
Mr. E. Smith, ..	*Huddersfield*	1	„

Torquay Homœopathic Dispensary.

We have the pleasure of laying before our readers the rules of this Institution, which have been forwarded to us by the physician, Dr. Mackintosh.

"1. This Dispensary, at present, only offers relief to out-patients, who are not in circumstances to pay for medicines and for medical advice.

"2. The Institution shall be under the government of the Patron, Vice-Patron, and Committee.

"3. There shall be a resident Dispenser, on salary, who shall act as Collector and Secretary, supply and dispense the medicines prescribed by the Medical Officer, and supply suitable accommodation for the Medical Officer and the patients.

"4. There shall be an Annual Meeting of the Subscribers in January, for the purpose of auditing the accounts and preparing in conjunction with the Medical Officer a report of the Institution. The physician shall supply to this report a statistical table of the cases treated, and of the results of the treatment.

"5. The Members of the Committee shall meet quarterly, at the Dispensary, on the first Monday in January, April, July, and October, at

3 o'clock; the Medical Officer being empowered to convene a Special Meeting of the Committee from time to time as occasion may require.

"6. Those who make donations of £5 to the Institution shall have the privilege of sending eight patients annually for relief; Subscribers of a Guinea a year may send eight patients; those who subscribe Half-a-Guinea may send three patients.

"7. The Medical Officer undertakes to attend at the Dispensary every Monday, Wednesday, and Friday.

"8. A Journal shall be kept of all the cases.

"9. No patient shall be discharged till cured, except at his own request, or the case be incurable."

The infinite variety that prevails with respect to the mode of conducting a Dispensary, renders it highly desirable that, as proposed at the last Annual Assembly of the British Homœopathic Society, there should be some central administrative or consulting board, which shall fix the best method for regulating and providing funds for all the Dispensaries in the kingdom, as it is impossible that all the methods at present adopted can be equally good, and such a central board would most probably be able to propose a plan which might be adopted by all, producing in all equal efficiency, and enabling the results of each to be made available for statistical purposes. We sincerely hope the Association will not allow this project to fall still-born to the ground, and that it will meet with no narrow-minded opposition from local committees, or non-conforming physicians.

Epidemics of Measles treated Homœopathically.

In his excellent account of an epidemic of measles in Guernsey, Dr. Ozanne mentions, page 58 of this vol., that he knows of only one other epidemic on record treated homœopathically, that, namely, recorded by Dr. Watzke in the *Austrian Homœopathic Journal.* Dr. Griesselich in No. iv. of the new *Hygea*, in a notice of Dr. Ozanne's paper, gives a list of several other measles-epidemics treated homœopathically, which it will be interesting to Dr. Ozanne and our readers to become acquainted with. They are:—1. An epidemic in the neighbourhood of Rastatt; many of the children who were treated with nitre, sal-ammoniac, &c., died; of twenty-nine treated homœopathically, one died of a consecutive disease (Kramer, *Hygea*, i. 270.) 2. Another in Ebersbach; in two months 100 children died; of fifty-four treated homœopathically, three died. (Tietze, *Thorer's prakt. Beitr.* ii.) 3. Another in Hof, minutely described, and the remedies enumerated by Schrön. (*Hygea*, iv. 496.) 4. One in Biberich, of seventy-eight treated homœopathically, one scrofulous child died. (Kirsch, *Hygea*, iv. 430). 5. One in Philadelphia, where many children

treated allopathically died. (Bute and Hering, *Nordamerik. Correspondenzblatt*, No. 1, v. 1835.) 6. Another in Worms, of fifty-three treated homœopathically, none died. (Heichelheim, *Hygea*, iv. 426.) 7. One in Burgk. (Bethmann, *Archiv*, xvi. pt. 2.) 8. One in Tübingen, of forty-one treated homœopathically, four died. (Müller, *Hygea*, x. 333.) 9. One in Kremsmünster, (Mayrhofer, *Hygea*, xviii. 495.) and several others. The following table shews the numbers treated homœopathically, with their results, as far as we at present know them.

Physician.	*Place.*	*No. treated.*	*Died.*
Dr. Kramer, ...	*Rastatt*	29	1
Dr. Tietze, ...	*Ebersbach*	54	3
Dr. Kirsch, ...	*Biberich*	78	1
Dr. Heichelheim,	*Worms*	53	0
Dr. Müller, ...	*Tübingen*	41	4
Dr. Watzke, ...	*Klagenfurt*	95	0
Dr. Ozanne, ...	*Guernsey*	73	2
	Total	423	11

MISCELLANEOUS.

Pathogenetic Effects of Vulcanized India-rubber.

By Mr. Blake, of Taunton. (Communicated in a letter.)

An old patient of mine who had been in perfect health for some time previous, called on me on the 2nd August, complaining of the following symptoms:—Headache; eruptions in the throat and neck, extending to the ears, also between the toes, with swelling and tenderness; pain in the ears, to use his own expression, "like the rising of an abscess;" eyeballs yellow and strongly injected, painful, as though sand was in them; intolerance of light; weakness and confusion of sight, with agglutination of the lids in the morning; lids tender, red, and swollen; swelling and soreness of the nostrils, with acrid discharge; disturbing dreams; small boils about the body; bowels costive; appetite bad.

On investigating the case, finding that he had been wearing vulcanized india-rubber braces, I suspected it must be the action of the sulphur. On examining his watch, pencil case, and silver coin in a leather purse at a considerable distance from the braces, which had been there some weeks, all were found to be much tarnished; the cause of his suffer[illegible] therefore evident.

I ordered the discontinuance of the braces, with entire change of raiment, and gave Aconite followed by Camphor. In six days the symptoms were nearly all removed, except those belonging to the eyes. Causticum was then given, and on the 17th August he was quite well.

I give this case, not that I think there is anything very peculiar in it, only, that as this vulcanized material is now so commonly used for surgical purposes, it may be as well for the profession to be aware of the effects it is sometimes capable of producing.

BOOKS RECEIVED.

Hygea, new series, Vol. I. parts 2, 3, 4, and 5.

Journal de la Médecine homœopathique. Vol. III., Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10.

Bulletin de la Société Homœopathique. 4me. Année. Nos. 1, 2, 3, 4, 5, 6, 7.

Homœopathic Manual, containing hints for domestic practice. Edinburgh: G. Allshorn, 63, Hanover-street, 1848.

Arnica and Rhus, with directions for their use in mechanical injuries and other affections. London: H. Baillière, 219, Regent-street, 1848.

Jahr's Symptomen-Codex. Vols. I and II. New York: Radde, 1848.

Hartmann's Acute Diseases. Translated by Dr. Hempel. Vols. I and II. New York: Radde, 1848.

Hufeland's Enchiridion Medicum. Translated by Bruchhausen and Nelson. New York: Radde, 1844.

Homœopathic Examiner. Vol. V., Nos. 11 and 12.

NOTICE.—Dr. J. Rutherfurd Russell is collecting materials for a Life of Hahnemann; and he will feel greatly obliged to any one who will afford him authentic information upon the subject, or intrust to his care any of Hahnemann's letters.

Parcels too large for the Post, may be sent to the Publisher of the *British Journal of Homœopathy.*

ERRATUM.

In part of our impression, page 466 line 5 from bottom, *spanæmia* has been printed in place of *anæmia*; and line 3 *spanæmic* in place of *anæmic.*

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INDEX TO VOL. VI.

END OF VOLUME VI.

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